

# WASHINGTON STATE WIC

## POLICY AND PROCEDURE MANUAL



### VOLUME 1, CHAPTER 15

#### **Breastfeeding**

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**POLICY:      Breastfeeding Promotion and Support is a Core Job Responsibility**

The coordinator, working with the breastfeeding coordinator, develops a breastfeeding promotion plan and includes it in the Annual Nutrition Education Plan (ANEP). State staff sends a numbered memo about the ANEP each year. See Volume 2, Chapter 11 – Nutrition Education Plan.

Coordinators must work within their agency to include breastfeeding promotion and support as a core job responsibility for all staff that interact with clients.

In addition to requiring breastfeeding promotion as a core job responsibility for all staff, coordinators must choose a staff person to fulfill the responsibility of breastfeeding promotion coordinator.

**PROCEDURE:**

The Coordinator:

- A.      Completes the breastfeeding section of the Annual Nutrition Education Plan, or delegates another staff person to complete it, assuring the plan:
  - 1.      Includes breastfeeding promotion and support objectives and activities.
  - 2.      Contains measureable objectives.
  - 3.      Is shared with all staff.
- B.      Chooses a staff person to fulfill the duties of the breastfeeding coordinator.
- C.      Ensures all new paraprofessional staff completes the online paraprofessional breastfeeding training within the first year of employment. This training is on the Washington State Department of Health WIC website.
- D.      Ensures all new staff completes the Baby Behavior online course within the first year of employment.
- E.      Ensures all new staff receives breastfeeding training within the first six months of employment including:
  - 1.      A review of state and local agency breastfeeding promotion and support policies.
  - 2.      A review of policies and procedures for issuing the correct food packages to breastfeeding infants. See Volume 1, Chapter 23 – WIC Foods.

3. A review of job duties and responsibilities describing staff roles in promoting and supporting breastfeeding, including peer counselors. See “Examples of Roles Related to Promoting and Supporting Breastfeeding” in Appendix A.
4. A list of community breastfeeding services.
5. A list of red flags identifying women who need immediate help and referral.
6. Two hours of evidenced-based education and training on:
  - Normal breastfeeding.
  - Maintaining milk production.
  - How using formula negatively impacts the ability to produce enough breastmilk.
  - The benefits of exclusive breastfeeding.
  - The few instances when a woman shouldn’t breastfeed and how to serve these clients.
7. An orientation to:
  - The agency’s breast pump program.
  - Breastfeeding materials available in the clinic and how to order materials provided by the state WIC office.
  - Resources and websites for further education and self-study.

**Information:**

Training gives staff the knowledge they need to help clients make informed decisions about infant feeding. When staff know state and local agency breastfeeding policies, they can confidently support clients to meet their breastfeeding goals.

***BEST PRACTICE: Breastfeeding Promotion and Support is a Core Job Responsibility***

The coordinator, working with the breastfeeding coordinator:

- Writes a goal statement reflecting the agency’s pledge to promote and support breastfeeding.
- Shares this goal statement during job interviews.
- Includes roles and responsibilities to promote and support breastfeeding in staff job descriptions and other related documents.

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- Develops interview questions assessing a job candidate's experience, training and attitudes towards breastfeeding.
- Includes breastfeeding training goals in annual performance evaluations.

**POLICY: Promote and Support Breastfeeding**

Staff must:

- Promote breastfeeding at all WIC appointments with pregnant women.
- Support ongoing breastfeeding at all WIC appointments with breastfeeding women.

**Note:** To learn more about staff roles in breastfeeding promotion and support, see “Examples of Roles Related to Promoting and Supporting Breastfeeding” in Appendix A.

All breastfeeding support, education and materials must be:

- Client-centered.
- Culturally appropriate.

Staff must use client-centered skills to build rapport, and identify and reflect concerns to help clients set goals. This includes:

- Active listening.
- Open-ended questions.

Staff must document the woman’s intention to breastfeed in her file.

Staff must support all women to meet their breastfeeding goals and encourage them to:

1. Fully breastfeed for the first six months of life, unless medically contraindicated.
2. Breastfeed for at least the first year of life and after that, for as long as desired by mother and child.

**PROCEDURE:**

Staff:

A. Use open-ended questions at each appointment to:

1. Explore what questions and concerns pregnant and breastfeeding women have about breastfeeding. Offer culturally appropriate information and support to meet her needs.

**Note:** See the table at the end of this policy on common topics during appointments.

2. Assess and document:
  - Breastfeeding goals.
  - Support systems for breastfeeding.
  - Barriers and concerns about breastfeeding.
  - Plans to return to work or school.
- B. Offer information based on her concerns and questions. Use “explore, offer, explore” counseling method to offer information and hear what the client thinks and feels about breastfeeding.
- C. Invite her to bring her support people to WIC appointments and group sessions.
- D. Use culturally appropriate and client-centered breastfeeding support materials. For example, offer educational materials with pictures of culturally diverse families and in the preferred language, if available.
  1. Review all educational materials before offering materials to clients.
- E. Support breastfeeding women to continue breastfeeding using client-centered skills and culturally appropriate support.
  1. Support women to fully breastfeed their infants the first six months of life.
  2. Support breastfeeding women to breastfeed for at least the first year of life and for as long as they want to breastfeed.
  3. Address the unique needs and concerns of each breastfeeding woman.
  4. Evaluate position and latch for breastfeeding women needing help.
  5. Provide a Breastfeeding Review when breastfeeding women request formula. See “The Breastfeeding Review” policy in this chapter.
  6. Refer to breastfeeding experts when concern is outside staff skill level or scope of practice.
  7. Identify situations requiring immediate follow-up and take action.
- F. Issue breast pumps and other breastfeeding equipment following state and local policies.

**Information:**

The table below lists common topics staff may explore with pregnant and breastfeeding women. Explore these topics with clients using “explore, offer, explore.” Offer information based on the client’s questions, concerns and interests.

The WIC program supports breastfeeding by:

- Offering the most foods and food choices for fully breastfeeding women.
- Giving checks for WIC foods for fully and partially breastfeeding women through the first year post-partum.
- Offering extra foods for fully breastfeeding babies.
- Providing peer counselor support.
- Providing breast pumps when needed.
- Not providing formula to breastfed babies the first month of life to protect the mother’s milk supply.

Breastfeeding is a WIC priority because:

- Breastmilk provides the best nutrition for all infants.
- Breastfeeding saves families money.
- Breastfeeding reduces the risk of illness and disease for mothers and babies; these benefits last a lifetime for both.

How to get the best start with breastfeeding in the hospital by:

- Sharing plans to breastfeed with partners, medical providers, family and friends.
- Breastfeeding within the first hour after birth.
- Breastfeeding often, when baby gives feeding cues at least every 1½ to 3 hours. This helps make milk and can prevent and decrease engorgement. Newborns shouldn’t go longer than 2 to 3 hours during the day or 4 hours at night without a feeding because their stomachs are small.
- Delaying pacifier use until after the first month.
- “Rooming in” with baby as much as possible at the hospital and at home.
- Holding baby skin to skin as much as possible at the hospital and at home.
- Not giving bottles of formula or water unless ordered by her medical provider.
- Asking to see a lactation professional before leaving the hospital.
- Calling WIC, a peer counselor or other lactation support service with questions as soon as they arise.
- Assuring clients that having questions is normal.

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What to expect the first month of life including:

- The normal course of breastfeeding.
- The value of colostrum.
- How to tell if baby is getting enough milk.
- Information about normal Baby Behavior, including crying, sleep and infant cues.
- How using formula the first month of life can negatively impact breastmilk production.
- How keeping the baby in the same room at night helps make night feedings easier.

Planning to return to work or school by:

- Talking to employers before baby is born about working and breastfeeding.
- Developing a plan ahead of time for continued breastfeeding.

How to know if baby is getting enough milk. A baby getting enough milk:

- Seems happy, alert and satisfied after feedings.
- Feeds at least 8 times in 24 hours.
- Makes swallowing sounds consistently while breastfeeding.
- Has three or more bowel movements and six or more wet diapers by the time the baby is 5 days old.
- Has yellow bowel movements by time the baby is 5 days old.
- Has clear or pale urine.
- Wakes for feedings.

Patterns of weight changes including how breastfed infants:

- May lose weight in the first few days of life.
- Will begin to gain weight after the mature milk comes in on day 3 or 4.
- Will gain about 4 to 8 ounces per week after the first week.
- Should be at or over birth weight by two weeks of age.
- Often eat more often during growth spurts.
- May have growth spurts between 3 and 6 weeks of age, and 3 and 6 months of age but may happen any time.

State and Federal laws protecting the right to breastfeed in public and express milk in the workplace.

**POLICY:      Breastfeeding Coordinator**

The local agency must have a breastfeeding coordinator to organize and direct local agency breastfeeding efforts.

The coordinator chooses a staff person to fulfill the duties of the breastfeeding coordinator.

Breastfeeding coordinators must:

- Be International Board Certified Lactation Consultants or attend an intensive lactation management course, or other state approved breastfeeding training.
- Be the point-of-contact for the State WIC Breastfeeding Coordinator.
- Participate in the development of breastfeeding activities in the Annual Nutrition Education Plan (ANEP). See Volume 2, Chapter 11 – Nutrition Education Plan.
- Work with the coordinator to assure staff have adequate training to support and promote breastfeeding. See Examples of Roles Related to Promoting and Supporting Breastfeeding, this chapter.
- Work with the coordinator to develop breast pump policies and has them approved by state staff.
- Assure staff are trained to issue breast pumps following state and local policies. See Issue Breast Pumps, this chapter.
- Work with the coordinator to assure the clinic is “breastfeeding friendly”. See Breastfeeding Friendly Clinic, this chapter.

The breastfeeding coordinator must receive at least eight hours of breastfeeding training each year to support staff and clients with:

- Breastfeeding concerns
- Classes
- Trainings
- In-services

When agencies have more than one breastfeeding coordinator, the breastfeeding coordinators must meet at least two times each year to develop and assess the progress on the Annual Nutrition Education Plan.

**PROCEDURE:**

The breastfeeding coordinator:

- A. Updates staff with breastfeeding information from state staff.
- B. Works with the coordinator, or designated staff, to develop breastfeeding activities in the Annual Nutrition Education Plan.
- C. Shares the Annual Nutrition Education Plan breastfeeding objectives and activities with staff.
- D. Works with the coordinator to develop breast pump policies or protocols.
- E. Submits breast pump policies or protocols to state staff for approval.
- F. Updates breast pump policies or protocols as needed.
- G. Assures staff authorized to issue breast pumps have adequate training to follow all state and local breastfeeding policies, procedures or protocols.
- H. Works with the coordinator to develop local agency breastfeeding policies or protocols.
- I. Assures staff have adequate training and education to support and promote breastfeeding.
- J. Completes at least eight hours of breastfeeding training each year to provide breastfeeding support to clients and staff.
- K. Coordinates clinic breastfeeding promotion and support activities.
- L. Participates in community breastfeeding promotion and support activities.
- M. Keeps local community breastfeeding resources up-to-date.
- N. Coordinates World Breastfeeding Week activities for the agency.
- O. Participates in or conducts breastfeeding education in-services for staff.
- P. Interprets the local agency Breastfeeding Reports and shares the clinic's breastfeeding initiation and duration data with staff.

**POLICY:      Ongoing Staff Breastfeeding Education and Training**

Staff providing direct services to clients must participate in breastfeeding training at least twice a year.

Breastfeeding coordinators and peer counselor leads must receive at least 8 hours of breastfeeding education every year. See “Peer Counselor Lead” in this chapter.

Staff must have access to resources and educational opportunities to improve their breastfeeding knowledge and skills.

**PROCEDURE:**

The coordinator, working with the breastfeeding coordinator:

- A. Ensures all CPAs have access to breastfeeding training and information to gain the knowledge and skills to:
  - 1. Provide client-centered, researched-based anticipatory guidance to all pregnant and breastfeeding women.
  - 2. Complete a Breastfeeding Review before issuing formula to breastfeeding infants. See “The Breastfeeding Review” in this chapter.
  - 3. Review all handouts with clients before offering them.
  - 4. Understand and correctly issue breastfeeding food packages. See Chapter 23 – WIC Foods.
  - 5. Issue breast pumps and other equipment according to state and local policies.
- B. Ensures frontline staff are trained to:
  - 1. Answer basic breastfeeding questions and talk about breastfeeding in a positive way.
  - 2. Provide encouragement to breastfeeding clients.
  - 3. Identify clients who need immediate breastfeeding help.
  - 4. Make appropriate referrals for clients needing breastfeeding help or who have questions.
- C. Provides opportunities for ongoing breastfeeding education and training. Examples include:

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1.      Clinic in-services.
2.      Local or state sponsored trainings.
3.      Self-study.
4.      Online courses.

**Information:**

For more staff education resources visit:

- The Department of Health WIC website at:  
<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/WIC.aspx>.
- The USDA WIC Works Resource System at: <http://wicworks.nal.usda.gov/>

**POLICY:      The Breastfeeding Review**

Staff trained in providing breastfeeding support must complete a Breastfeeding Review for breastfeeding women who request formula or an increase in the amount of formula for their breastfeeding infants. This includes women who:

- Are currently breastfeeding.
- Are in the pregnant or breastfeeding category.
- Have concerns about breastfeeding.

Staff who completes the Breastfeeding Review must:

- Have a conversation with the woman about her breastfeeding goals and concerns.
- Address the woman's breastfeeding concerns.
- Issue the minimum amount of formula needed to reduce the negative effect formula supplementation has on breastmilk production, if formula is needed.
- Document the Breastfeeding Review in the infant's file.

A Breastfeeding Review may be done:

- By WIC staff trained in breastfeeding support.
- By a trained peer counselor.
- By non-WIC staff trained in breastfeeding support.
- In person or over the phone.
- Outside the clinic and entered into the infant's file later.

All CPAs (including peer counselors working in dual roles as CPAs) may:

- Assign or change food packages.
- Document the Breastfeeding Review as a Second Education Contact (2C). See Volume 1, Chapter 16 – Nutrition Education.

Staff must update the Feeding Method and breastfeeding data on the infant's Custom Tab in the client's file to reflect any changes in infant feeding.

**Notes:**

- Only a CPA can change the food package.
- Peer counselors must be trained and scheduled to work as CPAs to assign or change food packages and do 2Cs.

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- Use *Food Packages for Breastfeeding Mom and Baby in the First Month of Life*, to help determine the correct food packages.  
<http://www.doh.wa.gov/portals/1/Documents/Pubs/960-152-FoodPackagesForBFMom.pdf>

When qualified staff aren't available to complete a Breastfeeding Review or assign the food package, staff must not:

- Issue formula.
- Increase the amount of formula given to breastfeeding infants.

A Breastfeeding Review isn't required when:

- Women state they are no longer breastfeeding and have no intention of returning to breastfeeding.
  - Staff must complete a brief assessment to assure the woman doesn't need further breastfeeding support.
  - Staff must document the woman quit breastfeeding and update the infant feeding method.
- When clients request less formula.

**PROCEDURE:**

Staff:

- A. Assure women receive a Breastfeeding Review by staff trained in breastfeeding support when they request formula for their breastfeeding infants or have concerns about breastfeeding. To complete the Breastfeeding Review staff:
  1. Assess the woman's breastfeeding goals and situation.
  2. Provide client-centered guidance and encouragement to continue breastfeeding.
  3. Talk about how giving formula may reduce breastmilk production.
  4. Explore returning to exclusive breastfeeding if supplemental formula is needed.
  5. Support the client's infant feeding decision.
  6. Refer the client for further breastfeeding follow-up if needed.

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**Note:** In many cases giving formula starts the weaning process, especially in the first month of life.

B. Assure a CPA changes the food package when the breastfeeding infant needs formula and the Breastfeeding Review wasn't done by a CPA.

- Peer counselors not in dual roles and not on the schedule as CPAs can't assign the food package or issue checks.

C. Issue the least amount of formula to support ongoing breastfeeding, if formula is needed.

**Recommendation:** Issue powder formula to healthy full-term breastfeeding infants, unless another formula meets the needs of the breastfeeding pair.

D. Record the Breastfeeding Review in the Notes section of the infant's record.

1. Title the note: Breastfeeding Review or BFR.
2. Peer counselors, not working as CPAs, title the note BFR-PC or Breastfeeding Review- PC.
3. Include the date the Breastfeeding Review was done in the title of the note if it wasn't done the same day it was entered.
4. Document the problem or concern.
5. Include notes about what was discussed, type of help offered and what referrals were made.
6. Note if formula was or was not issued and why.
7. Include any other important information.

E. May count the Breastfeeding Review as a Second Nutrition Education Contact (2C) when done by a CPA.

F. Update the Feeding Method and breastfeeding data on the infant's Custom Tab in the client's file to reflect any changes.

G. Not qualified to change the food package or not trained in breastfeeding support:

1. Affirm the client's concerns.
2. Offer support within his or her skill level.

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3. Explain that staff authorized to talk to the client about her situation aren't available.
4. Schedule the client as soon as possible for a time when staff are available.
5. Refer to a peer counselor or community breastfeeding resources.
6. Offer to have staff trained in breastfeeding support call the client as soon as possible to offer support by phone.
7. Document the plan so staff can follow-up.
8. Update the Feeding Method and breastfeeding data on the infant's Custom tab in the client's file to reflect any changes.

**Note:** Staff can suggest clients use formula available from other sources or purchase it with food benefits or cash.

H. Assess the woman's breastfeeding status when she states she is no longer breastfeeding.

1. To determine if she is no longer breastfeeding and is satisfied with her decision to quit, ask questions such as:
  - When was the last time you breastfed your baby?
  - Tell me more about why you quit breastfeeding?
  - Tell me how you feel about your decision to quit breastfeeding?
2. Don't do a Breastfeeding Review if the woman is satisfied with her decision to quit and has no desire to return to breastfeeding.
3. Document the discussion in the Notes tab titling the note "Quit BF no BFR".
4. Have a CPA assign a formula food package.
5. Update the Feeding Method and breastfeeding data on the infant's Custom Tab in the client's file to reflect the changes.

**Note:** The Breastfeeding Review is a tool to help women meet their breastfeeding goals. Because each client's breastfeeding experiences and challenges are unique, it's critical for staff to have adequate training, knowledge and resources to address concerns and help the woman meet her breastfeeding goals.

**Information:**

Some of the most common breastfeeding concerns include:

- Lack of knowledge about normal breastfeeding and normal baby behavior.
- Perceived low breastmilk production.
- Sore nipples.
- Engorgement.
- How to continue breastfeeding when returning to work or school.
- Lack of support in the workplace and at home.

**POLICY: Breastfeeding Friendly Clinic**

The clinic environment must support and facilitate breastfeeding as the normal way to feed infants and children. Formula and other items for formula feeding must be kept out of sight.

Staff must not use formula companies' breastfeeding education materials or promotional items.

**PROCEDURE:**

The coordinator working with the breastfeeding coordinator:

- A. Creates a comfortable place for clients to breastfeed in the clinic, which may include:
  - 1. "Breastfeeding Welcome Here" signs, posters and window clings. Clients may not know they have a right to breastfeeding in public.
  - 2. Comfortable chairs with arms and foot stools.
  - 3. Waiting room materials (newsletters, children's books, etc.) promoting breastfeeding.
  - 4. A private space for clients to breastfeed or pump, if they request privacy.
- B. Assure staff don't use or display breastfeeding education or promotional items from formula companies.
  - 1. Staff may use educational materials for preparing, mixing and storing formula to educate clients who are formula feeding.
  - 2. Only use materials with pictures of baby bottles provided by state staff.
  - 3. Store formula, baby bottles, nipples, or other items used for formula feeding out of sight.

***BEST PRACTICE: Breastfeeding Friendly Clinic***

- A. Display pictures of staff breastfeeding their children. Clients like to see staff follow their own advice.
- B. Display pictures of staff trained to help women breastfeed including peer counselors. Clients like to see who they can talk to about breastfeeding.

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- C.      Post positive breastfeeding messages at each workstation. Positive messages lets clients know WIC supports breastfeeding.
  
- D.      Display pictures of clients with their stories about what breastfeeding means to them. Clients like to see and hear from other WIC moms.

**POLICY:      Option to Offer Breast Pumps**

Local agencies may offer breast pumps to breastfeeding clients.

The coordinator, working with the breastfeeding coordinator, must develop breast pump policies or protocols before providing breast pumps. State staff must approve policies or protocols.

The coordinator must assign a staff person to manage and oversee the agency's breast pump program and be the point of contact for the state office. This can't be a peer counselor.

Policies or protocols must assure:

1. Clients aren't charged deposits or fees for breast pumps, pump kits or any breastfeeding supplies.
2. Staff keep electric breast pumps in a locked area not easily accessible to non-authorized personnel.
3. Electric breast pumps are tracked and inventoried. See "Track Electric Breast Pump Inventory" in this chapter.
4. Used manual breast pumps, personal use electric pumps and pump kits aren't re-issued.
5. Only staff trained in breastfeeding support and how to issue and educate clients on breast pump use will issue pumps.
6. Only current breastfeeding clients receive breast pumps.
7. Staff follow-up with clients issued breast pumps because of breastfeeding problems within 3 business days. Peer counselors may do follow-up and support.
8. Pregnant women won't receive breast pumps as breastfeeding incentives.
9. There is a retrieval process in place for lost or stolen multi-user breast pumps and for pumps loaned to terminated clients and clients who transfer without returning the pump first.
10. Staff who are WIC clients and who qualify for breast pumps will have another staff person issue their breast pump.
11. Staff won't withhold WIC checks because of overdue or lost multi-user breast pumps.

12. Staff protects all client information, including Breast Pump Release of Liability Forms.
13. Staff doesn't copy or record Social Security cards or Social Security numbers, or drivers' licenses or drivers' licenses numbers for breast pump loans.

**PROCEDURE:**

The coordinator or designee:

- A. Develops breast pump policies or protocols for the agency and submits to state staff for approval.
- B. Develops an agency-approved release of liability form to ensure clients fully understand their rights and responsibilities before receiving any type of breast pump or pump kit. See sample Breast Pump Release of Liability Form in Appendix A.
- C. Develops training requirements for staff issuing breast pumps. See "Issue Breast Pumps" in this chapter.
- D. Documents staff breast pump training in clinic or staff training records. See Volume 2, Chapter 14 - WIC Staff.

***BEST PRACTICE: Option to offer Breast Pumps***

Contact all clients issued breast pumps within 3 business days to see how pumping is going. Refer clients who need additional help to the appropriate support.

**POLICY:      Order Breast Pumps, Pump Kits and Breast Pump Supplies**

The state WIC program provides each clinic with a specific “Order Form for Breast Pumps, Pump Kits and Breast Pump Supplies”, or clinic order form.

Staff must:

1.      Request the clinic order form to order breast pumps from state staff.
2.      Use this clinic order form to order breast pumps, pump kits and breast pump supplies.
3.      Contact the state staff when the form needs to be changed.
4.      Not purchase breast pumps, pump kits or any breastfeeding supplies listed on the form with any WIC funds.
5.      Send all packing slips to state staff within 3 business days.
6.      Provide state staff with the serial numbers of multi-user breast pumps upon receiving them.
7.      Mark the pumps and cases of multi-user breast pumps with the clinic contact information before loaning them.
8.      Update clinic inventories.

**Note:** Failure to send packing slips results in vendors withholding orders for breastfeeding supplies statewide. When this happens clients can’t get the support they need to continue breastfeeding.

**PROCEDURE:**

Staff:

- A.      Contact state staff to ask for the form or to update the information on the form.

**Note:** The order form isn’t available on the website.

- B.      Determine what and how much to order.
  1.      Take an inventory of current stock.
  2.      Order a six month supply, or less.

- C. Use the clinic-specific order form to place orders. Order no more than twice a month.
- D. Print the form and write the number of items in the “Quantity Ordered” field.
  - 1. Be sure to look at the “Minimum Amount Per Order” field. Most items are available by the case.
- E. Fax the completed form to 360-236-2320 or scan and e-mail to [wicbreastpumps@doh.wa.gov](mailto:wicbreastpumps@doh.wa.gov).
- F. Keep a copy of the completed clinic order form for 60 days.
- G. After receiving the order:
  - 1. Check the packing slip to make sure the number of items you receive matches the number of items you ordered.
  - 2. If the order is correct and complete write the word “complete” on the packing slip.
  - 3. If there is a mistake, make a note on the packing slip about what is wrong with the order.
  - 4. Sign and date the packing slip.
  - 5. Within 3 business days, send a copy of the packing slip to state staff. Fax to 360-236-2320, or scan and email to [wicbreastpumps@doh.wa.gov](mailto:wicbreastpumps@doh.wa.gov), or mail copies to WIC Breast Pumps, PO Box 47886, Olympia, WA 98504-7886.
  - 6. Send packing slips for each portion of the order; don’t wait for the complete order if items ship separately.
  - 7. Keep clinic copies of packing slips for 60 days.

**Note:** If the clinic is open only a few days a week or less, send the packing slip the next business day.
- H. After receiving multi-user breast pumps:
  - 1. E-mail [wicbreastpumps@doh.wa.gov](mailto:wicbreastpumps@doh.wa.gov) and indicate the serial numbers of the multi-user pumps received and where they will be stored. The state WIC program uses serial numbers to track pumps.
  - 2. Mark each breast pump and pump case with the clinic contact information. See the “Track Electric Breast Pump Inventory” policy in this chapter for instructions.

3.      For Lactina breast pumps, remove the packing Styrofoam from inside the pump case and discard or recycle it.
  
4.      Update clinic inventories and multi-user serial number reports.

**POLICY:      Order Breastfeeding Supplies Using Local WIC Funds**

Staff may use WIC funds to buy allowed breastfeeding supplies with local agency funds except:

- Items on the clinic’s order form.
- Breast pumps.

**Note:** See Volume 2, Chapter 4 – Allowable Costs for a detailed list of allowable costs.

Staff must look to see if items they want to buy are on the Western States Contracting Alliance (WSCA) contract price list. If the items are listed on the contract, staff must buy items from the vendors on the contract.

Staff may purchase items not on the contract from any vendor.

**Note:** Staff can only use peer counseling funds to buy breastfeeding supplies for training peer counselors.

Agencies must have policies or protocols approved by state staff for nipple shields, breast shells and Supplemental Nursing Systems (SNS) before ordering these items.

**PROCEDURE:**

Staff:

- A. Review Volume 2, Chapter 4 to assure items are allowable.
- B. Review the WSCA contract price lists to determine what items are available through the contract.
  1. To view the WSCA contract price list, go to:  
<https://fortress.wa.gov/ga/apps/ContractSearch/ContractSummary.aspx?c=01910>, or see “How to View the WSCA Contract” in Appendix A.
  2. Buy contract items from any vendor on the WSCA contract.
  3. Request “contract pricing” when ordering items from the WSCA contract.
- C. Order non-contract items from any vendor.
  - Contact vendors directly to place orders and get the best pricing. Follow local agency procedures to order breastfeeding supplies and make billing arrangements.
  - When placing orders ask about shipping costs, taxes and other fees.

D.      Assure state staff approves policies or protocols before ordering nipple shields, breast shells and Supplemental Nursing Systems. Before ordering, assure staff are:

1.      Trained to educate and issue these items to clients.
2.      Able to assess which clients need these items to breastfeed.
3.      Committed to following up with clients after issuing these items.
4.      Trained to document in the Notes section of the client file.

**Note:** Agencies may request training on Medela nipple shields, Supplemental Nursing Systems and other breastfeeding supplies from Medela's regional sales representative. Contact the sales representative or state staff for more information. Instructions for use are also available on the Medela website at <http://www.medelabreastfeedingus.com/>.

**POLICY:      Option to Contract with a Third Party to Provide WIC Breast Pumps**

Local agencies may subcontract with third parties to loan breast pumps to current WIC clients. Third parties may include hospitals, pharmacies, private lactation consultants or others.

WIC staff must not receive any personal or financial benefit from this agreement.

The agreement must specify the duties of each party to meet all breast pump policies in this chapter.

**PROCEDURE:**

The coordinator:

- A.      Assigns a staff person as the point of contact for state WIC staff when subcontracting with a third party.
- B.      Assigns a staff person to be the point of contact for the third party.
- C.      Develops a subcontract or interagency agreement (Memorandum of Understanding or MOU). This agreement must describe how the 3<sup>rd</sup> party will:
  - 1.      Assure only current WIC clients are issued breast pumps and breast pump accessories.
  - 2.      Issue, track and clean breast pumps following the breast pump policies in this chapter.
  - 3.      Assure record keeping meets state and local agency standards.
  - 4.      Follow-up when multi-user pumps are lost, stolen or need repair.
  - 5.      Return all pumps and equipment to the agency when the contract is terminated.
- D.      Updates the MOU in a timely manner.

**POLICY:      Issue Breast Pumps**

The coordinator and the breastfeeding coordinator must work together to assure staff authorized to issue breast pumps are:

- Adequately trained in breastfeeding support.
- Trained to issue breast pumps.
- Follow all state and local breastfeeding policies, procedures or protocols.

Peer counselors may issue breast pumps but aren't allowed to manage pump programs or have assigned tasks such as cleaning, tracking, or taking inventory of breast pumps.

Staff may count breast pump education as a Second Nutrition Education Contact (2C) if done by a CPA or other appropriate breastfeeding educator and meets the criteria of a 2C. See Volume 1, Chapter 16 – Nutrition Education. Staff can't count education done by peer counselors as a 2C.

**Note:** WIC staff can't diagnose medical conditions to determine "medical necessity" for breast pumps.

***BEST PRACTICE: Issue Breast Pumps***

- Contact clients issued breast pumps within 3 business days and ask how pumping is going. Refer clients who need additional help to the appropriate support.
- Enter the serial numbers of multi-user breast pumps into the Local ID field on the Demographics tab. This allows staff to search the client data base by pump serial number.
- Document the pump loan on the Demographics and Flowsheet tabs to easily identify clients who have borrowed multi-user breast pumps.

**PROCEDURE:**

Staff authorized to issue breast pumps must:

- A. Receive training on breastfeeding support.
- B. Follow state and local agency breast pump policies or protocols.
- C. Receive training on how breast pumps work and how to demonstrate their use to clients.

**Note:** Agencies may request training on breast pumps, nipple shields, Supplemental Nursing Systems and other breastfeeding supplies from the vendor's regional sales representative. Contact the sales representative or state staff for more information.

- D. Evaluate the client’s need for a pump.
- E. Determine which pump the client is eligible to receive and will best meet her needs. See “Guidelines for Issuing Breast Pumps” in this chapter.
- F. Assure all pump parts are included and the pump works before issuing. See Appendix A for information on how to assess if a pump is working properly.
- G. Show the client how to use the pump following the manufacturer’s instructions and offer written information. If available, offer information in the client’s preferred language.
- H. Cover key information including how to:
  - 1. Use the pump.
  - 2. Clean the pump.
  - 3. Manually express breastmilk.
  - 4. Maintain milk supply.
  - 5. Store breastmilk safely.
  - 6. Return the breast pump if it is a multi-user pump.
- I. Complete an agency-approved Breast Pump Release of Liability Form and:
  - 1. Review the form with the client.
  - 2. Ask the client if she understands and agrees to the terms prior to issuing the breast pump.
  - 3. Ask her to sign the form.
  - 4. Give the client a copy of the Breast Pump Release of Liability Form.
  - 5. Keep a copy on file for four years.

**Note:** If a client is using a previously issued WIC personal use or manual pump with other children, ask the client to sign an updated Breast Pump Release of Liability Form.
- J. Give the client a phone number to call for questions. This number can include contacts for clinic staff, peer counselors or other support.

**Note:** Staff may use the “Dear Breastfeeding Mom” letter in the Appendix A of this chapter and revise as needed.

- K. Document in the Notes section of the client’s file the type of pump provided and why the client needed it. Pump education can count as a Second Nutrition Education Contact (2C) if it meets the criteria.
- L. Document the date a multi-user pump is due back to the clinic.
- M. Contact clients issued breast pumps for breastfeeding problems within 3 business days and ask how pumping is going.
- N. Refer clients who need additional help to the appropriate support.
- O. Take these additional steps when issuing a manual breast pump:
  - 1. Tell the client the breast pump:
    - a. Is for one person only.
    - b. Can transmit disease if used by another person.
    - c. Is hers to keep. WIC rules don’t allow her to sell it or give it away.
  - 2. Replace broken or defective manual pumps, if needed.
- P. Take these additional steps when issuing a single user personal use electric breast pump:
  - 1. Tell the client the breast pump:
    - a. Is for one person only.
    - b. Can transmit disease if used by another person.
    - c. Is hers to keep. WIC rules don’t allow her to sell it or give it away.
    - d. Can’t be replaced if she loses it. WIC staff may replace stolen pumps with a police report number if the client is still fully breastfeeding and still meets the criteria for a personal use pump. Contact state staff for guidance if needed.
  - 2. Encourage the client to:
    - a. Complete and return the warranty card to the vendor as soon as possible.

- b. Contact the vendor's customer service department directly if the pump isn't working properly. Vendors can often help clients fix the pump or can replace defective pumps within 1 to 2 business days.

**Note:** Staff can call customer service for the client if desired. If customer service can't resolve the problem in a way that meets the client's needs, staff may issue a replacement pump. Contact state staff for further guidance if needed.

3. Replace defective breast pumps if the client is still fully breastfeeding and meets the criteria for a personal use pump.
4. When issuing a Transfer Card, document on the card if a client has a personal use breast pump and the date it was issued.

Q. Take these additional steps when loaning a multi-user breast pump:

1. Establish the length of the loan based on client need and clinic demand for multi-user breast pumps.
2. Tell the client:
  - a. Used pumps kits can transmit disease.
  - b. WIC rules don't allow her to sell it or give it away.
  - c. To return the pump:
    - On or before the date it's due back to the clinic.
    - If she stops using it.
    - If she is no longer eligible for WIC.
    - Before quitting WIC.
    - Before moving to another clinic or leaving the state.
    - If it's damaged or not working right.
    - If it's recalled by the vendor.
3. Follow-up with the client at each clinic visit to assure she is still using the pump and answer any questions.

### Guidelines for Issuing Breast Pumps

Type of pump	Criteria for Issuing Breast Pumps
<b>Two-handed manual pump</b>	<p>This pump is for clients who:</p> <ul style="list-style-type: none"><li>• Need a pump for a short period of time for engorgement, or to draw-out flat or inverted nipples.</li><li>• Are occasionally separated from baby for date nights, appointments, short work days.</li><li>• Need a pump and no other pump is available.</li></ul>
<b>One handed manual pump (Harmony pump)</b>	<p>This pump is for clients who:</p> <ul style="list-style-type: none"><li>• Are looking for work.</li><li>• Have on-going, short-term separation from their babies.</li><li>• Are working or going to school less than 20 hours a week.</li><li>• May not have access to electricity when pumping. Staff can issue two pumps for double pumping, if needed.</li></ul>
<b>Multi-user breast pump</b>	<p>This pump is for clients who:</p> <ul style="list-style-type: none"><li>• Have premature or medically challenged infants unable to feed at the breast.</li><li>• Can't feed baby at the breast because of their own medical issues. For example the client has breast surgery resulting in low milk production.</li><li>• Are having problems breastfeeding and must use a pump to provide breastmilk.</li><li>• Are separated from their baby for medical reasons.</li><li>• Are returning to work or school within two weeks and will be separated from their baby a significant portion of the day* and other pumps aren't available, or don't meet their needs.</li><li>• Don't meet the criteria for a personal use breast pump.</li></ul> <p><b>Note:</b> Staff have the <u>option</u> to request proof of work and school schedules.</p>
<b>Personal use electric breast pump</b>	<p>This pump is for clients who:</p> <ul style="list-style-type: none"><li>• Are fully breastfeeding and not getting any formula from WIC.</li><li>• Have good breastmilk production.</li><li>• Have infants between 8-12 weeks old. Staff trained in breastfeeding support may issue this pump to clients with younger infants based on professional discretion.</li><li>• Have no breastfeeding complications such as low weight gain, sore nipples, breast pain, etc. Thrush under treatment is allowable.</li><li>• Are returning to work or school within 2 weeks and will be separated from their baby a significant portion of the day.</li><li>• Have infants less than one year of age.</li></ul> <p><b>Note:</b> Staff may issue personal use pumps to clients in unique situations who may not otherwise qualify for them. Prior approval from state staff is required.</p>

\* The local agencies must develop guidelines to help staff evaluate the individual needs of a breastfeeding woman separated from her baby for work or school.

**POLICY: Returned Multi-user Breast Pumps**

When clients return multi-user breast pumps to the clinic, staff must:

1. Visually inspect the pump and check for damage, pump parts and insects upon return. See “Insects in Multi-user Breast Pumps” in this chapter.
2. Update all client files, paper records and computer files.
3. Clean every multi-user breast pump and assure it’s working properly before loaning it to another client.

**PROCEDURE:**

Staff:

- A. Inspect breast pumps upon return for damage, pump parts and insects.
- B. Document the return date:
  1. In the Notes section of the client’s file.
  2. In inventory records.
  3. On the Breast Pump Release of Liability Form.
  4. In other clinic records, as needed.
- C. Clean returned multi-user breast pumps and pump cases by:
  1. Gently shaking the pump with the vented side down to check for insects or damage to the pump.
  2. Wiping the pump and pump case with Cavicide\* or similar cleaning agent making sure all crevices are well cleaned.

**Note:** \*Cavicide is a cleaning product for breast pumps. Staff may use any cleaning products similar to those used for wiping infant scales and counters. Staff may use compressed air (like that used to clean keyboards) to clean internal parts and may use WIC funds for purchasing cleaning and other pump supplies.
- D. Document in the breast pump records that staff have cleaned the pump.
- E. Store breast pumps in a clean and secure place.

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Section 2            Breast Pump Policies

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- F.      Assure pumps work properly before re-issuing. See “Assessing the Effectiveness of Breast Pumps” Appendix A.
  
- G.      Contact state staff if pumps require deep cleaning by the manufacturer.

**POLICY:    Insects in Multi-user Breast Pumps**

Staff must check every returned multi-user breast pump for insects.

Staff have the option to bag every returned multi-user pump and check for insects after several days. We recommend using clear plastic bags to bag pumps.

Contact state staff for guidance when a multi-user breast pump contains insects or needs deep cleaning by the vendor.

**Note:** Staff may use WIC funds to purchase bags and other supplies.

**PROCEDURE:**

Staff:

- A. Check returned pumps for insects by inspecting the pump and case and shaking the pump, vented side down.
  1. When a pump contains insects:
    - a. Place the pump and pump case in a plastic bag.
    - b. Close the bag with a twist tie or other closure.
    - c. Date the sealed bag and let it sit closed for at least 3 days.
    - d. After 3 days, take the bagged pump outside.
    - e. Open the bag and look for insects in the bag and case. Shake the pump with the vented side down.
    - f. If there are insects, double bag the breast pump and pump case.
    - g. Contact state staff for guidance.
  2. If there aren't any insects, follow normal procedures for cleaning.

**Note:** Vendors will return bug infested breast pumps without cleaning if pumps aren't double bagged and sealed, or if placed in red bio-hazard bags.

**POLICY:      Track Electric Breast Pump Inventory**

Staff must track the number of personal use and multi-user breast pumps at each clinic site using an inventory form, log sheet or other system.

Before loaning new multi-user breast pumps staff must permanently mark each pump and pump case with the clinic's contact information.

Track multi-user breast pumps by serial number. Keep an inventory of multi-user breast pumps by serial number.

Track inventories of electric personal use pumps by keeping a record of the number of personal use pumps delivered to the clinic and given to clients.

Staff must review inventories of multi-user pumps and electric personal use pumps at least annually to check for lost, stolen or missing pumps.

***Recommendation:***      Inventory multi-user breast pumps at least twice a year, or more often. Peer counselors can't do this task.

See sample inventories in Appendix A.

**PROCEDURE:**

Staff:

- A.      Keep an inventory of all multi-user pumps at each clinic site. This inventory must include each pump's:
1.      Serial number.
  2.      History and status. Document when multi-user pumps are or have been:
    - Loaned.
    - Returned.
    - Cleaned.
    - Reported lost or stolen to state staff.
    - Damaged and destroyed.
- B.      Keep an inventory of personal use electric pumps by recording the:
1.      Number of pumps received.
  2.      Date pumps are given to clients.

3.      Name of the client or client's I.D. number.
  4.      Name of the staff person issuing the pump.
- C.      Conduct an annual count of personal use pumps and compare to the inventory.
- D.      Report any pumps suspected stolen from the local clinic to state staff and to the police.

***BEST PRACTICE: Track Multi-user Breast Pumps***

- Contact clients monthly if issuing bi- or tri-monthly checks. This allows staff to follow-up on breastfeeding issues, keep contact information up-to-date, and recover pumps when no longer needed.
- Issue checks monthly if a pump is overdue.
- Enter the multi-user pump's serial number in the Local ID field on the client's Flowsheet. This allows a search of the client database by pump serial number.
- Record additional notes on the Flowsheet or Demographics Special Needs fields to help identify clients who have multi-user breast pumps.

**POLICY:      Recover Multi-user Breast Pumps from Transfer Clients**

Staff must ask clients with multi-user breast pumps to return them before issuing Transfer Cards.

Staff can't withhold Transfer Cards or WIC checks if clients don't return multi-user breast pumps before transferring.

Staff must file a Lost, Stolen or Damaged Multi-user Breast Pump Report within 3 business days when clients transfer out without returning loaned breast pumps. See Lost, Stolen or Damaged Multi-user Breast Pump Report in Appendix A of this chapter.

Staff must assist in retrieving breast pumps and returning them to the original clinic.

**PROCEDURE:**

Staff:

- A. Ask the client to return the multi-user breast pump when the client requests a Transfer Card.
- B. Give the client a Transfer Card or checks even when she hasn't returned the multi-user breast pump.
- C. Make a note on the Transfer Card that the client needs to return a multi-user breast pump.
- D. Tell the client she must return the pump to the new or original clinic within 30 days or the State WIC Program will bill her for the cost of the pump.
- E. Document details about recovery attempts in the client's file.
  - 1. Include the pump's serial number when documenting communication with the client about returning the pump.
- F. Notify the new clinic, if known, of the pump loan and request help in recovering the pump.
- G. Submit a Lost Pump Report within 3 business days when a client doesn't return a multi-user breast pump before the client transfers or after the client transfers electronically.
- H. Notify state staff and all clinics involved when the client returns the pump.
- I. Return the recovered pump to the clinic where it was originally loaned. Contact state staff for a shipping label and other assistance.

**POLICY:      Lost or Stolen Multi-user Breast Pumps**

Staff must start recovery attempts for multi-user breast pumps within 3 business days when a pump is overdue to the clinic.

Staff must document all pump recovery attempts in the Notes section of the client's file.

After two unsuccessful attempts to recover the pump, staff must send a Lost, Stolen or Damaged Multi-user Breast Pump Report to state staff. See the Appendix of this chapter.

When a client transfers out of a clinic with a multi-user breast pump, staff must send a Lost Pump Report to state staff within 3 business days.

Staff can't withhold Transfer Cards or WIC checks from clients with overdue pumps.

**PROCEDURE:**

Staff:

- A.      Contact clients as soon as possible when a pump is overdue to request the pump back. Staff may contact clients by phone, at WIC appointments or by mail.

**Note:** A sample letter for contacting clients titled "Overdue Pump Letter" is in Appendix A of this chapter.

- B.      Document in the Notes section of the client's file:

1.      Name of the staff attempting contact with the client.
2.      How staff attempted to contact the client.
3.      The dates of contacts or attempted contacts.
4.      Any communication with the client or alternates.

- C.      Send a Lost, Stolen or Damaged Multi-user Breast Pump Report to state staff within 3 business days after the second unsuccessful attempt to retrieve the pump, or when a client transfers out of the clinic without returning a breast pump. See "Recovering Multi-user Pumps From Transfer Clients".

- D.      Keep copies of reports for 4 years.

- E.      Continue to issue checks and provide WIC services to clients with lost, damaged or stolen multi-user breast pumps.

- F. Continue recovery efforts with clients and alternates.
- G. Request a police report number when a client reports a pump stolen from them. Clients providing police report numbers won't be billed for stolen pumps. Staff can assist clients in requesting this number. Include the police report case number when submitting a Lost, Stolen or Damaged Multi-user Breast Pump Report, if available. Contact state staff for guidance if needed.
- H. Update clinic inventory logs reflecting the pump was reported lost or stolen.
- I. Notify state staff within 3 business days when pumps are returned after filing a Lost, Stolen or Damaged Multi-user Breast Pump Report by emailing [wicbreastpumps@doh.wa.gov](mailto:wicbreastpumps@doh.wa.gov). Include the serial number of the pump.

***BEST PRACTICE: Lost or Stolen Multi-user Breast Pumps***

- Enter the serial numbers of multi-user breast pumps into the Local ID field on the Demographics tab. This allows staff to search the client data base by pump serial number.
- Document the pump loan on the Demographics and Flowsheet tabs to easily identify clients who have borrowed multi-user breast pumps.

**POLICY:      Damaged Multi-user Breast Pumps**

Staff must call the vendor's customer service department about damaged or poorly functioning multi-user breast pumps to find out if the pump is under warranty.

The vendor repairs multi-user breast pumps under warranty and pays for shipping.

The following breast pumps can't be repaired and must be destroyed:

- Out-of-warranty pumps
- Lactina Plus breast pumps
- Reconditioned breast pumps

Contact state staff when multi-user breast pumps need deep cleaning by the vendor.

**Note:** It's not cost effective to repair breast pumps no longer under warranty.

**PROCEDURE:**

Staff:

- A. Call the vendor's customer service department to learn if the pump is under warranty.
- B. If the pump is under warranty, follow vendor's instructions to repair it.
- C. Destroy breast pumps poorly functioning and no longer under warranty. To do this:
  1. Cut off the power cord to prevent it from being used.
  2. Send a Lost, Stolen or Damaged Multi-user Breast Pump Report to state staff. See report in Appendix A.
  3. Indicate on the form the pump was damaged and destroyed by clinic staff.
- D. Record on the clinic's inventory that the pump was destroyed.
- E. Dispose of it by working with your agency's facilities department.
- F. Contact state staff when multi-user breast pumps need deep cleaning by the vendor.

**POLICY:      Loving Support® Breastfeeding Peer Counseling Program**

Local agencies may start a Loving Support® Breastfeeding Peer Counseling Program (peer counseling program) using separate peer counseling funds. The policies in this section relate to this type of peer counseling program.

Before starting a peer counseling program, the local agency must:

- Have written approval from both state staff and agency administration.
- Complete an application form provided by state staff.
- Orient clinic, administrative and fiscal staff to the program and its requirements.

The peer counseling program is a separate grant. Staff must track peer counseling program costs separately from WIC program costs. Staff working in both WIC and the peer counseling program must do time keeping in order to track time and salary costs of peer counseling separately from WIC program costs.

Staff must use peer counseling funds only to support the peer counseling program. Once the program is established and peer counselors are trained, the majority of the salary costs must be paid to peer counselors to provide direct services to WIC clients. For a list of allowable costs see Volume 2, Chapter 4 – Allowable Costs.

Peer counselor services must not replace other WIC breastfeeding promotion and support efforts.

**Note:** Peer counseling funds are limited. Agencies may use other funding sources to support a peer counseling program.

**PROCEDURE:**

The coordinator or designated staff:

- A. Notifies state staff that the agency wants to start a peer counseling program. If funding is available, state staff will send application materials to the coordinator.
- B. Completes the “Loving Support® Through Peer Counseling For WIC Managers” training.
- C. Provides state staff a completed application with:
  1. Written approval from agency administration to start the program.
  2. A completed assessment form provided by state staff to assess the agency’s readiness to have a peer counseling program.
  3. An implementation plan based on the assessment.

4.      A budget for the first six months and the following 12 months using the spreadsheet from the application materials.
- D.      Receives approval of the application and a timeline for funding from state staff.
- E.      Completes a program orientation for clinic, administration and fiscal staff.

**Information:**

The Loving Support<sup>®</sup> Breastfeeding Peer Counseling Program implements best practice in peer counseling in training and technical assistance. This project is designed to assist the national effort by the USDA, Food and Nutrition Services (FNS) to build and enhance the peer counseling program. Combining peer counseling with ongoing breastfeeding promotion efforts in WIC has the potential to significantly impact breastfeeding rates among WIC clients, and most significantly, increase the harder to achieve breastfeeding duration rates. The long range vision of the USDA/FNS is to institutionalize peer counseling as a core service in WIC.

The overall goals of all WIC breastfeeding projects, including the Peer Counseling Program are to:

- Increase the incidence of breastfeeding initiation and duration.
- Increase WIC clients' knowledge of the advantages of breastfeeding.
- Develop community partnerships to maximize resources and increase effectiveness of community support efforts.

**POLICY:      Required protocols for the Loving Support® Breastfeeding Peer Counseling Program**

Prior to hiring peer counselors, staff must provide state staff copies of agency-approved protocols listed in the appendix of this chapter. These protocols must state who is responsible for what actions.

State staff will provide technical assistance to help local staff develop these protocols.

**Note:** Good written protocols reduce liability, provide clear expectations and help all staff, including peer counselors, understand their roles and responsibilities.

**PROCEDURE:**

The coordinator or designated staff:

- A.      Develops written protocols and obtains required approvals.
- B.      Educates staff on program protocols.
- C.      Sends updated protocols to state staff. See the Breastfeeding Peer Counseling Program Annual Report in this chapter.

**Note:** Sample protocols and forms are available in training materials available from state staff.

**POLICY:      Using a Third Party Contract or a Memorandum of Understanding (MOU)**

When using a third party contract or a Memorandum of Understanding (MOU) to operate a Loving Support<sup>®</sup> Peer Counseling Program, staff must:

- Get prior approval from state staff before entering into an MOU or third party contract to share responsibilities related to running a peer counseling program.
- Ensure all program requirements are met and staff responsibilities are assigned.
- Monitor the contractor's performance annually to assure the contractor meets program requirements spelled out in the contract.
- Ensure the MOU or contract is renewed in a timely manner.
- Ensure contractors are reimbursed only for actual costs. Contracted peer counselors must be paid hourly for actual work performed; they can't be paid a salary, or stipend.

**PROCEDURE:**

The coordinator or designated staff:

- A. Notifies state staff of plans to use contractors or have an MOU or contract with another agency to run the program.
- B. Works with agency administration and state staff to develop a contract or MOU.
- C. Clearly defines the responsibilities to meet program requirements for all parties involved.
- D. Sends a final copy of the contract or MOU to state staff.
- E. Renews, as appropriate, the contract or MOU with enough lead time to avoid a break in service.
- F. Monitors contractor's performance annually.
- G. Monitors contractor's budget and assures payment is made for only approved expenditures.
- H. Keeps records of contracts, contractor performance reviews and MOUs following WIC and agency record retention policies.

**POLICY:      Peer Counselor Lead**

Local agencies must identify a peer counselor lead (PCL) for the program. The peer counselor lead:

- Is the point of contact for state staff.
- Assures staff working in the peer counseling program follows the policies in this chapter.
- Provides leadership to the program in the local agency.
- Assures agency programs serving the WIC population know about the program and how to access peer counseling services.
- Assures peer counselors are well trained and supervised.

The PCL must have:

- International Board Certified Lactation Consultant (IBCLC) certification or completed state approved lactation management training within the last five years.
- At least one year's experience providing breastfeeding support.

If the PCL has other WIC duties, the PCL must do daily time keeping assuring only peer counselor related duties are billed to the grant.

The duties of a PCL may be shared. Staff must clearly define who is responsible for what aspects of the program.

The PCL must receive at least 8 hours of breastfeeding education every year.

**PROCEDURE:**

The peer counselor lead (PCL):

- A. Assures clinic, administrative, fiscal staff and other agency staff as needed, receive training on program requirements and the role of the peer counselor.
- B. Assures peer counselors receive adequate supervision and mentoring. See "Supervision and Mentoring" this chapter.
- C. Assists in establishing program protocols and policies and updates them as needed.
- D. Assists in determining program budget and staffing needs.
- E. Facilitates the recruitment and hiring of peer counselors that meet program requirements.

- F. Assures peer counselors receive required training. See “Train Breastfeeding Peer Counselors” in this chapter.
- G. Establishes caseload and contact requirements for peer counselors.
- H. Is available to answer breastfeeding questions or provides timely access to an IBCLC.
- I. Helps peer counselors make referrals to medical providers and others, as needed.
- J. Assures peer counselors stay within their scope of practice.
- K. Assists in the completion of the Breastfeeding Peer Counseling Program Annual Report.
- L. Participates in state conference calls and other training.
- M. Does daily timekeeping if job duties include work other than peer counseling.

**POLICY:      Recruiting and Hiring Breastfeeding Peer Counselors**

Local agencies must hire or contract peer counselors who meet the following requirements:

- Are women from the community.
- Have no more than a paraprofessional education.
- Have personal breastfeeding experience and are able to portray breastfeeding in a positive manner.
- Offer positive breastfeeding support to other mothers.
- Are available to WIC clients outside the usual clinic hours and outside the WIC clinic.

Local agencies may select existing paraprofessional staff as peer counselors **only** if:

- Staff meet the requirements for peer counselors in this policy.
- Peer counseling activities performed by staff provide breastfeeding services beyond current breastfeeding promotion activities.

**Recommendation:** Hire a current or former WIC client who is breastfeeding exclusively or has breastfed exclusively for at least six months.

**Note:** Peer counselors must meet the criteria of a Bona Fide Occupational Qualification. Men don't meet USDA's definition of a peer counselor.

**PROCEDURE:**

The coordinator or designated staff:

- A. Hires breastfeeding peer counselors with:
1. Enthusiasm for breastfeeding and helping other mothers.
  2. Previous or current breastfeeding experience.
  3. Connections to the same community as her clients.
  4. A work history that doesn't include extensive professional training (paraprofessional background).
  5. A flexible schedule that allows clients to contact her outside of the WIC clinic and normal clinic hours.

B. Considers additional criteria such as:

1. Basic verbal, writing and computer skills.
2. Similarities with the WIC population served, including ethnic background, age, and language spoken.

**POLICY:      Peer Counselor Scope of Practice**

A peer counselor’s scope of practice is defined by:

- United States Department of Agriculture’s (USDA) Loving Support<sup>®</sup> through Peer Counseling guidelines.
- State and local policies.

Peer counselors provide:

- Basic, evidence-based breastfeeding information using client-centered skills.
- Anticipatory guidance, information about Baby Behavior, encouragement and support to clients.
- Help with problem solving normal breastfeeding situations, such as latch or keeping milk supply up when returning to work or school.
- Support outside normal clinic hours.
- Timely referrals when encountering situations outside their scope of practice.

Peer counselors must document all client contacts. When peer counselors provide breastfeeding support, they must, at a minimum, meet the same requirements for documenting a Breastfeeding Review. See “Breastfeeding Review” in this chapter.

Peer counselors are mandated reporters for child safety concerns and must follow agency procedures for reporting child safety concerns to Child Protection Services (CPS).

Peer counselors must not replace breastfeeding promotion and support activities done by other WIC staff.

Only peer counselors working in dual roles as CPAs can prescribe WIC food packages. Staff working in these dual roles must charge the time spent prescribing food packages and talking about WIC foods to the WIC grant, not the peer counseling grant.

The local agency must have a written job description defining the scope of practice for the peer counselor. Agencies may establish positions for senior peer counselors.

**PROCEDURE:**

The coordinator or designated staff:

- A.      Develops a job description for the peer counselor that includes:

1. The scope of practice or the type of breastfeeding support the peer counselor is allowed to provide.
2. Locations where the peer counselor provides services.
3. Expectations on the frequency of prenatal and post-partum client contacts using the Loving Support<sup>®</sup> guidelines:

## Prenatal:

- Offer in-person contacts during the client's pregnancy. This helps establish rapport. Follow-up with monthly calls.
- Close to the client's due date, offer more frequent contacts.

## Postpartum:

- When staff know that the client delivered, offer to contact the client every 2 to 3 days in the first week postpartum, or when the client is working through breastfeeding challenges.
- Offer weekly contacts the rest of the first month postpartum and monthly thereafter. Offer to contact the client before and after she plans to return to work or school.
- Attempt to contact clients within 24 hours when there are problems.

4. The hours the peer counselor is available to clients.
5. A requirement to:
  - Document all client contacts.
  - Follow agency procedures for making referrals and reporting child safety concerns.
  - Maintain client confidentiality.

## B. Assures peer counselors:

1. Use client-centered skills to give basic evidence-based breastfeeding information and encouragement to pregnant and breastfeeding clients.
2. Have opportunities to meet prenatal clients to promote breastfeeding, address common concerns and establish rapport.
3. Fill gaps in WIC breastfeeding support, particularly after hospital discharge and before the client's next WIC appointment.

4. Are available outside normal clinic hours to provide breastfeeding support.
  5. Address issues clients are most concerned about, and helps clients explore their barriers and visualize how breastfeeding can work for them.
  6. Prepare clients for what to expect, including recognizing Baby Behavior cues, in the early days of breastfeeding after uncomplicated, full-term vaginal births or C-sections.
  7. Follow-up in the early postpartum period to discuss normal breastfeeding concerns and provide reassurance and guidance.
  8. Refer clients to WIC breastfeeding and other community resources for issues outside their scope of practice, medical issues, or for breastfeeding issues that don't show improvement within 24 hours.
  9. Maintain client confidentiality and sign annual confidentiality agreements. See Volume 1, Chapter 25 – Legal Considerations and Confidentiality.
  10. Meet documentation requirements.
  11. Make appropriate referrals when they suspect child abuse.
- C. Trains peer counselors on how to issue breast pumps, complete Breastfeeding Reviews or weigh babies if they are assigned these tasks.
- D. Assures senior peer counselors meet the following requirements in addition to those above:
1. Have at least 500 hours of providing direct support to breastfeeding clients.
  2. Attended at least forty hours of lactation management training or have their IBCLC certificate.
  3. Have the ability to use client-centered skills to give both basic and advanced breastfeeding information.
- E. Decides which responsibilities to include in the senior peer counselor job description. Examples of job duties of senior peer counselors could include:
1. Lead breastfeeding support groups.
  2. Assist in interviewing peer counselor applicants.

3. Mentor junior peer counselors by modeling client-centered counseling and appropriate job skills.
  4. Receive referrals from peer counselors and staff to follow-up with clients having breastfeeding issues.
  5. Refer clients having problems beyond their scope of practice according to clinic-established protocols.
  6. Add to breastfeeding promotion activities currently done at the agency and in the community.
  7. Assist staff in promoting the peer counseling program.
- F. Assures peer counselors don't:
1. Diagnose conditions.
  2. Provide medical advice.
  3. Prescribe or recommend medications, herbs or naturopathic remedies.
  4. Assume breastfeeding promotion and support duties normally carried out by WIC staff.
  5. Manage breast pump programs, including inventory control, on-going cleaning and maintenance of breast pumps.
- Note:** Sample peer counselor job descriptions are in the Loving Support® materials and available from state staff.

**POLICY:      Train Breastfeeding Peer Counselors**

Local agencies must use the Loving Support<sup>®</sup> curriculum and Baby Behavior materials as part of peer counselor training. These training materials are available from state staff.

Local agencies must have protocols describing the training peer counselors receive as part of their orientation before seeing clients unsupervised.

After orientation training, the peer counselor lead or designated staff must:

- Conduct regular meetings for peer counselors to interact with the peer counselor lead.
- Offer at least 8 hours of breastfeeding training each year. This may be in-person, web-based or via other methods.
- Include peer counselors in any training provided by the state such as peer counselor trainings, WIC Connects training or other annual training. Assure peer counselors complete the paraprofessional breastfeeding training within the first year of employment.
- Provide annual training on civil rights, client confidentiality and other required WIC training.

Staff may provide more training and provide time for independent study as their budget allows.

**PROCEDURE:**

The peer counselor lead, coordinator or designated staff:

- A. Prepares for training:
1. Review the curriculum and identify what will be covered in initial training.
  2. Prepare the training materials, schedule room and equipment.
  3. Schedule initial training in manageable sections that allows for interaction and maximum learning. The Loving Support<sup>®</sup> training takes approximately 20-30 hours to complete.
  4. Invite WIC staff or community partners, if desired.
  5. Tell trainees what to expect, what to bring and to arrange for child care, if needed.
  6. Review attendance and behavior expectations prior to training.

7. Arrange a graduation ceremony for peer counselors, if desired.
- B. Trains peer counselors on:
1. How to provide breastfeeding support using the “Loving Support<sup>®</sup> through Peer Counseling” curriculum and Baby Behavior materials and information.
  2. State WIC policies and agency-specific protocols.
  3. An overview of the WIC program.
  4. Returning program property and all client records when leaving the job.
  5. How to do home or hospital visits, as needed.
  6. What to do when client information, in paper or electronic form, or other items issued to the peer counselor are lost or stolen.
  7. Required documentation.
  8. How to issue breast pumps, if allowed. See “Issue Breast Pumps” in this chapter.
  9. How to complete a Breastfeeding Review, if allowed. See “Breastfeeding Review” this chapter.
  10. How to weigh babies, if allowed, including:
    - How to use the scales.
    - How to interpret weight loss and weight gain.
    - How information about the infant’s weight and growth is shared with parents.
    - What to do if the weight is a concern.
    - Where and how to document infant weights.
- Note:** Train peer counselors how to weigh and measure babies by having them complete anthropometric training with state staff, online training from the Washington WIC website, or training by WIC staff. Peer counselor leads must train peer counselors how to share information with parents and what to do when the weight is a concern.
- C. Keeps training and in-service sign-in sheets for four years. See Volume 2, Chapter 7 – Record Retention.
- D. Arranges on-going training and continuing education.

**Note:** Peer Counselor funds can't be used to pay for childcare. Many programs allow trainees to bring young babies to training. Training is enhanced when moms and babies are available to demonstrate feeding cues, latch and positioning. Trainees should be instructed what to do if a baby's behavior is distracting.

**POLICY:      Supervise and Mentor Peer Counselors**

Peer counselors must receive adequate supervision and mentoring, and have access to breastfeeding experts for assistance with problems outside their scope of practice.

**PROCEDURE:**

The coordinator or designated staff:

- A.      Defines work, dress and behavior expectations for peer counselors.
- B.      Meets with peer counselors on a regular basis to assess workload and performance; with more frequent meetings for new employees and contractors.
- C.      Monitors the quality and quantity of peer counselors' work, such as:
  - 1.      Spot checking weekly activity reports, chart notes and client contact logs.
  - 2.      Monitoring email and cell phone accounts.
  - 3.      Following-up directly with clients.
- D.      Conducts or participates in annual peer counselor performance monitors and evaluations.
- E.      Ensures peer counselors:
  - 1.      Have access to computers, cell phones or other equipment and supplies necessary to complete their job duties.
  - 2.      Have access to updated breastfeeding materials.
- F.      Mentors peer counselors by taking actions such as:
  - 1.      Arrange regular one-to-one meetings.
  - 2.      Conduct observations and providing shadowing opportunities.
  - 3.      Make resource materials available for self-study and reference.
  - 4.      Reinforce positive behaviors.
  - 5.      Review case studies or actual situations and coach peer counselors on how to appropriately respond and document outcomes.

6. Provide opportunities for training and development on client-centered and interpersonal skills.
7. Coach peer counselors on how to deal with the challenges of balancing career, family and other life challenges.
8. Reinforce agency expectations.

***BEST PRACTICE: Supervise and Mentor Peer Counselors***

During the first six months of their employment or contract, the coordinator or designated staff may conduct the following activities in supervising and mentoring peer counselors.

- A. Review weekly activity reports prior to approving time sheets.
- B. Meet weekly with the peer counselor in-person or by phone to discuss:
  1. Caseload.
  2. Time management.
  3. Counseling encounters.
  4. Successes and issues of concern.
  5. Progress and skill building.
  6. Review weekly activity reports.
- C. Hold monthly meetings with the peer counselor(s) to:
  1. Discuss program logistics, planning and workflow.
  2. Provide on-going training and agency orientation.
  3. Provide opportunities for skill development.
- D. Review client documentation; ten percent of pregnant and breastfeeding caseload for small agencies or five to ten charts in large agencies.
- E. Observe counseling sessions and provide feedback. Role play if this is not feasible.
- F. Conduct monthly random phone surveys of pregnant and breastfeeding clients who received peer counseling services to assess client satisfaction. Ten percent of caseload for small agencies or five to ten surveys in large agencies.

The second six months and thereafter, the peer counselor lead may choose to:

- A. Review weekly activity reports prior to approving time sheets.

- B. Meet monthly with the peer counselor in-person or by phone to:
  - 1. Assess the peer counselor's progress.
  - 2. Review counseling style and skills.
  - 3. Address concerns and further training needs.
  - 4. Review the peer counselor's satisfaction with the program.
  - 5. Support and mentor the peer counselor's professional development.
  - 6. Review weekly activity reports.
- C. Conduct quarterly meetings for agencies with more than one peer counselor.
- D. Conduct quarterly random phone surveys of pregnant and breastfeeding clients who received peer counseling services to assess client satisfaction. Ten percent of caseload for small agencies or five to ten surveys in large agencies.
- E. Conduct quarterly chart reviews; ten percent of caseload pregnant and breastfeeding clients for small agencies or five to ten charts in large agencies.
- F. Arrange for annual professional development for peer counselors.
- G. Conduct annual performance evaluations for peer counselors who are employees or annual contract monitoring for peer counselors who are contractors.

**POLICY:      Peer Counselor Pay**

Local agencies receiving peer counseling funds must pay peer counselors at least minimum wage. Peer counselors must be reimbursed for job-related expenses such as:

- Mileage.
- Training registrations.
- Other expenses needed to do their jobs.

Local agencies may hire the peer counselors as employees, hire them as independent contractors, or contract with a third party to hire and manage the peer counselors. See “Using a Third Party Contract or Memorandum of Understanding (MOU)” this chapter.

Local agencies must not hire and contract peer counselors for the same program.

Contracted peer counselors must:

- Have a current signed contract before being paid for services.
- Sign an annual confidentiality statement.

**PROCEDURE:**

The coordinator or designated staff:

- A. Determines whether to hire the peer counselor as an employee or as a contractor.
- B. Follows agency protocols for hiring peer counselors as employees or contracting peer counselors.
- C. For third party contracts:
  1. Develops an agency-approved contract and confidentiality statement for contracted peer counselors.
  2. Uses an agency-approved contract that spells out responsibilities for both the agency and the contractor.
  3. Assures the contractor meets the statement of work and provides acceptable contract deliverables in a timely manner.
  4. Determines how liability for contracted peer counselors is covered.
  5. Keeps copies of all signed contracts and statements following agency personnel or contract protocols.

**POLICY:      Peer Counseling Program Allowable Costs**

Agencies must use peer counseling funds only for allowable costs. See Volume 2, Chapter 4 – Allowable Costs for specific information on allowable costs.

Peer counseling funds must not be used for other WIC or agency activities. Only staff directly involved with peer counselors can bill their time to these funds. Staff working in WIC or other programs must do daily time keeping and document time working in the program versus other duties.

**PROCEDURE:**

A. Staff request reimbursement by reporting peer counseling costs as a separate line item in A-19's sent to state staff. Examples of allowed peer counseling program costs include:

1. Staff salary and fringe benefits: Time spent by peer counselors, peer counselor leads, International Board Certified Lactation Consultants and peer counselor supervisors.
2. Supplies: Items for the Peer Counseling Program, including notebooks, books, demonstration teaching aids, files, cell phones and office supplies.

**Note:** Resources for the peer counselor coordinator or supervisor can be purchased with this funding *only* if the resources are related to peer counseling, such as training manuals for peer counselors. Otherwise, breastfeeding resources for peer counselor supervisors and other WIC staff should be paid using WIC funds.

3. Travel: Expenses for peer counselors to visit clients, attend conferences and breastfeeding trainings. Expenses for peer counselor leads to attend trainings and meetings related to the program.
4. Training: Expenses related to training peer counselors or peer counselor leads.
5. Promotional materials: Costs for producing and giving handouts educating WIC clients and others about the peer counseling program. Staff must use WIC funds for breastfeeding educational materials.
  - All handouts and flyers advertising the peer counseling program must include the WIC Non-discrimination Statement.
6. Clothing: Costs for shirts, name tags or lanyards identifying staff as peer counselors.

7. Indirect Costs: Refer to Volume 2, Chapter 4 – Allowable Costs, for more information.
- B. Example of costs not allowable for the Loving Support® Breastfeeding Peer Counseling Program include:
1. Childcare: Any childcare costs.
  2. Discharge bags or other breastfeeding promotion items: Peer counseling funds can't be used to buy breastfeeding promotion items. Peer counselors *can* give away items purchased with other funds.

***BEST PRACTICE: Community Partnerships and Promoting Peer Counseling Programs***

Community support is important for a successful peer counseling program.

Agencies with peer counseling programs are encouraged to establish plans to tell community organizations that target the WIC population about the peer counseling program.

When developing a plan, the following community partners are important to consider:

- Local hospitals or birthing facilities where WIC clients deliver their babies.
- Health care providers serving WIC clients.
- Local breastfeeding coalitions.

Other recommended organizations include: home visiting programs outside the agency, area IBCLC's, La Leche League, Early Head Start, teen pregnancy centers, minority health organizations, parenting groups, and child care providers.

Suggested steps include:

- Providing written information about the peer counseling program and its benefits.
- Information about how to refer clients to the program.
- Keeping community partners up-to-date with program changes.
- Face-to-face meetings with community partners.
- Participation in local breastfeeding coalitions.
- Presentations to medical providers.
- Distributing peer counseling promotional materials.

***PROCEDURE:***

The peer counselor lead or coordinator:

- A. Identifies which organizations should know about the peer counseling program.
- B. Determines what steps to include in the plan.
- C. Includes an evaluation of the previous year's plan and an updated plan in the Breastfeeding Peer Counseling Program Annual Report.

**POLICY:      Client Confidentiality**

Peer counselor leads and peer counselors must ensure client confidentiality and security of client information.

Peer counselor laptops must be connected to the local agency network at least one time per month to receive security and software updates.

Peer counselors, including contractors, must sign confidentiality agreements annually.

Peer counselors must:

- Not share passwords.
- Use only their own password when logging onto WIC or peer counseling computers.
- Lock the screen or log out of their computers when they leave it.
- Log out and shut down their computers when not in use.
- Keep all mobile equipment and hard copies of client information locked-up and in a secure location. This includes items such as client files, cell phones and laptops.
- Work with the coordinator to report any loss or suspected loss of client information to state staff within one business day.

Staff must work with state staff to follow-up on lost or stolen paper or electronic client information.

**PROCEDURE:**

The peer counselor lead or coordinator:

- A. Includes WIC and agency policies on confidentiality in peer counselor orientation.
- B. Ensures peer counseling laptops are regularly updated with software and security by connecting into the WIC network.
- C. Has all peer counselors review and sign confidentiality statements prior to seeing clients or viewing client files, then annually thereafter.
- D. Has all peer counselors sign a statement requiring the return of all equipment, resources and client files before resigning or when terminated.
- E. Assures staff use the Loving Support<sup>®</sup> sample referral forms in Appendix B of this chapter, or a similar form, to make referrals to peer counselors and other staff.

- F. Trains peer counselors on how to keep equipment secure and what steps to take when client information, paper or electronic, is lost or stolen.
- G. Retrieves all equipment and documents with client information from peer counselors who are terminated or who have resigned.
- H. Works with state staff to follow-up on lost or stolen paper or electronic client information.

**POLICY:      Texting and Cell Phone Use**

A key component of the Loving Support<sup>®</sup> Breastfeeding Peer Counseling Program is having peer counselors available to WIC mothers outside of normal clinic hours.

Peer counselors must have access to agency provided cell phones to meet this requirement. Service contracts for peer counselor cell phones must be held by the local agency.

Peer counseling programs not able to meet this requirement must contact state staff for guidance.

Cell phones must:

- Be free of charge to peer counselors for work purposes.
- Be monitored to ensure peer counselors are using the phones for work purposes only.

Peer counselors may use text messages to communicate with clients after:

- Getting permission from their local agency to send text messages.
- Getting permission from clients to send text messages.
- Establishing a relationship with clients.

Text messages must:

- Be limited to short simple check-ins, basic information, or confirmation of phone calls or appointments. Issues that require more than a simple check-in must be done in person or by talking to the client on the phone.
- Use only easily understood abbreviations that don't change the meaning of the message.
- Not include any personal medical information or identifiable data such as social security numbers, or driver's license numbers.

Text messages may be used to:

- Follow-up on referrals, as long as no sensitive information is exchanged.
- Invite clients to classes.
- Schedule appointments, or remind clients of appointments.
- Share tips about breastfeeding, infant development or send encouraging messages.

- Ask about baby's arrival.
- Answer simple breastfeeding questions.

Staff must develop a protocol and train peer counselors who use cell phones to communicate with clients. The protocol must include guidance on:

- A standard greeting.
- When to return calls or text messages.
- Following state laws regarding the use of cell phones in cars.
- Appropriate use of text messages for communication.
- Conducting cell phone conversations in a location that allows confidentiality and respect for client information.
- How and where to document phone contacts with clients.
- What to do when the peer counselor is not available for an extended time.
- Keeping cell phones secure. They must not be kept in an unoccupied vehicle.
- Immediately reporting a lost or stolen cell phone to the peer counselor lead or supervisor.
- When cell phones may be turned off, such as for family time and personal obligations.
- How to return the cell phone when leaving the agency.

See the appendix in this section for more guidance on text messages and a list of common abbreviations.

Protocols for cell phone use for phone calls and texting must be reviewed annually with peer counselors.

***Recommendation:*** For safety and client confidentiality, peer counselors shouldn't use personal cell phones to provide services to WIC clients. All personal cell phones used for WIC business are subject to subpoena and public disclosure requests. This means personal cell phones may be seized and the information in that phone may be made public.

**PROCEDURE:**

The peer counselor lead or WIC coordinator:

- A. Develops a cell phone protocol and trains peer counselors on their use.

- B. Develops a method of monitoring cell phone usage, at least semi-annually.
- C. Reviews the protocol annually with peer counselors.

**POLICY:      Social Media**

Local agencies may establish social media sites for their peer counseling programs or allow peer counselors to use social media to engage clients.

Social media is an effective way to foster engagement and increase access to evidence-based health messages. The Washington State WIC Nutrition Program has a Facebook page to promote the breastfeeding peer counseling program and foster engagement among peer counselors.

Social media isn't:

- A substitute for medical advice. This must be clearly communicated to peer counselors and posted on any WIC peer counseling social media sites.
- A way to remind individual clients about their appointments.

Local agencies may:

- Allow peer counselors limited time to use social media to interact with one another and gain access to breastfeeding information.
- Use peer counseling funds to develop and use social media to:
  - Promote the peer counseling program.
  - Share short bios about the peer counselors.
  - Help new mothers connect with peer counselors.
- Use WIC funds or other agency funds to:
  - Promote WIC services.
  - Promote prenatal breastfeeding classes or support groups for new moms.
  - Share World Breastfeeding Week activities or other breastfeeding promotion events.
  - Promote the fully breastfeeding food package.
  - Share short bios about WIC staff.
  - Provide general breastfeeding tips.
  - Link to other breastfeeding resources for moms.
  - Help new mothers connect with peer counselors and other breastfeeding mothers.

Local agencies that use social media must:

- Be fully responsible for their content.
- Follow local agency guidelines on how social media can be used.
- Develop an agency approved protocol on:
  - How peer counselors will access and use social media. See further recommendations in the appendix of this section.
  - How agency staff will monitor and maintain the media.
- Post the USDA non-discrimination statement if WIC funds or Peer Counselor funds are used to develop the site or page.
- Not post any of the following:
  - Violent, obscene, profane, hateful, or racist comments.
  - Comments that threaten or defame any person or organization.
  - Solicitations, advertisements, or endorsements of any financial, commercial, or non-governmental agency.
  - Comments that suggest or encourage illegal activity.
  - Unsolicited photos.
  - Any comments with client names.
  - Personal information such as home addresses.
- Monitor posts daily, except weekends and non-work days and remove:
  - Off-topic comments by a single user.
  - Repetitive comments copied and pasted by multiple users.
  - Inappropriate comments.

Peer counselors must not use social media:

- To provide individual counseling, dispense breastfeeding advice, or make contact with clients.
- To communicate information, thoughts, and opinions about clients or to use client names.
- For personal gain or communication if the media is developed using WIC or Peer Counseling funds.

**Note:** Social media messages are visible to the public and subject to public records disclosure laws.

**PROCEDURE:**

The peer counselor lead or coordinator:

- A. Works with agency administration to identify which social media platform to use and its related protocols on use and maintenance.
- B. Trains peer counselors on the appropriate use of the social media.
- C. Monitors the social media and its use by peer counselors.
- D. Includes a report on the media and its use in the Breastfeeding Peer Counseling Program Annual Report.

**POLICY:      Breastfeeding Peer Counseling Program Annual Report and Budget**

Agency staff, including the coordinator, peer counselor lead and agency fiscal staff must complete and submit an annual report and budget.

**PROCEDURE:**

A.      Agency staff:

1.      Completes the Breastfeeding Peer Counseling Program Annual Report.
2.      Completes the peer counseling portion of the WIC Budget Workbook for the current year, including expenditures for the previous year. See Volume 2, Chapter 1 – Contracts.
3.      Submits the annual report and budget to state staff on or before the deadline.

B.      State staff:

1.      Sends local agencies instruction on how to complete the report.
2.      Acknowledges receiving the annual report and budget.
3.      Reviews each agency's annual report and budget.
4.      Communicates to the peer counselor lead and coordinator that the report is complete or needs revision.
5.      If revisions are needed, state staff will tell the peer counselor lead and coordinator what needs revision and when the revisions are due.

**Appendix A**



### **Examples of Roles Related to Promoting and Supporting Breastfeeding**

Federal regulations require local agencies to incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff having direct contact with clients.

Although clinic-staffing patterns vary and job descriptions are always changing, there are five defined staff roles in WIC. Below are examples of task-appropriate roles and responsibilities for WIC clerks/front-line staff, Competent Professional Authorities (CPAs), nutritionists, breastfeeding coordinators and coordinators.

Breastfeeding is well supported in the WIC program when all staff, including front-line staff, have the following basic skills and training.

#### **Basic skills and training for all WIC staff**

- Know why WIC promotes and supports breastfeeding as the normal way to feed infants.
- Know the benefits of breastfeeding.
- Understand the basics of normal breastfeeding.
- Promote breastfeeding to all pregnant clients at every WIC visit.
- Ask breastfeeding clients how breastfeeding is going at every WIC visit.
- Enlist the help of a CPA for clients who have questions or problems with breastfeeding.
- Not issue formula to breastfeeding infants without referring clients to a CPA for a Breastfeeding Review.
- Understand the negative impact introducing formula has on breastmilk production.
- Have the skills to identify “red flags” for breastfeeding and provide appropriate referrals.
- Provide up-to-date breastfeeding resources to pregnant and breastfeeding clients.
- Have skills to provide positive encouragement to breastfeeding clients.
- Know the few circumstances in which a woman should not breastfeed.
- Are oriented to and carry out local agency breastfeeding promotion and pump distribution policies.
- Participate in activities to complete the breastfeeding portion of the Annual Nutrition Education Plan.
- Participate in breastfeeding training and in-services for staff.

### **Examples of roles related to promoting and supporting breastfeeding**

#### **Clerks**

Clerks play a critical role in breastfeeding promotion and support because they are the first point of contact for clients and see them most often. It's important for clerks to have the basic skills and training listed above to promote and support breastfeeding.

#### **WIC Certifier/CPA**

Within the duties of a CPA, breastfeeding will be promoted and supported when staff in these positions have the basic skills and training, and in addition:

- Uses client-centered skills to educate pregnant women on how to successfully initiate and sustain full breastfeeding.
- Has skills to help breastfeeding clients problem solve common breastfeeding concerns.
- Has skills to complete a Breastfeeding Review prior to issuing formula to breastfeeding infants.
- Has additional training to provide more in-depth breastfeeding support to clients with special concerns.

#### **Registered Dietitian or WIC nutritionist**

Within the duties of the nutritionist, breastfeeding will be promoted and supported when staff in these positions have the basic skills and training, and in addition:

- Has additional training to provide more in-depth breastfeeding support to clients with special concerns.
- Assists in developing local agency breastfeeding promotion and support policies.
- Assists in developing protocols for triaging clients with breastfeeding concerns.
- Participates in or conducts breastfeeding education in-services for staff.
- Coordinates breastfeeding support services with Maternity Support Services and other health care organizations and providers.
- Participates in the development, review or selection of breastfeeding education materials.
- Accurately interprets the Breastfeeding Report and shares the clinic's breastfeeding initiation and duration data.
- Works with the breastfeeding coordinator to develop the breastfeeding objectives and activities for the Annual Nutrition Education Plan.
- Is familiar with breastfeeding resources such as books, professional internet sites and journals, and other sources of breastfeeding education and shares them with staff.

### **Breastfeeding Coordinator**

The breastfeeding coordinator serves as the point-of-contact for the State WIC Breastfeeding Promotion Coordinator, coordinates breastfeeding activities within the clinic and with other organizations and participates in the development of the Annual Nutrition Education Plan.

Breastfeeding coordinators must be International Board Certified Lactation Consultants or attend an intensive lactation management course, or other state approved breastfeeding training.

Within the duties of the breastfeeding coordinator, breastfeeding will be promoted and supported when staff in these positions have the basic skills and training, and in addition:

- Coordinates activities in the clinic to promote breastfeeding. Assesses the “look” and “feel” of the clinic to reflect breastfeeding as the normal way to feed infants.
- Has additional training to provide more in-depth breastfeeding support to clients with special concerns.
- Keeps local community breastfeeding resources updated.
- Coordinates World Breastfeeding Week activities.
- Participates in or conducts breastfeeding education in-services for staff.
- Coordinates breastfeeding promotion and support activities with other agency programs, organizations and community partners to provide consistent information and support to breastfeeding women.
- Accurately interprets the Breastfeeding Report and shares the clinic’s breastfeeding initiation and duration data with staff.
- Presents the breastfeeding objectives and activities from the Annual Nutrition Education Plan to staff.
- Is familiar with breastfeeding resources such as books, professional internet sites and journals and other sources of breastfeeding education and shares them with staff.
- Works with the coordinator to meet the breastfeeding promotion requirements within the agency’s statement of work.

### **Coordinator**

Within the duties of the coordinator, breastfeeding will be promoted and supported when staff in these positions have the basic skills and training and, in addition:

- Assures local agency policies are developed and carried out to meet all breastfeeding requirements in the Washington State WIC Manual.
- Designates a staff person(s) to carry out the role of the agency’s breastfeeding coordinator.
- Assures the breastfeeding coordinator receives required training in breastfeeding promotion and support annually and attends state-sponsored scheduled Breastfeeding Coordinator Meetings.

- Works with the breastfeeding coordinator to develop a breastfeeding promotion plan and includes it in the Annual Nutrition Education Plan.
- Provides time for the breastfeeding coordinator to carry out the duties outlined in this chapter.
- Assures all staff receives task-appropriate breastfeeding orientation.
- Assures all staff receives on-going breastfeeding training.
- Assures CPAs provide all breastfeeding clients with a complete Breastfeeding Review prior to issuing formula.
- Assures all staff know how to correctly enter breastfeeding information into the infant's record in Client Services and update those fields as needed.
- Assures coordination with other agency programs, organizations and providers to assure accurate and consistent breastfeeding information and support is provided to clients.
- Works with the breastfeeding coordinator to prioritize the use of WIC funds for breastfeeding promotion and support activities.
- Supports staff to carry out Work Breastfeeding Week activities (August 1-7).

## Breast Pump Release of Liability Form

**Equipment given:**  Manual pump  Personal use pump  Multi-user pump  Pump attachment kit

**Staff to mark (✓):**

Yes	No	Information offered to the client about how to:
		Use the pump
		Clean the pump
		Hand express breastmilk
		Maintain milk supply
		Safely store breastmilk
		Get help with pumping and breastfeeding

Multi-user pump serial #  
\_\_\_\_\_

Return multi-user pump by (date):  
\_\_\_\_\_

**WIC Staff to review with client and mark (✓) for "Yes"**

	I have been given all of the information staff marked above.
	I fully understand how to use the pump properly.
	I understand this pump is for my use only. I will not give or sell this pump to anyone else.
	I agree not to bring any financial or personal liability claim against the WA State WIC Program, its contractors or local agencies, or any official or employee connected with the WIC Program, for any damages, expenses, or personal harm from using this pump.
	(Multi-user pump only) I agree to return this pump in clean and working condition by _____(date).
	(Multi-user pump only) I understand this pump is loaned to me on a priority basis. I could be asked to return it early so a WIC client in greater need may use it.
	(Multi-user pump only) I understand this pump is the property of the WIC program. If I do not return it, I will be asked to pay the WIC program for the cost of the breast pump.
	I will call the WIC staff at _____(number) if I have any concerns or questions about using this pump or about breastfeeding.
	I have read and fully understand this form and received a copy of it.

**Client signature and date:**

**Staff name, signature and date:**

**Client name:**

**Client ID#:**

**Contact information:** *Mailing Address/Phone Numbers: work, cell, home.*

**Alternate contact (who we can contact if we can't reach you):** *Name/Address/Phone Number:*

*Tell WIC staff if your address or telephone number changes.*

**Washington State WIC Nutrition Program does not discriminate.**

**SAMPLE: “Dear Breastfeeding Mom” Letter**

Agency Letterhead

Dear Breastfeeding Mom,

Congratulations on doing the best for your baby and yourself by breastfeeding! Call us at ( ) if you have any questions or concerns about using the breast pump or breastfeeding.

If we loaned you a multi-user breast pump, please return it on time so we can help other moms and babies. Call us if you need to use the pump for a longer period of time.

Thank you for your cooperation and for being a great mom!

Sincerely,

Your Name  
Agency/Clinic  
Contact Phone Number

**SAMPLE: Overdue Pump Letter**

Agency Letterhead

Dear Breastfeeding Mom,

Congratulations on doing the best for your baby and yourself by breastfeeding!

We loaned you a multi-user breast pump from the \_\_\_\_\_ WIC Clinic.

The pump was due back to the clinic on \_\_\_\_\_.

Please return the breast pump as soon as possible, or call us at ( ) about the possibility of extending the pump loan.

Thank you for your cooperation and for being a great mom!

Sincerely,

Your Name  
Agency/Clinic  
Contact Phone Number

## **Assessing the Effectiveness of Breast Pumps**

To assess how well breast pumps are working, measure suction levels using a vacuum gauge. Staff may use breastfeeding or WIC funds to purchase this item. If ordering gauges, staff must order from vendors on the contract.

### **Checking the power of electric pumps using a vacuum gauge:**

1. For multi-user pumps, attach the pump connector and piston into the breast pump. Make sure the tab of the connector is inside the lip of the pump. For personal use pumps skip this step.
2. Insert tubing and single bottle with all parts (breast shield, membrane and valve) to the tubing.
3. Plug the other tubing hole.
4. Insert the vacuum gauge firmly into the breast shield and turn on the pump.
5. Read the vacuum reading on the gauge. The needle will move up and down as the pump cycles. Pumps working properly will have readings in these ranges:

Multi-user pumps	100-255 mm Hg
------------------	---------------

Personal use pumps	50-250 mm Hg
--------------------	--------------

6. Pumps with pressure readings outside these ranges may not be functioning properly. See “Damaged Multi-user Breast Pumps” or contact state staff for guidance.









## How to View the Western States Contracting Alliance (WSCA/NASPO) Price List

The WSCA/NASPO contract price list is updated frequently. For the most current pricing, view the price list before placing orders. Consider saving the link to your “favorites”.

1. Click the General Administration web page link to view the contract and get current pricing on the Breast Pump and Accessory contract:  
<https://fortress.wa.gov/ga/apps/ContractSearch/ContractSummary.aspx?c=01910>



2. Scroll down to the “Contract Documents and Resources” section.
3. Select “View Current Contract Information (CCI).”
4. Scroll to “Contractor Information” on page 3 of the document, “Contract No. 01910 (WSCA Contract) A Multi-State Contract for Breast Pumps and Related Accessories.”
5. Click on the first “Contract Pricing” link to view all three vendor price lists on the contract.
6. Click on the embedded documents to view each price list.



**Appendix B**



ASSESSMENT AND PLANNING 6: SAMPLE PROGRAM BUDGET FOR  
PEER COUNSELING PROGRAM

Budget Item	Amount
<b>Staff Salaries</b>	
Peer Counselor Supervisor(s)	\$
Peer Counselor Salaries (hourly pay + FICA x # hours/week x 52 weeks x # of peer counselors)	\$
<b>Program Expenses</b>	
Mileage Reimbursement (# miles anticipated per week x State reimbursement rate x 52 weeks x # of peer counselors)	\$
Communication (cell phones, texting plans, pagers, long distance reimbursements, etc.)	\$
Equipment (laptop computer, printer, etc.)	\$
Data Systems for documentation/reports	\$
Office Supplies (binders and dividers, tickler files and cards, file box, office supplies, postcards, envelopes, stationary)	\$
Demonstration Materials (breast pump, demonstration dolls and models, videos, etc.)	\$
Program Forms (contact logs, weekly time reports, referral forms)	\$
<b>Training Expense</b>	
Training Educator (hourly rate x # of hours for training + prep time x # of trainings anticipated per year)	\$
Training Materials for Peer Counselors (peer counselor training guide, educational materials)	\$
Training Props	\$
Graduation Certificates	\$
Conferences and Workshops	\$
<b>Educational Materials</b>	
Professional Resources for Peer Counselors	\$
<b>Other</b>	\$
<b>Total</b>	\$

## Job Description 3: WIC Breastfeeding Peer Counselor

### General Description:

- A WIC Breastfeeding Peer Counselor is a paraprofessional support person who gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.
- Qualifications:
  - Has breastfed at least one baby (does not have to be currently breastfeeding).
  - Is enthusiastic about breastfeeding and wants to help other mothers enjoy a positive experience.
  - Can work about 10 hours a week.
  - Has reliable transportation.

### Training:

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

**Supervision:** The peer counselor is supervised by the \_\_\_\_\_

### Specific Duties of the WIC Peer Counselor:

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

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

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**PEER COUNSELING**  
P R O G R A M S

## Sample WIC Breastfeeding Peer Counselor Contract

This agreement made between \_\_\_\_\_  
(name and address of sponsoring agency)

and \_\_\_\_\_ witnesses that:  
(name of WIC peer counselor)

### Services

The contractor will serve as a breastfeeding peer counselor to clients of the \_\_\_\_\_  
\_\_\_\_\_ Special Supplemental Nutrition Program for Women, Infants and Children  
(WIC) for the period of \_\_\_\_\_ to \_\_\_\_\_ unless this contract is  
cancelled.

### Compensation

The peer counselor agrees to perform services as stated in the job description. The peer  
counselor will be paid at the rate of \$ \_\_\_\_\_ per hour, including travel time, for a  
maximum of \_\_\_\_\_ hours per month. In addition, reimbursements must be  
made at the rate of \$ \_\_\_\_\_ per mile according to the guidelines for mileage  
reimbursement by the State. Time sheets for payment will be turned in by the \_\_\_\_\_  
day of the month to the WIC supervisor, and payment will be on a contractual basis on  
the \_\_\_\_\_ day of the month following the month services were completed.

The peer counselor agrees to identify and hold harmless \_\_\_\_\_  
(sponsoring agency name)

from and against any claim or liability arising from negligent act or omission of the peer  
counselor. Should the peer counselor fail to perform satisfactorily, \_\_\_\_\_  
(sponsoring agency)

may terminate this agreement within \_\_\_\_\_ days' notice to the peer counselor.

It is further agreed by both parties hereto that in performing under this agreement, the peer counselor is an independent contractor and that nothing herein must be construed as establishing an employer/employee relationship. The peer counselor agrees to treat all information acquired on the job as confidential in nature.

Approved by:

Approved by:

\_\_\_\_\_  
WIC Coordinator

\_\_\_\_\_  
Breastfeeding Peer Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## STAFFING AND SUPERVISION 1: CONFIDENTIALITY AGREEMENT

### Handling of WIC Participant Information

Trust and confidence are needed for a successful program. This trust must be on all levels...between supervisors and peer counselors, between peer counselors and colleagues, and between peer counselors and mothers.

Mothers share personal information in order to be served as WIC participants. This includes medical, financial, and personal information. At the same time, WIC mothers have the right to know that the information they give will be kept confidential and used only as needed by clinic staff. It is our responsibility to respect their privacy and not discuss mothers' information.

Discussing confidential information to anyone outside the WIC clinic is prohibited except when it may be needed to provide services to a WIC mother. This includes ensuring that mothers' records and materials in your possession are not able to be viewed by anyone other than authorized WIC Program employees either by access to files or by observation due to careless record management.

### Agreement

I have carefully read the above Confidentiality Agreement and understand the confidential nature of all WIC participant information and records. I understand that it is my job to share participant information *only* with staff involved in the case and understand that I am prohibited from disclosing any such confidential information to any individuals other than authorized WIC program employees and agencies with which the participant has given written permission to share information.

---

Name *(please print)*

---

Signature

---

Date

---

Witness

---

Date

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**PEER COUNSELING**  
PROGRAMS

**Sample Referral to Breastfeeding Peer Counselor**

Name of Client: \_\_\_\_\_

Baby's Name (if appropriate): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Due Date or Baby's DOB: \_\_\_\_\_

Sex of baby: \_\_\_\_\_ Male        \_\_\_\_\_ Female

\_\_\_\_\_ Client is interested in receiving breastfeeding information.

\_\_\_\_\_ Client is currently breastfeeding.

\_\_\_\_\_ Client needs follow-up help with breastfeeding.

Explain: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Additional comments:

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

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**PEER COUNSELING**  
PROGRAMS

**Sample Referral from a Breastfeeding Peer Counselor**

Name of Client: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Due Date or Baby's DOB: \_\_\_\_\_

\_\_\_\_\_ Client needs follow-up help for the following breastfeeding issue:

\_\_\_\_\_ Client referred to the following services/staff:

- WIC staff
- MSS
- Medicaid
- TANF
- Other: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

# Report Form 1: Sample Peer Counselor Contact Log

Mother's name \_\_\_\_\_ WIC ID # \_\_\_\_\_ Preferred language \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Has mom ever breastfed? \_\_\_\_\_ Due date \_\_\_\_/\_\_\_\_/\_\_\_\_ Baby's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Baby's name \_\_\_\_\_ Baby's birth wt. \_\_\_\_\_ Discharge wt. \_\_\_\_\_ Two week wt. \_\_\_\_\_

Type of contact	1=phone 2=text message 3=Facebook 4=WIC clinic 5=home visit 6=group meeting 7=mail 8=hospital visit 9=other								
<b>Prenatal Contacts</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
Date									
Type of Contact									
<b>Content (check areas discussed)</b>									
Breastfeeding barriers									
Breastfeeding benefits									
Basic breastfeeding technique									
Breastfeeding management									
Return to work or school									
Class or group invitation									
<b>Postpartum Contacts</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
Date									
Type of Contact									
<b>Content (check areas discussed)</b>									
Baby's bowel movements									
Baby fussy/colicky									
Baby sick									
Breastfeeding barriers									
Basic breastfeeding technique (position/latch)									
Breast infection									
Class or group invitation									
Diet									
Engorgement									
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									



**Required Written Protocols for the Peer Counseling Program**

1.	The peer counselor lead’s responsibilities.
2.	Peer counselor job duties, scope of practice and expectations on where peer counselors will provide services. For employees, this would be a job description. For contractors, this would be in the contract’s Statement of Work.
3.	Initial and on-going training requirements for peer counselors including expectations for peer counselors to attend staff meetings and other meetings.
4.	How peer counselors document client contacts.
5.	How peer counselors document their work done outside normal clinic hours.
6.	What the referral process is when peer counselors encounter situations outside their scope of practice.
7.	How peer counselors make referrals to CPS.
8.	How client confidentiality will be protected and what to do if it is breached.
9.	How mentoring and orientation will take place in the early days of a peer counselor’s job to ensure she: <ul style="list-style-type: none"> <li>• Stays within their scope of practice.</li> <li>• Provides evidence-based, client-centered services.</li> <li>• Meets all documentation and referral requirements.</li> </ul>
10.	How to monitor and evaluate peer counselor performance, whether they are employees or contractors.
11.	Guidance on using cell phones, email, texting and social media.
12.	The peer counselor’s role in the agency’s breast pump program.
13.	Guidance for the peer counselor lead on how to mentor peer counselors.
14.	Conditions for terminating employment. These can include: not performing job duties, or contractual duties, fraud, violating client confidentiality and inappropriate behavior for a “role model” in the community.
15.	Steps to take when peer counselors leave the program. Peer counselors must return all WIC items issued to her, such as laptops, cell phones, client contact logs, supplies, etc.

**Note:** Other recommended protocols include:

- Appropriate dress in the clinic
- How to conduct home or hospital visits
- How to weigh babies

**Text Messaging Guidelines**

Text messaging is a simple and easy way to reach a large portion of the general population with important health messages.

Text messages should:

- Be short and concise: less than 160 characters, including spaces, punctuation and links. To test the length of a text message, go to <http://nchm-dvssl.cdc.gov/count.html>.
- Stay on topic.
- Have an 8<sup>th</sup> grade reading level.
- Use punctuation only if required for clarity or emphasis.

Because text messages have a character limit, abbreviations are often used. Abbreviations should only be used when they are easily understood and don't change the meaning of the message.

Some common abbreviations are:

Abbreviation	Meaning
Info	Information
&	And
Msg	Message
U	You
Ty	Thank you
Yw	You're welcome
Lol	Laugh out loud
Omw	On my way
Ttyl	Talk to you later
C	See
B	Be
2	To
4	For

Some common abbreviations that should not be used which can cause confusion are IMPT (important), Rt (right), Lt (left), Br (breast) and BF (breastfeeding, confused with boyfriend).

**Social Media Guidelines**

Social media is simply a public conversation. Social media sites change rapidly. Examples include Facebook, Twitter, My Space, Pal Talk, and You Tube and may include website blogs from organizations or individuals. Social media guidelines for WIC peer counselors are part of wider WIC agency guidelines and should be consistent with those standards.

Below are some general tips for using any social media sites.

**Use Common Sense:**

- Use only the WIC clinic address and WIC –assigned phone number, and don’t give out personal information such as your home address.
- Use the site(s) only for WIC-related business. Don’t use the site(s) for personal communications with non-WIC related friends and family.
- Keep your messages focused on the purpose for the site, which is to have discussions with WIC participants about breastfeeding.

**Be Responsible for what you write:**

- There is no such thing as “private information” on social media. Anything you write on a blog or other social media venue can be forwarded. Ask yourself: Would I be okay if this post is on the front page of my local newspaper? Would I be okay if my partner, my mother, or my boss saw it?
- Share ideas, thoughts and information in a respectful way. Validate feelings when possible so that mothers feel they are being heard.
- Remember confidentiality! Don’t divulge personal information about another person.

**Do:**

- Keep messages short and simple.
- Focus on providing education and information.
- Be kind and friendly.
- Check facts before you post. Only give website links that have been approved by your WIC supervisor or agency.
- Use acronyms that everyone understands and uses.

- Be sensitive when writing about issues that can cause strong feelings. These may include: smoking and breastfeeding, co-sleeping, child discipline, bottle-feeding, alcohol use, circumcision, epidurals, scheduled feedings, cesarean birth, depression, and others.
- Provide evidence-based information in a respectful way and allow mothers to make decisions they feel are best for their family.
- Include a disclaimer that advice from other moms should never replace the advice from medical experts. If they have questions or concerns about their health or the baby's well-being, they should always contact their physician or a lactation expert.

**Don't:**

- Post important messages on Friday. Weekdays have more visitors.
- Write provocative, discriminatory, or rude statements.
- Use profanity or foul language.
- Post on topics such as religion and politics. Focus only on pregnancy, birth, and breastfeeding discussions.
- Advertise or promote products (including breastfeeding products or any businesses you may be involved with).
- Use social media to provide individualized lactation support.

**Guidance for Facebook Groups**

If your agency allows groups, have “closed groups” requiring administrator approval for others to join the group.

All groups should state:

- The purpose of the group.
- The intended audience.
- Rules for posting.
- A contact for questions or concerns.

“Pin” a disclaimer as the top post so it can’t be missed by any new members. Below are some examples of disclaimers:

- This site is for providing breastfeeding support, information and encouragement to pregnant women and breastfeeding mothers. Have a question? Ask here! Have a good tip? Share here!
- The comments and content posted on this group do not necessarily represent the view and opinions of the WIC staff or the WIC agency. The group is meant to be peer to peer support.
- Don’t advertise any items, including breastfeeding items, for sale.
- This group is NOT a substitute for medical advice. Please contact a healthcare provider to have specific questions answered regarding your personal or your family’s medical needs.
- If you need to contact a breastfeeding counselor please call: (include appropriate agency contact information).

Identify a moderator for hosting the group. This should be a WIC staff person trained in providing breastfeeding support or a senior peer counselor.

**Routine monitoring**

- It is best to review profile pages daily to ensure that content is still correct and hasn’t been compromised.
- Hide the friends list so no one else can see it.
- Monitor the comments section so only appropriate comments show.
- Routinely scan links to see that the destination pages have not been compromised or are being used to promote attacks.