Breastfeeding Curriculum Handouts

Staff Roles

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# HANDOUTS: Staff Roles - Peer Counselors – Dashboard 1: Roles and Responsibilities

Staff Roles - Peer Counselors: Roles and Responsibilities  
Level 2 Handout: Charting Your Progress

| **A little** | **A lot** | **None** | **Knowledge about:** |
| --- | --- | --- | --- |
|  |  |  | **Becoming a WIC Peer Counselor**   * Role of the peer counselor in the WIC Program * Positive impact a peer counselor makes in helping WIC participants * Basic job responsibilities and duties of a peer counselor * How to work peer counseling into a peer counselor’s life * Scope of practice for basic education and support * Situations which should be “yielded” to others with more expertise * WIC designated breastfeeding experts available to assist |
|  |  |  | **Helping Moms say YES to Breastfeeding!**   * Reasons to breastfeed for babies and mothers * Components of human milk * How human milk differs from infant formula * National breastfeeding goals and current rates * How WIC supports breastfeeding mothers’ infant feeding goals * Role of peer counselor as part of WIC “circle of care” for new families |
|  |  |  | **Helping Moms Overcome Common Barriers**   * Common barriers to breastfeeding initiation, exclusivity, and duration * Making the infant feeding decision * Engaging family members in providing support * Myths and facts about breastfeeding * Exceptions to breastfeeding * When to yield |
|  |  |  | **How to Talk with Moms About Breastfeeding**   * Participant-focused counseling techniques * Connection before content * 3-Step counseling strategy * Assessing a mother’s readiness to change * Dealing with participants who are resistant or difficult to counsel * Multi-cultural awareness and sensitivity * Misinformation from family members and health care providers |
|  |  |  | **Ways to Reach New Moms**   * Maintaining client confidentiality * Documenting contacts * In-person visits in WIC clinics * Effective telephone skills * Appropriate use of cell phones * Using social and electronic media |

|  |  |  |  |
| --- | --- | --- | --- |
| **A little** | **A lot** | **None** | **Knowledge about:** |
|  |  |  | **Encouraging Exclusive Breastfeeding**   * Why WIC promotes exclusive breastfeeding * Why mothers begin formula * Barriers to breastfeeding exclusively * How the breast makes milk and factors that influence milk production * Mothers’ concerns about real or perceived low milk production |
|  |  |  | **Supporting New Moms**   * The important first hour after birth * Skin-to-skin contact * Baby-led breastfeeding * Laid-back breastfeeding * Positioning and latch * How to know baby is getting enough * Early practices that support breastfeeding * When to yield - referrals for breastfeeding assistance |
|  |  |  | **Helping Moms When Things Don’t Go As Planned**   * Sore nipples, engorgement, plugged ducts, and mastitis * Low milk production * Hand expression * Recovery from childbirth * Infant weight loss, jaundice, reflux, fussiness, growth spurts * When to yield |
|  |  |  | **Talking with Pregnant Women About Breastfeeding**   * Stages of pregnancy * Talking with pregnant women about breastfeeding * Preparing for breastfeeding * Mothers dealing with loss |
|  |  |  | **Breastfeeding in the First Month**   * Being a new mom and recovery from childbirth * Dealing with emotional challenges * Understanding baby’s transitions * Secrets of baby behavior – fussy babies, why babies cry, sleep patterns of newborns * Practices that support breastfeeding * Normal feeding patterns/characteristics of feedings * Assessing how well breastfeeding is going * When to yield |
|  |  |  | **Breastfeeding as Baby Grows**   * Growth patterns and appetite spurts * Working baby into a busy life * Introducing solid foods to a breastfed baby * Where baby sleeps * Through teething and weaning |
|  |  |  | **Breastfeeding When Mother and Baby Are Separated**   * Preterm babies and sick mother or baby * Returning to work/school, and occasional outings * Maintaining milk production when separated from baby * Expressing, storing, and handling breastmilk |
|  |  |  | **Providing Peer Counselor Services in Other Settings**   * Providing breastfeeding counseling to WIC mothers in the hospital * Making home visits to WIC mothers * Leading breastfeeding classes and support groups |

Staff Roles - Peer Counselors: Roles and Responsibilities  
Level 2 Handout: PC Job Description

**General Description:**

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

**Training:**

* Completes Levels 1 and 2 of the FNS WIC Breastfeeding Curriculum
* Observes other peer counselors and 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. Completes FNS WIC 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. 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 CPA
   * Local agency breastfeeding coordinator.
   * WIC Designated Breastfeeding Expert
   * Other community resources following agency-approved protocols
10. Attends and assists with prenatal classes and breastfeeding support groups.
11. Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.
12. Continues education following agency-approved guidelines.
13. Reads assigned books and materials on breastfeeding that are provided by the supervisor.
14. 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.

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WIC Breastfeeding Peer Counselor Date

Staff Roles - Peer Counselors: Roles and Responsibilities  
Level 2 Handout: Managing Work Days

| **Job Settings** | **Questions to Ask Yourself** | **Write Your Answers here** |
| --- | --- | --- |
| **Telephone Calls from Home** | How do you feel your children or partner might react if you are on the telephone with a mother who needs help? |  |
| What ideas do you feel will help calm your children while you are occupied on the phone? |  |
| What do you do now if someone calls you at a bad time? |  |
| What is the best time of day for making calls from home? |  |
| Where will your workspace be for securing the documentation records? |  |
| **WIC Clinic Visits** | What will be the best day of the week to see WIC mothers at the WIC clinic? |  |
| Who will care for your children while you are at the WIC clinic? |  |
| If your baby is still nursing, what will you do to keep up your milk production while you are at the clinic [if your clinic does not allow you to bring your baby with you]? |  |
| What arrangements will you make to get to the WIC clinic on time each day you’re scheduled to work? |  |
| What things have you thought of that might make working at the WIC clinic easier for you and your children? |  |

|  |  |  |
| --- | --- | --- |
| **Job Settings** | **Questions to Ask Yourself** | **Write Your Answers here** |
| **Hospital Visits** | What will be the best day/time of day to make visits with new mothers at the hospital? |  |
| How will you handle a request received over the weekend to visit with a new mother who has delivered her baby? |  |
| Who will care for your other children if you receive a message to see a mother promptly? |  |
| What questions do you have about providing support to new mothers in the hospital? |  |
| What things have you thought of that might make it easier for you and your family when you are making hospital visits with new mothers? |  |
| **Other Settings** |  |  |
|  |  |
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|  |  |

Staff Roles - Peer Counselors: Roles and Responsibilities  
Level 2 Handout: Who Can Help Me in My Job

As you begin working as a peer counselor, remember that you are not alone! Many people are eager to help you learn about your job and to share ways to help mothers. When mothers need help outside your area of training, follow your WIC agency’s guidelines as outlined below.

|  |  |  |
| --- | --- | --- |
| **Situation** | **Who to Contact (insert name)** | **How to Reach** |
| Breastfeeding problems that you have not been trained to help with. | WIC Designated Breastfeeding Expert: |  |
| Mom reports breastfeeding questions or problems that do not resolve after 24 hours. | WIC Designated Breastfeeding Expert: |  |
| Medical concerns of the mother or her baby. | Enourage mom to contact her Healthcare Provider: |  |
| Mother’s concerns about the baby’s weight gain or process/timing of starting solid foods. | WIC Nutritionist: |  |
| Mother’s questions about the WIC Program. | WIC Support Staff/Nutritionist: |  |

Staff Roles - Peer Counselors: Roles and Responsibilities  
Level 2 Handout: Scope of Practice

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

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

* Respect the participant’s privacy, dignity and confidentiality.
* Respect and respond sensitively to cultural attitudes and practices of participants and the community.
* Work within the policies and procedures of the WIC program.
* Maintain records according to legal requirements and ethical practices.
* Recognize when assistance is needed and consult with the supervisor, Breastfeeding Coordinator and/or Peer Counselor Coordinator and WIC Designated Breastfeeding Expert (WIC DBE).
* Identify situations outside the Scope of Practice and refer as appropriate in a timely manner.
* Yield to the WIC DBE for situations out of breastfeeding peer counselor Scope of Practice.
* Acquire ongoing breastfeeding education to maintain and build knowledge and skills within Scope of Practice.

**Encourage and support participants to breastfeed.**

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

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

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

*Adapted from Scope of Practice for Peer Counselors materials from Michigan, California and Virginia WIC.*

Staff Roles - Peer Counselors: Roles and Responsibilities  
Level 2 Handout: Scenarios

*Ask large or small groups or pairs to discuss each scenario. Identify which situations may be outside the peer counselor’s scope of practice.*

**Situation #1**

Morgan is breastfeeding her 2-week-old baby, Avery. She calls to report that she is concerned that Avery is not gaining weight well. She reports that she never really experienced any of the breast changes she had learned about, and wonders if she is making enough milk for her baby.

**Situation #2**

Amy is pregnant. You have been making monthly contacts with Amy to talk with her about breastfeeding and have managed to build a trusting relationship with her. Amy is now in her 7th month of pregnancy and reports to you that she is experiencing some bleeding. She wonders if this is normal.

**Situation #3**

Melissa is in her 8th month of pregnancy. She is thinking she might want to breastfeed this baby, but because she formula-fed her last baby, she is worried that breastfeeding might be too hard.

**Situation #4**

Stephanie texts the WIC peer counselor and tells her she is returning to work in three weeks. She wonders if it is okay to continue breastfeeding.

**Situation #5**

Felisha sees the peer counselor in the WIC clinic after her baby’s recertification appointment. The baby is now 5 days old and Felisha is worried about the fact her nipples are a little sore.

**Situation #6**

Terry calls the WIC clinic and asks to speak to the peer counselor. She reports that her 3-week-old baby has suddenly stopped nursing and has not had a bowel movement in a couple of days. She is now engorged since the baby is refusing to latch.

**Situation #7**

Gina is pregnant with her first child and interested in breastfeeding. She reports that her partner, Mike, is unsure about it and thinks formula might be easier since his mother will be caring for their baby when Gina goes back to work.

**Situation #8**

Chalesa is breastfeeding her 1-month-old baby boy. She confides in her peer counselor that she uses formula at night and only breastfeeds during the day while her boyfriend is at work. Chalesa reports that her boyfriend becomes very angry and sometimes hits her when he sees her using her breasts to feed her baby boy. She would like to continue breastfeeding at least during the day for as long as she can.

Staff Roles - Peer Counselors: Roles and Responsibilities  
Level 2 Handout: When to Yield

Peer counselors provide basic breastfeeding information, encouragement and support to WIC participants. You should remain close to the information provided during your training and work within the peer counselor scope of practice.

In your role as a peer counselor, you must yield anything beyond basic breastfeeding support. Situations that are not breastfeeding related, are complicated or unusual, or cause you to feel uncomfortable should be referred to the WIC staff and /or other trained professionals. You will continue to provide support while the designated expert is addressing the issue, unless the supervisor or peer counselor supervisor determines that it is best to discontinue peer support.

Yield if a mother expresses concern about:

1. Any health issues related to her or her baby
2. Her baby’s weight or other growth issues
3. Her milk production or ability to satisfy her baby
4. Her baby’s ability to latch and suck effectively

Yield if a mother:

1. Has any breastfeeding problem that remains unresolved per moms report after 24 hours despite your help
2. Wants to supplement with formula or stop breastfeeding
3. Has a situation beyond basic breastfeeding, such as breastfeeding more than one baby or breastfeeding an adopted baby
4. Has a physical challenge, a hormonal condition, or a chronic or acute illness
5. Has prior breast or gastric bypass surgery
6. Has nutritional issues or questions (e.g., obese, following a special diet, losing weight, questions about diet, etc.)
7. Appears depressed or at risk for physical abuse
8. Is suspected of abusing alcohol or drug and other harmful substance abuse
9. Is having problems and unable to follow your suggestions

Adapted from the Minnesota WIC Program, “Yield List”

# HANDOUTS: Staff Roles - Peer Counselors – Dashboard 2: Practice Settings

Staff Roles - Peer Counselors: Practice Settings  
Level 2 Handout: Telephone Tips

Preparing for Telephone Calls

* Getting ready to make phone calls is an important step. Take time to get ready!
* Before making calls, make sure your home situation will not distract you.
* Pick a time when your children are occupied or napping, and when you are not busy with other responsibilities.
* Some peer counselors prepare a special box of toys they only bring out when they are busy on the phone. Children often regard these toys as a special treat.
* Peer counselors often use evenings after their children are asleep to catch up on paperwork or necessary reading.
* Get your workspace ready. Lay out materials and supplies so you are prepared.
* Keep Handout, “Conversation Starters,” handy.
* Pull out the contact log for the mother you are going to call and review her information and what you talked about with her previously.
* Make a note of her baby’s name so you can use it in your conversation.

Making the Call

* When beginning your call, introduce yourself at the beginning since people are often hesitant to talk with a stranger on the phone.
* Let the mother know you are a WIC breastfeeding counselor from the local WIC clinic. (Not all mothers will know what a “peer counselor” is.)
* Tell the mother you breastfed your own baby and are ready to help her with any questions she has.
* Ask her if this is a good time to talk. If she says it is not a good time, ask her when you can call her back.
* Get to know her. Listen to her answers to your open-ended questions about her feelings about breastfeeding.

More Telephone Tips

* Don’t be afraid of silence. Some silence is okay because it gives mothers time to think about their answers.
* Sprinkle a few “mmmm” and “uh-huhh” responses so she knows you are still there and listening.
* Don’t interrupt. Respect her by allowing her to finish her thoughts before jumping in with your ideas.
* Handle disruptions carefully. If you must end your call because of something that needs your attention at home, explain carefully why you must call her back.
* Reassure her that you are interested in her and will get back to her as quickly as you can. Ask what a good time would be to call her back.
* Use her name and her baby’s name often.
* Identify something she is doing right and praise her. You may be the only one in her life who tells her she is a good mother and is doing a good job.

Staff Roles - Peer Counselors: Practice Settings  
Level 2 Handout: Texting Tips

1. Discuss with your supervisor if it is okay to text WIC participants.
2. Be sure that the mother has given permission to receive texts.
3. Respect confidentiality. Do not allow your cell phone to be visible by others.
4. Document text messages on your “Peer Counselor Contact Log”.
5. Use text messages only for simple, quick notes to check in with a mom. If she has questions or concerns, discuss by phone or in person.
6. Keep messages short and simple (less than 160 characters, including punctuation and spaces).
7. Use common abbreviations; use abbreviations commonly known and used.
8. Include your phone number in a number format so the mom can easily call you. (Ex: 555-1112 as opposed to “WIC-CARES”)
9. Respect the mother’s privacy. Do not send messages during times when moms might ordinarily be asleep.
10. Do not send photos or video links by text unless your supervisor has approved it.
11. Keep text messages focused strictly on WIC breastfeeding program information and objectives.
12. Use language that is professional and upbeat.

**Common Texting Abbreviations**

|  |  |  |  |
| --- | --- | --- | --- |
| 2moro | Tomorrow | J/C | Just checking |
| 2nite | Tonight | KIT | Keep in touch |
| 411 | Information | KMP | Keep me posted |
| AEAP | As early as possible | LMK | Let me know |
| AFAIK | As far as I know | LOL | Laughing out loud |
| B/C or CUZ | Because | M2 | Me too |
| B4 | Before | MSG | Message |
| B4N or BFN | Bye for now | OTP | On the phone |
| BB | Be back | PANS | Pretty awesome new stuff |
| BBIAW | Be back in a while | PCM | Please call me |
| BF | Breastfeed | PLS or PLZ | Please |
| BFing | Breastfeeding | RUOK or UOK | Are you okay? |
| BRB | Be right back | SIT | Stay in touch |
| CIL | Check in later | SYS | See you soon |
| CT | Can’t talk | THX | Thanks |
| CTO | Check this out | TY | Thank you |
| CYA | See ya | TTYL | Talk to you later |
| EZ | Easy | U | You |
| FYI | For your information | UOK | Are you okay? |
| GAS | Got a second | UR | You are |
| GJ | Good job | W/ | With |
| GTK | Good to know | W/O | Without |
| IDK | I don’t know | WTG | Way to go |
| IHU | I hear you | Y | Why |
| IMRU | I am, are you? | YW | You’re welcome |

Staff Roles - Peer Counselors: Practice Settings  
Level 2 Handout: Texting Fun

Read through each of the following counseling situations. Decide if this is a situation where a phone call is needed, or if a text message will be appropriate. If a text is sufficient, write a sample text message you could send.

|  |  |  |
| --- | --- | --- |
| 1 | Your WIC agency is planning to hold a reception to honor breastfeeding mothers in the community. |  |
| 2 | You have not heard from Molly in over a month, despite the phone voicemail message you left. She is near the end of her pregnancy. |  |
| 3 | Jade, a mother of a 5-day-old infant, sends you the following text: “Is it normal for babies to cry all the time?” |  |

Staff Roles - Peer Counselors: Practice Settings  
Level 2 Handout: Texting Fun Answer Sheet

Read through each of the following counseling situations. Decide if this is a situation where a phone call is needed, or if a text message will be appropriate. If a text is sufficient, write a sample text message you could send.

|  |  |  |
| --- | --- | --- |
| 1 | Your WIC agency is planning to hold a reception to honor breastfeeding mothers in the community. | *This is an appropriate way to use texting to reach many mothers.*  *Example: “We want to honor u and your baby at our Breastfeeding Reception at the WIC clinic. Details coming soon!”* |
| 2 | You have not heard from Molly in over a month, despite the phone voicemail message you left. She is near the end of her pregnancy. | *There could be many reasons Molly has not been available. A text could be an appropriate way to touch base quickly, with a follow-up phone call to discuss how things are going.*  *Example: “Just checking in to see if u have delivered your baby yet? I’m here to help!”* |
| 3 | Jade, a mother of a 5-day-old infant, sends you the following text: “Is it normal for babies to cry all the time?” | *A new mother may be feeling very overwhelmed and distraught, and it is easy to begin supplementation if you feel the baby is not doing well. This is a situation that warrants a phone call, with a quick text.*  *Example: “RU free to talk about this now?”* |

Staff Roles - Peer Counselors: Practice Settings  
Level 2 Handout: Typical Hospital Encounters

|  |  |
| --- | --- |
| **Before the Visit** | * Know the mother’s name and her baby’s name. * Wash your hands when you enter the room. * Have WIC approved materials, your phone number, and referral forms with you. |
| **During the Visit** | * Greet the mother and her family/friends. Tell them who you are and why you are there. * Ask about her birth experience and how she is feeling. * Ask about her goals for breastfeeding. * Find out the last time the baby fed and for how long. * Ask if she would like you to observe her breastfeeding and offer assistance if needed. * Praise the mother! * Write down the mom’s information. * Ask for her permission to call her back later to follow up. * Give her your telephone number. * Give her any WIC approved referral forms. * Remind her to enroll her baby in the WIC Program. * Thank her for allowing you to visit her. |
| **After the Visit** | * Report any concerns or follow-up needed with the mother’s nurse or the hospital IBCLC. * Yield the mother who is having problems to your WIC designated breastfeeding expert post discharge. * Document all information on your peer counselor documentation form. * Note when the mother may need a follow-up visit or call. * Conduct appropriate follow-up to assure that the mother has a positive breastfeeding experience with all the support she needs to meet her goals. |

# HANDOUTS: Staff Roles - Peer Counselors – Dashboard 3: Documentation

Staff Roles - Peer Counselors: Documentation  
Level 2 Handout: 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

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Witness Date

Staff Roles - Peer Counselors: Documentation  
Level 2 Handout: Peer Counselor Contact Log

Mother’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breastfed ever? \_\_\_\_\_\_\_\_\_ Due date\_\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Baby’s date of birth\_\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Baby’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baby’s birth wt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discharge wt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Two-week wt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

NOTE: Put asterisk (\*) after date in topic if you yielded to the CPA or DBE.

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| **Prenatal Contacts** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | |
| **Date** | |  |  |  |  |  |  |  |  |  | |
| **Type of Contact** | |  |  |  |  |  |  |  |  |  | |
| **Content (check areas discussed)** | |  |  |  |  |  |  |  |  |  | |
| Breastfeeding barriers | |  |  |  |  |  |  |  |  |  | |
| Breastfeeding benefits | |  |  |  |  |  |  |  |  |  | |
| Basic breastfeeding technique | |  |  |  |  |  |  |  |  |  | |
| Breastfeeding management | |  |  |  |  |  |  |  |  |  | |
| Buddy program | |  |  |  |  |  |  |  |  |  | |
| Return to work or school | |  |  |  |  |  |  |  |  |  | |
| Class or group invitation | |  |  |  |  |  |  |  |  |  | |
| **Postpartum Contacts** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | |
| **Date** | |  |  |  |  |  |  |  |  |  | |
| **Type of Contact** | |  |  |  |  |  |  |  |  |  | |
| **Content (check areas discussed)** | |  |  |  |  |  |  |  |  |  | |
| Baby’s bowel movements | |  |  |  |  |  |  |  |  |  | |
| Baby fussy/colicky | |  |  |  |  |  |  |  |  |  | |
| Baby sick | |  |  |  |  |  |  |  |  |  | |
| Breastfeeding barriers | |  |  |  |  |  |  |  |  |  | |
| Basic breastfeeding technique (position/latch) | |  |  |  |  |  |  |  |  |  | |
| Breast infection | |  |  |  |  |  |  |  |  |  | |
| Class or group invitation | |  |  |  |  |  |  |  |  |  | |
| Diet | |  |  |  |  |  |  |  |  |  | |
| Engorgement | |  |  |  |  |  |  |  |  |  | |
| Growth spurt | |  |  |  |  |  |  |  |  |  | |
| Milk supply issues | |  |  |  |  |  |  |  |  |  | |
| Medical situation/medication use | |  |  |  |  |  |  |  |  |  | |
| Nursing schedule | |  |  |  |  |  |  |  |  |  | |
| Premature infant | |  |  |  |  |  |  |  |  |  | |
| Pumping/hand expression | |  |  |  |  |  |  |  |  |  | |
| Referral to WIC DBE | |  |  |  |  |  |  |  |  |  | |
| Relactation | |  |  |  |  |  |  |  |  |  | |
| Return to work or school | |  |  |  |  |  |  |  |  |  | |
| Sore nipples | |  |  |  |  |  |  |  |  |  | |
| Teething | |  |  |  |  |  |  |  |  |  | |
| Twins | |  |  |  |  |  |  |  |  |  | |
| Weaning | |  |  |  |  |  |  |  |  |  | |
| WIC referral | |  |  |  |  |  |  |  |  |  | |
| **Date** | **Narrative Documentation of Contacts** | | | | | | | | | |
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BF=breastfeeding C/S=cesarean section SN=sore nipple

BoF=bottle feeding FN=flat nipple MER=milk ejection reflex

B=baby IN=inverted nipple NSVD=normal single vaginal delivery

M=mother L/O=latch on N=prenatal

PC=peer counselor PO= position PPM=postpartum

LC=lactation consultant REF=referral, referred, referring EBM=expressed breastmilk

Peer Counselor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Participant Exited from the Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Roles - Peer Counselors: Documentation  
Level 2 Handout: Documentation Practice

Use your documentation contact log provided by your State or local WIC agency to practice documenting the following examples of situations.

**Scenario #1: Prenatal contact with Bonnie Adams**

Bonnie is pregnant with her first child, due July 25. You telephoned Bonnie on three months before her due date on April 12 to see how her pregnancy was progressing. She mentioned that she was thinking about breastfeeding and will probably “do both” since she is returning to work after her baby is born. You yield her to the CPA for formula request. She asked whether she might be able to get a breast pump from WIC when she goes back to work. You yield her to the WIC DBE for breast pump. You discussed her plans for returning to work and discussed the WIC food packages for exclusively breastfeeding moms. Bonnie mentioned she is having some prenatal labor contractions and wonders if that is normal. You suggest she contact her healthcare provider and mention this to the public health nurse in your clinic for possible follow-up.

**Scenario #2: Prenatal contact with Bonnie on May 17**

Bonnie said she has been ordered to strict bed rest for the last few weeks of her pregnancy. She was unable to attend a prenatal class and wonders what she can do to learn how to breastfeed. You introduce her to information on the WIC Breastfeeding website.

**Scenario #3: Prenatal contact with Bonnie in her home on June 3**

You discussed how to position and latch the baby for breastfeeding, as well as tips for how to get a good start in the hospital. Bonnie is worried she will not be able to make milk since her mother was unable to breastfeed. You explain basic “supply and demand” principles of milk production and introduce her to the Milk Supply video on the WIC Breastfeeding website.”

**Scenario #4: Postpartum contact with Bonnie on June 12**

A WIC clinic support staffer told you she had delivered a few days earlier. Bonnie had her by C-section. Because the baby is premature, he is in the NICU. Bonnie wants to pump for her baby and is in pain from her delivery. She is worried about whether she will be able to get the baby to latch now with all the bottles he is getting in the NICU. You encourage her to talk with the hospital staff about her concerns and to seek lactation assistance from the hospital lactation consultant.

**Scenario #5: Postpartum contact with Bonnie on July 12**

The baby just came home from the hospital and was latching well by the time he was discharged. Bonnie is nervous now that he is home. She wonders if she should go ahead and give formula to the baby to be sure he is getting enough. He cries and is fretful. You discuss some comfort measures for a fussy baby, such as rocking the baby and skin-to-skin contact, and suggest she call the baby’s healthcare provider if she is worried about how the baby is doing. You ask the WIC designated breastfeeding expert to check in on Bonnie to be sure things are going okay.

# HANDOUTS: Staff Roles – Designated Breastfeeding Expert

Staff Roles – Designated Breastfeeding Experts  
Level 4 Handout: Job Description: WIC DBE

**General Description:**

The WIC Designated Breastfeeding Expert (DBE) is an individual with special training or experience helping mothers with complex breastfeeding problems that are outside the scope of practice of peer counselors and other WIC staff. The DBE operates within the policies and procedures of the WIC program and within the context of WIC’s role for breastfeeding support. Each WIC agency operating a peer counseling program is required to have access to a breastfeeding expert to assist WIC participants with complex breastfeeding challenges in a timely manner.

**Qualifications:**

* Successful completion of the FNS competency-based training for WIC Breastfeeding Curriculum (levels 1-4) OR completion of a State-approved competency-based breastfeeding training that is consistent with the FNS Breastfeeding Curriculum levels 1-4.
* Minimum of one year of experience in counseling breastfeeding mother/infant dyads.
* Is a healthcare provider or nutritionist (Masters or Bachelor’s degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Public Health Nutrition or Home Economics with emphasis in Nutrition), IBCLC, dietitian, registered nurse, physician’s assistants certified by the National Committee on Certification of Physician’s Assistants or has completed a minimum of 8 college courses from an Accredited Institution in the Health Sciences (suggested coursework includes, but is not limited to the following areas: Human Anatomy, Human Physiology, Biology, Infant Growth and Development, Nutrition, Counseling Skills, Sociology, Introduction to Clinical Research, etc.).

**Experience and Skills:**

* Experience working with low-income breastfeeding mothers and infants who experience complex breastfeeding challenges
* Critical thinking and problem solving
* Breastfeeding Assessment and Care Plan Development
* Experience providing breastfeeding training/education
* Compassion and desire to help mothers resolve breastfeeding challenges
* Active listening, rapport building and communication
* Collaboration with other WIC staff and community
* Literacy and Language skills appropriate to address the needs of a diverse population
* Proficiency in computer communication skills and applications.

**Duties:**

The WIC Designated Breastfeeding Expert duties include, but are not limited to:

1. Assists WIC mother/infant dyads with complex breastfeeding challenges.
2. Provides follow-up breastfeeding support to participants.
3. Assesses, contributes towards the development of a care plan and counsels the mother/infant dyad with complex breastfeeding challenges.
4. Communicates care plan to the rest of the WIC breastfeeding team, as appropriate.
5. Acts on referrals from peer counselors and other WIC staff regarding complex breastfeeding challenges beyond their scope of practice.
6. Refers mom to her or her baby’s health care providers for further assessment and medical care.
7. May serve as a breastfeeding resource and mentor for WIC agency staff.
8. May provide breastfeeding training for WIC staff.
9. May promote breastfeeding within the community.
10. Maintains lactation credentials and certifications, if applicable and acquires ongoing continuing education, including opportunities to shadow an IBCLC, as appropriate, to stay abreast of current lactation profession information and enhance skills.

**Supervision:**

The WIC DBE is supervised by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Staff Roles – Designated Breastfeeding Experts  
Level 4 Handout: Integrating DBEs in WIC

**Situation #1:**

A WIC clinic reports they are unsure of the need for a designated breastfeeding expert in their clinic. Their peer counselor has been with them for nearly 10 years and is very experienced in helping mothers with breastfeeding. When staff have questions about breastfeeding, they always turn to her since none of the other staff have the interest or knowledge that the peer counselor does. There is not a DBE for referral purposes.

**Situation #2:**

A Local WIC agency has five clinic sites with three full-time and one part-time peer counselors providing coverage between them. Four of the clinic sites are rural with a small caseload. One of the clinics is in an urban location with a large caseload. A CPA in the larger clinic agreed to become a DBE. However, she is unable to provide services at all five of the sites.

**Situation #3:**

A WIC clinic has no staff with advanced lactation credentials or training. When the peer counselor encounters problems outside her scope, she yields the mother to a lactation consultant in the community. The clinic manager does not see the need for a DBE on staff since very few of their participants continue breastfeeding very long anyway.

**Situation #4:**

A very small rural WIC clinic has three full-time employees which includes a WIC director, CPA, and support staff, along with a part-time peer counselor who works 8-10 hours a week. The CPA is also the local agency breastfeeding coordinator but is too busy with certifications and counseling to do any one-on-one breastfeeding counseling. Very few of the mothers in the small community breastfeed, and there are few resources in the community.

Staff Roles – Designated Breastfeeding Experts  
Level 4 Handout: Integrating DBEs in WIC Answer Sheet

**Situation #1:**

A WIC clinic reports they are unsure of the need for a designated breastfeeding expert in their clinic. Their peer counselor has been with them for nearly 10 years and is very experienced in helping mothers with breastfeeding. When staff have questions about breastfeeding, they always turn to her since none of the other staff have the interest or knowledge that the peer counselor does. There is not a DBE for referral purposes in the community.

1. What are the potential concerns identified in the scenario?

* The peer counselor operating outside her scope of practice.
* Clinic not following the WIC Breastfeeding Model.
* Potential liability to the clinic if peer counselor acts beyond her scope of practice.
* Lack of interest by other WIC staff in breastfeeding.
* No DBE for peer counselor to yield complex breastfeeding issues.

1. What strategies could be recommended to better integrate the DBE into the clinic operations?

* Meet with clinic leadership to review the peer counselor program requirements.
* Encourage staff to meet the qualifications for a WIC DBE.
* Identify one staff who may meet the qualifications of a WIC DBE and who might have interest in learning more about breastfeeding. Offer trainings for levels 1- 4 *WIC Breastfeeding Curriculum.*
* Consider sharing a qualified DBE with another clinic or local agency.
* Provide training for WIC staff in breastfeeding support appropriate to their role using the *WIC Breastfeeding Curriculum.*

**Situation #2:**

A Local WIC agency has five clinic sites with three full-time and one part-time peer counselors providing coverage between them. Four of the clinic sites are rural with a small caseload. One of the clinics is in an urban location with a large caseload. A CPA in the larger clinic agreed to become a DBE. However, she is unable to provide services at all five of the sites.

1. What are the potential concerns identified in the scenario?

* Lack of DBE for the clinic sites for peer counselors to yield complex breastfeeding issues.
* Peer counselors assuming duties beyond their scope of practice.
* Dual roles for the CPA limiting availability as the DBE.

1. What strategies could be recommended to better integrate the DBE into the clinic operations?

* Identify a second person who may meet the qualifications of a WIC DBE. Offer trainings for levels 1- 4 *WIC Breastfeeding Curriculum.*
* Perform a workflow analysis to evaluate coverage as a DBE. Consider creative scheduling options to group breastfeeding appointments on the same morning or day in the various clinics and consider a rotation schedule to enable DBE coverage at these clinics on those high need periods.
* Train all staff on WIC Breastfeeding Curriculum; with content level(s) appropriate for their role.

**Situation #3:**

A WIC clinic has no staff with advanced lactation credentials or training. When the peer counselor encounters problems outside her scope, she yields the mother to a lactation consultant in the community. The clinic manager does not see the need for a DBE on staff since very few of their participants continue breastfeeding very long anyway.

1. What are the potential concerns identified in the scenario?

* No established protocols for referral and follow-up for mothers who experience complex breastfeeding problems.
* No DBE on staff can minimize the support moms need.
* Potential lack of continuity of care for moms when referring into the community.
* La Leche League leaders may or may not be in a position to handle complex problems.
* Lactation consultants will not be trained on the WIC Program.
* The reason mothers may not be continuing to breastfeed is because there is inadequate help and support when problems arise.

1. What strategies could be recommended to better integrate the DBE into the clinic operations?

* Establish a contractual agreement with the lactation consultant in the community to accept WIC referrals. As part of agreement, offer trainings for levels 1- 4 *WIC Breastfeeding Curriculum* to ensure lactation consultant is knowledgeable of WIC breastfeeding support services and her role in further assisting the mother.
* Discuss a plan for a structured follow-up that goes beyond giving contact numbers to a WIC mom.
* Grow a DBE from within the existing WIC staff to have onsite support. Having a DBE on staff in the WIC clinic will better meet the continuity of care for moms.
* Consider hiring the lactation consultant in the community to provide in clinic services for WIC moms on certain days of the week.
* Provide education to all levels of WIC staff about breastfeeding using the *WIC Breastfeeding Curriculum;* with content level(s) appropriate for their role.

**Situation #4:**

A very small rural WIC clinic has only three full-time employees which includes a WIC director, CPA and support staff, along with a part-time peer counselor who works 8-10 hours a week. The CPA is also the local agency breastfeeding coordinator but is too busy with certifications and counseling to do any one-on-one breastfeeding counseling. Very few of the mothers in the small community breastfeed, and there are few resources.

1. What are the potential concerns identified in the scenario?

* No dedicated time for breastfeeding promotion and support by the LA Breastfeeding Coordinator.
* No DBE identified.
* Lack of resources can mean WIC mothers are not able to access appropriate support for addressing complex breastfeeding challenges.
* Low breastfeeding rate.

1. What strategies could be recommended to better integrate the DBE into the clinic operations?

* Discuss whether the WIC director or CPA may meet the qualifications of a WIC DBE. Offer trainings for levels 1- 4 *WIC Breastfeeding Curriculum.*
* Partner with another local WIC agency to share resources.
* Explore options to enable DBE coverage at other clinics on those high need periods.
* Collaborate with community to promote and support breastfeeding.

Staff Roles – Designated Breastfeeding Experts  
Level 4 Handout: Scope of Practice for the DBE

A WIC Designated Breastfeeding Expert (DBE) has advanced lactation knowledge and experience in human lactation and assists WIC participants with complex breastfeeding problems within the DBE scope of practice.

1. **Maintain lactation professional standards in all aspects of the DBE role.**
2. Rely on evidence-based approaches for advanced level breastfeeding support.
3. Respect the privacy, dignity and confidentiality of all WIC participants.
4. Work collaboratively with WIC staff to implement a care plan for mothers experiencing complex breastfeeding challenges.
5. Work within the policies and procedures of the WIC program and within the context of WIC’s role for breastfeeding support.
6. Maintain accurate records according to State and local agency policy and procedures.
7. Refer mom for situations outside the DBE scope of practice or WIC’s role for breastfeeding support.
8. Acquire ongoing continuing education to stay current with lactation knowledge and skills, including opportunities to shadow an IBCLC.
9. Maintain lactation credentials and certifications, if applicable.
10. **Assist WIC mothers and infants with complex breastfeeding problems.**
11. Respond to yielding and other referrals for complex breastfeeding problems of WIC mothers from pregnancy through weaning.
12. Develop and follow up on an individualized care plan for WIC mothers experiencing complex breastfeeding problems in concert with other WIC staff. The DBE:
13. Conducts a breastfeeding assessment (including, understanding moms breastfeeding goals collecting a detailed breastfeeding history, breast assessment, infant assessment and feeding assessment) to identify potential breastfeeding challenge(s).
14. Uses active listening counseling skills to conduct the assessment and build rapport.
15. Develops care plan to include tips/solutions to resolve complex breastfeeding problems within the DBE scope.
16. Collects and documents all relevant information.
17. Communicates the plan with WIC team for implementation.
18. Makes appropriate referrals for further assessment and follow-up, as needed.
19. Help mothers meet their breastfeeding goals when facing complex maternal and infant breastfeeding challenges.
20. Work with WIC Competent Professional Authorities (CPAs) to recommend or tailor appropriate WIC food packages to minimize the use of infant formula.
21. Assess and issue breastfeeding aids as appropriate to address the complex problem and provide instruction on use, according to State policies and procedures.
22. Refer mom to her health care provider when mom or baby need further assessment and medical care.
23. Maintains a list of knowledgeable health care professionals in the area should the mother or baby need to seek these services.
24. **May serve as a WIC and community breastfeeding resource.**
25. May serve as a breastfeeding resource for the WIC agency including mentoring peer counselors or providing training to other staff and community partners.
26. Promote consistent messaging about breastfeeding using evidence-based resources.
27. **It is beyond the DBE scope of practice to:**
28. Diagnose maternal or infant medical breastfeeding conditions (e.g., maternal infection, thrush, hormonal conditions, infant tongue restriction, or medical problems).
29. Recommend medications, herbal treatments, or medical treatment plans to the mother.
30. Act beyond the Level 4 WIC Breastfeeding Curriculum for the DBE, unless doing so is within their professional credentialing scope of practice and is permitted by State agency policy.

Staff Roles – Designated Breastfeeding Experts  
Level 4 Handout: Referral Partners

| **Complex Breastfeeding Problem - 1st Month** | **Factors That Contribute**  **to the Problem** | **Internal Referral Sources** | **External Referral Sources** | **Partners for Support** | **Next Steps** |
| --- | --- | --- | --- | --- | --- |
| Baby does not latch |  |  |  |  |  |
| Real or perceived low milk production |  |  |  |  |  |
| Poor infant weight gain |  |  |  |  |  |
| Nipple pain or damage |  |  |  |  |  |
| Supplementation has begun |  |  |  |  |  |
| Breast problems such as unresolved engorgement, mastitis, or abscess |  |  |  |  |  |
| Nipple problems such as flat or inverted nipples or other anomalies |  |  |  |  |  |
| Infant born preterm or near term |  |  |  |  |  |

Staff Roles – Designated Breastfeeding Experts  
Level 4 Handout: WIC DBE Competencies

| **Platform** | **Dashboard** | **Competencies** |
| --- | --- | --- |
| **WIC and Breastfeeding** | Dashboard #3: Food Packages | Collaborate with CPAs on appropriate food package tailoring when mothers experience complex breastfeeding challenges. |
| Dashboard #4: Health Communication | Provide breastfeeding training and education for WIC staff under the direction of the local agency breastfeeding coordinator. |
| **Counseling** | Dashboard #3: Difficult Counseling Situations | Support mothers facing difficult breastfeeding situations. |
| **Preparing for Breastfeeding** | Dashboard #2: Barriers | Counsel women when contraindications to breastfeeding exist. |
| **Normal Breastfeeding** | Dashboard #1: Hospital Support | Support mothers with complex breastfeeding challenges by building working relationships with hospital lactation staff. |
| Dashboard #3: Baby Behavior | Make appropriate referrals for infants with persistent crying. |
| Dashboard #5: Ongoing Breastfeeding | Assist mothers experiencing severe fatigue during breastfeeding. |
| Assist mothers whose infants experience a prolonged growth spurt. |
| Assists mothers with suppressing lactation during abrupt weaning. |
| Dashboard #6: Milk Expression | Assist mothers in overcoming complex problems with using a breast pump. |
| **Breastfeeding Assessment** | Dashboard #1: Prenatal | Assess health conditions in pregnancy that can impact breastfeeding success. |
| Dashboard #2: Breastfeeding Dyad | Conduct a mother and baby assessment to identify potential complex breastfeeding problems to include physical characteristics and breastfeeding technique. |
| Take an appropriate breastfeeding history to explore potential concerns affecting breastfeeding management. |
| Conduct a feeding assessment for signs of milk transfer and appropriate position and latch.  Identify causes of concern for breast and infant assessment. |
| Dashboard #3: Care Plans and Case Studies | Conduct an appropriate breastfeeding assessment and provide tips/solutions for WIC mothers experiencing complex breastfeeding challenges and communicate with CPA. |
| **Problem Solving** | Dashboard #3: Low Milk Production | Assist mothers with reestablishing and increasing their milk production. |
| Dashboard #4: Supplementation | Assist mothers in safely transitioning to full breastfeeding after supplementation has begun. |
| Assist mothers who wish to do combination feeding. |
| Dashboard #5: Complex Maternal Problems | Assess the signs and causes of maternal conditions that affect lactation success. |
| Evaluate potential tips and solutions to resolve breastfeeding problems. |
| Counsel and assist mothers with positioning and latching techniques for complex maternal breastfeeding challenges |
| Counsel and assist mothers with appropriate breastfeeding aids and referrals related to complex maternal breastfeeding challenges. |
| Dashboard #6: Complex Infant Problems | Assess breastfeeding for infants with physical or neurological challenges that affect breastfeeding |
| Assist mothers with breastfeeding infants who are ill. |
| Assess breastfeeding for mothers whose infants have gastrointestinal concerns affecting breastfeeding. |
| Dashboard #7: Preterm Infants | Provide tips/solutions for mothers breastfeeding premature infants. |
| Develop an individualized care plan for mothers breastfeeding early term infants. |
| Dashboard #8: Management Tools | Provide tips/solutions for mothers breastfeeding early term infants. |
| Assist mothers in the proper use of breastfeeding techniques and breastfeeding aids as part of complex breastfeeding management and provides follow-up monitoring. |
| Instruct mothers in feeding of expressed milk or formula to their baby using alternative feeding devices. |
| **Staff Roles:**  **Designated Breastfeeding Experts** | Dashboard #1: Role of the DBE | Perform basic duties outlined in the DBE’s job description. |
| Participate in developing a plan to integrate DBEs into the WIC clinic flow and services. |
| Dashboard #2: Scope of Practice | Provide support for WIC mothers experiencing complex breastfeeding problems within the DBE scope of practice. |
| Make timely referrals for problems beyond the DBE’s scope of practice. |
| Dashboard #3: Training DBEs | Engage in ongoing education to sharpen lactation assessment and counseling skills. |

Staff Roles – Designated Breastfeeding Experts  
Level 4 Handout: DBE Shadowing Log

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| --- | --- | --- | --- |
| **Encounter**  **#1** | **Date** | **Person Shadowed** | **Setting/Type of Encounter** |
| What was the initial breastfeeding challenge reported? | | | |
| What assessment components were used?   * Breastfeeding history * Maternal history of health concerns * Breast assessment * Observation of a breastfeeding session * Infant assessment * Other: | | | |
| What open-ended questions were particularly effective in learning more about the mother’s situation? | | | |
| What affirmations were given to help the mother feel more comfortable? | | | |
| What tips and solutions were offered to the mother to help her address the problem? | | | |
| What referrals were made for follow-up assessment or support? | | | |
| What did you learn that you can use in your job duties as you assist mothers with complex problems? | | | |
| **Encounter**  **#2** | **Date** | **Person Shadowed** | **Setting/Type of Encounter** |
| What was the initial breastfeeding problem reported? | | | |
| What assessment components were used to identify the root of the problem?  Breastfeeding history  Maternal history of health concerns  Breast assessment  Observation of a breastfeeding session  Infant assessment  Other: | | | |
| What open-ended questions were particularly effective in learning more about the mother’s situation? | | | |
| What measures were taken to help the mother feel more comfortable? | | | |
| What tips and solutions were offered to the mother to help her address the problem? | | | |
| What referrals were made for follow-up assessment or support? | | | |
| What did you learn that you can use in your job duties as you assist mothers with complex problems? | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Encounter**  **#3** | **Date** | **Person Shadowed** | **Setting/Type of Encounter** |
| What was the initial breastfeeding problem reported? | | | |
| What assessment components were used to identify the root of the problem?  Breastfeeding history  Maternal history of health concerns  Breast assessment  Observation of a breastfeeding session  Infant assessment  Other: | | | |
| What open-ended questions were particularly effective in learning more about the mother’s situation? | | | |
| What measures were taken to help the mother feel more comfortable? | | | |
| What tips and solutions were offered to the mother to help her address the problem? | | | |
| What referrals were made for follow-up assessment or support? | | | |
| What did you learn that you can use in your job duties as you assist mothers with complex problems? | | | |

# HANDOUTS: Staff Roles – PC Management – Activity Handouts

PC Management Handouts by Category

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| **Activity Worksheets** |
| Activity Worksheet 1: The Voice of WIC Moms |
| Activity Worksheet 2: Research on Peer Support Programs |
| Activity Worksheet 3: The Ideal Peer Counselor |
| Activity Worksheet 4: Building Supervisory Skills |
| Activity Worksheet 5: Words from WIC Peer Counselors  Activity Worksheet 6: Words from WIC Peer Counselors: Glenny  Activity Worksheet 7: Clinic Scenarios |
| **Assessment and Planning** | |
| Assessment and Planning 1: WIC Breastfeeding Model Components for Peer Counseling PDF only] | |
| Assessment and Planning 2: Enhancing Existing Peer Counseling Programs | |
| Assessment and Planning 3: Planning a New Peer Counselor Program | |
| Assessment and Planning 4: California Community External Assessment Form | |
| Assessment and Planning 5: California Community Internal Assessment Form | |
| Assessment and Planning 6: Sample Program Budget for Peer Counseling Program | |
| Assessment and Planning 7: California PHFE Peer Counselor Database | |
| Assessment and Planning 8: Solutions to Common Challenges with Peer Counseling Programs | |
| Assessment and Planning 9: Peer Counselor Program Self-Evaluation | |
| **Job Descriptions** | |
| Job Description 1: Local WIC Agency Peer Counselor Coordinator/Supervisor | |
| Job Description 2: State WIC Peer Counselor Coordinator/Manager | |
| Job Description 3: WIC Peer Breastfeeding Counselor | |
| Job Description 4: WIC Senior Peer Breastfeeding Counselor | |
| Job Description 5: WIC DBE | |
| Job Description 6: WIC Peer Counselor in the Hospital | |
| **Policies** | |
| Policies 1: Sample Cell Phone Policy | |
| Policies 2: Sample Social Media Policy | |
| Policies 3: Sample Memorandum of Understanding with Hospitals | |
| Policies 4: Sample Babies at Work Policy | |
| **Report Forms** | |
| Report Form 1: Sample Peer Counselor Client Contact Form | |
| Report Form 2: Sample Peer Counselor Weekly Activity Log | |
| **Staffing and Supervision** | |
| Staffing and Supervision 1: Confidentiality Agreement | |
| Staffing and Supervision 2: Sample Application for WIC Breastfeeding Peer Counselor | |
| Staffing and Supervision 3: Peer Counselor Equipment and Materials Issued | |
| Staffing and Supervision 4: Sample Interview Guide for WIC Breastfeeding Peer Counselor | |
| Staffing and Supervision 5: Scope of Practice for the WIC Peer Counselor | |
| Staffing and Supervision 6: Scope of Practice for IBCLCs | |
| Staffing and Supervision 7: When to Yield | |
| Staffing and Supervision 8: Shadowing Breastfeeding Experts – Peer Counselor Log | |
| Staffing and Supervision 9: Shadowing Breastfeeding Experts – Debriefing | |
| Staffing and Supervision 10: Peer Counselor Observation Tool | |
| Staffing and Supervision 11: Questions for Mentors | |
| Staffing and Supervision 12: Peer Counselor Mentoring Tool | |
| Staffing and Supervision 13: Supervision Case Studies | |
| Staffing and Supervision 14: Peer Counselor Phone Feedback Form | |
| Staffing and Supervision 15: Peer Counselor Exit Survey (for Peer Counselors) | |
| Staffing and Supervision 16: Peer Counselor Exit Survey (for Peer Counselor Supervisor) | |
| Staffing and Supervision 17: Peer Counselor Self-Assessment | |
| Staffing and Supervision 18: Peer Counselor Performance Review | |
| Staffing and Supervision 19: Participant Feedback Form  Staffing and Supervision 20: Peer Counselor Intake Form  Staffing and Supervision 21: Career Ladder Roles | |
| **Training** |
| Training 1: Before the Training Checklist |
| Training 2: Peer Counselor Training Checklist |
| Training 3: Certificate |

HANDOUT: Staff Roles: PC Management  
Activity Worksheet 1   
Research on Peer Support Programs

**Study #1: Reactions of Low-Income African American Women to WIC Peer Counselors**

Focus groups were conducted to determine the perspectives of African American WIC participants who received breastfeeding support from peer counselors who demographically mirrored the women they supported. From the mothers’ perspectives, WIC peer counselors had a positive impact on their breastfeeding experience. Four major themes emerged from the study:

* + - 1. Educating with truth - women trusted the information they received from the peer counselor as being reality based.
      2. Validating for confidence - the peer counselors were perceived to be reassuring and validated their choice to breastfeed.
      3. Countering others’ negativity - peer counselors created emotional and social support when it did not always exist otherwise.
      4. Supporting with solutions - peer counselors gave practical, doable solutions to breastfeeding concerns.

Robinson K, VandeVusse L, Foster J. Reactions of low-income African American women to breastfeeding peer counselors. *JOGNN.* 2016;45(1):62-70.

**Study #2: Impact of Peer Support on Breastfeeding Exclusivity Rates**

A total of 7 randomized control trials were reviewed to examine the impact of peer counseling on exclusive breastfeeding. Each found the intervention to be effective. In one study of mothers in Nigeria, the intervention group received 3 contacts from a peer counselor plus advice on how to manage diarrhea. The control group only received advice on managing diarrhea. The number of mothers who exclusively breastfed was 49% vs. 6% on day 7 and 46% vs. 8% on day 21. Another trial of predominantly low-income inner-city Latinas in Hartford, CT showed that mothers who received contacts from peer counselors were 15 times more likely to be exclusively breastfeeding at 3 months. A third study conducted in Houston, TX among low-income women found that mixed feeders (mothers who were both breastfeeding and formula feeding) who met with a peer counselor within 1 week postpartum were significantly more likely to be exclusively breastfeeding at 4 weeks: 17% vs. 10% of the controls.

Chapman DJ, Morel K, Anderson A, Damio G & Perez-Escamilla R. Review: Breastfeeding peer counseling: from efficacy through scale-up. *J Hum Lact.* 2010;26:314-326.

**Study #3: Impact of Peer Counseling on Outcomes**

A meta-analysis of 38 randomized control trials conducted by the U.S. Preventive Services Task Force examined the impact of professional education, family education, patient education, peer counseling, and maternity practices on breastfeeding outcomes. Overall, they found that formal and structured breastfeeding education and individual-level professional support by themselves did not significantly affect breastfeeding outcomes. However, lay support (such as peer counseling) significantly affected breastfeeding outcomes by increasing the rate of *any* as well as *exclusive* breastfeeding in the short term by 22% and 65% respectively. Studies of interventions with family members did not result in significant differences in breastfeeding initiation or duration. Other factors that were linked to improved breastfeeding duration rates were delaying pacifier use (>4 weeks), system-level support, and postpartum skin-to-skin care.

Chung M, Raman G, Trikalinos T, Lau J & Ip S. Interventions in primary care to promote breastfeeding: an evidence review for the U.S. preventive Services Task Force. *Annals of Internal Medicine, American College of Physicians.* 2008:565-582.

**Study #4: Sources of Influence Among Low-Income Women**

Focus groups conducted with 65 WIC participants in California examined women’s feelings about who influences their infant feeding decisions. More than three-fourths of the participants were first-time mothers and nearly all had indicated they planned to breastfeed. Although 90.8% of the mothers followed through with their decision, 39% reported they gave formula in the early weeks, and 25% began formula in the first week. Results showed that the sources of influence on their feeding decisions were their own mother (often valuing their advice more than their own doctor), and friends and others with whom they had a trusting relationship. Mothers trust WIC staff as long as they seem knowledgeable and experienced, and show respect, empathy, and calmness.

Heinig J, Ishil K, Banuelos J, Campbell E, O’Loughiln C & Becerra L. Sources and acceptance of infant-feeding advice among low-income women. *J Hum Lact.* 2009;25:163-172.

**Study #5: Impact of Scale-Up Programs on Peer Counseling Success**

“Scale-up” programs that combine peer counseling with other community initiatives were examined. One study in Georgia found that peer counselors who provide support in the WIC clinic in addition to telephone calls from home led to increases in breastfeeding initiation rates. In Brazil, where the Baby-friendly Hospital Initiative was launched in a robust way, they found that peer support programs implemented to meet the criteria for Step 10 of the *Ten Steps to Successful Breastfeeding* (increasing community support for breastfeeding once mothers are discharged) resulted in significantly higher rates of exclusive breastfeeding compared to health units that did not.

Chapman DJ, Morel K, Anderson A, Damio G & Perez-Escamilla R. Review: Breastfeeding peer counseling: from efficacy through scale-up*. J Hum Lact.* 2010;26:314-326.

**Study #6: Impact of Low-Intensity vs. High Intensity Peer Support Initiatives**

Randomized control trials of peer counseling initiatives that involved various models were reviewed and analyzed to determine what types of interventions are most effective. The review included studies with low-intensity peer counseling interventions (defined as containing less than 3 contacts, only prenatal education, or postpartum education provided only via telephone support) and high-intensity interventions (defined as programs that included at least 3 contacts both prenatally and postpartum with most contacts delivered in person).

1. *Initiation of breastfeeding*. Three of the 4 high intensity interventions improved breastfeeding initiation rates. One program involving 3 prenatal, daily perinatal, and 9 postpartum in-person visits resulted in significantly higher breastfeeding rates (90% vs. 76% in the control groups). The 3 low-intensity interventions were not successful at increasing breastfeeding rates. Studies are clear that peer counseling is most effective when it is provided during prenatal, antenatal, and perinatal periods and when the majority of the contacts are in person.
2. *Duration of breastfeeding*. One study of peer counselors providing primarily telephone contacts (weekly calls during the first 6 weeks) found significant increases in duration at 4, 8, and 12 weeks postpartum. Five of the 9 high-intensity interventions significantly improved duration rates; only 1 of the 5 low-intensity interventions achieved this.

Britton C, McCormick FM, Renfew MJ, Wade A, & King SE. Support for breastfeeding mothers. *Cochrane Database Systematic Review.* 2007;1:CD001141.

Chapman DJ, Morel K, Anderson A, Damio G & Perez-Escamilla R.Review: Breastfeeding peer counseling: from efficacy through scale-up. *J Hum Lact.* 2010;26:314-326.

HANDOUT: Staff Roles: PC Management  
Activity Worksheet 2  
The Voice of WIC Moms

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| * Having my peer counselor to talk with was great! When I was at my lowest, she knew what to say to bring me up. And she told me things I didn’t know. She was very, very helpful. |
| * The best benefit of the peer counseling program is the follow-up visit and phone calls. You have so many more questions and concerns at home than in the hospital. With the calls from my peer counselor, I was able to ask questions as they came up, and she really made me feel free to call her whenever necessary. I have now completed one year of nursing my child. I feel that success is owed to the program because I had someone to help me, to answer my questions, and to ease my concerns. |
| * I really liked that my peer counselor called me all the time to talk since I was too shy to call someone about breastfeeding. |
| * The best thing about the peer program is the fact that the counselor was very helpful and knew what she was talking about. She took away my fear and made breastfeeding seem easier. |
| * My peer counselor gave me great hope and advice to keep up on the breastfeeding because it was a major goal for me. |
| * Thank you so much! I breastfed longer because I had your support. You’re fantastic! |
| * My peer counselor walked me through everything until I understood. |
| * Keep doing what you are doing. I know there are plenty of young mothers like myself who are nervous to breastfeed. The help and the support you all provided helped a lot. Thank you! |
| * My peer counselor helped me so much. Although I am not currently breastfeeding, I feel that I will now be better prepared when I have my next child. |
| * I want to say thank you for having this program because it has helped me a lot. I think it is going to help a lot of new moms who worry that they are doing something wrong. |

HANDOUT: Staff Roles: PC Management  
Activity Worksheet 3  
 The Ideal Peer Counselor

**Consider peer counselors you have hired or might consider hiring**

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| The best peer counselor you hired (or the WIC mom you feel might be a great peer counselor) | Qualities that made her a rare find (or could make her a good peer counselor) |
| The best surprise in a peer counselor you hired | Qualities that made her a good peer counselor after all |
| The worst disappointment in a peer counselor you hired | What clues do you wish you had heeded when you hired her? |

HANDOUT: Staff Roles: PC Management  
Activity Worksheet 4   
Building Supervisory Skills

Read the following words as they relate to supervisors.

* Circle three words that you feel describe the best supervisor you remember having.
* Circle an additional three words that you feel are important in supervising peer counselors.
* You may use the blank spaces to write in words you prefer that are not on the list.

Motivate

Set goals

Confront

Empower

Advise

Direct

Listen

Discuss

Inspire

Reflect

Reprimand

Support

Give Feedback

Friend

Relationship

Give Feedback

Respect

Affirm

Empathy

Reward

Discipline

Set Goals

Problem-Solve

Critique

Share Expectations

Follow-Up

Accountable

Resource

Develop

Empower

Kind

Gentle

Humor

Approachable

Pride

Counsel

Dictate

Model

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Of the words above, indicate which ones do you feel are hardest for you?

What solutions could help you learn and practice that skill?

HANDOUT: Staff Roles: PC Management  
Activity Worksheet 5  
Words from WIC Peer Counselors

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| I started working as a peer counselor because I breastfed my son for 13 months and I felt that the experience we had during that time was the most enjoyable, pleasing, and satisfying I have ever had. Just knowing that I was doing the absolute best thing I could do for him gave me a warm feeling inside the whole 13 months. I would like to help educate mothers about breastfeeding and the benefits for the child and the mothers. I want to help them make the best decision for their lifestyle. |
| I became a breastfeeding peer counselor because I wanted moms to know that there IS support out there! I actually *tried* breastfeeding my first 3 kids and had a number of difficulties. My first screamed every time we tried to latch him on and the nurses in the hospital told me I was starving him and *HAD* to give him formula. When I became pregnant with my 4th child, I was determined to breastfeed! I started reading and learning everything I could and went into labor and delivery determined that I would breastfeed, and no one was going to deter me! My daughter was a breastfeeding champ and just weaned in December 2010 at 23 months of age! |
| I have always wanted to walk with the community. I feel I’m helping young moms to make a decision for their baby’s future. |
| I’ve always been a stay-at-home mom/student and felt it was the most important job I’ve ever had. I knew that in order to “leave” that job full-time that the position I took would have to be very important. Then the peer helper position came open. I’ve discovered that a peer helper is a friend, a shoulder to cry on, and a “you CAN” when everyone else says “you CAN’T.” This position where I use my skills as a mom and my own experiences is how I make my contribution and pay it forward. The moms that I help are why I love my job. I want moms to be able to make an educated decision, not one based on default. |
| I wish I could say that I nursed both of my kids for at least a year and had no problems. No such luck!  When I got pregnant with my first, I fully intended to breastfeed. I knew it was the healthiest and didn’t think much of it. I didn’t do any research and I didn’t even take a class. I just thought it was the natural thing to do and didn’t really worry about it. I had a much different experience than those thoughts in my head! I had trouble getting my daughter to latch from the very beginning. I didn’t have help from anyone showing me how it was done and what a good latch even looked like. When the lactation consultant brought me a nipple shield, I remember thinking, “What the heck is this thing?” See, I told you I didn’t know anything about breastfeeding. I really should’ve taken that class…. The doctors told me to supplement her while we were in the hospital because my daughter was a little jaundiced. I wasn’t encouraged to continue breastfeeding at all. Once she had her first bottle, all dreams of getting latched were gone. So I pumped and gave her breast milk in a bottle for a full three months before my supply dropped. At 3 months, my daughter was fully on formula and I felt like a failure.  With my second pregnancy, I was determined to get it right. I WAS going to breastfeed, no matter what. I researched for hours and hours on the Internet, took classes, and found a wonderful group of ladies online that supported me. I told all of my family and friends that I was breastfeeding this time and that I would make it to a year. Luckily, my second daughter latched on like she had been doing it all her life. Wait, she had! She stayed with me around the clock and was nursing every 1 ½ hours. I remember the nurse was surprised at how dedicated I was. It gave me a sense of pride that told me, “I can do this!” I still had concerns…oversupply, mastitis, and milk blisters. But I stuck with it throughout everything. She is now 10 months old and still going strong, and instead of planning to wean her at one year, I don’t plan on weaning her at all. SHE will wean herself when she is ready.  Now I know my story isn’t ideal or considered the “best,” but it’s made me much more passionate about my parenting choices. I started working at our local WIC office as a breastfeeding peer so I can help other moms who remind me of myself with my first daughter. I absolutely LOVE my job and I know not to be judgmental because, well, I’ve been there. Everyone has a different story and we all want to do what’s best for our children. Sometimes we just need a little help along the way. |
| I am a peer counselor because I enjoyed breastfeeding my daughter so much. I enjoy helping others breastfeed so that their babies get all of the wonderful benefits. I remember one mom I helped. Although she chose not to breastfeed, I felt very good about helping this young girl who came from a very abusive relationship to understand the changes happening with her breasts. She became very comfortable speaking about her body and was able to open up to me. We have also helped several moms to stop supplementing and to trust that their babies were okay with only mother’s milk. |
| I enjoy my job as a peer counselor simply because it gives me the opportunity to help people. Being a mother of 3, I understand the frustrations that can come along with breastfeeding, and it is a great reward to know that I can help a mom to overcome those frustrations and, if nothing else, to simply become their friend. |
| I love to be able to help moms bond with their babies in that special way that only breastfeeding brings. I found breastfeeding an awesome, rewarding, and empowering experience and want to help other moms be rewarded and empowered too! My grandma always talked about the breasts openly to educate us growing up, and that brought me a great confidence that I try to pass on. |
| I am a peer helper because new moms need to have a friend to help them feed their baby the normal way. I am blessed to be part of a great WIC family that loves our moms and babies and really want what is best for them. It’s a great feeling to help support new families. As a mother of 4, I know how important it is. My youngest child has benefitted greatly from nursing 3½ years. She was able to outgrow a milk allergy. This is only one small benefit that has blessed my family from using my body the way God made it. |

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| I love the privilege to explain to moms that breastfeeding is the only gift that only she can give her baby. I breastfed all four of my children. My last was born 10 weeks premature. Eighteen years ago, he was a miracle, and of course, he still is. I pumped and transported my milk to the NICU one hour away. I feel that was a huge asset to him. He is a wonderful, strong, and healthy college student today. |
| I think it’s very important to share my experiences with other moms so they are aware that there is support for them. I like to hear when a mom says, “Thank you” or “You helped me so much.” It’s rewarding to know that every mom I speak with has a chance to make one baby healthier and brighter. They are the next generation, and I believe having a support system is the most prominent part about breastfeeding. That’s what I’m here to be! |
| Every day that I help a mother breastfeed I feel like I am personally cradling that baby in my arms and giving them a better chance to make it in a world that is not always as warm and comforting as mom. Nothing compares to helping a baby receive a milky smile of satisfaction. |
| I feel that God has put me in WIC to touch new families, new mothers, and new babies, with love. It makes me feel good to know that I am assisting these people to reach their potential to have healthy, loving families. I share their confidence when they are confident, and heartbreak when they have issues. I feel I have found my purpose in life (besides being a mother)! |
| I love what I do because I can actually see the change in the breastfeeding moms when they get that AHA! Moment. The calmness and assuredness take over when they see that their infant is breastfeeding. I can’t see myself in any other profession! |

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| When I started as a peer almost 8 years ago, I was unsure of how this would affect me personally. I had recently had to wean my third child and had to have a hysterectomy. I was angry and sad that my child bearing years would be no more. I felt guilty that I had to stop breastfeeding her just weeks before her first birthday. My heart was very heavy. My thoughts were, “How could I talk to moms about their babies and breastfeeding when I couldn’t do it anymore or have other children?” “Would I be jealous of them?” I had to do a lot of soul searching.  During the initial training I was quite emotional and even had to leave the room because I would cry. My breastfeeding days were over. I had to fight through the negative thoughts and put my feelings aside because I knew I could make a difference for other moms. All three of my children breastfed successfully and I was not afraid to talk to people about my experiences. In fact, I found that I was a lot more passionate about it than I even knew. When I finally started to work, it was a very rewarding experience and it truly became “therapy” for me. I began to live through the mothers that I would counsel, and their breastfeeding experiences and stories became mine in a sense. I didn’t feel the sadness too often and I didn’t have any true jealousy toward the moms I was helping. Instead, I loved and still love them all, and I love sharing my story and knowledge with my moms. |
| I enjoy getting to be a part of the health profession team at WIC, encouraging new moms and giving a listening ear when they just need someone to talk to. It is great to know that I am making a difference and improving the future of the babies and children in my county. |
| I enjoy being a peer helper because I help the moms realize breastfeeding is not as stressful and hard as the stories they have heard. I love sharing my passion for breastfeeding because if they don’t at least try, the experience would be lost. Educating and supporting moms is why I enjoy being a peer. |

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| I am a peer counselor because at one point in time, I was in our mom’s (participant’s) shoes. Without the support and education from my local peer counselors (now my co-workers) I would not have had a successful experience. With my oldest two children I had a poor experience. There was no education or support, and I did not breastfeed longer than 3 months. Nobody in my family breastfed, so I was a “pioneer” in my family. With my last two, however, I nursed for 17 months and 32 months because of the support and education of my peer. My family has witnessed benefits of breastfeeding. Breastfeeding was truly challenging at first, but very rewarding. I now want to help other moms enjoy their breastfeeding experiences so that breastfeeding can become the norm. Together, we make a difference! Breastfeeding is truly a gift of a lifetime. |

**Words from Supervisors**

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| Our breastfeeding peer counselor project is only a few months old, but I already see that the peers are impacting our prenatals by giving them a contact point person that they can access whenever they need help. The peers are becoming more comfortable in their role and really care about the participants. They really want them to succeed and are giving them the tools to make informed decisions. |
| The peers in our County have made a huge impact on our WIC program. They are highly motivated in helping our moms succeed in their breastfeeding goals. If it is exclusive, partial, pumping, or formula feeding minimizing breastfeeding, they are there to support all of our moms. The breastfeeding peers are an asset to the program. I don’t know what we did without them! |
| We just started our peer program and already we are seeing amazing things. We see how the peers are becoming more confident by increasing their knowledge and skill set. We’ve noticed in this short time how many moms need support and additional help and that had we not had the peers they would have fallen through the cracks. And we’ve noticed how much more we need to get the message out to the community and to health professionals, so they understand how important breastfeeding is to moms’ and babies’ health. |

HANDOUT: Staff Roles: PC Management  
Activity Worksheet 6  
Glenny’s Story

*When Glenny Liranzo left her position as a peer counselor with the New Hampshire Department of Health and Human Services, she wrote this beautiful letter to the State office to express her appreciation for having served as a peer counselor for WIC families. Note: the letter was adapted to remove identifying names.*

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As you might have already heard, I had submitted my resignation from the Lead Breastfeeding Peer Counselor position. I never thought that I would be resigning from the program, but I got a great opportunity that came to me for a coordinator of a homeless and housing program in the Nashua area, which has been my dream to work hand in hand with the community.

I remember when I was offered the peer counselor position back in 2003, and the joy I felt to be able to help other mothers to have a more positive and successful breastfeeding experience was immense. Since then, there has not been a day that I felt regrets for taking the position. The opportunity that WIC has provided me throughout the years had helped tremendously in my professional growth and it has increased my knowledge of the family in needs in our community.

Throughout the years of working for WIC, I have encountered many great people, but especially those whose day-to-day basics work closely with me to assure the breastfeeding mothers got the best services possible. Thank you for the guidance and support you and your colleagues have offered me throughout the year of working for the program. It had been an honor to be an advocate for the breastfeeding moms at WIC.

We have seen many positive changes with the breastfeeding component of WIC. We have been able to develop a more effective linkage with the local hospitals and other community programs for continuity of proper care for our mothers. We have also seen an impressive increase on the program breastfeeding rates, therefore expanding the program even more. It’s my hope that the breastfeeding program continues to expand their partnership with other community services to better serve the breastfeeding mothers. I have enjoyed working with you and appreciate the opportunity I have been given here all these years. Thank you again and I hope we will stay in contact as I begin this new chapter.

Sincerely,

Glenny Liranzo

HANDOUT: Staff Roles: PC Management  
Activity Worksheet 7   
Program Scenarios

**Scenario #1:**

A local WIC agency discontinued its 3-year peer support program. The nutritionist providing oversight found it difficult to devote the 1-2 hours a week allocated to supervise the 3 peer counselors they hired, and the breastfeeding rates did not change after hiring peer counselors anyway. Mothers do not call the peer counselors when they are experiencing breastfeeding challenges, and because the peer counselors are hired as temporary staff, the agency is unable to provide liability coverage for them. Management felt the program was just not worth the trouble and decided to discontinue it.

*Based on the formative research conducted, following which guidelines from the* WIC Breastfeeding Model *might have helped prevent the demise of this program?*

**Scenario #2**

A local WIC agency was alarmed when a WIC mother threatened to sue the agency. She successfully breastfed a previous child but developed a breast infection around a month after her second baby was born. When she phoned her peer counselor to report fever and symptoms of the flu, she reports that her peer counselor told her to give it another 24 hours to see if symptoms improved. She also told her to take over-the-counter lecithin just in case she had a plugged duct. The mother said later that night she became so ill her husband called an ambulance to take her to the emergency room. She was hospitalized with a severe breast abscess and ended up going through multiple surgeries. She says her breasts are ruined from the surgeries and through it all she had to give up breastfeeding. She blames the peer counselor. When the peer counselor was asked why a referral was not made, she reported that nobody in the clinic knew as much about breastfeeding as she did and she did not trust anyone else to be able to handle the situation adequately.

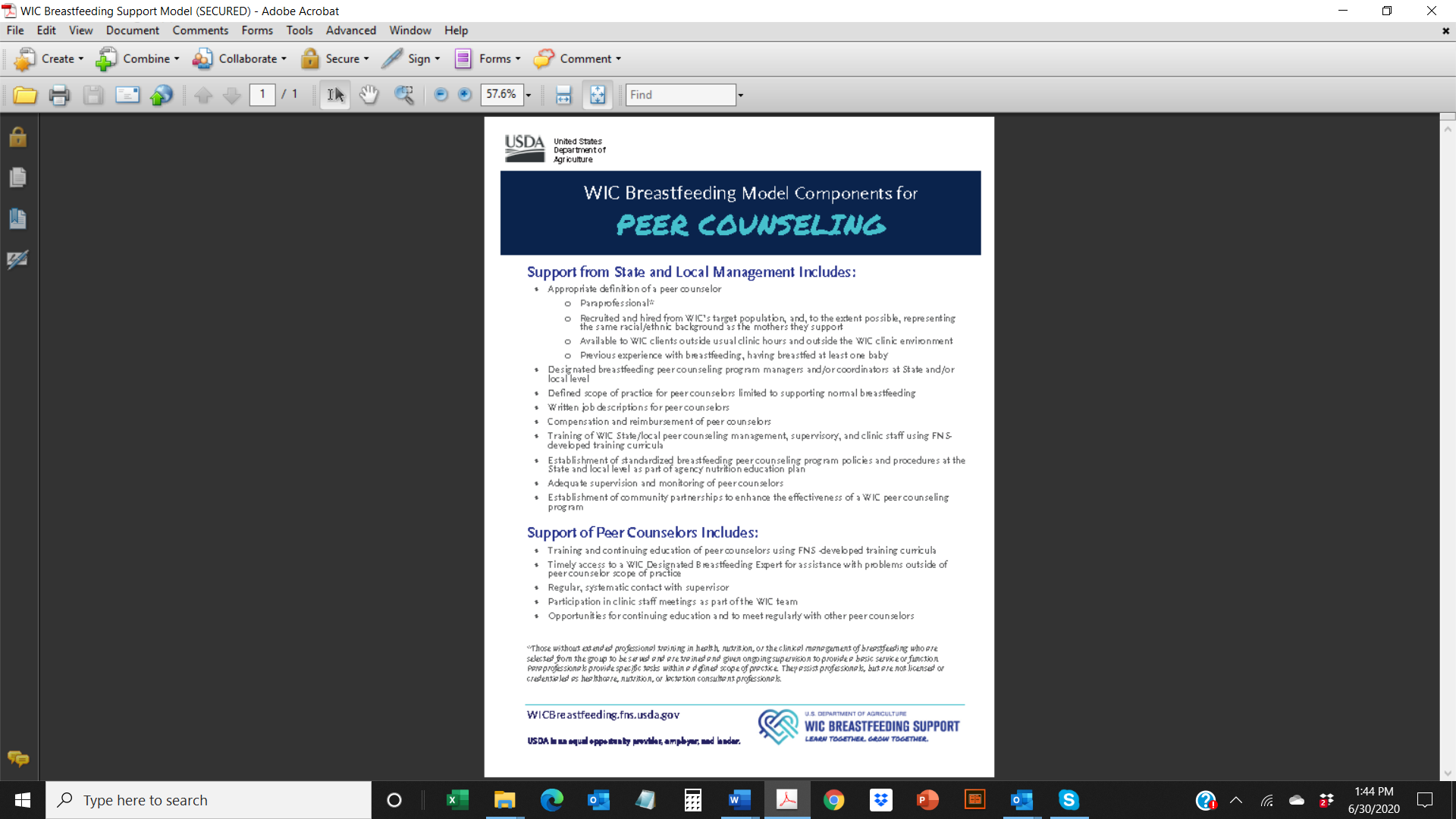
*Based on the formative research conducted, following which guidelines from the* WIC Breastfeeding Model *might have helped prevent this situation from occurring?*

**Scenario #3**

Data from local WIC agencies in a state shows that the breastfeeding rates for one particular agency has never seen an improvement in breastfeeding initiation and duration rates compared to other agencies. When a state monitor arrives at the clinic to observe and discuss the program, she discovers that peer counselors in this very rural agency work very few hours, mostly accepting calls from moms who call them. Turnover rates are extremely high and the clinic nutritionist who agreed to supervise them states that she just doesn’t have time to stay “on their case” all the time. She has never really seen that peer counseling adds value to their WIC services and most of the staff have never even met the peer counselors.

*Based on the formative research conducted, following which guidelines from the WIC Breastfeeding* Model *might improve the effectiveness of the peer counselors in this agency?*

HANDOUT: Staff Roles: PC Management  
Assessment/Planning 1  
WIC Breastfeeding Model



HANDOUT: Staff Roles: PC Management  
Assessment/Planning 2  
Enhancing Existing PC Program

State or Local Agency

Using the FNS WIC Breastfeeding Model Components for Peer Counseling and the Program Self-Evaluation tool, examine your current peer counseling program to assess gaps in services, policies that should be revisited, new partners to engage, and improvements that could enhance the effectiveness of your program.

| Program Questions | Activities to Consider | Specific Tasks | Who will take the lead | Timeline |
| --- | --- | --- | --- | --- |
| **Program Management** |  |  |  |  |
| What designated program manager positions should be considered? |  |  |  |  |
| What standardized policies need to be revisited and/or revised? |  |  |  |  |
| What type of training should be provided for State and local agency managers? |  |  |  |  |
| How supportive are local WIC clinic staff? What activities need to be implemented to improve support? |  |  |  |  |
| What are the primary internal and external gaps in services to WIC participants that should be addressed? |  |  |  |  |
| What community partnerships should be explored for enhanced support? |  |  |  |  |
| Who do peer counselors contact for assistance beyond their scope of practice? |  |  |  |  |
| What initiatives would help build breastfeeding expertise within the WIC agency? |  |  |  |  |
| What procedures could be implemented to streamline peer counselor documentation? |  |  |  |  |
| **Peer Counselor Staffing** |  |  |  |  |
| What new methods could improve recruitment of qualified peer counselors? |  |  |  |  |
| What career path programs are in place or could be implemented to increase upward mobility/retention? |  |  |  |  |
| What is the current salary for peer counselors? Does this need to be revised? |  |  |  |  |
| What recognition opportunities could improve retention of peer counselors? |  |  |  |  |
| **Peer Counselor Training** |  |  |  |  |
| Who is available to provide training for peer counselors? |  |  |  |  |
| How will we provide this training for new hires? |  |  |  |  |
| What local content is needed to complement the *WIC Breastfeeding Curriculum*? |  |  |  |  |
| What observations and shadowing opportunities should be added? |  |  |  |  |
| What improvements should be made to regular staff meetings? |  |  |  |  |
| What ongoing continuing education should be provided? |  |  |  |  |
| **Peer Counselor Supervision** | |  |  |  |
| What program policies or practices will assure programs provide designated supervisors? |  |  |  |  |
| What systematic mentoring program is currently in place? How should it be improved? |  |  |  |  |
| How are peer counselors monitored? What improvements could be made? |  |  |  |  |
| How often are team meetings conducted? |  |  |  |  |
| Do peer counselors participate regularly in WIC staff meetings? |  |  |  |  |
| **Peer Counselor Practice** |  |  |  |  |
| Where do peer counselors primarily practice? What other practice settings should be investigated? |  |  |  |  |
| Does the agency provide cell phones? Texting plans? |  |  |  |  |
| What social media plans should be investigated? |  |  |  |  |
| Do peer counselors provide services in local hospitals? What efforts should be considered? |  |  |  |  |
| Do peer counselors provide home visits? How practical would this be to add to program services? |  |  |  |  |
| Are breastfeeding classes available? |  |  |  |  |
| Are breastfeeding support groups provided? |  |  |  |  |
| How effective are peer counselors in counseling WIC participants? What further training/practice opportunities would help build counseling skills? |  |  |  |  |
| Do peer counselors operate within their Scope of Practice? What changes can be made to address this? |  |  |  |  |
| What program policies or practices assure local agencies have qualified Designated Breastfeeding Experts to handle complex breastfeeding challenges? |  |  |  |  |
| What type of referral system is in place? What other options should be considered? |  |  |  |  |
| How does the agency collect feedback from WIC participants? |  |  |  |  |
| Does the agency conduct an exit survey with peer counselors? |  |  |  |  |
| **Other Program Aspects** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

HANDOUT: Staff Roles: PC Management   
Assessment/Planning 3  
Planning a New PC Program

Where to Recruit

Peer Counselor Activities

1.

2.

3.

Peer Counselor Activities

1.

2.

3.

Community

Population Group (1)

Population Group (2)

Dedicated Program Manager(s)

Designated Breastfeeding Experts

Where to Recruit

Strategies for Local Buy-In

Available Trainers

(if not the manager)

Local Agency Logistics

Policies

Clinic Space

Documentation

Scheduling

After hours

Hiring policies

Compensation

Other

Available Ongoing Training Opportunities

Community Partnerships for Referrals/Promotion

Sites for Services

Sites for Services

HANDOUT: Staff Roles: PC Management  
Assessment/Planning 4   
Community Assessment External Partners

California WIC Peer Counseling (PC) programs will play an important role in statewide efforts to improve breastfeeding rates. However, many factors influence breastfeeding rates in a community. This community assessment tool is designed to help you define or identify programs and services in your community that serve WIC-eligible women and children. With the information this assessment provides, agencies will be able to:

1. identify gaps in communication between hospitals, health care providers, public health programs, BF coalitions and WIC within the community to ensure programs and resources are targeted effectively;
2. ensure programs and resources are targeted effectively; 3) identify areas of focus to target future outreach efforts. Knowledge of key community indicators can also inform PC program managers’ decision-making regarding program design, resource allocation, and targeting outreach efforts.

This assessment tool focuses on four key elements that can affect breastfeeding rates in a community:

1. Breastfeeding Coalitions
2. Public Health Programs
3. Health Care Providers
4. Hospitals

##### Agency Information

Agency:

Your name:

Email:

Phone: Total caseload:

Do you currently have a Breastfeeding Peer Counseling Program?

Yes, USDA-funded Yes, other funding No

Is your agency applying for USDA Breastfeeding Peer Counseling Program funds?

Yes No

Part 1: Define Your Designated Area

1. Define the designated area that your agency’s peer counseling program serves currently or will serve if funded (you can use miles outside of agency center or clinics, zip codes, regions, etc.)

|  |
| --- |
|  |

Part 2: Breastfeeding Coalitions

The following questions refer to the breastfeeding coalition within your agency’s “designated area” (defined above). If there is no breastfeeding coalition within your agency’s “designated area”, please answer the first question only and then skip to Part 3: Public Health Programs.

1. Is there a local breastfeeding coalition in your designated area?

Yes **No** (SKIP TO PART 3)

1. Has your local breastfeeding coalition sponsored or provided support for any of the following activities in the past **two years**? (Check all that apply.)

* Breastfeeding clinics Breastfeeding counseling
* Breastfeeding education for professionals
* Breastfeeding education for caregivers
* Technical support for hospitals
* Recognize local businesses with Mother-Baby Friendly Workplace Awards Breastfeeding Awareness Month activities
* Disseminate breastfeeding resource list for community
* Warm line
* Breastfeeding legislation
* None of the above

Other (please specify):

1. Which of the following agencies or programs actively participate in your local breastfeeding coalition? (Check all that apply.)

* Black Infant Health (BIH)
* County Public Health Nursing Services
* Child Health and Disability Prevention (CHDP)
* Hospitals
* Adolescent Family Life Program (AFLP)
* Sweet Success Diabetes Program
* Children’s Medical Services (CMS)
* Health Care Provider (HCP) groups
* Early Head Start
* Private practice breastfeeding support personnel
* WIC (personnel from your agency)
* Child care organizations
* Maternal and Child Health department
* Nursing mothers councils
* Mother to mother support groups
* First 5 Commission
* Doulas
* None of the above
* Other (please specify):

1. Is your local breastfeeding coalition a member of the California Breastfeeding Coalition (CBC)?

Yes No

1. In the last year, which of the following local breastfeeding coalition-sponsored community activities has your WIC agency been involved in? (Check all that apply.)

* Breastfeeding walk
* Community health fair
* Employment fair
* WIC Policy Day
* None of the above
* Other (please specify):

1. Does the HCP above provide any of the following? (Check all that apply).

* Free formula samples or coupons to prenatal women
* Free formula samples or coupons to postpartum women
* Does not provide free formula samples or coupons to anyone

1. Does the HCP offer any of the following breastfeeding services, programs, or educational materials? (Check all that apply).

* Breast pump loan program
* Breastfeeding clinic
* Breastfeeding counseling

Part 3: Public Health Programs

The following questions refer to public health programs providing services to WIC- eligible women, infants and children within your "designated area." Note: Not all programs listed below will be available in all areas. Only answer the questions below for the programs that are available. For public health programs in your designated area not listed below, please add the program name under “Other”.

1. Which of the following public health programs are in your designated area? (Check all that apply.)

* Black Infant Health
* County Public Health Nursing Services
* Nurse Family Partnership
* Child Health and Disability Prevention (CHDP)
* Adolescent Family Life Program (AFLP)
* California Diabetes and Pregnancy Program (Sweet Success)
* Maternal, Child, and Adolescent Health (MCAH) – County services
* Childhood Lead Poisoning Prevention Program
* Oral/dental health programs
* Immunization education programs
* Early Head Start
* Migrant Head Start
* Regional Perinatal Programs of California (RPPC)
* First 5 Commission
* None of the above
* Other (please specify)

1. Of the public health programs located in your designated area, which provide breastfeeding support? (Check all that apply.)

* Black Infant Health
* County Public Health Nursing Services
* Nurse Family Partnership
* Child Health and Disability Prevention (CHDP)
* Adolescent Family Life Program (AFLP)
* California Diabetes and Pregnancy Program (Sweet Success)
* Maternal, Child, and Adolescent Health (MCAH) – County services Childhood Lead Poisoning Prevention Program
* Oral/dental health programs
* Immunization education programs
* Early Head Start
* Migrant Head Start
* Regional Perinatal Programs of California (RPPC)
* First 5 Commission
* None of the above
* Other (please specify)

1. Of the programs located in your designated area, which have IBCLC(s) on staff providing direct services to WIC-eligible families? (Check all that apply.)

* Black Infant Health
* County Public Health Nursing Services
* Nurse Family Partnership
* Child Health and Disability Prevention (CHDP)
* Adolescent Family Life Program (AFLP)
* California Diabetes and Pregnancy Program (Sweet Success)
* Maternal, Child, and Adolescent Health (MCAH) – County services
* Childhood Lead Poisoning Prevention Program
* Oral/dental health programs
* Immunization education programs
* Early Head Start
* Migrant Head Start
* Regional Perinatal Programs of California (RPPC)
* First 5 Commission
* None of the above
* Other (please specify)

1. Of the programs located in your designated area, which have CLE/CLC on staff providing direct services to WIC-eligible families? (Check all that apply.)

* Black Infant Health
* County Public Health Nursing Services
* Child Health and Disability Prevention (CHDP)
* Adolescent Family Life Program (AFLP)
* California Diabetes and Pregnancy Program (Sweet Success)
* Maternal, Child, and Adolescent Health (MCAH) – County services
* Childhood Lead Poisoning Prevention Program
* Oral/dental health programs Immunization education programs
* Early Head Start
* Migrant Head Start
* Regional Perinatal Programs of California (RPPC)
* First 5 Commission
* None of the above
* Other (please specify)

1. Of the programs located in your designated area, which have a referral system in place which results in referral to WIC BF Services? (Check all that apply.)

* Black Infant Health
* County Public Health Nursing Services Nurse
* Family Partnership
* Child Health and Disability Prevention (CHDP)
* Adolescent Family Life Program (AFLP)
* California Diabetes and Pregnancy Program (Sweet Success)
* Maternal, Child, and Adolescent Health (MCAH) – County services
* Childhood Lead Poisoning Prevention Program
* Oral/dental health programs Immunization education programs
* Early Head Start
* Migrant Head Start
* Regional Perinatal Programs of California (RPPC)
* First 5 Commission
* None of the above
* Other (please specify)

Part 4: Health Care Providers

The following questions refer to Health Care Providers (HCPs) within your agency's "designated area. Select the top 5 health care providers in your designated area that serve the largest percentage of WIC- eligible women and children in your agency. If you have less than 5, please fill in as many as you have and then move to Part 5.

1. Health Care Provider #1

Name of provider or organization:

Address:

Contact person: Phone number:

1. Does this HCP offer any of the following breastfeeding services, programs or educational materials? (Check all that apply.)

* Breast pump loan program
* Breastfeeding clinic Breastfeeding counseling Breastfeeding warm line
* Comprehensive Perinatal Services Program (CPSP) education
* Evening breastfeeding support
* Weekend and holiday breastfeeding support
* Home visitation
* Non-WIC breastfeeding education materials
* Public health nursing services
* Referrals to other breastfeeding services
* WIC breastfeeding education materials
* None of the above
* Other (please specify)

1. If the HCP above employs any of the following positions that provide direct services to families, please provide the number of FTEs per position **(if applicable)**

Certified Lactation Educators (CLEs)/Counselors (CLCs)

International Board Certified Lactation Consultants (IBCLCs)

Breastfeeding Peer Counselors

1. Does the HCP above require the majority of their staff members to obtain breastfeeding training?

\_\_\_\_\_No \_\_\_\_\_Yes (please describe the type of training)

1. Does the HCP above offer any of the following specialized breastfeeding medical services to WIC-eligible families? (Check all that apply.)

* Occupational therapy for infants and young children Frenulum assessment and division
* Cranial sacral therapy
* None of the above
* Not applicable (not a pediatric provider)
* Other (please specify)

1. Does the HCP above provide any of the following? (Check all that apply.)

* Free formula samples or coupons to prenatal women
* Free formula samples or coupons to postpartum women
* Does not provide free formula samples or coupons to anyone

1. Health Care Provider #2

Name of provider or organization:

Address:

Contact person: Phone number:

1. Does this HCP offer any of the following breastfeeding services, programs or educational materials? (Check all that apply.)

* Breast pump loan program
* Breastfeeding clinic Breastfeeding counseling Breastfeeding warm line
* Comprehensive Perinatal Services Program (CPSP) education
* Evening breastfeeding support
* Weekend and holiday breastfeeding support
* Home visitation
* Non-WIC breastfeeding education materials
* Public health nursing services
* Referrals to other breastfeeding services
* WIC breastfeeding education materials
* None of the above
* Other (please specify)

1. If the HCP above employs any of the following positions that provide direct services to families, please provide the number of FTEs per position **(if applicable)**

Certified Lactation Educators (CLEs)/Counselors (CLCs)

International Board Certified Lactation Consultants (IBCLCs)

Breastfeeding Peer Counselors

1. Does the HCP above require the majority of their staff members to obtain breastfeeding training?

\_\_\_\_\_No \_\_\_\_\_Yes (please describe the type of training)

1. Does the HCP above offer any of the following specialized breastfeeding medical services to WIC-eligible families? (Check all that apply.)

* Occupational therapy for infants and young children Frenulum assessment and division
* Cranial sacral therapy
* None of the above
* Not applicable (not a pediatric provider)
* Other (please specify)

1. Does the HCP above provide any of the following? (Check all that apply.)

* Free formula samples or coupons to prenatal women
* Free formula samples or coupons to postpartum women
* Does not provide free formula samples or coupons to anyone

1. Health Care Provider #3

Name of provider or organization:

Address:

Contact person: Phone number:

1. Does this HCP offer any of the following breastfeeding services, programs or educational materials? (Check all that apply.)

* Breast pump loan program
* Breastfeeding clinic Breastfeeding counseling Breastfeeding warm line
* Comprehensive Perinatal Services Program (CPSP) education
* Evening breastfeeding support
* Weekend and holiday breastfeeding support
* Home visitation
* Non-WIC breastfeeding education materials
* Public health nursing services
* Referrals to other breastfeeding services
* WIC breastfeeding education materials
* None of the above
* Other (please specify)

1. If the HCP above employs any of the following positions that provide direct services to families, please provide the number of FTEs per position **(if applicable)**

Certified Lactation Educators (CLEs)/Counselors (CLCs)

International Board Certified Lactation Consultants (IBCLCs)

Breastfeeding Peer Counselors

1. Does the HCP above require the majority of their staff members to obtain breastfeeding training?

\_\_\_\_\_No \_\_\_\_\_Yes (please describe the type of training)

1. Does the HCP above offer any of the following specialized breastfeeding medical services to WIC-eligible families? (Check all that apply.)

* Occupational therapy for infants and young children Frenulum assessment and division
* Cranial sacral therapy
* None of the above
* Not applicable (not a pediatric provider)
* Other (please specify)

1. Does the HCP above provide any of the following? (Check all that apply.)

* Free formula samples or coupons to prenatal women
* Free formula samples or coupons to postpartum women
* Does not provide free formula samples or coupons to anyone

1. Health Care Provider #4

Name of provider or organization:

Address:

Contact person: Phone number:

1. Does this HCP offer any of the following breastfeeding services, programs or educational materials? (Check all that apply.)

* Breast pump loan program
* Breastfeeding clinic Breastfeeding counseling Breastfeeding warm line
* Comprehensive Perinatal Services Program (CPSP) education
* Evening breastfeeding support
* Weekend and holiday breastfeeding support
* Home visitation
* Non-WIC breastfeeding education materials
* Public health nursing services
* Referrals to other breastfeeding services
* WIC breastfeeding education materials
* None of the above
* Other (please specify)

1. If the HCP above employs any of the following positions that provide direct services to families, please provide the number of FTEs per position **(if applicable)**

Certified Lactation Educators (CLEs)/Counselors (CLCs)

International Board Certified Lactation Consultants (IBCLCs)

Breastfeeding Peer Counselors

1. Does the HCP above require the majority of their staff members to obtain breastfeeding training?

\_\_\_\_\_No \_\_\_\_\_Yes (please describe the type of training)

1. Does the HCP above offer any of the following specialized breastfeeding medical services to WIC-eligible families? (Check all that apply.)

* Occupational therapy for infants and young children Frenulum assessment and division
* Cranial sacral therapy
* None of the above
* Not applicable (not a pediatric provider)
* Other (please specify)

1. Does the HCP above provide any of the following? (Check all that apply.)

* Free formula samples or coupons to prenatal women
* Free formula samples or coupons to postpartum women
* Does not provide free formula samples or coupons to anyone

1. Health Care Provider #5

Name of provider or organization:

Address:

Contact person: Phone number:

1. Does this HCP offer any of the following breastfeeding services, programs or educational materials? (Check all that apply.)

* Breast pump loan program
* Breastfeeding clinic Breastfeeding counseling Breastfeeding warm line
* Comprehensive Perinatal Services Program (CPSP) education
* Evening breastfeeding support
* Weekend and holiday breastfeeding support
* Home visitation
* Non-WIC breastfeeding education materials
* Public health nursing services
* Referrals to other breastfeeding services
* WIC breastfeeding education materials
* None of the above
* Other (please specify)

1. If the HCP above employs any of the following positions that provide direct services to families, please provide the number of FTEs per position **(if applicable)**

Certified Lactation Educators (CLEs)/Counselors (CLCs)

International Board Certified Lactation Consultants (IBCLCs)

Breastfeeding Peer Counselors

1. Does the HCP above require the majority of their staff members to obtain breastfeeding training?

\_\_\_\_\_No \_\_\_\_\_Yes (please describe the type of training)

1. Does the HCP above offer any of the following specialized breastfeeding medical services to WIC-eligible families? (Check all that apply.)

* Occupational therapy for infants and young children Frenulum assessment and division
* Cranial sacral therapy
* None of the above
* Not applicable (not a pediatric provider)
* Other (please specify)

1. Does the HCP above provide any of the following? (Check all that apply.)

* Free formula samples or coupons to prenatal women
* Free formula samples or coupons to postpartum women
* Does not provide free formula samples or coupons to anyone

Part 5: Hospitals and Birthing Centers

The following questions refer to Hospitals and Birthing Centers within your agency's "designated area” (defined in question 1). If you have less than 5, please fill in what you have and then move to Part 6.

1. Hospital or Birthing Center #1

Name: Address:

Contact person: Phone number:

1. How many births per year occur in this hospital or birthing center?
2. Check any of the following practices or protocols that apply to this Hospital or Birthing Center.

* Formula or coupons are distributed by the hospital or its’ affiliates prenatally
* Breastfeeding promotion bags or kits (that contain no affiliated formula company coupons or advertising) are distributed to postpartum women
* Infant formula, formula coupons or samples are distributed to families at discharge
* Protocols are implemented to refer eligible patients to WIC for breastfeeding services
* An up-to-date breastfeeding resource list is provided to families at discharge
* The California model hospital policies have been adopted
* A letter of intent to become a Baby Friendly Hospital/Birthing Center has been filed with the Baby Friendly Hospital Initiative USA (BFHI-USA)
* Baby Friendly Status has been achieved from BFHI-USA
* None of the above

1. How many FTE's for IBCLCs are on staff at this hospital or birthing center?
2. How many of the above IBCLCs are bilingual in English and Spanish?
3. Does this hospital or birthing center provide breastfeeding support on all evenings, weekends and holidays?

\_\_\_\_ Yes \_\_\_\_ No (please specify any coverage provided):

1. If Yes, what types of support services are provided? (Check all that apply.)

* Warm line
* Automated phone line out patient support
* In patient support None of the above
* Other (please specify):

1. What is the **Any Breastfeeding Rate** for the above hospital or birthing center?):

Note: Please report the “Any Breastfeeding Percent”. This can be found at the website below under the heading “Hospital Level Data Tables.” <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>

1. What is the **Exclusive Breastfeeding Rate** for the above Hospital or Birthing Center?

Note: Please report the “Exclusive Breastfeeding Percent”. This can be found at the website below under the heading “Hospital Level Data Tables.” <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>

1. Hospital or Birthing Center #2

Name: Address:

Contact person: Phone number:

1. How many births per year occur in this hospital or birthing center?
2. Check any of the following practices or protocols that apply to this Hospital or Birthing Center.

* Formula or coupons are distributed by the hospital or its’ affiliates prenatally
* Breastfeeding promotion bags or kits (that contain no affiliated formula company coupons or advertising) are distributed to postpartum women
* Infant formula, formula coupons or samples are distributed to families at discharge
* Protocols are implemented to refer eligible patients to WIC for breastfeeding services
* An up-to-date breastfeeding resource list is provided to families at discharge
* The California model hospital policies have been adopted
* A letter of intent to become a Baby Friendly Hospital/Birthing Center has been filed with the Baby Friendly Hospital Initiative USA (BFHI-USA)
* Baby Friendly Status has been achieved from BFHI-USA
* None of the above

1. How many FTE's for IBCLCs are on staff at this hospital or birthing center?
2. How many of the above IBCLCs are bilingual in English and Spanish?
3. Does this hospital or birthing center provide breastfeeding support on all evenings, weekends and holidays?

\_\_\_\_ Yes \_\_\_\_ No (please specify any coverage provided):

1. If Yes, what types of support services are provided? (Check all that apply.)

* Warm line
* Automated phone line out patient support
* In patient support None of the above
* Other (please specify):

1. What is the **Any Breastfeeding Rate** for the above hospital or birthing center?):

Note: Please report the “Any Breastfeeding Percent”. This can be found at the website below under the heading “Hospital Level Data Tables.” <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>

1. What is the **Exclusive Breastfeeding Rate** for the above Hospital or Birthing Center?

Note: Please report the “Exclusive Breastfeeding Percent”. This can be found at the website below under the heading “Hospital Level Data Tables.” <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>

1. Hospital or Birthing Center #3

Name: Address:

Contact person: Phone number:

1. How many births per year occur in this hospital or birthing center?
2. Check any of the following practices or protocols that apply to this Hospital or Birthing Center.

* Formula or coupons are distributed by the hospital or its’ affiliates prenatally
* Breastfeeding promotion bags or kits (that contain no affiliated formula company coupons or advertising) are distributed to postpartum women
* Infant formula, formula coupons or samples are distributed to families at discharge
* Protocols are implemented to refer eligible patients to WIC for breastfeeding services
* An up-to-date breastfeeding resource list is provided to families at discharge
* The California model hospital policies have been adopted
* A letter of intent to become a Baby Friendly Hospital/Birthing Center has been filed with the Baby Friendly Hospital Initiative USA (BFHI-USA)
* Baby Friendly Status has been achieved from BFHI-USA
* None of the above

1. How many FTE's for IBCLCs are on staff at this hospital or birthing center?
2. How many of the above IBCLCs are bilingual in English and Spanish?
3. Does this hospital or birthing center provide breastfeeding support on all evenings, weekends and holidays?

\_\_\_\_ Yes \_\_\_\_ No (please specify any coverage provided):

1. If Yes, what types of support services are provided? (Check all that apply.)

* Warm line
* Automated phone line out patient support
* In patient support None of the above
* Other (please specify):

1. What is the **Any Breastfeeding Rate** for the above hospital or birthing center?):

Note: Please report the “Any Breastfeeding Percent”. This can be found at the website below under the heading “Hospital Level Data Tables.” <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>

1. What is the **Exclusive Breastfeeding Rate** for the above Hospital or Birthing Center?

Note: Please report the “Exclusive Breastfeeding Percent”. This can be found at the website below under the heading “Hospital Level Data Tables.” <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>

1. Hospital or Birthing Center #4

Name: Address:

Contact person: Phone number:

1. How many births per year occur in this hospital or birthing center?
2. Check any of the following practices or protocols that apply to this Hospital or Birthing Center.

Formula or coupons are distributed by the hospital or its’ affiliates prenatally

Breastfeeding promotion bags or kits (that contain no affiliated formula company coupons or advertising) are distributed to postpartum women

Infant formula, formula coupons or samples are distributed to families at discharge

Protocols are implemented to refer eligible patients to WIC for breastfeeding services

An up-to-date breastfeeding resource list is provided to families at discharge

The California model hospital policies have been adopted

A letter of intent to become a Baby Friendly Hospital/Birthing Center has been filed with the Baby Friendly Hospital Initiative USA (BFHI-USA)

Baby Friendly Status has been achieved from BFHI-USA

None of the above

1. How many FTE's for IBCLCs are on staff at this hospital or birthing center?
2. How many of the above IBCLCs are bilingual in English and Spanish?
3. Does this hospital or birthing center provide breastfeeding support on all evenings, weekends and holidays?

\_\_\_\_ Yes \_\_\_\_ No (please specify any coverage provided):

1. If Yes, what types of support services are provided? (Check all that apply.)

Warm line

Automated phone line out patient support

In patient support None of the above

Other (please specify):

1. What is the **Any Breastfeeding Rate** for the above hospital or birthing center?):

Note: Please report the “Any Breastfeeding Percent”. This can be found at the website below under the heading “Hospital Level Data Tables.” <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>

1. What is the **Exclusive Breastfeeding Rate** for the above Hospital or Birthing Center?

Note: Please report the “Exclusive Breastfeeding Percent”. This can be found at the website below under the heading “Hospital Level Data Tables.” <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>

1. Hospital or Birthing Center #5

Name: Address:

Contact person: Phone number:

1. How many births per year occur in this hospital or birthing center?
2. Check any of the following practices or protocols that apply to this Hospital or Birthing Center.

Formula or coupons are distributed by the hospital or its’ affiliates prenatally

Breastfeeding promotion bags or kits (that contain no affiliated formula company coupons or advertising) are distributed to postpartum women

Infant formula, formula coupons or samples are distributed to families at discharge

Protocols are implemented to refer eligible patients to WIC for breastfeeding services

An up-to-date breastfeeding resource list is provided to families at discharge

The California model hospital policies have been adopted

A letter of intent to become a Baby Friendly Hospital/Birthing Center has been filed with the Baby Friendly Hospital Initiative USA (BFHI-USA)

Baby Friendly Status has been achieved from BFHI-USA

None of the above

1. How many FTE's for IBCLCs are on staff at this hospital or birthing center?
2. How many of the above IBCLCs are bilingual in English and Spanish?
3. Does this hospital or birthing center provide breastfeeding support on all evenings, weekends and holidays?

\_\_\_\_ Yes \_\_\_\_ No (please specify any coverage provided):

1. If Yes, what types of support services are provided? (Check all that apply.)

Warm line

Automated phone line out patient support

In patient support None of the above

Other (please specify):

1. What is the **Any Breastfeeding Rate** for the above hospital or birthing center? ):

Note: Please report the “Any Breastfeeding Percent”. This can be found at the website below under the heading “Hospital Level Data Tables.” <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>

1. What is the **Exclusive Breastfeeding Rate** for the above Hospital or Birthing Center?

Note: Please report the “Exclusive Breastfeeding Percent”. This can be found at the website below under the heading “Hospital Level Data Tables.” <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>

HANDOUT: Staff Roles: PC Management  
Assessment/Planning 5   
Internal Breastfeeding Program Assessment

[*Adapted from the California WIC Assessment Tools.*]

Note: The California tools can be adapted based on State or local agency needs, or to align with priorities of the *WIC Breastfeeding Curriculum.*

**Assessing Progress Toward Breastfeeding Peer Counseling Best Practices in WIC Programs**

This assessment tool provides 22 standardized, evidence-based indicators of a successful peer counseling program. The 22 indicators are divided amongst 6 categories: Prenatal Breastfeeding Support & Education, Postpartum Breastfeeding Support & Education, Staff Training, Other Site Operational Policies and Procedures, Administrative, and Fostering Positive Relationships among Staff Members. This assessment tool allows local agencies with existing peer counseling programs to evaluate their current PC program services in relation to evidence-based best practices and create clear goals toward the achievement of exemplary PC programs. This assessment tool also allows local agencies without PC programs to evaluate breastfeeding services provided and assess progress toward breastfeeding best practices.

Agency Information

1. Agency:

Your name:

Email:

Phone number: Total caseload:

Do you currently have a Breastfeeding Peer Counseling Program?

Yes, USDA- funded Yes, other funding No

Is your agency applying for USDA Breastfeeding Peer Counseling Program funds?

Yes No

For questions 2-8, please only include staff currently providing direct services to peer counseling program participants. For agencies without existing PC programs, please include current staff members that would be involved in your PC program, if funded in the future. Do not include those you expect to hire in the future.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **International Board Certified Lactation Consultants (IBCLCs)**   Total number: How many were former WIC participants? | | | |
| **Language capabilities:**   * English * Spanish * Russian * Armenian * Chinese * Vietnamese * Hmong * Other | | **Ethnicities represented:**   * American Indian * Asian * Black * Hispanic * Pacific Islander * White * Other | |
| 1. **Registered Dietitians (RDs)**   Total number: How many were former WIC participants? | | | |
| **Language capabilities:**   * English * Spanish * Russian * Armenian * Chinese * Vietnamese * Hmong * Other | | **Ethnicities represented:**   * American Indian * Asian * Black * Hispanic * Pacific Islander * White * Other | |
| 1. **Degreed Nutritionists (Non RD)**   Total number: How many were former WIC participants? | | | |
| **Language capabilities:**   * English * Spanish * Russian * Armenian * Chinese * Vietnamese * Hmong * Other | | **Ethnicities represented:**   * American Indian * Asian * Black * Hispanic * Pacific Islander * White * Other | |
| 1. **Breastfeeding Peer Counselors - Contracted**   Total number: How many were former WIC participants? | | |
| **Language capabilities:**   * English * Spanish * Russian * Armenian * Chinese * Vietnamese * Hmong * Other | **Ethnicities represented:**   * American Indian * Asian * Black * Hispanic * Pacific Islander * White * Other | |
| 1. **Breastfeeding Peer Counselors – Non-contracted**   Total number: How many were former WIC participants? | | |
| **Language capabilities:**   * English * Spanish * Russian * Armenian * Chinese * Vietnamese * Hmong * Other | **Ethnicities represented:**   * American Indian * Asian * Black * Hispanic * Pacific Islander * White * Other | |
| 1. WIC Nutrition Assistant/Peer Counselor   Total number: How many were former WIC participants? | | |
| **Language capabilities:**   * English * Spanish * Russian * Armenian * Chinese * Vietnamese * Hmong * Other | **Ethnicities represented:**   * American Indian * Asian * Black * Hispanic * Pacific Islander * White * Other | |

1. Breastfeeding Rates (Please report rates from the 1st quarter of 2010)

**Average Exclusive Breastfeeding Rates:**

2 months

4 months

6 months

**Average Combo Feeding Rates:**

2 months

4 months

6 months

**Average Formula Only Rates:**

2 months

4 months

6 months

Assessment Guidelines

One of the keys to bringing about change is to know where you are relative to where you want to be. The following program indicators refer to policies or protocols in WIC breastfeeding programs that support successful breastfeeding outcomes. This assessment uses a 3 level classification system that promotes and supports stepwise progress toward best practices of an exemplary peer counseling program. There are no penalties, only opportunities to assess areas to focus future program goals and resources.

**Level 1:** Meets breastfeeding-friendly WIC program activities and practices. Agencies do not need a peer counseling program to meet this level. Level 1 indicators refer to the WIC agency as a whole.

**Level 2:** Meets California State WIC Peer Counseling Program Requirements and USDA Peer Counseling Program Standards based on the *Loving Support™* model for a successful peer counseling program. Level 2 indicators refer to services provided to peer counseling program participants in the agencies’ target population, not the agency as a whole. Level 2 indicators may be met by agencies without peer counseling programs, if there is a written policy in place stating that the agency provides that particular service. For current PC programs there must also be a written policy or procedure in place in order to meet all level 2 indicators.

**Level 3:** Meets current evidence-based indicators of best practices for an exemplary Breastfeeding Peer Counseling Program. Level 3 indicators also meet California State WIC Peer Counseling Program Requirements and USDA Peer Counseling Program Standards based on the *Loving Support™* model for a successful peer counseling program. Level 3 indicators refer to services provided to peer counseling program participants in the agencies’ target population, not the agency as a whole. There must be a written policy or procedure in place in order to meet level 3 indicators.

**None of the above:** The agency does not meet any of the above levels at this time. In choosing this level for a particular program indicator, agencies are able to identify areas for growth and progress toward levels 1-3.

***Agencies without PC programs:*** For each of the following indicators, please choose the level that best describes your agency’s **current** breastfeeding program and services.

***Agencies with PC programs (regardless of funding source)****:* For each of the following indicators, please choose the level that best describes your agency’s  **current** peer counseling program and services.

Category 1: Prenatal Breastfeeding Support & Education

1. **Prenatal Contacts**

* **Level 1**: A WIC staff member discusses a woman’s infant feeding intention with each prenatal woman at enrollment.
* **Level 2:** Peer Counselors will contact prenatal peer counseling program participants **within 30 days of enrollment** into the WIC program or, at a minimum, by the start of the third trimester, to discuss each woman’s infant feeding intention.
* **Level 3:** Peer Counselors will contact prenatal peer counseling program participants **within 7 days** of enrollment into the WIC program to discuss each woman’s infant feeding intention **and** set up a one-on-one follow up counseling session (in person) with each woman.
* **None of the above:** Do not meet any of the above levels at this time

1. **Number of Prenatal Contacts**

* **Level 1:** WIC staff provides a counseling or education session dedicated to discussing breastfeeding to all prenatal women within the agency’s target population at least once during the prenatal period.
* **Level 2:** Peer Counselors provide counseling sessions (via home visit, telephone or site appointment) dedicated to discussing breastfeeding to prenatal peer counseling program participants **monthly** during the prenatal period and then **weekly** within 2 weeks of each woman’s expected delivery date.
* **Level 3:** Level 2 indicator is met and at least one contact during the third trimester is provided via a home visit to the prenatal peer counseling program participant’s home.
* **None of the above:** Do not meet any of the above levels at this time

1. **Prenatal Group Education**

* **Level 1**: An interactive breastfeeding education session (group or individual) is offered to prenatal women.
* **Level 2:** An interactive breastfeeding education session (group or individual) is offered to prenatal peer counseling program participants **monthly.**
* **Level 3:** An interactive breastfeeding education session (group or individual) is offered to prenatal peer counseling program participants **monthly and an IBCLC or PC briefly visits each class** to greet and build rapport with participants.
* **None of the above:** Do not meet any of the above levels at this time

Category 2: Postpartum Breastfeeding Support & Education

1. **Early Postpartum Contact**

* **Level 1:** A contact is attempted by WIC staff during the first month after delivery during which breastfeeding is discussed and encouraged.
* **Level 2:** Peer counselors will contact post partum peer counseling program participants **every 2-3 days** during the first week post partum, **weekly** for the rest of the first month and before returning to work/school. Establish **a system of early notification of infant**
* **delivery** to the agencies within their designated area.
* **Level 3:** Level 2 indicators are met and at least one post partum contact is provided at the participant’s home or the delivery hospital within 3-4 days post partum.
* **None of the above:** Do not meet any of the above levels at this time

1. **Extended Postpartum Contacts (After Month 1)**

* **Level 1:** An additional contact is made in the post-partum period to discuss and encourage continued breastfeeding.
* **Level 2:** Peer Counselors contact postpartum peer counseling program participants **at least monthly** from months 2 through 6 postpartum **and** before returning to work or school.
* **Level 3:** Level 2 indicators are met and peer counselor contact with postpartum peer counseling program participants continues at least monthly until the baby weans or PC services are no longer desired.
* **None of the above:** Do not meet any of the above levels at this time

Category 3: Staff Training

1. **Breastfeeding Training**

* **Level 1:** All staff will have completed 20 hours of breastfeeding training, as required by the state agency, by September 30, 2011.
* **Level 2:** the following trainings are provided to every PC upon hiring:
* state developed “WIC Breastfeeding Peer Counselor Training Manual” breastfeeding training curriculum;
* local WIC orientation including breast pump policies;
* orientation to WIC services, both the internal and the external referral system;
* procedures for documenting participant contacts; and
* at least 4 hours clinical observation time under supervision of an IBCLC
* **Level 3:** Level 2 indicator is met and at least 80% of WIC clinic staff and PCs receive the FitWIC Baby Behavior Study training.
* **None of the above:** Do not meet any of the above levels at this time

1. **Continuing Education**
   * **Level 1:** Continuing education on relevant breastfeeding topics (includes online courses, breastfeeding literature, etc.) is included as part of the agency staff training plan twice per year.
   * **Level 2:** Continuing education on relevant breastfeeding topics (includes online courses, breastfeeding literature, conferences, etc.) is provided to peer counselors monthly.
   * **Level 3**: Level 2 indicators are met and continuing education on relevant breastfeeding topics (includes online courses, breastfeeding literature, etc.) is also provided to **all WIC staff quarterly**. Also, **6- 8 hours of advanced training**, offsite, is provided to peer counselors annually.
   * **None of the above:** Do not meet any of the above levels at this time.

Category 4: Other Site Operational Policies and Procedures

1. **Telephone Contacts**

* **Level 1:** In agencies that provide breastfeeding contacts by telephone, a clear procedure is in place for attempting telephone contact with a prenatal or post partum woman **and** all staff are trained on this protocol.
* **Level 2:** A clear procedure is in place for attempting telephone contact with prenatal and post partum peer counseling program participants **and** each attempt at telephone contact is **documented** in the “Breastfeeding Peer Counselor Database” (PCDB)**.**
* **Level 3:** Level 2 indicator is met and **at least two attempts** at a breastfeeding telephone contact is made with prenatal and post partum peer counseling program participants **and** each attempt at telephone contact is **documented** in the “Breastfeeding Peer Counselor
* Database” (PCDB)**.**
* **None of the above:** Do not meet any of the above levels at this time

1. **Length of Breastfeeding Support Appointments**
   * **Level 1:** Appointments are available for breastfeeding support with an IBCLC, CLE, or CLC on staff.
   * **Level 2:** A clear protocol is in place for WIC clinic staff to refer WIC participants or schedule appointments for breastfeeding support with peer counselors. All peer counselors and WIC clinic staff is trained on that protocol.
   * **Level 3:** An **ISIS code** or other formal method is used for scheduling appointments for breastfeeding support (with either a peer counselor or IBCLC on staff) and site schedules allow **at least 45-minute** blocks of time on **a regular basis** for peer counselor and IBCLC appointments.
   * **None of the above:** Do not meet any of the above levels at this time
2. **Breastfeeding Friendly Environment**
   * **Level 1:** A breastfeeding-friendly environment is evident by the following: photos and/or posters on walls that promote breastfeeding; all magazines, incentives and educational
   * materials are compliant with the WHO code; formula, bottles and any related materials or logos are not in view except during use as a teaching aid; staff that are actively supportive of breastfeeding; a reasonable effort is made to provide a private area for clients to breastfeed.
   * **Level 2:** Level 1 indicator is met and the agency supports an active BF environment with all clinic staff promoting the PC program.
   * **Level 3:** All level 2 indicators are met and breastfeeding women are informed of the presence of a convenient, private and clearly designated BF space in the clinic. In addition, BF participants are recognized and/or celebrated on an ongoing basis.
   * **None of the above:** Do not meet any of the above levels at this time
3. **Lactation Professionals**
   * **Level 1:** Local WIC agencies have one or more IBCLC, CLE or CLC on staff (or on contract) with designated time to provide staff and participant support or are actively recruiting for an IBCLC.
   * **Level 2:** Local WIC agencies with PC programs have a minimum staffing ratio in accordance with the chart below **and** PCs have timely access to an IBCLC for immediate assistance with problems outside the peer counselor job parameters.

|  |  |
| --- | --- |
| Number of FTEs | |
| PC | IBCLC |
| 0.5 | 0.25 |
| 1.0 - 2.0 | 0.5 |
| 2.1 - 3.0 | 1.0 |

* **Level 3:** Level 2 indicator is met and once referrals are received by the IBCLC, the IBCLC responds to them **within 48 hours**, or within 24-hours for **emergency situations** (as defined by agency protocol).
* **None of the above:** Do not meet any of the above levels at this time

1. **Referrals**

* **Level 1:** A clear protocol for breastfeeding referrals is set up between clinic counseling staff and IBCLCs, CLEs or CLCs.
* **Level 2:** A state-approved protocol for breastfeeding referrals is in place for each of the following:
  + referring WIC participants to PCs;
  + referring WIC participants to IBCLCs for breastfeeding problems outside the PCs scope of work;
  + referring WIC participants to outside community services when indicated; and
  + providing breastfeeding support after normal agency hours.
* **Level 3:** All level 2 indicators are met **and a birth notification system is in place** between hospitals and birthing centers within the agency’s designated area and the PC program.
* **None of the above:** Do not meet any of the above levels at this time.

Category 5: Administrative

1. **Job Description**

* **Level 1:** Providing breastfeeding support is part of the job description of every WIC clinic staff member who has direct contact with participants.
* **Level 2: A well defined job description** is provided to peer counselors detailing practice parameters and specific job duties upon hiring **and** all WIC clinic staff receive training about the role of the breastfeeding peer counselor (based on the Power Point presentation
* “Peer Counseling: Making a Difference for WIC Families” included in “Using Loving Support to Manage Peer Counseling Programs.”)
* **Level 3:** All level 2 indicators are met **and career path options** are developed for PCs.
* **None of the above:** Do not meet any of the above levels at this time

1. **Hiring**

* **Level 1:** All local agency staff is encouraged to assist with recruitment of peer counselors.
* **Level 2:** Level 1 indicator is met and peer counselors must meet all of the following requirements to be hired:
* Be a paraprofessionals
  + Demonstrate good communication skills
  + Have breastfed a child
  + Be enthusiastic about breastfeeding and has a desire to share that enthusiasm
  + Be fluent in the language of the WIC participants they counsel
  + Be recruited and hired from the target population
* Speak the program supervisor’s language
  + **Level 3:** All Level 2 indicators are met and **all PCs hired** have breastfed at least one child a minimum of 6 months**.**
  + **None of the above:** Do not meet any of the above levels at this time

1. **Employee Recognition**
   * Level 1: An employee recognition program is in place honoring staff for breastfeeding successes in the agency and/or individuals are honored who provide excellent breastfeeding support to participants.
   * Level 2: Level 1 indicator is met and **an ongoing peer counselor recognition program** is in place, in an effort to improve PC retention, which affirms and supports peer counselors.
   * Level 3: All level 2 indicators are met **and** staff members are honored for breastfeeding successes in the agency and/or individuals are honored for providing excellent breastfeeding support to participants **at least quarterly.**
   * **None of the above:** Do not meet any of the above levels at this time
2. **Continuous Quality Improvement**

* **Level 1:** Breastfeeding promotion and support is part of the continuous quality improvement system at the local WIC agency.
* **Level 2:** Documentation of PC contacts is reviewed by the PC program supervisor/coordinator daily at first and then weekly until the PC demonstrates competence. Documented contacts of the experienced PC are then reviewed **monthly.**
* The PC program supervisor/coordinator regularly contacts **a sample** of PC program participants to evaluate peer counselor contacts.
* **Level 3:** Level 2 indicators are met and the PC program supervisor/coordinator reviews breastfeeding rates and progress of the peer counseling program **at least monthly.**
* **None of the above:** Do not meet any of the above levels at this time

1. **Supervisory Support**
   * **Level 1:** A dedicated time is set aside to discuss support provided to breastfeeding clients during local agency staff meetings.
   * **Level 2:** Level 1 indicator is met **and** each peer counselor meets with her designated supervisor (PC Coordinator or supervising LC) in person, by phone or email weekly to review casework.
   * **Level 3:** Each peer counselor is assigned a designated supervisor (PC Coordinator or supervising LC) and meets with that person (in person) weekly to review casework.
   * **None of the above:** Do not meet any of the above levels at this time
2. **Breastfeeding Program Evaluation**
   * **Level 1:** Local agency breastfeeding data are reviewed on a regular basis.
   * **Level 2:** PC contacts are documented daily (or as soon as possible if no internet access available) using the **Peer Counselor Database** (PCDB) **and** agency breastfeeding data are reviewed and tracked.
   * **Level 3:** Level 2 indicators are met **and breastfeeding statistics are celebrated** and shared at clinic staff meetings at least annually.
   * **None of the above:** Do not meet any of the above levels at this time

Category 6: Fostering Positive Relationships among Staff Members

1. **Designated Work Space**
   * **Level 1:** All staff is provided a common area in which to work (to include a desk, telephone, and computer) in the WIC site.
   * **Level 2:** All PCs are provided a physical location to include a desk, telephone, and computer with ISIS and internet access in the WIC site.
   * **Level 3:** All PCs are provided **a designated space** to work in (to include a desk, telephone, and computer with internet access) when they are in the WIC site that includes enough space for PCs to conduct breastfeeding consults.
   * **None of the above:** Do not meet any of the above levels at this time
2. **Breastfeeding Support Team Meetings**
   * **Level 1:** All agency breastfeeding promotion staff meets together as a group **at least quarterly.**
   * **Level 2:** All agency peer counselors are provided regular opportunities to meet with fellow PCs. The IBCLC leads monthly group meetings, with all PCs, to share experiences and ask questions.
   * **Level 3:** Level 2 indicators are met and during these monthly group meetings, PCs are given the opportunity to participate in developing, implementing, and evaluated peer counseling program protocols.
   * **None of the above:** Do not meet any of the above levels at this time
3. **Clinic Staff Meetings & Trainings**
   * Level 1: All breastfeeding support staff is included in relevant WIC staff meetings.
   * Level 2: Peer counselors have the opportunity to participate in WIC staff meetings and trainings on a regular basis as part of the WIC team.
   * Level 3: Level 2 indicator is met **and** peer counselors are included in **all WIC staff meetings and trainings**. In addition, **WIC staff is directly involved** with recruitment of PCs and included in breastfeeding updates to ensure everyone has access to current breastfeeding information.
   * **None of the above:** Do not meet any of the above levels at this time.

HANDOUT: Staff Roles: PC Management  
Assessment/Planning 6  
Sample Program Budget

|  |  |
| --- | --- |
| **Budget Item** | **Amount** |
| **Staff Salaries** | |
| Peer Counselor Supervisor(s) | **$** |
| Peer Counselor salaries (hourly pay + FICA x # hours/week x 52 weeks x # of peer counselors) | **$** |
| Designated Breastfeeding Expert(s) | **$** |
| **Program Expenses** | |
| Mileage reimbursement (# miles anticipated per week x State reimbursement rate x 52 weeks x # of peer counselors) | **$** |
| Communication (cell phones, texting plans, long distance reimbursements, etc.) | **$** |
| Equipment (laptop computer, tablet, printer, etc.) | **$** |
| Data systems for documentation/reports | **$** |
| Office supplies (binders and dividers, tickler files and cards, file box, office supplies, postcards, envelopes, stationary) | **$** |
| Demonstration materials (e.g., demonstration dolls and models) | **$** |
| Program forms (contact logs, weekly time reports, referral forms) | **$** |
| **Training Expense** | |
| Training educator (hourly rate x # of hours for training + prep time x # of trainings anticipated per year) | **$** |
| Training materials for peer counselors (handouts, educational materials) | **$** |
| Training props | **$** |
| Graduation certificates | **$** |
| Conferences and workshops for continuing education | **$** |
| **Educational Materials** | |
| Professional resources for peer counselors | **$** |
| Data Entry Charges | **$** |
| **Total** | **$** |

HANDOUT: Staff Roles: PC Management  
Assessment/Planning 7  
 California PHFE PC Database

**Mother Specific Information**

1. Name
2. WIC identifier
3. Peer Counselor assigned
4. Address, City, Zip
5. Home phone, cell phone, work phone
6. Mom’s Date of birth
7. Email address
8. Ethnicity
9. Language preferred
10. Highest grade in school
11. Number of children
12. Number of children breastfed
13. Longest previously breastfed
14. Expected source of breastfeeding support
15. Expected delivery hospital
16. Estimated due date at enrollment
17. Problems with this pregnancy? (drop down of problems)
18. Concerns about breastfeeding at enrollment
19. Do you plan to return to work?
20. If so when and for how many hours? (we can track if this changes)
21. Pump serial number issued
22. Pump returned date.
23. Who enrolled her and when.

**Infant Specific Information – and hospital experience**

1. Infant(s) names
2. DOB
3. Gestational age
4. Birth weight
5. Delivery type
6. Was the baby always in your room?
7. Bottle in hospital
8. Time to first feeding
9. Rate nurse for breastfeeding help
10. Rate lactation consultants breastfeeding help
11. Pacifier?
12. Health problems at birth
13. Delivery hospital
14. Who enrolled the infant and when.

**Information Collected at Postpartum Contacts**

1. Date/time of contact and how long did it last
2. Who made the contact and who recorded it.
3. Type: face to face, phone, email….
4. Check boxes for concerns the mom has about herself
5. Check boxes for concerns she has about the infant
6. Did the contact include a breastfeeding class of any kind
7. Was she given a breast pump, the model and serial number
8. Did she return the breast pump at this contact
9. Breastfeeding status: exclusive, combo, not
10. Bottles of formula, oz of formula
11. Infants weight and weight date
12. Weight source (doctor, done in clinic….)
13. Date stopped breastfeeding and reason (drop down to capture specifics)
14. Off program date and reason
15. This contact was done by a peer counselor or LC
16. Next follow up date scheduled and the expected reason for the follow up
17. Notes field to describe anything else

**Information Collected at Prenatal Contacts**

1. Date/time of contact and how long did it last
2. Who made the contact and who recorded it.
3. Type: face to face, phone, email….
4. Was a breastfeeding class given
5. How long does she intend to breastfeed at this point (did it change?)
6. Was this contact by a peer counselor or LC
7. Next contact scheduled data and expected reason for the contact
8. Off program date and reason they are off the program
9. Notes field to capture other information

HANDOUT: Staff Roles: PC Management  
Assessment/Planning 8  
Solutions to Common Challenges with PC Programs

| **Common Challenges** | **Possible Solutions** |
| --- | --- |
| Providing peer counseling services beyond the WIC clinic setting and hours | * Some local agencies provide a helpline staffed by peer counselors who rotate the phone and being “on call” beyond WIC clinic hours. * Teach peer counselors to set limits with WIC participants so that the number of after-hours calls is minimized and limited to true emergencies. * Explore creative options such as collaborating with the local hospital to offer a helpline staffed by a hospital or organization in the community. |
| Encouraging local agencies to allow peer counselors to bring baby to clinic | * Ask questions to determine the underlying concerns. * Have written recommendations or guidance from the State level. * Remind staff that bringing the baby to work provides an important role model for WIC participants to encourage breastfeeding. * Remember that child care costs for peer counselors can be very costly when working only minimal hours each week. * Consider limiting the age baby can be at clinic to 6-12 months. * Work together with staff to establish guidelines that will address their concerns. * Visit [www.babiesatwork.org](http://www.babiesatwork.org) to access sample liability release forms and roles and responsibilities of employees and managers with babies at work programs. * Discuss with peer counselors their responsibilities when bringing baby to work to minimize distractions and negative impact on other staff. * Learning about successful “babies at work” programs (such as North Dakota Department of Health) that have worked well. |
| Helping peer counselors maintain confidentiality | * Discuss confidentiality policies with all peer counselors during training; require peer counselors to sign a confidentiality policy. * One local agency asks peer counselors to sign an agreement with a plan for how they will keep mothers’ records confidential before they are given their cell phone. * Provide a locked container such as a file box or briefcase for peer counselors to store documentation and records. * Discuss the importance of confidentiality at initial training. * Review confidentiality policies frequently during staff meetings and one-on-one supervisory meetings; offer scenarios to address common situations. |

| **Common Challenges** | **Possible Solutions** |
| --- | --- |
| Assuring peer counselors work within their defined Scope of Practice. | * Review the Scope of Practice with peer counselors during initial training. * Review scope of practice at monthly staff meetings to remind peer counselors of their defined scope. Discuss scenarios that warrant appropriate referrals. * Review guidelines for when to yield. * Provide established system for referrals to the WIC designated breastfeeding expert. * Schedule ongoing peer counselor contacts to discuss who she is following, review documentation logs, and address potential scope of practice breaches. * Provide mentoring programs that enable peer counselors to shadow experienced lactation experts. * Avoid allowing peer counselors to work totally autonomously; frequent supervisor contacts help identify “scope creep” before it becomes an issue. * Remind local WIC agency staff of the limited scope of practice for peer counselor. |
| Lack of understanding or support for peer counseling by upper management/health department officials | * Present research-based findings on the value of peer counseling in improving breastfeeding initiation, duration, and exclusivity rates. * Ask managers to define their particular concerns. * Use the PowerPoint presentation, “Peer Counselors: Making a Difference for WIC Families,” provided in the curriculum to address common concerns. * Show models of success from other programs in your State, or in a neighboring state that has similar demographics or challenges. * Suggest piloting a small program first and expanding once early issues have been resolved. |
| Local agency staff who expect peer counselors to do *all* of the breastfeeding counseling | * Train local agency staff on peer counselor scope of practice and job description. * Review “When to Yield” handout to local clinic staff. * Provide training for all levels of WIC staff using the *WIC Breastfeeding Curriculum.* * Identify a WIC Designated Breastfeeding Expert (DBE). Assure that DBEs are trained with all levels of training in the *WIC Breastfeeding Curriculum.* Assure that all local staff know who the designated expert is, and how to make appropriate referrals. |

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| **Common Challenges** | **Possible Solutions** |
| What to do with peer counselors who become IBCLCs | * Move peer counselor into a DBE position if possible. * Reassign peer counselors into other WIC program positions such as assistant peer counselor coordinators, assistant breastfeeding coordinator, or other positions that include additional areas of responsibility and reflect the broader scope of practice. * Do not make promises to peer counselors that they will be guaranteed a job if they become an IBCLC unless you are sure there will be positions available. * Always encourage peer counselors to learn and grow, and to develop their professional skills to improve her own effectiveness and to keep her engaged with the WIC program, even if there is not a DBE position available. |
| Limited number of lactation experts in WIC to serve as referral source | * Build lactation expertise within WIC staff through training and encouraging their professional development. * Identify community-based experts who are available to provide web-based consults with WIC mothers. * Check the International Lactation Consultant’s *Find a Lactation Consultant Directory* at [www.ilca.org](http://www.ilca.org) for names of lactation consultants within the service area. |
| Retention of peer counselors | * Schedule monthly meetings and regular contact. * Recognize peer counselors before peers and other clinic staff. * Hire peer counselors who have personally breastfed their infant for longer durations, especially when they have exclusively breastfed for 6 months. |
| Lack of space for a peer counselor to counsel mothers in the WIC clinic | * Provide laptop computers for peer counselors to enable them to do their documentation offsite that can be uploaded to the main system. * Appoint breastfeeding mothers to peer counselors on the same day as certification and/or voucher pick up so that peer counselors can consolidate visits. * Invite peer counselors to meet with mothers in the waiting room. |
| Resentment of local agency staff over peer counselor “benefits” (ex: flexible job schedule) | * Training is key. * Provide initial and ongoing training with local agency staff to explain the purpose for the unique program parameters (using the PowerPoint program, “Peer Counselors: Making a Difference for WIC Families” as a guide). * Discuss the benefits of peer counseling in improving breastfeeding rates and helping WIC participants achieve their breastfeeding goals. * Include *all* staff in the *WIC Breastfeeding Curriculum* training with levels appropriate to their role in WIC. * Facilitate feedback to address concerns that arise. |

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| **Common Challenges** | **Possible Solutions** |
| Liability coverage for peer counselors | * In most agencies, liability coverage is extended to peer counselors as employees of the local agency; because peer counselors are not dealing with risky medical issues, costs are usually negligible. * Since contract peer counselors may *not always be* covered, training and ongoing monitoring and supervision are critical to assure peer counselors are following their scope of practice. * Emphasize the importance of referrals and review the referral process with peer counselors and local agency staff. * Conduct spot checks to assess for and address possible “scope creep.” |
| Peer counselors who are not working effectively or efficiently | * Hire the right peer counselors to begin with – take time to find the right people. * Provide mentoring by allowing new peer counselors to shadow lactation experts and experienced peer counselors. * Provide ongoing supervision and mentoring during the first few weeks and months. * Pair a new peer counselor with an experienced peer for ongoing mentoring. * Conduct spot checks and identify potential training needs. * Address balancing home/family and work demands in training and monthly staff meetings. * Do not overload a new peer counselor’s caseload; 20-30 participants per 10-hours/week is often recommended. |
| Training peer counselors in a timely fashion (ex: quickly replacing a vacated position) | * Train more peer counselors than you will need to create a pool of additional peer counselors who can be on hand and ready to work when a position is available. * Provide peer counselors with other training opportunities until an in-person training can be scheduled (ex: *WIC Breastfeeding Curriculum* self-study modules; WIC Learning Online breastfeeding modules; read State policies and protocols, watch DVDs provided by State; visit approved websites; attend a prenatal class; mentor with a WIC DBE attend a local LLL or breastfeeding coalition meeting, etc.). |
| Lack of consistency in documentation, training, practices, policies, etc. at the local level | * Insist on local standards that follow the WIC Breastfeeding Model Components for Peer Counseling. . * Look for standard protocols when conducting monitoring activities. * Establish mentoring programs to allow successful agencies to share their successes following the *WIC Breastfeeding Model.* |

HANDOUT: Staff Roles: PC Management  
Assessment/Planning 9   
PC Program Self-Evaluation

Based on the FNS *WIC Breastfeeding Model Components for Peer Counseling* and best practices among successful WIC State and local agency peer counseling programs.

Agency Date

| **Program Components** | **Consistently Provides** | **Does Not Consistently Provide** | **Enhancements Needed**  **(Who/What/When/How)** |
| --- | --- | --- | --- |
| Program Management | | | |
| **Required** |  |  |  |
| Standardized breastfeeding peer counseling program policies are in place as part of nutrition education plans. |  |  |  |
| The program is managed at the State and/or local level by designated breastfeeding peer counseling program managers and/or coordinators. |  |  |  |
| State and/or local WIC managers have been trained in how to manage a successful peer counseling program. |  |  |  |
| Local WIC clinic staff are trained on supporting the peer counseling program. |  |  |  |
| A WIC Designated Breastfeeding Expert (DBE) is identified for each WIC clinic and receives all four levels of training in the *WIC Breastfeeding Curriculum.* |  |  |  |
| Community partnerships have been established with the local hospital, providers, and other community groups to enhance the program’s effectiveness. |  |  |  |
| **Recommended** |  |  |  |
| Local clinics conduct an internal and external assessment to determine gaps in breastfeeding services within WIC and the community that can be addressed through peer counseling, e.g., early contacts after delivery, prenatal contacts. |  |  |  |
| Local clinics have examined clinic policies and practices that ensure program success, including social media policies and clinic environment logistics. |  |  |  |
| Peer counselor documentation is kept simple. |  |  |  |
| Program successes are tracked to determine effectiveness and improvements needed. |  |  |  |
| **Best Practice** |  |  |  |
| Peer counselors are provided space for counseling WIC mothers in the WIC clinic. |  |  |  |
| Peer counselors are permitted to bring their breastfeeding infants in arms to the WIC clinic to “model” breastfeeding for participants. |  |  |  |
| Peer Counselor Staffing | | | |
| Required |  |  |  |
| Agency follows defined job parameters and job descriptions for peer counselors. |  |  |  |
| Peer counselors are recruited and hired from the target population group served by WIC. |  |  |  |
| Peer counselors are paraprofessionals. |  |  |  |
| Peer counselors are available to WIC clients outside usual clinic hours and outside the WIC clinic environment. |  |  |  |
| Peer counselors are paid adequate compensation and appropriate reimbursement of expenses. |  |  |  |
| **Recommended** |  |  |  |
| A recognition program is in place to acknowledge peer counselor accomplishments. |  |  |  |
| Best Practice |  |  |  |
| A career path program exists for upward mobility of peer counselors. |  |  |  |
| Peer Counselor Training | | | |
| **Required** |  |  |  |
| Peer counselors are trained with Levels 1 and 2 of the FNS *WIC Breastfeeding Curriculum.* |  |  |  |
| Ongoing continuing education is provided through regularly scheduled staff meetings and other educational opportunities. |  |  |  |
| Peer counselors have timely access to breastfeeding coordinators and WIC Designated Breastfeeding Experts for situations outside the peer counselor scope of practice. |  |  |  |
| **Recommended** |  |  |  |
| Peer counselors observe and shadow experienced lactation experts and experienced peer counselors. |  |  |  |
| Peer Counselor Supervision | | | |
| **Required** |  |  |  |
| Adequate supervision of peer counselors is provided through designated supervisors. |  |  |  |
| Peer counselors have regular, systematic contact with their supervisor. |  |  |  |
| Supervisors provide regular staff meetings with peer counselors. |  |  |  |
| Peer counselors participate in WIC clinic staff meetings and breastfeeding in-services as part of the WIC team. |  |  |  |
| **Recommended** |  |  |  |
| A systematic supervisory program is in place to mentor and guide new peer counselors in the early weeks of their job. |  |  |  |
| The work of peer counselors is monitored (spot checks, chart reviews, etc.). |  |  |  |
| Supervisors regularly review the peer counselor contact forms and facilitate discussion of case studies. |  |  |  |
| Peer Counselor Practice | | | |
| **Required** |  |  |  |
| Peer counselors make timely contacts with new mothers following established contact guidelines. |  |  |  |
| Peer counselors give basic education regarding normal breastfeeding and support within their defined scope of practice. They understand situations that warrant yielding to the WIC DBE for situations beyond their scope. |  |  |  |
| **Recommended** |  |  |  |
| Peer counselors document all contacts with WIC participants, and complete weekly or monthly activity logs. |  |  |  |
| Peer counselors are taught and practice professional etiquette (such as coming to the clinic on time, returning phone calls promptly, etc.) |  |  |  |
| **Best Practice** |  |  |  |
| Peer counselors who exit the program are encouraged to provide feedback that can improve the program. |  |  |  |

Adapted from Michigan State University Cooperative Extension “Mother to Mother” Program

HANDOUT: Staff Roles: PC Management  
Job Description 1  
Local PC Coordinator

**General Description:**

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

**Qualifications[[1]](#footnote-1):**

* Meets the qualifications for a CPA (s*ee NSS Standard 3G CPA Qualifications*).
* Has experience in program management.
* Has, at minimum, one year of experience in counseling breastfeeding women.
* Has demonstrated expertise in breastfeeding management and promotion.
* Has successfully completed specialized training in lactation management and care. International Board Certified Lactation Consultant® (IBCLC®) is preferred, but individual may be exam-eligible or have successfully completed other State-approved specialized training.

**Training:**

* Receives State-approved training in breastfeeding management.
* Participates in continuing education about breastfeeding annually.
* Receives basic WIC Breastfeeding Curriculum training.
* Receives training with the WIC Breastfeeding Curriculum: Peer Counselor Management section.

**Supervision:**

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

.

**Duties:**

The Local WIC Agency Breastfeeding Peer Counselor Coordinator/Supervisor manages the WIC peer counseling program at the local WIC agency level, including:

1. Assists in establishing program goals and objectives for the local agency.
2. Identifies gaps in breastfeeding resources and services, both within the WIC local agency and within the community, which can be addressed through the WIC peer counseling program.
3. Assures that the program follows the FNS WIC Breastfeeding Model Components for Peer Counseling.
4. Identifies sites for peer counseling services to be provided.
5. Promotes the peer counseling program with local clinic staff and community organizations and providers.
6. Collaborates with community organizations such as hospitals and private physician clinics to integrate peer counseling services.
7. Determines peer counselor staffing needs.
8. Conducts activities to recruit potential peer counselors.
9. Interviews potential peer counselors in alignment with program policies and standards.
10. Provides, or arranges for, training for new peer counselors.
11. Arranges for continuing education of peer counselors.
12. Mentors new peer counselors during the first six months, providing routine follow-up and guidance in the early days of the job.
13. Arranges for availability of WIC Designated Breastfeeding Expert (DBE) for managing complex breastfeeding problems beyond the scope of the peer counselor.
14. Recruits and arranges for training of peer counselor supervisors.
15. Assures that peer counselors receive ongoing supervision.
16. Conducts spot checks of peer counselor contacts per agency protocols.
17. Holds monthly meetings with peer counselors.
18. Provides or assists in training of local WIC clinic staff.
19. Monitors program budget.
20. Collects documentation records and data as appropriate.
21. Arranges for appropriate evaluation and monitoring of program activities.
22. Works with local agencies to determine program improvements and long-term program needs.
23. Routinely reports on the program to supervisor and/or State Breastfeeding Coordinator.
24. Follows other guidelines established by the State and local agency.

HANDOUT: Staff Roles: PC Management  
Job Description 2  
State PC Coordinator

**General Description:**

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

**Qualifications:**

* Meets the qualifications for a CPA (s*ee NSS Standard 3G CPA Qualifications*).
* Has experience in program management.
* Has, at minimum, one year of experience in counseling breastfeeding women.
* Has demonstrated expertise in breastfeeding management and promotion.
* Has successfully completed specialized training in lactation management and care. International Board Certified Lactation Consultant® (IBCLC®) is preferred, but individual may be exam-eligible or have successfully completed other State-approved specialized training.

**Training:**

* Receives State-approved training in breastfeeding management
* Participates in continuing education about breastfeeding annually
* Completed the *WIC Breastfeeding Curriculum* training.
* Completed the Peer Counselor Management training in the *WIC Breastfeeding Curriculum*.

**Supervision:**

The State WIC Peer Counselor Coordinator/Manager is supervised by the

.

**Duties:**

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

1. Assists in establishing State program goals and objectives.
2. Assists in establishing standardized State peer counseling program protocols and policies, documentation forms, etc.
3. Provides guidance on program data collection systems.
4. Assists in identifying locations for peer counseling program implementation or expansion.
5. Promotes the peer counseling program with local agencies.
6. Provides training for local peer counseling coordinators and supervisors.
7. Assists local agencies in determining peer counselor staffing needs.
8. Assists in allocating funding for local agency peer counseling program activities.
9. Provides guidance and technical assistance to local agencies establishing peer counseling programs to assure program goals are met.
10. Monitors program activities at the local level.
11. Provides training for local WIC clinic staff on the program goals and objectives.
12. Arranges for training of peer counselors.
13. Arranges for appropriate evaluation of program activities.
14. Works with local agencies to determine program improvements and long-term program needs.
15. Follows State agency guidelines.
16. May also provide direct program management at the local level, including:

* Interview potential peer counselors in alignment with program policies and standards
* Mentor new peer counselors during the first six months, providing routine follow-up and guidance in the early days of the job.
* Provide ongoing supervision.
* Conduct spot checks of peer counselor contacts.
* Hold monthly meetings with peer counselors.
* Provide training of peer counselors and local staff.
* Monitor the program.
* Promote the peer counseling program with local providers and WIC participants.

HANDOUT: Staff Roles: PC Management  
Job Description 3 – Peer Counselor

**General Description:**

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

**Training:**

* Completes Levels 1 and 2 of the FNS *WIC Breastfeeding Curriculum*
* Observes other peer counselors and 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. Completes FNS WIC 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. 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 CPA
   * Local agency breastfeeding coordinator.
   * WIC Designated Breastfeeding Expert
   * Other community resources following agency-approved protocols
10. Attends and assists with prenatal classes and breastfeeding support groups.
11. Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.
12. Continues education following agency-approved guidelines.
13. Reads assigned books and materials on breastfeeding that are provided by the supervisor.
14. 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.

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WIC Breastfeeding Peer Counselor Date

HANDOUT: Staff Roles: PC Management  
Job Description 4  
Senior Peer Counselor

General Description:

A WIC Senior Breastfeeding Peer Counselor is a paraprofessional support person who provides basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers to support normal breastfeeding. The senior peer counselor provides support in additional settings and situations such as mentoring newly hired peer counselors, assisting with group classes or drop-in centers, or providing assistance to WIC mothers in the hospital or home settings.

**Qualifications:**

* Has breastfed at least one baby (does not have to be currently breastfeeding).
* Current or previous WIC participant.
* Is enthusiastic about breastfeeding and wants to help other mothers enjoy a   
  positive experience.
* Has expertise in breastfeeding counseling and management through previous experience as a breastfeeding peer counselor and through additional lactation training.
* Can work about 10-20 hours a week.
* Has a telephone and is willing to make phone calls from home beyond the WIC clinic hours.
* Has reliable transportation and holds a valid driver’s license.
* Has good customer service skills, relating to persons of diverse ethnic and cultural backgrounds, and communicating in a professional, courteous, and tactful manner.
* Able to remain calm and exercise judgment in unusual or stressful situations.
* Optional: bilingual in English and Spanish.

**Training:**

* Participates in all WIC training programs of peer counselors, including formal training sessions with Levels 1 and 2 of the *WIC Breastfeeding Curriculum*, observing other peer counselors or DBE helping mothers, and reading assigned books or materials about breastfeeding.
* Attends additional training conferences or workshops on breastfeeding.
* Reads additional books and materials about breastfeeding as appropriate.

**Supervision:**

The senior peer counselor is supervised by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Duties:**

The WIC Senior Breastfeeding Peer Counselor:

1. Attends Levels 1 and 2 training of the *WIC Breastfeeding Curriculum.*
2. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC program.
3. May counsel women in the WIC clinic.
4. Receives a caseload of WIC clients and makes routine periodic contacts with all   
   clients assigned.
5. Respects each client by keeping her information strictly confidential.
6. Keeps accurate records of all contacts made with WIC clients.
7. Provides information and support for women in managing common maternal and infant breastfeeding problems that may occur.
8. Is available outside usual 8 to 5 working hours to new mothers who are having breastfeeding problems.
9. May issues breast pumps following agency protocols for mothers who are separated from their babies.
10. Makes appropriate referrals to the WIC Designated Breastfeeding Expert when more complex breastfeeding problems occur.
11. Refers mothers according to clinic-established protocols to the WIC Designated Breastfeeding Expert, the WIC CPA, and other WIC staff.
12. Assists with breastfeeding classes for pregnant and postpartum mothers, including breastfeeding support groups.
13. May assist in interviewing prospective peer counselors.
14. Mentors new peer counselors through modeling good counseling principles and job skills.
15. Attends monthly staff meetings, WIC clinic staff meetings, and breastfeeding conferences/workshops, as appropriate.
16. Reads assigned books and materials on breastfeeding provided by the supervisor.
17. Collects data required by the State or local agency (including breast pump tracking).
18. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

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

WIC Senior Breastfeeding Peer Counselor Date

Supervisor Date

HANDOUT: Staff Roles: PC Management  
 Job Description 5  
WIC Designated Breastfeeding Expert

**General Description:**

The WIC Designated Breastfeeding Expert (DBE) is an individual with special training or experience

helping mothers with complex breastfeeding problems that are outside the scope of practice of peer

counselors and other WIC staff. The DBE operates within the policies and procedures of the WIC

program and within the context of WIC’s role for breastfeeding support. Each WIC agency operating a

peer counseling program is required to have access to a breastfeeding expert to assist WIC participants

with complex breastfeeding challenges in a timely manner.

**Qualifications:**

* Successful completion of the FNS competency-based training for WIC Breastfeeding Curriculum (Levels 1-4) OR completion of a State-approved competency-based breastfeeding training that is consistent with the FNS Breastfeeding Curriculum Levels 1-4.
* Minimum of one year of experience in counseling breastfeeding mother/infant dyads.
* Is a healthcare provider or nutritionist (Masters or Bachelor’s degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Public Health Nutrition or Home Economics with emphasis in Nutrition), IBCLC, dietitian, registered nurse, physician’s assistant certified by the National Committee on Certification of Physician’s Assistants, or has completed a minimum of 8 college courses from an Accredited Institution in the Health Sciences (suggested coursework includes, but is not limited to the following areas: Human Anatomy, Human Physiology, Biology, Infant Growth and Development, Nutrition, Counseling Skills, Sociology, Introduction to Clinical Research, etc.).

**Experience and Skills**

* Experience working with low-income breastfeeding mothers and infants who experience complex breastfeeding challenges
* Critical thinking and problem solving
* Breastfeeding assessment and care plan development
* Experience providing breastfeeding training/education
* Compassion and desire to help mothers resolve breastfeeding challenges
* Active listening, rapport building and communication
* Collaboration with other WIC staff and community
* Literacy and language skills appropriate to address the needs of a diverse population
* Proficiency in computer communication skills and applications.

**Duties:**

The WIC Designated Breastfeeding Expert duties include, but are not limited to:

1. Assists WIC mother/infant dyads with complex breastfeeding challenges.
2. Provides follow-up breastfeeding support to participants.
3. Assesses, contributes towards the development of a care plan and counsels the mother/infant dyad with complex breastfeeding challenges.
4. Communicates care plan to the rest of the WIC breastfeeding team, as appropriate.
5. Acts on referrals from peer counselors and other WIC staff regarding complex breastfeeding challenges beyond their scope of practice.
6. Refers mom to her or her baby’s healthcare providers for further assessment and medical care.
7. May serve as a breastfeeding resource and mentor for WIC agency staff.
8. May provide breastfeeding training for WIC staff.
9. May promote breastfeeding within the community.
10. Maintains lactation credentials and certifications, if applicable, and acquires ongoing continuing education, including opportunities to shadow an IBCLC, as appropriate, to stay abreast of current lactation profession information and enhance skills.

**Supervision**

The WIC DBE is supervised by the .

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

WIC Designated Breastfeeding Expert Date

Supervisor Date

HANDOUT: Staff Roles: PC Management  
Job Description 6   
WIC Peer Counselor in the Hospital

**General Description:**

A WIC Breastfeeding Peer Counselor visiting WIC mothers in the hospital is a paraprofessional support person who provides basic breastfeeding information and encouragement to WIC and WIC-eligible mothers in the hospital setting.

**Qualifications:**

* Has breastfed at least one baby (does not have to be currently breastfeeding).
* Current or previous WIC participant.
* Is enthusiastic about breastfeeding and wants to help other mothers enjoy a   
  positive experience.
* Has expertise in breastfeeding counseling and management through previous experience as a breastfeeding peer counselor, or through additional lactation training and experience.
* Can work about 10-20 hours a week.
* Has reliable transportation and holds a valid driver’s license.
* Has good customer service skills, relating to persons of diverse ethnic and cultural backgrounds, and communicating in a professional, courteous, and tactful manner.
* Able to remain calm and exercise judgment in unusual or stressful situations.
* Optional: bilingual in English and Spanish.

**Training:**

* Participates in all standard WIC training programs of peer counselors, including Levels 1 and 2 of the FNS *WIC Breastfeeding Curriculum,* observing other peer counselors or lactation consultants helping mothers, and reading assigned books or materials about breastfeeding.
* Attends additional training on providing breastfeeding support in the hospital.
* Attends orientation or training required by the hospital.
* Shadows a lactation consultant or expert assisting new mothers in the hospital.

**Supervision:**

The peer counselor working in the hospital is supervised by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Duties:**

The WIC Breastfeeding Peer Counselor:

1. Makes hospital visits with WIC and WIC-eligible mothers in the hospital at scheduled intervals as agreed upon by the hospital and WIC agency.
2. Checks in with the hospital nurse or lactation consultant before visiting patient rooms.
3. Visits mothers to assess their interest in breastfeeding and to provide basic assistance.
4. Observes a feeding in accordance with hospital policy to check positioning and latch.
5. Provides basic education and encouragement on:

* Reasons to breastfeed.
* Overcoming barriers to breastfeeding.
* Colostrum quantity and benefits.
* Normal course of breastfeeding.
* Positioning and latch.
* Skin-to-skin and its benefits.
* Maintaining adequate milk production.
* Preventing common problems.
* Anticipatory guidance for the early days home from the hospital.
* Resources for breastfeeding support.

1. Respects each client by keeping information strictly confidential.
2. Reports any breastfeeding concerns that are beyond the peer counselor scope of practice to the patient’s assigned nurse or lactation consultant, and the WIC designated breastfeeding expert.
3. Keeps accurate records for all contacts and submits them in a timely manner to the WIC supervisor and to the hospital nurse following agreed upon procedures.
4. Gives breastfeeding literature provided by the WIC Program.
5. Refers to the WIC office for follow-up with the WIC Designated Breastfeeding Expert to arrange for an electric breast pump after discharge, if needed.
6. Arranges for follow-up contacts after discharge if agreeable to the mother.
7. Assists patients with accessing WIC services.
8. Maintains knowledge and skills about breastfeeding through ongoing learning opportunities such as breastfeeding workshops, monthly staff meetings, and independent reading.

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

WIC Breastfeeding Peer Counselor Date

Supervisor Date

HANDOUT: Staff Roles: PC Management  
Policies 1  
 Sample Cell Phone Policy

1. Peer counselors are issued a cell phone for all peer counseling related business when not in the WIC clinic.
2. Cell phone plan includes:

* Free incoming calls
* Free outgoing calls after 7 p.m. until 6 a.m.
* Free outgoing calls on weekends
* Free incoming text messages
* Free outgoing text messages
* Free Mobile to Mobile

1. Phone calls made or taken are to be documented in the client log and weekly activity report and time sheets. Text messages should also be documented.
2. Text messages that are more involved than simple checks require telephone follow-up.
3. The cell phone may be turned off when the peer counselor is not available to take calls due to personal obligations and family time. Voicemail messages and missed calls should be returned the same day, if possible, or within 24 hours.
4. When the peer counselor is unavailable for an extended time, calls should be forwarded to another peer counselor. This should be arranged through the supervisor or peer counselor coordinator.
5. Report loss or damage to the supervisor or peer counselor coordinator immediately so that a replacement mobile phone can be issued.
6. If the peer counselor discontinues providing services for the WIC Program, the cell phone shall be promptly returned to the supervisor or peer counselor coordinator.
7. Use of the cell phone for personal business may be grounds for dismissal. If it must be used for an emergency, notify the supervisor or peer counselor coordinator immediately.

My security plan to keep the phone secure and client information locked up for confidentiality is the following:

I have reviewed the cell phone policy with my WIC supervisor or peer counselor coordinator and agree to the above terms:

Print Peer Counselor Name

Peer Counselor Signature ` Date

Peer Counselor Coordinator Signature Date

WIC Coordinator Signature Date

*Adapted from Scott County, Iowa “Breastfeeding Peer Counselor Cell Phone Policy”*

HANDOUT: Staff Roles: PC Management  
Level 3Policies 2   
Sample Social Media Policy

Note that social media guidelines for WIC peer counselors are part of the wider WIC agency or health department guidelines and should be consistent with those standards. The following principles specifically targeting peer counselors are compiled from social media guidelines from several WIC agencies. This language could be considered as an add-on to existing social media policies.

**What Is Social Media?**

Social media is simply a conversation between people. Social media sites change rapidly and can include Facebook™, Twitter™, My Space™, Pal Talk™, YouTube™ and many others, along with website blogs from many organizations and individuals. Social media is popular because it allows people to interact with one another quickly and easily. A few tips will help peer counselors reach new mothers in comfortable ways.

**What To Post**

Social media is a great way for peer counselors to communicate to an entire group at one time. It can be used for:

* Promoting WIC services.
* Invitations to prenatal breastfeeding classes.
* Invitations to support groups for new moms.
* World Breastfeeding Week or other breastfeeding promotion events.
* Promoting the fully breastfeeding food package.
* Short bios about peer counselors and WIC staff.
* Breastfeeding tips.
* Breastfeeding resources for moms.
* Helping new mothers connect with peer counselors and other breastfeeding mothers.

**Use Common Sense**

* Use only the WIC clinic address and WIC-assigned phone number, and do not give out personal information such as your home address.
* Use the site(s) only for WIC-related business. Do not 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 significant other, 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! Do not divulge personal information about another person.

**What NOT To Do**

* Do not post important messages on Friday. Weekdays have more visitors.
* Do not write provocative, discriminatory, or rude statements.
* Do not use profanity or foul language.
* Do not post on topics such as religion and politics. Focus only on pregnancy, birth, and breastfeeding discussions.
* Do not advertise or promote products (including breastfeeding products or any “side” businesses that you may be involved with).

**What To Do**

* Keep messages short and simple.
* 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 many people can have strong feelings about. This may include: smoking and breastfeeding, co-sleeping, child discipline, bottle-feeding, alcohol use, circumcision, epidurals, scheduled feedings, cesarean birth, depression, and others. Our goal is to 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 wellbeing, they should always contact their physician or a lactation expert.

HANDOUT: Staff Roles: PC Management  
Policies 3  
Sample MOU with Hospitals

**Goal**

The purpose of this Memorandum of Understanding (MOU) is to begin a partnership between the  
 WIC Agency (hereafter “WIC Agency”) and the  
 Hospital (hereafter “Hospital”) in (City/State). The goal is to improve breastfeeding initiation and duration rates among WIC participants and WIC eligible mothers who deliver their infants at the Hospital through providing WIC Breastfeeding Peer Counselors (BPC).

**Terms of Agreement**

WIC Agency agrees to provide the following personnel and services for WIC participants and WIC eligible clients at the Hospital.

1. A Breastfeeding Peer Counselor (BPC) who has been trained through the WIC Breastfeeding Peer Counseling Program will provide basic breastfeeding education, support, and referrals for WIC participants and WIC eligible mothers during rounds at the Hospital.
2. The BPC will be screened by the Hospital volunteer office to ensure that she meets all the requirements necessary to provide patient care in the Hospital and will comply with all the guidelines provided by the volunteer office.
3. The WIC Designated Breastfeeding Expert from the WIC Agency or Hospital will provide additional training on working in the Hospital, and will mentor the BPC until she is competent to conduct rounds independently.
4. The WIC Agency will designate a liaison to provide technical assistance and to mediate any concerns that may arise.
5. Scope of work for the WIC BPC in the Hospital includes encouraging and supporting WIC participants with normal breastfeeding, including basic education on:

* Reasons to breastfeed.
* Overcoming barriers to breastfeeding.
* Colostrum quantity and benefits.
* Normal course of breastfeeding.
* Positioning and latch.
* Skin-to-skin and its benefits.
* Maintaining adequate milk production.
* Normal infant output.
* Preventing common problems.
* Anticipatory guidance to prepare for post-discharge needs.
* Resources for breastfeeding support.

1. Duties of the WIC BPC are to:

* Check in with the hospital nurse or lactation consultant.
* Make rounds with all WIC and WIC-eligible mothers to assess their interest in breastfeeding and to provide basic assistance.
* Observe a feeding within accordance with hospital policy to check positioning and latch.
* Report any breastfeeding concerns that are beyond the BPC scope of practice to the patient’s assigned nurse or lactation consultant, and the WIC designated breastfeeding expert.
* Keep accurate records for all contacts and submit them in a timely manner to the WIC supervisor and to the hospital nurse following agreed upon procedures.
* Give breastfeeding literature provided by the WIC Program.
* Refer to the WIC office for follow-up with the WIC designated breastfeeding expert to arrange for an electric breast pump, if necessary.
* Arrange for follow-up contacts after discharge if agreeable to the mother.
* Assist patients with accessing WIC services.

1. Role of the Hospital:

* Designate a contact person to whom the WIC BPC will report.
* Facilitate rounds in conjunction the WIC Agency.
* Provide the WIC BPC with referrals of breastfeeding mothers under their care who demonstrate a need for breastfeeding support.
* Provide the WIC BPC with space to store breastfeeding education materials.
* Work with the WIC Agency liaison to report any concerns, and to regularly communicate progress of the services being provided.
* May require a Hospital orientation for the WIC BPC through the volunteer program.

**Acknowledgement of Agreement**

The term of this MOU is from [date] to [date], unless sooner terminated pursuant to the terms of this agreement. This MOU is of no force or effect until signed by both the Hospital and WIC Agency.

(Name of Hospital) (Name of WIC Agency)

(Hospital Address) (WIC Agency Address)

Signature Signature

Print name Print Name

Title Title

Date Date

*Adapted from Texas WIC and Alameda County WIC Program*

HANDOUT: Staff Roles: PC Management  
Policies 4  
Sample Babies at Work Policy

This policy defines the parameters for allowing breastfed infants up to 12 months of age in the workplace for employees functioning as a Peer Counselor (PC) in the WIC program. The purpose of this policy is to enable the PC to serve as a positive role model for WIC clientele by modeling breastfeeding behavior in the workplace.

1. The breastfed infant of a PC, age 12 months of age or younger, is permitted in the workplace.
2. Breastfeeding PCs are encouraged to breastfeed in the office to allow WIC clientele to view breastfeeding behavior and recognize breastfeeding as the biological and natural method to feed babies.
3. The PC is expected to adhere to the duties outlined in the PC job description and other duties as assigned.
4. Workload for the breastfeeding PC is consistent with the workload of a non-breastfeeding PC.
5. It is the sole responsibility of the breastfeeding PC to ensure the safety of the breastfed child.
6. Home and hospital visits will be done only when the baby is not present.
7. Education regarding this policy will be provided to all WIC staff.

*Adapted from Coordinated Youth and Human Services (Granite City, IL) “Breastfed Infant in the Workplace” policy*

HANDOUT: Staff Roles: PC Management  
Report Form 1  
 Peer Counselor Contact Form

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.

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| 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 | | | | | | | | | |
| **Prenatal Contacts** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| Date | |  |  |  |  |  |  |  |  |  |
| Type of Contact | |  |  |  |  |  |  |  |  |  |
| **Content (check areas discussed)** | |  |  |  |  |  |  |  |  |  |
| Breastfeeding barriers | |  |  |  |  |  |  |  |  |  |
| Breastfeeding benefits | |  |  |  |  |  |  |  |  |  |
| Basic breastfeeding technique | |  |  |  |  |  |  |  |  |  |
| Breastfeeding management | |  |  |  |  |  |  |  |  |  |
| Return to work or school | |  |  |  |  |  |  |  |  |  |
| Class or group invitation | |  |  |  |  |  |  |  |  |  |
| Buddy program | |  |  |  |  |  |  |  |  |  |
| **Postpartum Contacts** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| Date | |  |  |  |  |  |  |  |  |  |
| Type of Contact | |  |  |  |  |  |  |  |  |  |
| **Content (check areas discussed)** | |  |  |  |  |  |  |  |  |  |
| Baby’s bowel movements | |  |  |  |  |  |  |  |  |  |
| Baby fussy/colicky | |  |  |  |  |  |  |  |  |  |
| Baby sick | |  |  |  |  |  |  |  |  |  |
| Breastfeeding barriers | |  |  |  |  |  |  |  |  |  |
| 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 WIC DBE | |  |  |  |  |  |  |  |  |  |
| Relactation | |  |  |  |  |  |  |  |  |  |
| Return to work or school | |  |  |  |  |  |  |  |  |  |
| Sore nipples | |  |  |  |  |  |  |  |  |  |
| Teething | |  |  |  |  |  |  |  |  |  |
| Twins | |  |  |  |  |  |  |  |  |  |
| Weaning | |  |  |  |  |  |  |  |  |  |
| WIC referral | |  |  |  |  |  |  |  |  |  |

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| **Date** | **Narrative Documentation of Contacts** |
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BF=breastfeeding C/S=cesarean section SN=sore nipple

BoF=bottle feeding FN=flat nipple MER=milk ejection reflex

B=baby IN=inverted nipple NSVD=normal single vaginal delivery

M=mother L/O=latch on N=prenatal

PC=peer counselor PO= position PPM=postpartum

LC=lactation consultant REF=referral, referred, referring EBM=expressed breast milk

Peer Counselor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Client Exited from the Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HANDOUT: Staff Roles: PC Management  
Report Forms 2  
Sample PC Weekly Activity Log

Week Ending Date Page\_\_\_\_\_\_\_\_ of\_\_\_\_\_\_\_\_\_\_ Total Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Clinic/Local Agency

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|  |  | For Client Contact Only | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
| Date | Name of Contact | Telephone Counsel | Text Message | Group/Class | Home Visit | Clinic Visit | Hospital Visit | Other Contact | Prenatal | Postpartum-BF | Postpartum-Non bf | Training / Inservice | Peer Counselor Mtg | PC Promotion Activity | Consultations | Clerical/Admin. | Home Study | Number of Hours | Remarks |
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| Totals |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

15 minutes = ¼ = .25 30 minutes = ½ = .50 45 minutes = ¾ = .75 1 hour = 1

HANDOUT: Staff Roles: PC Management  
Staffing/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 other 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

HANDOUT: Staff Roles: PC Management  
Level 3Staffing/Supervision 2  
 Sample PC Application

Breastfeeding Peer Counselors provide basic information about breastfeeding to WIC mothers during their pregnancy and after the baby is born. They encourage mothers to breastfeed, and help mothers find help if problems occur.

Qualifications:

* Have breastfed at least one baby (do not have to be currently breastfeeding).
* Are enthusiastic about breastfeeding and want to help other mothers enjoy a   
  positive experience.
* Can work about 10 hours a week.
* Have a telephone and are willing to make phone calls from home.
* Have reliable transportation.

Please provide the following information:

Name:

Address:

City: State: Zip:

Home Phone: Cell Phone:

E-mail address (if applicable):

What languages do you speak?

Have you, or are you currently receiving WIC services? Yes No

If yes, where did you receive services?

**Circle the highest grade you have completed:**

Grade School: 1 2 3 4 5 6 7 8

High School: 9 10 11 12

College: 1 2 3 4 Other

|  |  |
| --- | --- |
| **Ages of your children** | **How long you breastfed this child** |
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Why do you want to be a Peer Counselor for the WIC Program?

Tell why you think you will be a good peer counselor. Include any job experience or volunteer work you have done that will help you as a peer counselor.

Check off all of the following that you are able to do:

* Attend the training program (4 weekly classes of 4 hours each; you may bring your nursing baby)
* Talk to pregnant and breastfeeding moms from your telephone at home
* Talk to WIC mothers in the clinic
* Make home visits with new mothers
* Visit new mothers in the hospital
* Help with a breastfeeding class or a support group

Do you have reliable transportation? Yes No

**Reference:** Include the name of a healthcare provider such as a WIC nutritionist, nurse, physician, or breastfeeding counselor who knows about your breastfeeding experience.

Name:

Address:

Phone Number:

E-mail address:

Your Signature: Date:

HANDOUT: Staff Roles: PC Management  
Level 3Staffing/Supervision 3  
PC Equipment and Materials Issued

The WIC local agency has issued the following items to:

Name of Peer Counselor:

Local Agency or County

* + Peer Counselor Tracking Notebook
  + Documentation forms
  + Peer Counselor tickler card box
  + Cell phone (or pager)
  + Breastfeeding videos

* + Breastfeeding books

* + Breast pump or devices
  + Teaching doll
  + Breast model
  + Other

I acknowledge that I received these items and understand that they must be returned to the WIC agency if I leave my position or when requested by my supervisor.

Signature of Peer Counselor Date

Print name

HANDOUT: Staff Roles: PC Management  
Level 3Staffing/Supervision 4  
Sample Interview Guide PC

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

1. Tell me more about your comments on your application regarding (r*efer to application comments you want to know more about.)*
2. Describe any experiences you have had talking to other mothers about breastfeeding.
3. What would you say to a pregnant woman who was undecided about whether she wants to breastfeed?

**Personal Breastfeeding Experience(s)**

1. Tell me about your own breastfeeding experience(s).

***Probe:***What did you enjoy most?

1. What part of breastfeeding was most challenging for you?

***Probe:***How did you deal with those challenges?

**Employment as a Peer Counselor**

1. What are you looking forward to most about being a peer counselor?
2. As a breastfeeding peer counselor, you will be talking with WIC mothers   
   about breastfeeding. How will you feel about:

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

***Probe:*** Talking with women who might have different cultural, ethnic or educational backgrounds from yours?

***Probe:*** Keeping information confidential?

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

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

***Probe:*** What did other family members say?

1. What days/times can you come to classes to learn how to be a peer counselor?
2. Please clarify any challenges reported on your application that might make it   
   hard for you to attend training classes or do the job.
3. Are there other challenges that might make it difficult for you to be a   
   peer counselor?

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

1. What questions do you have about the job?

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 5  
 Scope of Practice for PC

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

1. Perform in a professional manner in all aspects of the peer counselor role.
2. Respect the participant’s privacy, dignity and confidentiality.
3. Respect and respond sensitively to cultural attitudes and practices of participants and the community.
4. Work within the policies and procedures of the WIC program.
5. Maintain records according to legal requirements and ethical practices.
6. Recognize when assistance is needed and consult with the supervisor, Breastfeeding Coordinator and/or Peer Counselor Coordinator, or WIC Designated Breastfeeding Expert (DBE).
7. Identify situations outside the Scope of Practice and refer as appropriate in a timely manner.
8. Yield to the WIC DBE for situations out of breastfeeding peer counselor Scope of Practice.
9. Acquire ongoing breastfeeding education to maintain and build knowledge and skills.
10. Encourage and support participants to breastfeed.
11. Use participant-focused communication techniques to best meet participant needs.
12. Help participants identify the support available to them and educate family members.
13. Help women identify their breastfeeding concerns, barriers, and solutions.
14. Promote the reasons to breastfeed and the risks of not breastfeeding.
15. Counsel mothers about the importance of exclusive breastfeeding in the early weeks and ways to continue breastfeeding.
16. Assist in infant feeding classes and peer support groups.
17. Be available to WIC participants outside of usual clinic hours and outside of the clinic environment.
18. Refer mothers to resources for support.
19. Promote breastfeeding in the community, workplace, and health care system.
20. Support breastfeeding participants from pregnancy through growth spurts, introducing solid foods, and weaning.
21. Teach basic breastfeeding to participants and help them when difficulties occur.
22. Teach basic, evidence-based techniques that help ensure a successful start in breastfeeding, including milk production, skin-to-skin care, positioning and latch, and milk expression and storage.
23. Identify signs of the normal course of breastfeeding, including breastfeeding frequency and duration, infant feeding cues, and normal infant weight gain and stooling patterns.
24. Provide anticipatory guidance to help prevent the occurrence of problems.
25. Provide guidance to mothers regarding non-evidence-based breastfeeding information they receive.
26. Help mothers plan for a return to work/school that supports the continuation of breastfeeding.
27. Provide basic and timely problem-solving and support.
28. Yield mothers experiencing difficulties to the WIC Designated Breastfeeding Expert.

I have read and understand my responsibility to provide peer counseling services within the defined peer counselor defined scope of practice.

Name Date

Adapted from Scope of Practice for Peer Counselors materials from Michigan, California and Virginia WIC.

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 6  
 Scope of Practice for the DBE

A WIC Designated Breastfeeding Expert (DBE) has advanced lactation knowledge and experience in human lactation and assists WIC participants with complex breastfeeding problems within the DBE scope of practice.

1. **Maintain lactation professional standards in all aspects of the DBE role.**
2. Rely on evidence-based approaches for advanced level breastfeeding support.
3. Respect the privacy, dignity and confidentiality of all WIC participants.
4. Work collaboratively with WIC staff to implement a care plan for mothers experiencing complex breastfeeding challenges.
5. Work within the policies and procedures of the WIC program and within the context of WIC’s role for breastfeeding support.
6. Maintain accurate records according to State and local agency policy and procedures.
7. Refer mom for situations outside the DBE scope of practice or WIC’s role for breastfeeding support.
8. Acquire ongoing continuing education to stay current with lactation knowledge and skills, including opportunities to shadow an IBCLC.
9. Maintain lactation credentials and certifications, if applicable.
10. **Assist WIC mothers and infants with complex breastfeeding problems.**
11. Respond to yielding and other referrals for complex breastfeeding problems of WIC mothers from pregnancy through weaning.
12. Develop and follow up on an individualized care plan for WIC mothers experiencing complex breastfeeding problems in concert with other WIC staff. The DBE:
13. Conducts a breastfeeding assessment (including, understanding moms breastfeeding goals collecting a detailed breastfeeding history, breast assessment, infant assessment and feeding assessment) to identify potential breastfeeding challenge(s).
14. Uses active listening counseling skills to conduct the assessment and build rapport.
15. Develops care plan to include tips/solutions to resolve complex breastfeeding problems within the DBE scope.
16. Collects and documents all relevant information.
17. Communicates the plan with WIC team for implementation.
18. Makes appropriate referrals for further assessment and follow-up, as needed.
19. Help mothers meet their breastfeeding goals when facing complex maternal and infant breastfeeding challenges.
20. Work with WIC Competent Professional Authorities (CPAs) to recommend or tailor appropriate WIC food packages to minimize the use of infant formula.
21. Assess and issue breastfeeding aids as appropriate to address the complex problem and provide instruction on use, according to State policies and procedures.
22. Refer mom to her health care provider when mom or baby need further assessment and medical care.
23. Maintains a list of knowledgeable health care professionals in the area should the mother or baby need to seek these services.
24. **May serve as a WIC and community breastfeeding resource.**
25. May serve as a breastfeeding resource for the WIC agency including mentoring peer counselors or providing training to other staff and community partners.
26. Promote consistent messaging about breastfeeding using evidence-based resources.
27. **It is beyond the DBE scope of practice to:**
28. Diagnose maternal or infant medical breastfeeding conditions (e.g., maternal infection, thrush, hormonal conditions, infant tongue restriction, or medical problems).
29. Recommend medications, herbal treatments, or medical treatment plans to the mother.
30. Act beyond the Level 4 WIC Breastfeeding Curriculum for the DBE, unless doing so is within their professional credentialing scope of practice and is permitted by State agency policy.

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 7  
When To Yield

When peer counselors identify any of the following problems or situations, they must immediately consult their WIC Designated Breastfeeding Expert (DBE) to discuss the best plan for supporting the mother and infant. The peer counselor will continue to provide support while the DBE or medical expert is addressing the issue, unless the supervisor or peer counselor determines that it is best to discontinue peer support.

Pregnancy Issues the Mother Reports

1. Spotting or bleeding
2. Excessive vomiting or nausea
3. Swelling
4. Contractions, suggesting premature labor
5. Baby stops moving
6. Other troublesome medical situations

Baby Issues

1. Baby is born preterm or low birth weight
2. Baby is sick
3. Baby has fewer than 6 wet diapers and 3 stools per 24 hours in the first month after the baby is 4 days old
4. Baby fails to gain weight or gains weight slowly:

* Baby loses more than 7% of birth weight
* Birth weight is not regained by 2 weeks postpartum
* Weight gain is less than 4.5 ounces per week

1. Baby has difficulty latching or remaining latched after several attempts
2. Baby appears unhappy at the breast or refuses to breastfeed
3. Baby is still hungry after feedings despite increased frequency and duration of breastfeeding
4. Breastfeedings typically last more than 45 minutes
5. Baby has signs of jaundice
6. Baby has a congenital defect such as cleft lip/palate or Down Syndrome
7. Baby has restricted tongue movement from a tight frenulum

Mother Concerns

1. Mother has engorgement or plugged ducts that do not resolve with basic suggestions after 24 hours
2. Mother has a fever (suggesting possible mastitis or abscess)
3. Mother has nipple discomfort that does not improve with basic suggestions after 24 hours
4. Mother is supplementing with formula before the baby is 1 month old and wants to increase her milk production or reduce/eliminate formula supplements
5. Mother has been formula feeding the baby since birth and now wants to breastfeed
6. Mother is exclusively pumping her milk and now wants to put her baby to breast
7. Mother wants to induce lactation or relactate after discontinuing breastfeeding (e.g., she desires to breastfeed an adopted baby)
8. Mother is breastfeeding more than one baby
9. Mother wants to breastfeed but has been advised NOT to by her HCP
10. Mother finds a lump in her breast

Illness in Mother or Baby

1. Mother and/or baby have symptoms of thrush/yeast infection
2. Mother or baby are vomiting or have diarrhea
3. Mother or baby are hospitalized
4. Mother has symptoms of a breast infection (such as mastitis or abscess)
5. Mother has a physical disability
6. Mother or baby has a chronic or acute illness such as:

* Hepatitis B or C, tuberculosis, CMV, or chicken pox
* Renal, liver, intestinal, heart problems, or cystic fibrosis
* Metabolic disorder such as diabetes mellitus
* Hormonal concerns such as Polycystic Ovary Syndrome or thyroid dysfunctions

1. Mother has been diagnosed with HIV/AIDS

Other Medical Situations

1. Mother has been prescribed medications that have not been approved for breastfeeding by current established authorities such as the AAP or Lactmed
2. Mother has prior breast surgery (breast implants, breast reduction, biopsy, breast cancer), chest surgery, or trauma
3. Mother has had gastric bypass surgery

Nutrition

1. Mother has nutrition questions
2. Mother is nutritionally at risk for underweight, has bulimia or anorexia
3. Mother has no food

Social

1. Mother reports concerns of depression
2. Physical abuse of the mother or another family member is reported or suspected
3. Mother reports use of alcohol or street drugs (such as heroin, marijuana, meth, cocaine, etc.)

Other

1. Mother or baby have any other medical problems that are beyond the normal course of breastfeeding and therefore are outside the peer counselor scope of practice
2. Mother feels there is a problem that needs a referral
3. Peer counselor feels there is a situation that needs to be addressed by a lactation expert
4. Mother is not following suggestions given by the peer counselor

Adapted from the Minnesota WIC Program, “Yield List”

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 8  
Shadowing Breastfeeding Experts – PC Log

|  |  |  |  |
| --- | --- | --- | --- |
| **Encounter**  **#1** | **Date** | **Person Shadowed** | **Setting/Type of Encounter** |
| How did the counseling session begin? | | | |
| What kinds of open-ended questions were asked of the mother? How did these help the mother share information with the counselor? | | | |
| What kinds of affirming statements were used? | | | |
| What did you learn that you can use in your own counseling encounters with mothers? | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Encounter**  **#2** | **Date** | **Person Shadowed** | **Setting/Type of Encounter** |
| How did the counseling session begin? | | | |
| What kinds of open-ended questions were asked of the mother? How did these help the mother share information with the counselor? | | | |
| What kinds of affirming statements were used? | | | |
| What did you learn that you can use in your own counseling encounters with mothers? | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Encounter**  **#3** | **Date** | **Person Shadowed** | **Setting/Type of Encounter** |
| How did the counseling session begin? | | | |
| What kinds of open-ended questions were asked of the mother? How did these help the mother share information with the counselor? | | | |
| What kinds of affirming statements were used? | | | |
| What did you learn that you can use in your own counseling encounters with mothers? | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Encounter**  **#4** | **Date** | **Person Shadowed** | **Setting/Type of Encounter** |
| How did the counseling session begin? | | | |
| What kinds of open-ended questions were asked of the mother? How did these help the mother share information with the counselor? | | | |
| What kinds of affirming statements were used? | | | |
| What did you learn that you can use in your own counseling encounters with mothers? | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Encounter**  **#5** | **Date** | **Person Shadowed** | **Setting/Type of Encounter** |
| How did the counseling session begin? | | | |
| What kinds of open-ended questions were asked of the mother? How did these help the mother share information with the counselor? | | | |
| What kinds of affirming statements were used? | | | |
| What else did you learn that you can use in your counseling encounters with mothers? | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Encounter**  **#6** | **Date** | **Person Shadowed** | **Setting/Type of Encounter** |
| How did the counseling session begin? | | | |
| What kinds of open-ended questions were asked of the mother? How did these help the mother share information with the counselor? | | | |
| What kinds of affirming statements were used? | | | |
| What else did you learn that you can use in your counseling encounters with mothers? | | | |

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 9  
Shadowing Breastfeeding Experts – Debriefing

At the conclusion of the shadowing opportunities, the peer counselor and her supervisor should discuss her observations. The supervisor can use the following open-ended questions to determine the peer counselor’s thoughts and feelings about the activity.

1. How did you feel about participating in these shadowing opportunities?
2. How successful was shadowing in helping you better understand your role as a peer counselor?
3. What did you learn through these observations that you feel can be useful to you in counseling new mothers?
4. Review each of the encounters individually and discuss her comments. What other thoughts do you have about this particular encounter?
5. How do you feel about beginning your work counseling new mothers?
6. If you feel you would like some additional observational opportunities, what types of counseling situations would be most useful for you?

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 10  
Peer Counselor Observation Tool

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Observer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WIC Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Counseling**: □ Pregnant Mother □ Breastfeeding Mother □ Non-Breastfeeding Mother

|  |  |  |  |
| --- | --- | --- | --- |
| **Counselor Expectations** | **Yes** | **No** | **Comments** |
| 1. Peer counselor uses the mother’s (and baby’s name, if appropriate). |  |  |  |
| 2. Peer counselor engages the mother through open-ended questions. |  |  |  |
| 3. Peer counselor uses probes appropriately to better understand the mother’s situation. |  |  |  |
| 4. Peer counselor validates the mother’s feelings through affirmation. |  |  |  |
| 5. Peer counselor offers simple solutions or strategies to address the mother’s concerns. |  |  |  |
| 6. Information provided is based on the evidence as addressed in the training. |  |  |  |
| 7. Peer counselor appropriately yields the mother, if necessary, to other staff as needed. |  |  |  |
| 8. Peer counselor ends the counseling session on a positive note and offers appropriate follow-up. |  |  |  |

*Handout adapted from California WIC*

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 11  
Questions for Mentors

**General Questions**

* How do you feel things are going?
* What has surprised you most about the job so far?
* What do you wish you had known before you started the job?
* What are some goals you would like to set for yourself?
* What makes you look back on the day and feel it was worthwhile?
* What do you wish you could change about the job?
* How are you being supported in your job?

**Reflection of Counseling Encounters**

* Of the moms you talked with last week, who stands out in your mind?
* What went well? What are you most proud of?
* What made you feel uncomfortable?
* What solutions did you offer the mother?
* What other options do you feel might have helped?
* What are you seeing as some of the biggest obstacles of new moms?
* If you could have one wish, what would it be?

**Looking Ahead**

* Where would you like to be in your own personal growth in a month? Six months? A year?
* What training do you feel you would need to be able to achieve that?
* What support can we give you?

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 12  
Peer Counselor Tracking Tool

**Peer Counselor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WIC Clinic**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Type of Counseling**: ES = Exceeds Standards M = Meets Standards N = Needs Improvement

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Performance Measures | 1 Month | 3 Months | 6 Months | 12 Months |
| 1. Completed the Peer Counseling training program and subsequent shadowing and observations. |  |  |  |  |
| 2. Completed observations and shadowing of WIC DBEs and experienced peer counselors. |  |  |  |  |
| 3. Continues to increase knowledge and skills through independent learning. |  |  |  |  |
| 4. Provides basic education and support to pregnant and breastfeeding WIC participants. |  |  |  |  |
| 5. Makes timely contacts with new mothers based on established contact guidelines. |  |  |  |  |
| 6. Keeps all information confidential. |  |  |  |  |
| 7. Treats WIC participants with respect and courtesy |  |  |  |  |
| 8. Uses effective communication and counseling skills to listen to WIC participants and affirm their feelings. |  |  |  |  |
| 9. Offers breastfeeding solutions and strategies within her scope of practice. |  |  |  |  |
| 10. Refers mothers to the WIC designated breastfeeding expert for problems beyond her scope of practice. |  |  |  |  |
| 11. Documents all contacts with WIC mothers. |  |  |  |  |
| 12. Completes required weekly and monthly activity logs on time. |  |  |  |  |
| 13. Contacts the WIC supervisor for ongoing guidance. |  |  |  |  |
| 14. Attends scheduled peer counselor meetings. |  |  |  |  |
| 15. Arrives on time when working in the WIC clinic. |  |  |  |  |
| 16. Works well with other WIC clinic staff. |  |  |  |  |
| 17. Performs other duties as assigned. |  |  |  |  |

*Adapted from Maryland WIC Program*

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 13   
Supervision Case Studies

**Case Scenario #1: Christy**

Christy was hired as a peer counselor two months ago. Earlier today, you received a phone call from the nutritionist at the WIC clinic in her area complaining that Christy does not dress appropriately in the clinic. Today she arrives an hour late wearing low rider blue jeans and a low-cut midriff shirt. Although the nutritionist is very enthusiastic about using peer counselors, she is concerned that other staff might become very negative if Christy does not follow more professional standards.

**Case Scenario #2: Keisha**

Several WIC mothers you have spoken with recently have indicated that they were given information from their new peer counselor Keisha that you know is not evidence-based. One mother reported that the peer counselor told her she should try taking an herbal remedy to build her milk production. You are concerned whether appropriate referrals are being made and whether Keisha is operating within her scope of practice.

**Case Scenario #3: Jeanette**

You notice that the time sheets turned in by Jeanette, one of your peer counselors who has worked for your program for around 8 months, are quite sketchy, providing few details. You are not entirely sure what kind of advice she is actually giving clients. She has not phoned you for advice on dealing with clients in some time. Last month, she did not show up for the monthly staff meeting.

**Case Scenario #4: Amber**

A WIC clerk tells you that one of your peer counselors, Amber, offended a participant. The WIC participant claims that Amber invited her to attend church with her, and when the client declined, Amber continued to pressure her. The client has requested that Amber not phone her anymore.

**Case Scenario #5: Mandy**

You are driving a carpool of young teenagers, including your daughter, to the mall. One of the girls excitedly shares with your daughter and friends that she heard from her older sister Mandy, whom you hired as a peer counselor, that a classmate, Becky, is pregnant. The girls gasp, and you struggle to keep the car on the road, knowing that your new peer counselor has just violated confidentiality policy

**Case Scenario #6: Jana**

When Sally, a breastfeeding mom, visits the WIC clinic for a WIC follow-up certification, you ask how breastfeeding has been going. Your peer counselor, Jana, has been following Sally for several weeks now. Sally says, however, that she did not breastfeed more than a few days, and she does not remember anyone by the name of Jana phoning her.

**Case Scenario #1: Christy**

Christy was hired as a peer counselor two months ago. Earlier today, you received a phone call from the nutritionist at the WIC clinic in her area complaining that Christy does not dress appropriately in the clinic. Today she arrives an hour late wearing low rider blue jeans and a low-cut midriff shirt. Although the nutritionist is very enthusiastic about using peer counselors, she is concerned that other staff might become very negative if Christy does not follow more professional standards.

During the early days of Christy’s work as a peer counselor, it will be important to help clarify the expectations in the clinic and strategies that will help her be better received as a member of the WIC team, while also reminding local staff that peer counselors are unique in that they should relate well to WIC mothers. A balance may be needed.

**Case Scenario #2: Keisha**

Several WIC mothers you have spoken with recently have indicated that they were given information from their new peer counselor Keisha that you know is not evidence-based. One mother reported that the peer counselor told her she should try taking an herbal remedy to build her milk production. You are concerned whether appropriate referrals are being made and whether Keisha is operating within her scope of practice.

Keisha may need additional training and reminders about her limited scope of practice. A monthly staff meeting could focus on some of the issues Keisha is facing, and a conversation during this mentoring phase about what her training needs are may be helpful.

**Case Scenario #3: Jeanette**

You notice that the time sheets turned in by Jeanette, one of your peer counselors who has worked for your program for around 8 months, are quite sketchy, providing few details. You are not entirely sure what kind of advice she is actually giving clients. She has not phoned you for advice on dealing with clients in some time. Last month, she did not show up for the monthly staff meeting.

Ongoing communication is a must or peer counselors become disengaged. Weekly or biweekly phone calls can be used to check in, discuss needs of moms, and assist peer counselors with on-the-job issues. Often when peer counselors begin distancing themselves from their supervisor, they are finding the job to be too overwhelming or are not working much and feel guilty telling you. Be sensitive to any personal situations she may be encountering. The weekly time sheets are an excellent way to monitor weekly activity of peer counselors and to spark conversation about any contacts that seem to be incomplete or unclear.

**Case Scenario #4: Amber**

A WIC clerk tells you that one of your peer counselors, Amber, offended a participant. The WIC participant claims that Amber invited her to attend church with her, and when the client declined, Amber continued to pressure her. The client has requested that Amber not phone her anymore.

Talking with Amber to find out what she said to the mom is the important first step. Peer counselors should be encouraged to respect religious and personal beliefs of WIC clients and not use their job as a platform for their own personal beliefs. Peer counselors will also need to be reminded not to use their position to attempt to influence clients about other personal issues such as parenting styles, political beliefs, and cultural beliefs.

Include peer counselors as part of the annual WIC civil rights trainings, as well, to remind them of our role in respecting WIC participants.

**Case Scenario #5: Mandy**

You are driving a carpool of young teenagers, including your daughter, to the mall. One of the girls excitedly shares with your daughter and friends that she heard from her older sister Mandy, whom you hired as a peer counselor, that a classmate, Becky, is pregnant. The girls gasp, and you struggle to keep the car on the road, knowing that your new peer counselor has just violated confidentiality laws.

* It is vitally important that all peer counselors understand your agency’s confidentiality policies. After signing your agency’s Confidentiality Agreement (sample agreement is found in the peer counselor curriculum), the issue should be addressed and reinforced regularly in monthly staff meetings.
* Confidentiality can be one of the most difficult things for a new peer counselor to get used to because she has not had the experience of dealing with this in the past. It is very tempting for peer counselors who work from home, in particular, to discuss moms with family members and friends.
* They will need ongoing reminders about the importance of maintaining client confidentiality.
* Scenarios at monthly staff meetings can help peer counselors see varied ways confidentiality protocols can be applied.
* State and local agencies should contact their human resource or personnel division to learn State-specific consequences for breaking confidentiality.

**Case Scenario #6: Jana**

When Sally, a breastfeeding mom, visits the WIC clinic for a WIC follow-up certification, you ask how breastfeeding has been going. Your peer counselor, Jana, has been following Sally for several weeks now. Sally says, however, that she did not breastfeed more than a few days, and she does not remember anyone by the name of Jana phoning her.

* It is important for WIC supervisors to monitor the time sheets that peer counselors complete each week and conduct a spot check.
* Spot checks will validate that the work has been done, and give supervisors insights into the type of advice being given to WIC participants, whether ongoing follow-up is needed, whether the peer counselor is operating within her scope of practice, and whether she might need additional training.
* When conducting a spot check, look over the list of contacts reported and see if there are any situations that might warrant follow-up. Example: a mom who has received numerous calls due to a breastfeeding problem.
* Never tell a WIC participant you are checking to see if the peer counselor called her. Instead, use the contact as a time to find out how breastfeeding is going, whether the information she received has been helpful, and whether she needs any additional support.
* Sometimes WIC participants to do not remember calls that peer counselors have made, or they do not understand the term “peer counselor.” When making weekly spot checks, use more general language such as, “Has anyone been talking with you about breastfeeding?”
* Review the time sheet each week.
* If a spot check reveals that a contact may not have occurred, conduct additional spot checks. If it becomes clear that contacts have been reported erroneously, a peer counselor may have to be relieved of her duties. Always follow your agency’s policy and process for terminating peer counselors.

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 14  
PC Phone Feedback Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Mom / Baby’s DOB | On a \*scale of 1 to 5, how would you rate the support you received from your peer counselor? | Did you receive regular contacts? | Was your PC easy to reach? | Peer Counselor Call Frequency |
| 1. | 1 2 3 4 5 | Yes  No | Yes  No | Too often  Right amount  Not often enough |
| 2. | 1 2 3 4 5 | Yes  No | Yes  No | Too often  Right amount  Not often enough |
| 3. | 1 2 3 4 5 | Yes  No | Yes  No | Too often  Right amount  Not often enough |
| 4. | 1 2 3 4 5 | Yes  No | Yes  No | Too often  Right amount  Not often enough |
| 5. | 1 2 3 4 5 | Yes  No | Yes  No | Too often  Right amount  Not often enough |

\*PC Support Scale: 1 = No Support 2 = Poor Support 3 = OK Support 4 = Good Support 5 = Excellent Support

Date Reviewed: Reviewer Initials: Peer Counselor Initials:

*Adapted from Alameda County, CA WIC Program*

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 15  
PC Exit Survey (for Peer Counselors)

You have been a valuable part of our WIC Breastfeeding Peer Counseling team. Before you leave, we would appreciate your feedback on your job so that we can make it even better for future peer counselors. Please take the time to complete this simple questionnaire, and then let me know a convenient time when we can discuss your comments. Thank you!

1. What is your reason for leaving your position as a WIC Peer Counselor?
   * Take another job — If so, where? \_\_\_\_
   * Return to school
   * Pay is not enough
   * Family demands
   * Tired of the job
   * Wasn’t what I expected
   * Other
2. What I liked most about my job as a peer counselor:
3. What frustrated me most:
4. What surprised me about being a peer counselor:
5. How effective was the training you received? What kind of training would have been more valuable to you?
6. What kind of continuing education about breastfeeding did your receive? *Check all that apply.*
   * Breastfeeding conference or workshop
   * Monthly staff meetings included breastfeeding education
   * Independent reading (List:

* + Other

1. How many hours a week did you typically work?

Was this:

* + Just about right for me
  + Too many hours
  + Not enough hours

What would have been ideal for you?

1. What was your average number of WIC participants you followed?

Was this:

* + Just about right for me
  + Too large of a caseload
  + Too small of a caseload

What would have been ideal for you?

1. What is your opinion of the supervision you encountered?
2. Did you feel you were treated fairly? If not, explain.
3. Describe any challenges you experienced in being able to make timely yields to the WIC Designated Breastfeeding Expert.
4. Describe your experience with the WIC clinic staff. How supportive of breastfeeding and you as a peer counselor did you find them to be?
5. What suggestions do you feel would make the job better for future peer counselors?

Permission to release information:

I DO give my permission to release this information to my supervisor and local clinic.

I DO NOT give permission to release this information to my supervisor and local clinic.

Signature of Peer Counselor Date

Exiting Mail Forward Form

Please forward any personal mail or phone calls that should be received to the following address:

Name

Address

City/State/Zip

Home Phone Cell Phone

Email

Signature of Peer Counselor Date

*Adapted from the Michigan State University Cooperative Extension “Mother to Mother” Program.*

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 16  
PC Exit Survey (for Peer Counselor Supervisor)

To help us improve our program, please give us your thoughts on the following questions. Your comments will be used to make the WIC Peer Counseling Program even better. After you complete this questionnaire, send it to the Peer Counselor Coordinator and let me know a convenient time when we can discuss your comments. Thank you!

Name of peer counselor who exited the program

Dates of service: from to

Coverage area provided

1. What is the reason she gave for leaving her position?
   * Take another job. If so, where?
   * Return to school
   * Pay was not enough
   * Not enough hours
   * Family demands
   * Tired of the job
   * Wasn’t what she expected
   * Terminated. If so, explain:
   * Other
2. How many hours a week did she typically work?
3. What was the average number of WIC participants she followed?
4. What types of training and continuing education did she receive? (Check all that apply)
   * Breastfeeding conference or workshop
   * Monthly staff meetings included breastfeeding education
   * Independent reading
   * Other
5. Breastfeeding Peer Counseling Program Property Returned:
   * Peer Counselor Tracking Notebook with documentation forms
   * Peer Counselor tickler card box
   * Other files with WIC participants, pump records, etc.
   * Cell phone or pager
   * Videos
   * Breastfeeding books
   * Breast pump or devices
   * Teaching doll
   * Breast model
   * Other
6. How supportive do you feel WIC clinic staff are of breastfeeding, the peer counseling program, and individual peer counselors? What could improve the support?
7. How supportive do you feel local providers are of breastfeeding and the peer counseling program? What could improve the support?
8. How effective is the referral system both within WIC and with the community? If it is not effective, what suggestions would improve it?
9. What do you feel is needed to help retain peer counselors?
10. Changes we will be making to improve the program:
11. Support from the State that will help us meet our goals:

Name of Supervisor Local Agency

Print Name Date

*Adapted from the Michigan State University Cooperative Extension “Mother to Mother” Program.*

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 17  
PC Self-Assessment

1. What has gone well since the last review?
2. What has been difficult?
3. What do you wish you could change about your job?
4. What could make your job easier? What help do you need?
5. What are your goals for the next year and how do you plan to achieve them?
6. As you think about the moms you helped this past year, who stands out in your mind as your greatest success story? What makes you proud about this situation?

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 18  
PC Performance Appraisal

Performance Appraisal

**1 - Performing Well 2 - Improvement Needed 3 - Not Applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Peer Counselor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Basic Responsibilities** | **1** | **2** | **3** |
| Contacts pregnant and breastfeeding participants according to contact guidelines |  |  |  |
| Gives accurate breastfeeding assistance within the peer counselor’s scope of practice |  |  |  |
| Makes timely referrals to the WIC Designated Breastfeeding Expert for situations outside the scope of practice according to “yield” protocols |  |  |  |
| Treats mothers with respect and uses active listening skills |  |  |  |
| Follows up on calls or texts from mothers within 24 hours |  |  |  |
| Keeps client information confidential |  |  |  |
| Follows up on client referrals from clinic staff |  |  |  |
| Returns phone calls and text messages from mothers within 24 hours |  |  |  |
| Attends peer counselor meetings/calls regularly |  |  |  |
| Contacts supervisor when unable to attend a meeting |  |  |  |
| Maintains ongoing communication with the supervisor |  |  |  |
| Comments: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Activities** | 1 | 2 | 3 |
| Assists with teaching/facilitating breastfeeding classes/meetings |  |  |  |
| Invites WIC participants to breastfeeding classes/meetings |  |  |  |
| Makes hospital visits, if applicable |  |  |  |
| Provides clinic consultations |  |  |  |
| Follows agency policies regarding the use of texting and social media |  |  |  |
| Promotes breastfeeding in the community |  |  |  |
| Comments: |  |  |  |
| Paperwork Requirements | 1 | 2 | 3 |
| Keeps client records organized |  |  |  |
| Documents client contacts properly and promptly |  |  |  |
| Completes activity logs properly |  |  |  |
| Turns in time sheets and activity logs at the specified time |  |  |  |
| Turns in forms for closed clients promptly |  |  |  |
| Keeps client records secure |  |  |  |
| Comments: |  |  |  |

**Goals for the next period:**

|  |  |
| --- | --- |
| Goal #1 | Action Plan: |
| Goal #2 | Action Plan: |
| Goal #3 | Action Plan: |

**Supervisor comments:**

**Peer counselor comments:**

Supervisor Signature Date

Peer Counselor Signature Date

Confidentiality Agreement reviewed and signed:

Scope of Practice reviewed and signed:

Job Description reviewed and signed:

*Adapted from a form used by the NE MN WIC Peer Program.*

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 19  
Participant Feedback Form

**Tell Us How We’re Doing!**

The WIC program wants to be sure we are meeting your needs. Please take a few minutes to let us know how our **breastfeeding peer counseling program** is working for you.

Who is your peer counselor?

How did your contact with your peer counselor take place?

□ Telephone

□ Text

□ WIC clinic

□ Hospital

□ In my home

□ Other

What did you discuss with your peer counselor?

What information did she give you?

Is there more you would like to know? If so, what?

What can we do to make the peer counseling program better?

Your Name

I am:

□ Pregnant. My due date is:

□ A new mom! My baby was born:

***Thank You!***

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 20  
Sample PC Intake Log

**Note:** Items in **red** must be yielded to the WIC Designated Breastfeeding Expert

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WIC Agency/Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language

Client ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom's DOB

Mom’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Baby's Name

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age now

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wt. (birth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (now)

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EDD \_\_\_\_\_\_\_\_\_ **Baby’s Gestational Age at Birth**

Other Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth: Vaginal\_\_\_\_ Emergency C-Sec\_\_\_\_ Planned C-Sec

Do you plan to BF? Yes \_\_\_ No \_\_\_ Place of Birth:

Gravida \_\_\_\_\_\_\_\_\_ Parity \_\_\_\_\_\_\_\_\_ # Bfd \_\_\_\_\_\_\_\_ How long did you breastfeed?

**Smoking**: None\_\_\_ Maternal\_\_\_ 2nd-hand\_\_\_ **Medications**

**Nursing: 🞎**Painful **🞎**Cracked/Bleeding **🞎**Latch difficulty **🞎**Baby reluctant/refusing

**🞎**Pregnant **🞎**Pacifier use **🞎**Perceived Milk Insufficiency **🞎**Problem free

Nursing every.....1 2 3 4+ hours OR BF \_\_\_\_\_\_\_\_\_ times per day \_\_\_\_\_\_\_\_\_ minutes per side

**Maternal Hx:** **🞎 Breast Surgery 🞎 Depression 🞎 Gastric Bypass 🞎 Maternal Fever 🞎 Diabetic**

**🞎 Hormonal problems 🞎 Thyroid 🞎 Other**

**Baby Hx:** 🞎 **Prematurity 🞎 GERD 🞎 Heart Condition 🞎 Congenital 🞎 Slow Weight Gain**

**🞎 Cleft Lip/Palate 🞎 Kidney 🞎 Down Syndrome 🞎 Jaundice** 🞎 Other

🞎 **Neurological**  Longest sleep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wet Diapers** \_\_\_\_/24 Hours **Soiled Diapers**\_\_\_\_/24 hours **Stool Color** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consistency

**Supplemental Bottles?** No \_\_\_ Yes \_\_\_ **🞎**EBM  **🞎**ABM **🞎**BOTH # Ounces\_\_\_\_\_\_\_\_ How often

Formula (Type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pumping? No \_\_\_ Yes \_\_\_ Frequency \_\_\_\_\_\_\_\_\_\_ Ounces

**TOPICS DISCUSSED WITH CLIENT**

**Yielded to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials:

**How Yield Was Made:**

**NOTES:**

*Adapted from Florida Department of Health in Miami-Dade County WIC Program original breastfeeding assessment form*

HANDOUT: Staff Roles: PC Management  
Staffing/Supervision 21   
Career Ladder Roles in WIC

| **Level 1 Peer Counselor** | **Level 2 Senior Peer Counselor** |
| --- | --- |
| * Completes Levels 1-2 of the FNS *WIC Breastfeeding Curriculum* training and follow-up shadowing and observational activities. | * Attends additional breastfeeding training events, conferences, courses, and workshops. |
| * Attends peer counselor training events. | * Assists with training events for new peer counselors. |
| * Screens mothers who enroll in the breastfeeding program for issues that might impact breastfeeding. | * Screens mothers who enroll in the breastfeeding program for issues that might impact breastfeeding. |
| * Receives a caseload of WIC pregnant and postpartum participants. * Makes contacts following agency contact protocols by phone, text, or clinic visits. | * Receives a caseload of WIC pregnant and postpartum participants. * Makes contacts following agency contact protocols by phone, text, or clinic visits. * Visits participants in their home or in the hospital to provide information to support normal breastfeeding. |
| * Supports normal breastfeeding, teaching women about basic evidence-based techniques to ensure a good start. | * Supports normal breastfeeding, teaching women about basic evidence-based techniques to ensure a good start. |
| * Provides information and support to help women prevent and manage common maternal and infant breastfeeding problems that may occur. * Yields situations beyond the peer counselor scope of practice to the WIC Designated Breastfeeding Expert. | * Provides information and support to help women prevent and manage common maternal and infant breastfeeding problems that may occur. * Assists Level 1 peer counselors with f participants experiencing problems to determine appropriate yielding to the WIC Designated Breastfeeding Expert. |
| * Invites WIC mothers to breastfeeding classes and support group meetings; assists with these group meetings. | * Assists with breastfeeding classes and support group meetings for pregnant and postpartum WIC mothers. |
| * Assists with sharing basic breastfeeding information as part of WIC clinic staff meetings. | * Shares basic information about breastfeeding as part of WIC clinic staff meetings. |
|  | * May provide input as requested in development of breastfeeding program materials and policies. |
| * Informs women about breast pump options. * Provides check-up calls to see how pumping is going in normal breastfeeding situations (ex: returning to work or school) | * May issues breast pumps to new mothers following agency protocols for mothers who are separated from their babies or need to express milk occasionally. * Makes appropriate referrals to the DBE as needed. * May assist with maintaining breast pump inventory for the agency. |
| * Promotes breastfeeding in the community, workplace, and health care system, including assisting with World Breastfeeding Week activities per State and local agency protocols. | * May assist the local agency breastfeeding coordinator with developing breastfeeding promotion activities in WIC and in the community. |
| * Attends monthly peer counselor staff meetings and WIC clinic meetings. | * Attends monthly peer counselor staff meetings and WIC clinic meetings. Assists with the staff meetings. |
| * Meets with supervisor regularly. | * Meets with supervisor regularly. |
|  | * Assists in interviewing prospective peer counselors. |
|  | * Mentors new peer counselors in the early days of their job. |
|  | * Models counseling principles and job skills for peer counselors. Allows peer counselors to shadow them conducting participant consultations. |

HANDOUT: Staff Roles: PC Management  
Training 1  
Before the Training Checklist

While awaiting the formal peer counseling training event there are many educational opportunities that can help prepare peer counselors for their new job.

|  |  |  |
| --- | --- | --- |
| **Education** | **Learning Opportunity** | **Completed** |
| **Training Resources** | Complete self-study sections in the *WIC Breastfeeding Curriculum* as assigned by supervisor. |  |
| **Books** | Breastfeeding: A Parent’s Guide (by Amy Spangler) |  |
| The Womanly Art of Breastfeeding (by La Leche League) |  |
| **WIC Materials** | Breastfeeding pamphlets |  |
| Breastfeeding program policies and procedures |  |
| Breastfeeding videos used in the WIC agency |  |
| Other breastfeeding resources available from WIC |  |
| **Meetings** | La Leche League meeting(s) in the community |  |
| WIC clinic staff meeting |  |
| WIC breastfeeding class |  |
| WIC or community support group for breastfeeding moms |  |
| Hospital breastfeeding class (as part of childbirth series) |  |
| Other breastfeeding or prenatal class in the community |  |
| **Shadowing Opportunities** | DBE assisting a new mother with breastfeeding in the hospital or WIC clinic |  |
| WIC CPA certifying a pregnant or breastfeeding woman for WIC |  |
| WIC clerk processing a new mom into the appointment system |  |
| Peer counselor(s) making phone calls with WIC moms |  |
| Peer counselor(s) assisting a WIC mom with breastfeeding in the clinic |  |
| Home visit with an DBE or home visiting nurse |  |
| WIC staff member issuing a breast pump to a new mom |  |
| **Websites** | WIC Breastfeeding Support website: wicbreastfeeding.fns.usda.gov  WIC Works: <http://wicworks.nal.usda.gov> |  |
| Office on Women’s health: [www.womenshealth.gov](http://www.womenshealth.gov) |  |
| Centers for Disease Control and Prevention: [www.cdc.gov/breastfeeding](http://www.cdc.gov/breastfeeding) |  |
| Texas WIC: [www.everyouncecounts.com](http://www.everyouncecounts.com) |  |
| La Leche League: [www.llli.org](http://www.llli.org) |  |

*Adapted from “What PCs can do prior to receiving PC Training” by Indiana WIC*

HANDOUT: Staff Roles: PC Management  
Training 2  
Peer Counselor Training Checklist

Peer Counselor

County/Clinic Supervisor

|  |  |
| --- | --- |
| **INITIAL TRAINING** | **Completed** |
| Signed “Confidentiality Agreement” |  |
| Attended Levels 1 and 2 of the FNS *WIC Breastfeeding Curriculum,* including the following platforms |  |
| Staff Roles: Peer Counselors WIC and Breastfeeding Counseling Preparing to Breastfeed  Normal Breastfeeding Problem Solving |  |

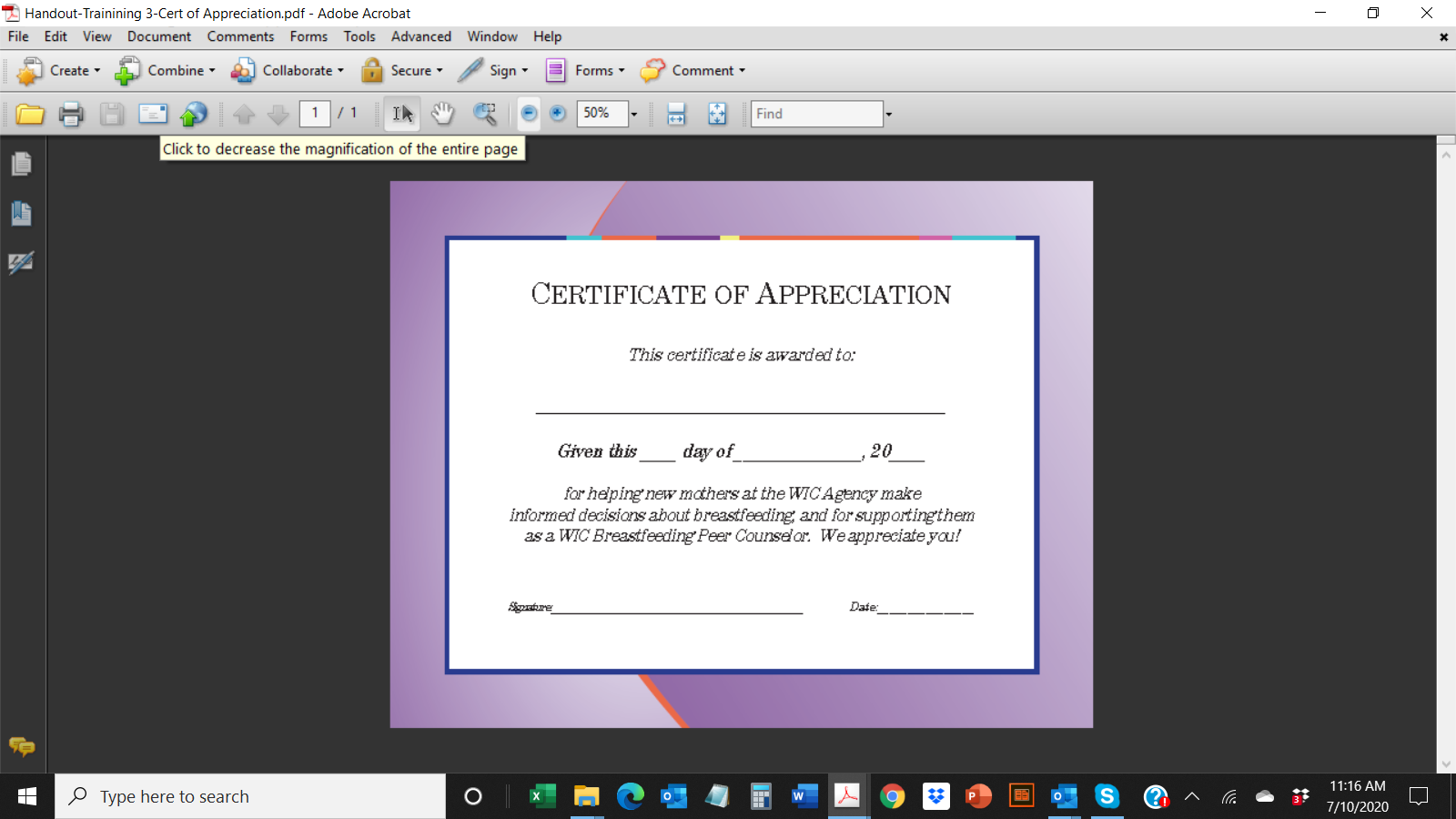
|  |  |
| --- | --- |
| **DURING FIRST 6 MONTHS** | **Completed** |
| **Additional Reading** |  |
| *Breastfeeding: A Parent’s Guide* (by Amy Spangler) |  |
| Relevant chapters in *The Womanly Art of Breastfeeding* (by La Leche League) |  |
| WIC breastfeeding materials and videos |  |
| **Meetings** |  |
| La Leche League meeting(s) or other breastfeeding group in the community |  |
| Monthly Peer Counselor Meetings |  |
| WIC clinic staff meeting |  |
| WIC breastfeeding class |  |
| WIC or community support group for breastfeeding moms |  |
| Hospital breastfeeding class (as part of childbirth series) |  |
| **Shadowing** |  |
| DBE or other lactation expert assisting a new mother with breastfeeding in hospital or WIC clinic |  |
| WIC CPA certifying a pregnant or breastfeeding woman for WIC |  |
| WIC clerk processing a new mom into the appointment system |  |
| Peer counselor(s) making phone calls with WIC moms |  |
| Peer counselor(s) assisting a WIC mom with breastfeeding in the clinic |  |
| Home visit with the DBE and/or home visiting nurse |  |
| WIC DBE issuing a breast pump to a new mom |  |

|  |  |
| --- | --- |
| **BY END OF 6 MONTH PROBATION PERIOD** | **Completed** |
| **Demonstrated ability to:** |  |
| Correctly complete Peer Counselor Contact Log and Weekly Time Report |  |
| Make appropriate referrals to the DBE or other WIC staff |  |
| Counsel pregnant women about breastfeeding |  |
| Assist new breastfeeding mothers with questions and concerns |  |
| Remain within peer counselor scope of practice |  |

*Congratulations! You have completed your training!*

*Adapted from Michigan State University Cooperative Extension Program, “Mother to Mother Program”*

HANDOUT: Staff Roles: PC Management  
Training 3  
Peer Counselor Training Certificate



HANDOUT: Breastfeeding Class  
Resource Links

|  |  |  |
| --- | --- | --- |
| **Topic** | **Source** | **Web link** |
| Breastfeeding Positions | WIC Breastfeeding Support | <https://wicbreastfeeding.fns.usda.gov/5-breastfeeding-holds-try> |
| First Feedings | WIC Breastfeeding Support | <https://wicbreastfeeding.fns.usda.gov/breastfeeding-basics> |
| How Much Milk a Baby Needs | WIC Breastfeeding Support | <https://wicbreastfeeding.fns.usda.gov/breastfeeding-basics> |
| Nutrition While Breastfeeding | WIC Breastfeeding Support | <https://wicbreastfeeding.fns.usda.gov/nutrition-while-breastfeeding> |
| Cluster Feeding and Growth Spurts | WIC Breastfeeding Support | <https://wicbreastfeeding.fns.usda.gov/cluster-feeding-and-growth-spurts> |
| Sore Nipples | WIC Breastfeeding Support | <https://wicbreastfeeding.fns.usda.gov/sore-nipples> |
| Engorgement | WIC Breastfeeding Support | [https://wicbreastfeeding.fns.usda.gov/engorgement](https://wicbreastfeeding.fns.usda.gov/engorgement%20) |
| Breastfeeding with Confidence | WIC Breastfeeding Support | <https://wicbreastfeeding.fns.usda.gov/breastfeeding-confidence> |
| Going Back to Work or School | WIC Breastfeeding Support | <https://wicbreastfeeding.fns.usda.gov/going-back-to-work> |
| Going Back to Work or School | HHS Office on Women’s Health | <https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work> |
| Talking to Your Employer About Pumping at Work | WIC Breastfeeding Support | <https://wicbreastfeeding.fns.usda.gov/talking-your-employer-about-pumping-work> |
| WIC Food Package | WIC Breastfeeding Support | <https://wicbreastfeeding.fns.usda.gov/whats-your-wic-food-package> |
| Support from WIC | WIC Breastfeeding Support | <https://wicbreastfeeding.fns.usda.gov/get-support-wic> |

1. USDA Food and Nutrition Service, WIC Nutrition Service Standards, 2013. Available at: [www.fns.usda.gov/wic/nutritoin-services-standards](http://www.fns.usda.gov/wic/nutritoin-services-standards).  [↑](#footnote-ref-1)