



United States
Department of
Agriculture

May 20, 2009

Food and
Nutrition
Service

3101 Park
Center Drive
Alexandria, VA
22302-1500

Dear State WIC Director:

The breastfeeding provisions in the interim rule “Revisions in the WIC Food Packages,” published in the Federal Register on December 6, 2007, are designed to strengthen the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) breastfeeding promotion efforts and provide additional incentives to encourage mothers in making the decision to initiate and continue to breastfeed.

The Food and Nutrition Service (FNS) is issuing the attached guidance document to:

- recap FNS policy and philosophy related to breastfeeding assessment, tailoring infant formula amounts, and the importance of minimal formula supplementation;
- assist State and local agencies in strengthening breastfeeding policies and protocols related to assessment, food package issuance, counseling and referrals consistent with the interim rule provisions;
- convey the important role all staff, especially local agency staff, play in breastfeeding promotion and support; and
- summarize food package issuance protocols for breastfeeding women.

The use of the guidance will help to ensure successful implementation of the new WIC food packages and strengthen our breastfeeding promotion and support efforts.

Sincerely,

A handwritten signature in black ink that reads "Debra R. Whitford". The signature is written in a cursive, flowing style.

Debra R. Whitford
Acting Director
Supplemental Food Programs Division

Enclosure



**PROVIDING QUALITY NUTRITION SERVICES IN IMPLEMENTING THE
BREASTFEEDING PROMOTION AND SUPPORT REQUIREMENTS OF THE
NEW WIC FOOD PACKAGES**

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PROVIDING QUALITY NUTRITION SERVICES IN IMPLEMENTING THE BREASTFEEDING PROMOTION AND SUPPORT REQUIREMENTS OF THE NEW WIC FOOD PACKAGES

Background

Breast milk is the optimal food for infants. In its policy statement on Breastfeeding and the Use of Human Milk ¹, the American Academy of Pediatrics states “Pediatricians and other health care professionals should recommend human milk for all infants in whom breastfeeding is not specifically contraindicated and provide parents with complete, current information on the benefits and techniques of breastfeeding to ensure that their feeding decision is a fully informed one.” The authorizing legislation for WIC provides a strong basis for the role of WIC in breastfeeding promotion and support. WIC State and local agencies are required by WIC Program regulations to create policies and procedures to ensure (1) breastfed infants receive a food package consistent with their nutritional needs; and (2) breastfeeding support and assistance is provided throughout the prenatal and postpartum period, particularly when the mother is most likely to need assistance. Since a major goal of WIC is to improve the nutritional status of infants, WIC staff must provide education and anticipatory guidance to pregnant and postpartum women about breastfeeding unless medically contraindicated, encourage women to breastfeed for as long as possible, and provide appropriate support for the breastfeeding dyad, especially at time periods critical to breastfeeding success.

Breastfeeding Provisions of Interim Rule

The provisions of the interim rule, as recommended by the Institute of Medicine (IOM) of the National Academies, revise WIC regulations to provide food packages that better meet the nutritional needs of breastfeeding mothers and infants, provide incentives for initiation and continuation of breastfeeding, and minimize early supplementation with infant formula to help mothers establish milk supply. Under the interim rule, a woman continues to be certified eligible as a breastfeeding woman if she is breastfeeding on the average of

¹ American Academy of Pediatrics, Section on Breastfeeding. “Breastfeeding and the Use of Human Milk.” PEDIATRICS 2005; 115; 496-506. Available at <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;115/2/496.pdf>

at least once a day. However, whether or not a breastfeeding woman receives a food package and which food package she is assigned is based on the amount of infant formula received from WIC for her infant and the age of the infant. New food package categories distinguish between fully breastfeeding, partially breastfeeding, and fully formula feeding mother/infant pairs.² Fully breastfeeding mothers and infants receive the largest variety and quantity of foods. Compared to the previous food packages, partially breastfed infants receive less formula to allow mothers to feed more breast milk to their infants. Routine issuance of infant formula for partially breastfed infants less than one month of age is not authorized.

The revised food packages for breastfeeding women and infants reflect and support existing Food and Nutrition Service (FNS) regulations, policy and philosophy related to breastfeeding promotion, assessment, tailoring infant formula amounts, and the importance of minimal formula supplementation. However, the revisions may represent a significant change in the way some local agencies conduct food package issuance for the breastfeeding dyad. It is important for State agencies to (1) review existing policies and procedures for local agencies and ensure they support breastfeeding women and infants through minimum supplementation with infant formula; and (2) ensure staff are adequately trained to provide anticipatory guidance to pregnant women, conduct breastfeeding assessments, assign appropriate food packages, and provide counseling and support for the breastfeeding dyad.

Using Value Enhanced Nutrition Assessment (VENA) for Breastfeeding Assessment and Food Package Issuance

Breastfeeding Assessment

Because the food packages for the breastfeeding mother/infant dyad are by design closely tied, it is important to ensure each breastfeeding pair receives a complete breastfeeding assessment. Value Enhanced Nutrition Assessment (VENA) encompasses and supports the breastfeeding assessment. As described in Policy Memorandum #2006-5, Value Enhanced Nutrition Assessment (VENA)—WIC Nutrition Assessment Policy, the WIC nutrition assessment serves as the foundation on which other nutrition services are planned and provided. A WIC nutrition assessment is the process of obtaining and

² The terms fully breastfeeding, partially breastfeeding, and fully formula feeding refer to the food package categories established in the interim rule.

synthesizing relevant and accurate information in order to assess nutritional status and risk, tailor the food package to address nutritional needs, design appropriate nutrition education, and make appropriate referrals.

The VENA guidance describes essential staff competencies and knowledge required to assess the breastfeeding dyad and includes evidence-based recommendations published by the American Academy of Pediatrics, the American Dietetic Association, the American College of Obstetrics and Gynecology, the Academy of Breastfeeding Medicine, and the International Lactation Consultant Association. The document includes guidance on the information to be addressed during assessment of pregnant and breastfeeding women or breastfed infants, such as beliefs and knowledge about breastfeeding, potential complications, the mother's medical providers' recommendations and the mother's support network for successful breastfeeding. The VENA guidance can be found at http://www.nal.usda.gov/wicworks/Learning_Center/VENA/VENA_Guidance.pdf.

Food Packages for the Breastfeeding Dyad

The breastfeeding assessment and the mother's plans for breastfeeding serve as the basis for determining food package issuance and the counseling and support provided to the mother. WIC's goal is to encourage mothers to breastfeed exclusively without supplementing with formula. A mother who intends to breastfeed should be provided counseling and support to help her feed only breast milk to her baby. Efforts should be made to schedule mothers who intend to breastfeed for subsequent certification as soon after delivery as possible in order to provide timely breastfeeding support.

Fully breastfeeding food packages: The food packages for fully breastfeeding mothers (those whose infants do not receive formula from WIC) and their infants are designed to supplement their special nutritional needs and serve as incentives for mothers to breastfeed without supplementation. Mothers should be advised that fully breastfeeding women who do not accept supplemental formula from WIC receive the largest quantity and variety of foods in their food packages, and their infants at 6 months of age receive the largest quantity and variety of infant foods. The mother should be praised for breastfeeding efforts and encouraged to continue fully breastfeeding her infant. If the mother was on WIC prenatally, provide her the fully breastfeeding food package in the first week after birth or as soon as possible so she may benefit from the additional foods.

Partially breastfeeding food packages: The food packages for partially breastfeeding mothers and their infants are designed to supplement their special nutritional needs and serve as incentives for mothers to continue to breastfeed even if they do not fully breastfeed. With proper counseling and support to help the mother successfully breastfeed, the breastfed infant should require no supplementation, especially during the first month of life when breastfeeding is being established. Therefore, the partially breastfed food package for infants begins at one month postpartum. The maximum formula amount for partially breastfed infants in Food Package I is roughly half the maximum available to fully formula fed infants to help mothers feed more breast milk to their infants. Mothers should be advised that partially breastfeeding women receive more quantity and variety of foods in their food packages than mothers who fully formula feed.

Attachment 1 summarizes the protocol for determining the appropriate food package to issue to a breastfeeding woman.

Formula requests

When a breastfeeding mother requests infant formula, staff should troubleshoot the reason the mother is requesting formula and ensure the mother receives support from WIC staff with breastfeeding training, a peer counselor, lactation specialist, or other health care professional who can adequately address the mother's concerns and help her continue to breastfeed. State agencies should develop policies for formula requests that encourage continued breastfeeding when mothers do not fully breastfeed.

Care must be exercised to ensure that provision of formula does not interfere with or undermine the breastfeeding mother's desire to maintain lactation. State agencies should not routinely issue food packages with standard quantities of infant formula to breastfed infants; instead, WIC staff are expected to tailor the amount of infant formula based on the assessed needs of the breastfeeding infant. The regulatory maximum allowance of formula is rarely warranted. Encourage the use of powder formula that can be prepared in small quantities. The infant should be monitored for adequate intake, and the mother should be reassessed as necessary. It is important to convey to mothers they can resume exclusive breastfeeding after using supplemental formula.

Management Information Systems should be programmed to support local agency efforts by providing flexibility to tailor formula amounts, and limiting staff ability to issue formula without assessment by qualified staff. Food package automation system design

should offer enough flexibility to provide the minimal amount of formula that meets but does not exceed the infant's nutritional needs.

Issuance of Formula in First Month after Birth to Breastfed Infants

State agencies have the option to provide a small amount (one can) of infant formula to partially breastfed infants during the first month after birth on a case-by-case basis. Infant formula may only be issued after careful assessment of the mother and infant by staff with breastfeeding training. If it is determined some formula is appropriate for the infant in the first month, the mother should be advised on the appropriate amount of formula to feed the infant. The goal is to provide as minimal amount of supplemental formula as is needed, while offering counseling and support, in order to help the mother establish and maintain successful milk supply. Where State agencies opt to authorize infant formula in the first month, the infant is considered partially breastfed and the mother is issued Food Package V for partially breastfeeding mothers.

Anticipatory Guidance During the Prenatal Period

Among the best predictors of breastfeeding success is a woman's intention to breastfeed prior to delivery. During a woman's pregnancy, every opportunity should be taken to inform her of the benefits of breastfeeding, address her breastfeeding questions and concerns, and provide her with encouragement to initiate and continue breastfeeding for as long as possible. The range of benefits WIC offers to breastfeeding mothers and their infants—including the greater variety and quantity of food—should be presented as additional incentives to breastfeed. It is important that a mother is fully informed before asking her to make a decision about how she will feed her baby.

Mothers often have concerns about milk supply and whether their babies are getting enough milk. The prenatal period is a good time to educate mothers about milk supply and how much breast milk young infants need. Effective breastfeeding promotion should convey that providing formula to breastfed infants, especially in the early months, may challenge the mother's will to breastfeed and affect her ability to sustain or increase her supply of milk. Pregnant women should be made aware WIC does not routinely provide infant formula to partially breastfed infants less than one month of age.

Although WIC staff may only provide the minimum nutrition education contacts twice within a six-month certification period, every contact (whether communication is one-on-one, within a group, over the telephone, or even electronically) should be an interactive

exchange between WIC staff and the participant. This interaction should give the participant the opportunity to build rapport and discuss the issues and concerns of importance to her. Providing comprehensive, up-to-date, and culturally appropriate breastfeeding information is an important aspect of a nutrition education contact for pregnant and breastfeeding participants.

The third trimester of pregnancy and the first few weeks postpartum are critical time periods in helping mothers establish successful breastfeeding relationships with their infants. To prevent weaning during the first few weeks after birth, WIC staff should help mothers anticipate the various issues they may experience postpartum in the hospital, as well as when they bring their new baby home, and offer practical strategies to combat these potential obstacles.

Counseling Points for the Breastfeeding Mother provides key concepts that may be used as a guide when counseling mothers during pregnancy and after delivery (see Attachment 2).

WIC Staff Roles in Breastfeeding Promotion and Support

WIC directors and managers at both the State and local level set the tone for breastfeeding promotion and support, maintain breastfeeding friendly clinics, and allocate adequate funding and resources for staff training. All staff have a responsibility to encourage, educate, and support women in their breastfeeding decisions, and all staff should have a basic knowledge of breastfeeding and understand their unique role in order to effectively support breastfeeding as the optimal method of infant feeding (see Attachment 3).

Positive Clinic Environment for Breastfeeding

WIC regulations require State agencies to develop policies that create a positive breastfeeding environment which endorses breastfeeding as the preferred method of infant feeding. A positive breastfeeding clinic environment not only demonstrates to mothers the importance WIC places on breastfeeding, but also fosters and enhances staff efforts in promoting breastfeeding. Helping staff practice and model supportive behaviors related to breastfeeding is important to the success of the new WIC food packages.

Continuum of Care

WIC staff can play an important role in helping mothers during the transition from pregnancy to motherhood. During the critical early weeks postpartum, when mothers are most likely to wean, WIC staff can provide valuable breastfeeding support. It is important for WIC staff to determine where gaps may occur in a pregnant or breastfeeding woman's continuum of care from her last WIC visit as a pregnant woman through her first WIC visit after the baby is born to ensure breastfeeding support is available. Too often postpartum women who initially intend to breastfeed return to WIC for the provision of formula after delivery.

Breastfeeding Peer Counselors

Peer counselors can improve the continuity of care provided to participants throughout the postpartum period. For example, peer counselors can play a critical role in filling in the gap in services a new mother experiences after hospital discharge and before her next WIC appointment. Since fiscal year 2004, FNS has made available funds and training to equip WIC Programs with a research-based implementation and management model that is effective and feasible, and serves as a standard in designing, building, and sustaining peer counseling programs. In addition to the specific peer counseling funds allocated by FNS, State agencies may use Nutrition Services and Administration funds for their peer counseling programs. Information about Loving Support Peer Counseling can be found at http://www.nal.usda.gov/wicworks/Learning_Center/support_peer.html

Community Partnerships

Collaborations with key stakeholders and community partners allow WIC staff to form referral networks and develop strategies to address and help women overcome barriers to breastfeeding. WIC staff should work with local partners to develop programs that will make a positive difference in encouraging mothers to choose to breastfeed, and to gain the support they need to continue breastfeeding. A checklist for community partnership planning can be found at http://www.nal.usda.gov/wicworks/Learning_Center/partnerpub.pdf.

Nutrition Service Standards

The 2001 WIC Nutrition Services Standards describe quality standards of practice for breastfeeding promotion and support in the WIC Program including Federal requirements,

recommended criteria and best practices. The standards are designed to help State and local WIC agencies assess and improve the delivery and quality of nutrition services. This important resource is available electronically at http://www.nal.usda.gov/wicworks/Learning_Center/index.html.

Attachment 1

Food Package Issuance Protocols

WIC's definition of a breastfeeding woman continues to be the practice of feeding a mother's breast milk to her infant on the average of at least once a day. This definition determines the categorical eligibility of a participant as a breastfeeding woman, and has not changed under the interim rule revising the WIC food packages. Breastfeeding women are eligible for WIC services up to one year postpartum. Breastfeeding assessment and the mother's plans for breastfeeding serve as the basis for determining food package issuance.

The following describes the various food packages available to women who meet the definition of a breastfeeding woman in the WIC Program. All of these women should be reported as breastfeeding, regardless of the food package they are issued.

Food Package VII is issued to:

Fully **breastfeeding women** whose infants do not receive infant formula from WIC. Their infants receive no food package through age 5 months; at 6 months of age their infants receive the fully breastfed infant food package. Women fully breastfeeding *multiple infants from the same pregnancy* receive 1.5 times the supplemental foods provided in Food Package VII.

Partially (mostly) **breastfeeding women** who are breastfeeding *multiple infants from the same pregnancy* and whose infants receive formula from WIC in amounts that *do not exceed* the maximum formula allowances for partially breastfed infants. After the first month postpartum, their infants receive the partially breastfed infant food package appropriate to the age of the infant.

(NOTE: women pregnant with two or more fetuses also receive Food Package VII)

Food Package V is issued to:

Partially (mostly) **breastfeeding women** who are breastfeeding *singleton* infants up to 12 months of age and whose infants receive formula in amounts that *do not exceed* the maximum formula allowances for partially breastfed infants. After the first month postpartum, their infants receive the partially breastfed infant food package appropriate to the age of the infant.

Food Package VI is issued to:

Partially (minimally) **breastfeeding women** who are breastfeeding *singleton infants* or *multiple infants from same pregnancy* and whose infants *less than 6 months of age* receive formula from WIC in amounts that *exceed* the maximum formula allowance for partially breastfed infants. Their infants receive the fully formula fed package

appropriate to the age of the infant, with the amount of formula tailored to the needs of the infant(s).

(NOTE: non-breastfeeding postpartum women also receive Food Package VI)

No Food Package is issued to:

Partially (minimally) **breastfeeding women** who are breastfeeding *singleton infants* or *multiple infants from same pregnancy* and whose infants *greater* than 6 months of age receive formula from WIC in amounts that *exceed* the maximum formula allowance for partially breastfed infants. These women continue to count as breastfeeding women and receive nutrition services. Their infants receive the fully formula fed infant food package appropriate to the age of the infant, with the amount of formula tailored to the needs of the infant.



Attachment 2

VENA philosophy connects nutrition and breastfeeding assessment to effective and appropriate counseling and support that best meet the needs of the breastfeeding mother and infant. Effective counseling approaches are participant-centered and include active listening using open-ended questions to build rapport, identify and reflect concerns, and help women set realistic goals. The following key concepts may be used as a guide when developing targeted messages about breastfeeding during pregnancy and after delivery.

Counseling Points for the Breastfeeding Mother

PRENATAL (Especially 3rd Trimester)

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Breastfeeding is a priority for the WIC Program</i></p> <ul style="list-style-type: none"> A major goal of the WIC Program is to improve the nutritional status of infants; therefore, WIC mothers are encouraged to breastfeed their infants unless medically contraindicated. Breastfeeding women are at a higher level in the priority system to receive services. | <ul style="list-style-type: none"> Encourage pregnant mother to initiate and continue the breastfeeding relationship at least through the first 12 months of age. Assess a pregnant mother’s intention to breastfeed and identify factors that affect breastfeeding success. Address any concerns or questions mother may have about breastfeeding. Discuss with mother how breastfeeding is an important relationship that takes patience and practice in order for mother and infant to learn and recognize each other’s signals. Advise pregnant mother about the enhanced services breastfeeding mothers receive in the WIC Program: <ul style="list-style-type: none"> information through counseling and breastfeeding educational materials. follow-up support through WIC counselors and referrals. eligibility to participate in WIC longer than non-breastfeeding mothers. breast pumps, breast shells or nursing supplementers to help support the initiation and continuation of breastfeeding. Emphasize to pregnant mother the incentives provided in the food packages for breastfeeding mothers and their infants. Advise mother that breastfeeding women who do not accept formula from WIC receive the largest quantity and variety of foods. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Breastfeeding is the optimal infant feeding method</i></p> <ul style="list-style-type: none"> • The American Academy of Pediatrics (AAP) recommends breastfeeding as the preferred feeding for all infants, including preterm infants. • Breastfeeding has various health, emotional, and economical benefits for a mother and her infant. • A mother’s breast milk has the perfect combination of nutrients needed for her infant’s growth and development. • Exclusive breastfeeding for the first 6 months of life confers the greatest benefit. | <ul style="list-style-type: none"> • Discuss the various benefits of breastfeeding with mother for her infant as well as herself. • Discuss the advantages of breastfeeding versus feeding infant formula. |
| <p><i>Support is critical to breastfeeding success</i></p> <ul style="list-style-type: none"> • Family, friends, and health care providers are influential in a mother’s decision to breastfeed and the duration of the breastfeeding relationship. • Mothers should surround themselves with supportive family and friends when adjusting to new motherhood and breastfeeding her infant. | <ul style="list-style-type: none"> • Encourage mother to develop a support plan which may include family, friends, a WIC counselor, lactation professional or peer counselor. • Encourage mother to talk with family and friends about breastfeeding and to invite them to attend prenatal breastfeeding classes. • Encourage mother to call WIC with questions or for advice. • Provide referrals and contact information if additional support is necessary, especially in the first few weeks after birth when mothers are most likely to wean (e.g., WIC counselors, lactation professionals, peer counselors, health care providers). • Provide follow-up to address mother’s concerns as appropriate. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Hospital practices/protocol and their impact on the breastfeeding relationship</i></p> <ul style="list-style-type: none"> • Some hospital practices act as barriers to successful initiation and continuation of the breastfeeding relationship. | <ul style="list-style-type: none"> • Familiarize yourself with your local hospitals’ delivery and postpartum practices. • Encourage mother to discuss her plans to breastfeed with her health care provider before birth and state her requests on the hospital preadmission forms. • Encourage mother to talk to the pediatrician and hospital nursing staff about her plans to breastfeed her infant. • Counsel mother on postpartum practices supporting breastfeeding: <ul style="list-style-type: none"> ✓ Breastfeed as soon as possible after birth ✓ Breastfeed on demand ✓ Delay offering a pacifier until breastfeeding is established ✓ “Room in” or keep the infant in the room as much as possible ✓ Do not offer supplemental bottles of formula or water unless medically indicated ✓ Ask to see a lactation professional or nurse knowledgeable about breastfeeding. • Provide mother with tools that will help her assert her choice to breastfeed during her hospital stay (e.g., birthing plan, crib card). |
| <p><i>Supplementation interferes with a mother’s milk supply and her breastfeeding success</i></p> <ul style="list-style-type: none"> • Supplemental feedings of water or infant formula are unnecessary as breast milk provides ideal nourishment for the infant. • Supplemental feedings, especially in the early days after birth, interfere with a mother’s milk supply (the amount of milk she produces). • The amount of milk a mother produces depends on the frequency and effectiveness of milk removal from the breast (“Supply and demand”). • Artificial nipples on bottles and pacifiers require different movements of the infant’s tongue, lips, and jaw that may make it difficult for infants to easily go back to the mother’s nipple and breast. | <ul style="list-style-type: none"> • Discuss with mother why supplemental feedings are unnecessary and how they interfere with the success of the breastfeeding relationship. • Discuss fears mother may have about her ability to breastfeed and her milk supply. • All pregnant women should be made aware that WIC does not routinely provide infant formula to partially breastfed infants less than one month of age to help the mother and infant get off to a good start with breastfeeding. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Maternal nutrition supports breastfeeding</i></p> <ul style="list-style-type: none"> Breastfeeding mothers need to maintain a balanced diet; however, her breast milk will provide all the nutrients her infant needs if her diet is not perfect. | <ul style="list-style-type: none"> Discuss recommendations for healthy eating with mother. Refer to MyPyramid in Action: Tips for Breastfeeding Moms at http://www.nal.usda.gov/wicworks/Topics/BreastfeedingFactSheet.pdf Emphasize that the additional foods provided in WIC food packages for breastfeeding mothers supplement their special nutritional needs. Advise mother that breastfeeding women who do not accept formula from WIC receive the largest quantity and variety of foods. If the mother was on WIC prenatally, provide her the fully breastfeeding food package (Food Package VII) in the first week after birth or as soon as possible so she may benefit from the additional foods. |
| <p><i>Breastfeeding can continue when returning back to work or school</i></p> <ul style="list-style-type: none"> Many mothers need or want to return to work or school outside their home shortly after their infant's birth. Mothers who are temporarily separated from their infants can continue to breastfeed successfully. | <ul style="list-style-type: none"> Discuss strategies mother can use that may improve her ability to continue breastfeeding when she returns to work or school and must be separated from her infant such as: <ul style="list-style-type: none"> Breastfeed the infant when home and express breast milk by hand or by using a breast pump. Make arrangements for safely storing expressed breast milk while away from home. Choose a babysitter or day care center that is supportive of breastfeeding. Introduce infant to drinking from a bottle and to being fed by someone else. Breastfeed regularly on weekends and evenings. State agency policy should be followed regarding appropriate protocols for providing breast pumps. |

POSTPARTUM (Birth – 2 WEEKS)

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Breastfeeding is the optimal infant feeding method</i></p> <ul style="list-style-type: none"> • AAP recommends breastfeeding as the preferred feeding for all infants, including preterm infants. • Breastfeeding has various health, emotional, and economical benefits for a mother and her infant. • A mother’s breast milk has the perfect combination of nutrients needed for her infant’s growth and development. • Exclusive breastfeeding for the first 6 months of life confers the greatest benefit. | <ul style="list-style-type: none"> • Discuss the various benefits of breastfeeding with mother for her infant and herself. • Discuss the advantages of breastfeeding versus feeding infant formula. • Encourage mother to initiate and continue the breastfeeding relationship at least through the first 12 months of age. |
| <p><i>Breastfeed as soon as possible after birth</i></p> <ul style="list-style-type: none"> • Infants are alert and ready to breastfeed immediately after birth. After the first few hours of life, newborn infants become very sleepy. • If possible, infant should be put skin-to-skin in delivery room and offered the breast, fostering the breastfeeding relationship. | <ul style="list-style-type: none"> • Encourage mother to breastfeed as soon as possible after birth. |
| <p><i>Importance of Colostrum</i></p> <ul style="list-style-type: none"> • Colostrum is a thick, yellowish fluid that provides antibodies to resist infection. • Colostrum is small in quantity (teaspoons). • Frequent feeding, even when colostrum is present, is important. It helps establish a good milk supply once milk comes in and provides various health benefits. | <ul style="list-style-type: none"> • Discuss the importance of the first “milk” or colostrum, which provides antibodies that help infants resist illness and disease. • Discuss the transition from colostrum to mature milk. • Encourage mother to breastfeed her infant as soon as possible after birth to provide this important substance to her infant. |
| <p><i>Comfort and Proper Positioning</i></p> <ul style="list-style-type: none"> • There are three commonly used positions that allow an infant and mother to breastfeed comfortably: <ul style="list-style-type: none"> ▪ Lying down or side lying ▪ Across the lap or cradle hold ▪ Football hold or clutch hold. • Positioning the infant properly at breast is essential for successful latch-on and avoidance of sore nipples. • Some mothers may experience some initial discomfort, but breastfeeding should not be painful. | <ul style="list-style-type: none"> • Discuss correct positioning, essential for proper “latch-on.” • Address any issues related to pain and discomfort during breastfeeding. • Encourage mother to see her health care provider for assessment if pain or discomfort persists. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Recognize hunger and satiety cues and feed often and on demand</i></p> <ul style="list-style-type: none"> • Infants should breastfeed 8 to 12 times in 24 hours (or about every 1½ to 3 hours), usually 10 to 15 minutes per breast. • Signs of hunger: <ul style="list-style-type: none"> ✓ Rooting reflex ✓ Small fussing sounds ✓ Hand-to-mouth activity ✓ Smacking lips ✓ Pre-cry facial grimaces – (Crying is a late signal) • Signs of fullness: <ul style="list-style-type: none"> ✓ Coming off the breast ✓ Slows or stops suckling ✓ Hands relax ✓ Fall asleep • Frequent feeding helps build milk supply. • A newborn infant should not go longer than 2 to 3 hours during the day or 4 hours at night without feeding. | <ul style="list-style-type: none"> • Discuss infant feeding patterns with mother. Although 1½ to 3 hours is the average breastfed infant feeding pattern, this varies from infant to infant and day to day. • Discuss with mother that breast milk empties from the stomach faster than infant formula does. New mothers may compare their infants to formula-fed infants and misinterpret the normal frequency of breastfeeding to mean that they have insufficient milk. • Encourage mother to breastfeed often and on demand and avoid scheduling feedings. • Discuss the importance of recognizing feeding cues. Emphasize that crying is a late sign of hunger and can result in an infant who is difficult to calm and latch to the breast. |
| <p><i>Signs that infant is getting enough</i></p> <ul style="list-style-type: none"> • Breastfeeds frequently and is satisfied after each feeding • Plenty of wet and soiled diapers, with pale yellow or nearly colorless urine <ul style="list-style-type: none"> ▪ At least 5-6 wet and 3 soiled diapers per day in the first 3-5 days of life ▪ 6 or more wet and 3-4 soiled diapers per day by 5-7 days of age • Audible swallowing consistently while breastfeeding • Wakes to feed • Gains weight consistently | <ul style="list-style-type: none"> • Ask mother about specific indicators to ensure that infant is getting enough milk such as elimination patterns for breastfed infants, appropriate weight gain, etc. • Advise mother to contact her health care provider if she believes her infant is not getting enough milk. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Appropriate weight gain/loss for infants</i></p> <ul style="list-style-type: none"> Nearly all infants lose a few ounces of weight the first few days after birth. During this period, infants pass their first stools and eliminate extra fluids. As the mother's milk production increases, an infant who is breastfeeding effectively should begin gaining weight. AAP recommends that newborn infants be seen by their pediatrician or other knowledgeable and experienced health care provider at 3 to 5 days of age. By two weeks of age, infants should be at or over their birth weight. | <ul style="list-style-type: none"> Encourage mother to arrange a follow-up visit for her infant with her health care provider or WIC clinic within the first week after birth (3 to 5 days of age). An early weight check gives a new mother confidence in her ability to produce enough milk and the opportunity to ask questions. If there are concerns about an infant's weight or weight loss is > 7% of birth weight, encourage the mother to consult her health care provider. |
| <p><i>Breast Fullness/ Engorgement</i></p> <ul style="list-style-type: none"> During the first week after birth, milk supply steadily increases and breasts may feel full and heavy. Frequent feedings will relieve the fullness, but engorgement (swollen, hard and painful breasts) may occur if breastfeeding is not frequent and effective. | <ul style="list-style-type: none"> Discuss normal fullness of breasts and encourage mother to breastfeed frequently and on demand to avoid engorgement. Discuss symptoms of engorgement. If mother experiences very full, hard, painful breasts, this may be an indication of engorgement and may require that she contact her health care provider for assistance. |
| <p><i>Maternal nutrition supports breastfeeding</i></p> <ul style="list-style-type: none"> Breastfeeding mothers need to maintain a balanced diet; however, her milk will provide all the nutrients her infant needs if her diet is not perfect. | <ul style="list-style-type: none"> Discuss recommendations for healthy eating with mother. Refer to MyPyramid Plan in Action: Tips for Breastfeeding Moms at http://www.nal.usda.gov/wicworks/Topics/BreastfeedingFactSheet.pdf Emphasize that the additional foods provided in WIC food packages for breastfeeding mothers supplement their special nutritional needs. Advise mother that breastfeeding women who do not accept formula from WIC receive the largest quantity and variety of foods. If the mother was on WIC prenatally, provide her the fully breastfeeding food package (Food Package VII) in the first week after birth or as soon as possible so she may benefit from the additional foods. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Supplemental feedings interfere with a mother’s milk supply and her breastfeeding success</i></p> <ul style="list-style-type: none"> • Supplemental feedings of water or infant formula are unnecessary as breast milk provides ideal nourishment for the infant. • Supplemental feedings, especially in the early days after birth, interfere with a mother’s milk supply (the amount of milk she produces). • The amount of milk a mother produces depends on the frequency and effectiveness of milk removal from the breast (“supply and demand”). • Artificial nipples on bottles and pacifiers require different movements of the tongue, lips, and jaw and may make it difficult for infants to go back to the mother’s nipple and breast. | <ul style="list-style-type: none"> • Discuss with mother why supplemental feedings are unnecessary and how it interferes with the success of the breastfeeding relationship. • Discuss fears mother may have about her milk supply. She may perceive a decrease in her milk supply when the initial fullness of her breasts subside or question her ability to produce enough milk to nourish her infant adequately. • Advise mother that WIC does not routinely provide infant formula to partially breastfed infants less than one month of age to help the mother and infant get off to a good start with breastfeeding. • If mother requests formula, troubleshoot the reason and ensure she receives support and referrals as appropriate to continue to breastfeed. • State agency policy should be followed regarding provision of formula in the first month postpartum. |
| <p><i>Basic Breast Care</i></p> <ul style="list-style-type: none"> • There are simple steps mothers can take to care for their breasts to minimize the development of common breastfeeding-related breast and nipple problems. | <ul style="list-style-type: none"> • Discuss recommended breast care practices with mother such as: <ul style="list-style-type: none"> ○ Keep nipple dry between feedings. ○ Avoid using harsh soaps and detergents on nipples and areolae. ○ Do not use creams, ointments or oils on the nipples or areolae on a routine basis to heal sore nipples, abrasions or cracks. |
| <p><i>Appetite/Growth Spurts</i></p> <ul style="list-style-type: none"> • Appetite or growth spurts are short periods of time when the infant breastfeeds more frequently than normal. • Usually occurs around 2 to 3 weeks of age; however, the time period an infant goes through an appetite spurt may vary. • During this time mother’s breast fullness may have subsided. | <ul style="list-style-type: none"> • Reassure mother about their milk supply. A mother may feel that she has an insufficient milk supply, but during these periods of frequent feeding the infant is signaling the mother’s body to produce more milk to meet his growing needs. • Encourage the mother to keep the infant at the breast as often as the infant demands to feed during this period. • Assure mother that her milk supply will quickly increase with her infant’s demand and soon her infant’s feeding routine will return to normal. • Praise mother for her breastfeeding efforts and encourage her to continue breastfeeding her infant. • If a mother expresses concern that an appetite spurt lasts longer than a few days, refer her to a lactation professional or her health care provider. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Vitamin D Supplementation</i></p> <ul style="list-style-type: none"> • AAP states that breastfed infants who do not receive supplemental vitamin D or adequate sunlight exposure are at increased risk of developing vitamin D deficiency or rickets. • AAP recommends that all healthy infants have a minimum daily intake of 400 IU of vitamin D per day beginning within the first few days of life to prevent rickets and vitamin D deficiency. | <ul style="list-style-type: none"> • Discuss vitamin supplementation. A daily supplement of 400 IU of vitamin D is recommended by AAP beginning within the first few days of life. Encourage mother to discuss vitamin D supplementation with her infant’s pediatrician. |
| <p><i>Support is critical to breastfeeding success</i></p> <ul style="list-style-type: none"> • Family, friends, and health care providers are influential in a mother’s decision to breastfeed and the duration of the breastfeeding relationship. • Mothers should surround themselves with supportive family and friends when adjusting to new motherhood and breastfeeding her infant. | <ul style="list-style-type: none"> • Encourage and praise mother for her breastfeeding efforts • Encourage mother to call with questions or for advice. • Provide referrals and contact information if additional support is necessary, especially in the first few weeks after birth (e.g., WIC counselor, peer counselor, lactation professional, health care provider). • Provide follow-up to address mother’s concerns as appropriate. |

POSTPARTUM (2 – 4 WEEKS)

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Breastfeeding is the optimal infant feeding method</i></p> <ul style="list-style-type: none"> • AAP recommends breastfeeding as the preferred feeding for all infants, including preterm infants. • Breastfeeding has various health, emotional, and economical benefits for a mother and her infant. • A mother’s breast milk has the perfect combination of nutrients needed for her infant’s growth and development. • Exclusive breastfeeding for the first 6 months of life confers the greatest benefit. | <ul style="list-style-type: none"> • Discuss the various benefits of breastfeeding with mother for her infant and herself. • Discuss the advantages of breastfeeding versus feeding infant formula. • Encourage mother to continue the breastfeeding relationship at least through the first 12 months of age. |
| <p><i>Maternal nutrition supports breastfeeding</i></p> <ul style="list-style-type: none"> • Breastfeeding mothers need to maintain a balanced diet; however, her milk will provide all the nutrients her infant needs if her diet is not perfect. | <ul style="list-style-type: none"> • Discuss recommendations for healthy eating with mother. Refer to MyPyramid Plan for Moms at http://www.nal.usda.gov/wicworks/Topics/BreastfeedingFactSheet.pdf • Emphasize that the additional foods provided in WIC food packages for breastfeeding mothers supplement their special nutritional needs. • Advise mother that breastfeeding women who do not accept formula from WIC receive the largest quantity and variety of foods. |
| <p><i>Appetite/Growth Spurts</i></p> <ul style="list-style-type: none"> • Appetite or growth spurts are short periods of time when the infant breastfeeds more frequently than normal. • Usually occurs around 6 weeks of age; however, the time period an infant goes through an appetite spurt may vary. | <ul style="list-style-type: none"> • Reassure mother about her milk supply. A mother may feel that she has an insufficient milk supply, but during these periods of frequent feeding the infant is signaling the mother’s body to produce more milk to meet his growing needs. • Encourage the mother to keep the infant at the breast as often as the infant demands to feed during this period. • Assure mother that her milk supply will quickly increase with her infant’s demand and soon her infant’s feeding routine will return to normal. • Praise mother for her breastfeeding efforts and encourage her to continue breastfeeding her infant. • If a mother expresses concern that an appetite spurt lasts longer than a few days, refer her to a lactation professional or her health care provider. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Basic Breast Care</i></p> <ul style="list-style-type: none"> • There are simple steps mothers should take to care for their breasts to minimize the development of common breastfeeding-related breast and nipple problems. | <ul style="list-style-type: none"> • Discuss recommended breast care practices with mother such as: <ul style="list-style-type: none"> ○ Keep nipple dry between feedings. ○ Avoid using harsh soaps and detergents on nipples and areolae. ○ Do not use creams, ointments or oils on the nipples or areolae on a routine basis to heal sore nipples, abrasions or cracks. |
| <p><i>Recognize hunger and satiety cues and feed often and on demand</i></p> <ul style="list-style-type: none"> • Infants should breastfeed 8 to 12 times in 24 hours (or about every 1½ to 3 hours), usually 10 to 15 minutes per breast. • Signs of hunger: <ul style="list-style-type: none"> ✓ Rooting reflex ✓ Small fussing sounds ✓ Hand-to-mouth activity ✓ Smacking lips ✓ Pre-cry facial grimaces – (Crying is a late signal) • Signs of fullness: <ul style="list-style-type: none"> ✓ Coming off the breast ✓ Slows or stops suckling ✓ Hands relax ✓ Fall asleep • Frequent feeding helps build milk supply. • A newborn infant should not go longer than 2 to 3 hours during the day or 4 hours at night without feeding. | <ul style="list-style-type: none"> • Discuss infant feeding patterns with mother. Although 1½ to 3 hours is the average breastfed infant feeding pattern, this pattern varies from infant to infant and day to day. • Discuss with mother that breast milk empties from the stomach faster than infant formula does. New mothers may compare their infants to formula-fed infants and misinterpret the normal frequency of breastfeeding to mean that they have insufficient milk. • Encourage mother to breastfeed often and on demand and avoid scheduling feedings. • Discuss the importance of recognizing feeding cues. Emphasize that crying is a late sign of hunger and can result in an infant who is difficult to calm and latch to the breast. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Signs that infant is getting enough</i></p> <ul style="list-style-type: none"> • Breastfeeds frequently and is satisfied after each feeding • Plenty of wet and soiled diapers, with pale yellow or nearly colorless urine • Audible swallowing consistently while breastfeeding • Wakes to feed • Gains weight consistently <ul style="list-style-type: none"> ▪ By 2 weeks of age, infants should be at or above birth weight. ▪ AAP recommends that infants have a second follow-up visit with the pediatrician or other knowledgeable and experienced health care provider at 2 to 3 weeks of age to monitor weight gain. | <ul style="list-style-type: none"> • Encourage mother to arrange a follow-up visit for her infant with her health care provider or WIC clinic (2 to 3 weeks of age). • An early weight check gives a new mother confidence in her ability to produce adequate milk. • Discuss infant’s weight gain with mother. • If there are concerns about an infant’s weight, encourage the mother to consult her health care provider. • Discuss elimination patterns. Stools of breastfed infants should be non-formed, yellowish and seedy in appearance, with no foul odor. Reassure mother that this is normal versus the firm brown stools typical of formula-fed infants. |
| <p><i>Supplemental feedings interfere with a mother’s milk supply and her breastfeeding success</i></p> <ul style="list-style-type: none"> • Supplemental feedings of water or infant formula are unnecessary as breast milk provides ideal nourishment for the infant. • Supplemental feedings, especially in the early days after birth, interfere with a mother’s milk supply (the amount of milk she produces). • The amount of milk a mother produces depends on the frequency and effectiveness of milk removal from the breast (“Supply and demand”). • Artificial nipples on bottles and pacifiers require different movements of the infant’s tongue, lips, and jaw that may make it difficult for the infant to go back to the mother’s nipple and breast. | <ul style="list-style-type: none"> • Emphasize to mother that exclusive breastfeeding confers the greatest benefit for her infant and for herself. • Discuss with mother why supplemental feedings are unnecessary and how it interferes with the success of the breastfeeding relationship. • Advise mother that WIC does not routinely provide infant formula to partially breastfed infants less than one month of age to help the mother and infant get off to a good start with breastfeeding. • Discuss fears mother may have about her milk supply. She may perceive a decrease in her milk supply when the initial fullness of her breasts subsides or question her ability to produce enough milk to nourish her infant adequately. • If mother requests formula, troubleshoot the reason and ensure she receives support and referrals as appropriate to continue to breastfeed. • State agency policy should be followed regarding provision of formula in the first month postpartum. |

POSTPARTUM (1 – 5 MONTHS)

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Breastfeeding is the optimal infant feeding method</i></p> <ul style="list-style-type: none"> • AAP recommends breastfeeding as the preferred feeding for all infants, including preterm infants. • Breastfeeding has various health, emotional, and economical benefits for a mother and her infant. • A mother’s breast milk has the perfect combination of nutrients needed for her infant’s growth and development. • Exclusive breastfeeding for the first 6 months of life confers the greatest benefit. | <ul style="list-style-type: none"> • Discuss the various benefits of breastfeeding with mother for her infant as well as herself. • Discuss the advantages of breastfeeding versus feeding infant formula. • Determine mother’s plan for breastfeeding. Encourage mothers to continue the breastfeeding relationship at least through the first 12 months of age. |
| <p><i>Maternal nutrition supports breastfeeding</i></p> <ul style="list-style-type: none"> • Breastfeeding mothers need to maintain a balanced diet; however, her milk will provide all the nutrients her infant needs if her diet is not perfect. | <ul style="list-style-type: none"> • Discuss recommendations for healthy eating with mother. Refer to MyPyramid Plan in Action: Tips for Breastfeeding Moms at http://www.nal.usda.gov/wicworks/Topics/BreastfeedingFactSheet.pdf • Emphasize that the additional foods provided in WIC food packages for breastfeeding mothers supplement their special nutritional needs. • Advise mothers that breastfeeding women who do not accept formula from WIC receive the largest quantity and variety of foods. |
| <p><i>Appetite/Growth Spurts</i></p> <ul style="list-style-type: none"> • Appetite or growth spurts are short periods of time when the infant breastfeed more frequently than normal. Usually occurs around 3 and 6 months of age; however, the time period an infant goes through an appetite spurt may vary. | <ul style="list-style-type: none"> • Reassure mother about her milk supply. A mother may feel that she has an insufficient milk supply, but during these periods of frequent feeding the infant is signaling the mother’s body to produce more milk to meet his growing needs. • Encourage the mother to keep the infant at the breast as often as the infant demands to feed during this period. • Assure mother that her milk supply will quickly increase with her infant’s demand and soon her infant’s feeding routine will return to normal. • Praise mother for her breastfeeding efforts and encourage her to continue breastfeeding her infant. • If a mother expresses concern that an appetite spurt lasts longer than a few days, refer her to a lactation professional or her health care provider. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Recognize hunger and satiety cues and feed often and on demand</i></p> <ul style="list-style-type: none"> • Infants should breastfeed 8 to 12 times in 24 hours (or about every 1½ to 3 hours), usually 10 to 15 minutes per breast. • Signs of hunger: <ul style="list-style-type: none"> ✓ Rooting reflex ✓ Small fussing sounds ✓ Hand-to-mouth activity ✓ Smacking lips ✓ Pre-cry facial grimaces – (Crying is a late signal) • Signs of fullness: <ul style="list-style-type: none"> ✓ Coming off the breast ✓ Slows or stops suckling ✓ Hands relax ✓ Fall asleep | <ul style="list-style-type: none"> • Discuss infant feeding patterns with mother. Although 1½ to 3 hours is the average breastfed infant feeding pattern, this pattern varies from infant to infant and day to day. • Discuss with mother that breast milk empties from the stomach faster than infant formula does. New mothers may compare their infants to formula-fed infants and misinterpret the normal frequency of breastfeeding to mean that they have insufficient milk. • Encourage mother to breastfeed often and on demand and avoid scheduling feedings. • Discuss the importance of recognizing feeding cues. |
| <p><i>Teething</i></p> <ul style="list-style-type: none"> • It is not necessary to wean an infant from the breast when an infant’s teeth began to erupt. • Mother can soothe the infant and make breastfeeding more comfortable. | <ul style="list-style-type: none"> • Provide anticipatory guidance to mother about teething and discourage early weaning. • Discuss the importance of oral health for all infants, including breastfed infants. Advise mother to cleanse infant’s gums and teeth after feedings. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Breastfeeding can continue when returning back to work or school</i></p> <ul style="list-style-type: none"> • Many mothers need or want to return to work or school outside their home shortly after their infant’s birth. • Mothers who are temporarily separated from their infants can continue to breastfeed successfully. | <ul style="list-style-type: none"> • Discuss strategies mother can use which may improve her ability to continue breastfeeding when she returns to work or school and must be separated from her infant such as: <ul style="list-style-type: none"> ○ Breastfeed the infant when home and express breast milk by hand or by using a breast pump. ○ Make arrangements for safely storing expressed breast milk while away from home. ○ Choose a babysitter or day care center that is supportive of breastfeeding. ○ Introduce infant to drinking from a bottle and to being fed by someone else. ○ Breastfeed regularly on weekends and evenings. • State agency policy should be followed regarding appropriate protocols for providing breast pumps. |
| <p><i>Supplemental feedings interfere with a mother’s milk supply and her breastfeeding success</i></p> <ul style="list-style-type: none"> • Supplemental feedings of water or infant formula are unnecessary as breast milk provides ideal nourishment for the infant. • Supplemental feedings, especially in the early days after birth, interfere with a mother’s milk supply (the amount of milk she produces). • The amount of milk a mother produces depends on the frequency and effectiveness of milk removal from the breast (“supply and demand”). | <ul style="list-style-type: none"> • Emphasize to mother that exclusive breastfeeding confers the greatest benefit for her infant and for herself. • Discuss with mother why supplemental feedings are unnecessary and how it interferes with the success of the breastfeeding relationship. • Discuss fears mother may have about her milk supply. She may perceive a decrease in her milk supply when the initial fullness of her breasts subside or question her ability to produce enough milk to nourish her infant adequately. • If mother requests formula, troubleshoot the reason and ensure she receives support and referrals as appropriate to continue to breastfeed. • If careful breastfeeding assessment indicates some formula is indicated, encourage mother to work with her WIC counselor so she can provide as much breast milk as possible to her infant. • Tailor the amount of infant formula based on the assessed needs of the infant. • Provide the minimal amount of formula that meets but does not exceed the infant’s nutritional needs. • Convey to mother it is possible to resume exclusive breastfeeding after using supplemental formula. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Introducing solids/complementary foods</i></p> <ul style="list-style-type: none"> • Complementary foods should not be introduced to infants before they are developmentally ready for them; this readiness occurs in most infants between 4 and 6 months of age. • Infants fed complementary food before they are developmentally ready for them may: <ul style="list-style-type: none"> ○ Choke on the food ○ Consume less than the appropriate amount of breast milk ○ Develop food allergies. • Developmental signs an infant is ready to consume complementary foods include: <ul style="list-style-type: none"> ○ Sits up, alone or with support ○ Holds his head steady and straight ○ Opens his mouth when he sees food coming ○ Keeps food in his mouth and swallows it rather than pushing it back out. | <ul style="list-style-type: none"> • Discuss introducing complementary foods with mother. • Discuss with mother the developmental signs indicating an infant’s readiness for complementary foods. • Discuss reasons mother should not introduce complementary foods to her infant before he is developmentally ready for them. • Discuss the importance of oral health for all infants, including breastfed infants. Advise mother to cleanse infant’s gums and teeth after feedings. |

POSTPARTUM (6 - 12 MONTHS)

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Breastfeeding is the optimal infant feeding method</i></p> <ul style="list-style-type: none"> • AAP recommends breastfeeding as the preferred feeding for all infants. • Breastfeeding has various health, emotional, and economical benefits for a mother and her infant. • A mother's breast milk has the perfect combination of nutrients needed for her infant's growth and development. | <ul style="list-style-type: none"> • Discuss the various benefits of breastfeeding with mother for her infant as well as herself. • Discuss the advantages of breastfeeding versus feeding infant formula. • Encourage mother to continue the breastfeeding relationship at least through the first 12 months of age. |
| <p><i>Breastfeeding can continue when returning back to work or school</i></p> <ul style="list-style-type: none"> • Many mothers need or want to return to work or school outside their home shortly after their infant's birth. • Mothers who are temporarily separated from their infants can continue to breastfeed successfully. | <ul style="list-style-type: none"> • Discuss strategies mother can use which may improve her ability to continue breastfeeding when she returns to work or school and must be separated from her infant such as: <ul style="list-style-type: none"> ○ Breastfeed the infant when home and express breast milk by hand or by using a breast pump. ○ Make arrangements for safely storing expressed breast milk while away from home. ○ Choose a babysitter or day care center that is supportive of breastfeeding. ○ Introduce infant to drinking from a bottle and to being fed by someone else. ○ Breastfeed regularly on weekends and evenings. • State agency policy should be followed regarding appropriate protocols for providing breast pumps. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Maternal nutrition supports breastfeeding</i></p> <ul style="list-style-type: none"> • Breastfeeding mothers need to maintain a balanced diet; however, her milk will provide all the nutrients her infant needs if her diet is not perfect. | <ul style="list-style-type: none"> • Discuss recommendations for healthy eating with mother. Refer to MyPyramid in Action: tips for Breastfeeding Moms at http://www.nal.usda.gov/wicworks/Topics/BreastfeedingFactSheet.pdf • Emphasize that the additional foods provided in WIC food packages for breastfeeding mothers supplement their special nutritional needs. • Advise mother that breastfeeding women who do not accept formula from WIC receive the largest quantity and variety of foods. |
| <p><i>Recognize hunger and satiety cues and feed often and on demand</i></p> <ul style="list-style-type: none"> • As an infant grows older, they breastfeed more efficiently, and the frequency and duration of feedings may decrease. | <ul style="list-style-type: none"> • Discuss infant feeding patterns with mother. • Encourage mother to breastfeed often and on demand and avoid scheduling feedings. • Discuss the importance of recognizing feeding cues. |
| <p><i>Introducing solids/complementary foods</i></p> <ul style="list-style-type: none"> • Developmental signs an infant is ready to consume complementary foods include: <ul style="list-style-type: none"> ○ Sits up, alone or with support ○ Holds his head steady and straight ○ Opens his mouth when he sees food coming ○ Keeps food in his mouth and swallows it rather than pushing it back out • When introducing infants to complementary foods, caregivers should follow these guidelines: <ul style="list-style-type: none"> ○ Introduce one “single-ingredient” new food at a time. ○ Allow at least 3-5 days between introducing each new food ○ Introduce a small amount (e.g., about 1 to 2 teaspoons) of a new food at first ○ Observe the infant closely for adverse reactions. | <ul style="list-style-type: none"> • Discuss introducing complementary foods with mother. • Discuss with mother the developmental signs indicating an infant’s readiness for complementary foods. • Discuss the importance of oral health for all infants, including breastfed infants. Advise mother to cleanse the gums and teeth after feedings. • Recommend that mother continue gradually introducing of a greater variety of complementary foods. • Advise mother that WIC provides infant cereal and infant (baby) food fruits and vegetables to infants at 6 months of age. Fully breastfed infants receive the greatest quantity and variety of infant fruits and vegetables. • Advise mother that in addition to infant (baby) food fruits and vegetables, fully breastfed infants also receive infant (baby) food meats at 6 months of age. Infant (baby) food meats provide iron and zinc, essential nutrients for all healthy infants, and are special nutrients of concern for exclusively breastfed infants. |

| What Mothers Should Know | Counseling Points/Action Steps for WIC Staff |
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| <p><i>Appetite/Growth Spurts and Adequate milk supply</i></p> <ul style="list-style-type: none"> • Appetite or growth spurts are short periods of time when the infant breastfeed more frequently than normal. • Usually occurs around 6 months of age; however, the time period an infant goes through an appetite spurt may vary. | <ul style="list-style-type: none"> • Reassure mother about their milk supply. A mother may feel that she has an insufficient milk supply, but during these periods of frequent feeding the infant is signaling the mother’s body to produce more milk to meet his growing needs. • Encourage the mother to keep the infant at the breast as often as the infant demands to feed during this period. • Assure mother that her milk supply will quickly increase with her infant’s demand and soon her infant’s feeding routine will return to normal. • Praise mother for her breastfeeding efforts and encourage her to continue breastfeeding her infant. • If a mother expresses concern that an appetite spurt lasts longer than a few days, refer her to a lactation professional or her health care provider. |
| <p><i>Weaning</i></p> <ul style="list-style-type: none"> • The AAP recommends that breastfeeding be continued through at least through the first 12 months of age and for as long after as is mutually desired by the mother and child. • The weaning process begins in part when complementary foods are introduced and the infant begins breastfeeding less frequently. | <ul style="list-style-type: none"> • If a mother is beginning to wean, she should be encouraged to do so slowly. A mother can partially wean by continuing to breastfeed several times during the day. • Infants less than one year of age who are no longer breastfeeding need to receive iron-fortified infant formula. |

References:

Infant Nutrition and Feeding Guide: A Guide for Use in the WIC and CSFP Programs. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service; 2008.

Breastfeeding Handbook for Physicians. American Academy of Pediatrics and American College of Obstetricians and Gynecologists, 2006.

Breastfeeding. In: Kleinman RE, editor. Pediatric Nutrition Handbook. 6th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009: 29-59.

Lawrence RA, Lawrence RM. Breastfeeding: A Guide for the Medical Profession. 6th ed. Philadelphia, PA: Mosby, Inc., 2005.

American Academy of Pediatrics, Section on Breastfeeding. “Breastfeeding and Use of Human Milk.” Pediatrics 2005; 115:496-506.

Attachment 3

WIC Staff Roles in Breastfeeding Promotion and Support

The State WIC Director - Articulates the Vision

- Articulates vision of breastfeeding in WIC to staff at all levels
- Empowers staff through training and policies and procedures that support vision
- Allocates funding and resources for breastfeeding promotion and support

The State WIC Breastfeeding Coordinator – Implements the Vision

- Coordinates State breastfeeding efforts
- Provides breastfeeding training and support, technical assistance and consultation to State and local staff and participants as necessary
- Identifies breastfeeding promotion methods for local agencies
- Develops State breastfeeding standards
- Monitors State breastfeeding rates and local agency activities
- Evaluates State breastfeeding activities
- Coordinates with other agencies for breastfeeding promotion and support

The Local Agency Coordinator/Manager – Sets the tone

- Supports breastfeeding activities
- Maintains a breastfeeding-friendly clinic
- Allocates funding and resources for breastfeeding promotion and support

The Local Agency Breastfeeding Coordinator – Mentors Staff and Coordinates Activities

- Oversees planning, implementation, evaluation and training of breastfeeding activities
- Keeps current with breastfeeding knowledge
- Identifies, coordinates and collaborates with community breastfeeding resources
- Monitors local breastfeeding rates

The Local Agency Competent Professional Authority (CPA) – Gives Appropriate Advice

- Conducts a complete WIC breastfeeding assessment using VENA principles and techniques
- Provides appropriate education/assistance/referrals
- Provides appropriate food package to mother and infant to encourage breastfeeding with minimal supplementation.

The Local Agency Peer Counselor – Gives Mother-to-Mother Support

- Serves as model for breastfeeding behaviors
- Supplements the WIC breastfeeding team
- Available to mothers outside of the usual clinic hours and environment
- Fills the gap in services after hospital discharge for seamless continuity of care

The Local Agency Support Staff – Provides Front Line Support

- Uses breastfeeding-friendly language
- Knows agency's breastfeeding policies
- Makes appropriate appointments for breastfeeding mothers for support and follow-up