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- Assessment and Planning 2: Enhancing Existing Peer Counseling Programs
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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)

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Staffing and Supervision 18: Peer Counselor Performance Review

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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 [PDF only]

Activity Worksheet 1: The Voice of WIC Moms

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.

Activity Worksheet 2: Research on Peer Support Programs

Study #1: Peer Counseling Programs with African American Mothers

Evaluation of 3 separate interventions to determine impact on breastfeeding rates:

1. Breastfeeding motivational video with accompanying posters and WIC staff breastfeeding counseling.
2. Peer counselor intervention initiated prenatally in the WIC clinic.
3. Combination of the motivational video and peer counselor intervention (though 70% of the moms did not have a peer counselor contact in the first week postpartum).

All interventions were compared with the control group which involved standard breastfeeding counseling. After controlling for hospital practices, feeding intention, and delivery mode, the investigators found that only the second intervention (having a peer counselor from prenatally onward) significantly increased breastfeeding rates compared with controls.

Caulfield L, Gross S, Bentley M, et al. (1998). WIC-based interventions to promote breastfeeding among African-American women in Baltimore: effects on breastfeeding initiation and continuation. Journal of Human Lactation, 14:15-22.

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. (2010). Review: Breastfeeding peer counseling: from efficacy through scale-up. Journal of Human Lactation, 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. (2008). 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, 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. (2009). Sources and acceptance of infant-feeding advice among low-income women. Journal of Human Lactation, 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. (2010). Review: Breastfeeding peer counseling: from efficacy through scale-up. Journal of Human Lactation, 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. (2007). Support for breastfeeding mothers. Cochrane Database Systematic Review, 1:CD001141.

Chapman DJ, Morel K, Anderson A, Damio G & Perez-Escamilla R. (2010). Review: Breastfeeding peer counseling: from efficacy through scale-up. Journal of Human Lactation, 26:314-326.

Activity Worksheet 3: The Ideal Peer Counselor

Consider peer counselors you have hired or might consider hiring

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?

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	Give Feedback	Kind
Set goals	Respect	Gentle
Confront	Affirm	Humor
Empower	Empathy	Approachable
Advise	Reward	Pride
Direct	Discipline	Counsel
Listen	Set Goals	Dictate
Discuss	Problem-Solve	Model
Inspire	Critique	_____
Reflect	Share Expectations	_____
Reprimand	Follow-Up	_____
Support	Accountable	_____
Give Feedback	Resource	_____
Friend	Develop	_____
Relationship	Empower	_____

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

What solutions could help you learn and practice that skill?

Activity Worksheet 5: Words from WIC Peer Counselors

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.

Peer helpers help mothers and families by being their friends and by being willing to listen to their needs. The peers and mothers are able to relate on a more personal basis.

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.

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 worked at WIC six years before being asked to interview as a peer assistant. During some training in Columbus, a grey-haired lady came up to me and said, "Geez, I thought I was the oldest peer helper till I saw you." I almost cried and had doubts about if I could benefit breastfeeding women. Three years later, I am so proud. I earned my CLC. I am so glad I continued as a peer counselor.

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 takes over when they see that their infant is breastfeeding. I can't see myself in any other profession!

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 have been a CLC since 2005, and someday, I would like to sit for the IBCLC. But for now, I am happy doing what I do. It is truly my calling.

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.

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

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 in January 2011 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.

Activity Worksheet 6: Words from WIC Peer Counselors
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 per appreciation for having served as a peer counselor for WIC families. Note: the letter was adapted to remove identifying names.

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

Assessment and Planning 2: Enhancing Existing Peer Counseling Programs

State or Local Agency _____

Using the FNS *Loving Support*© Model for Successful Peer Counseling Programs 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?				

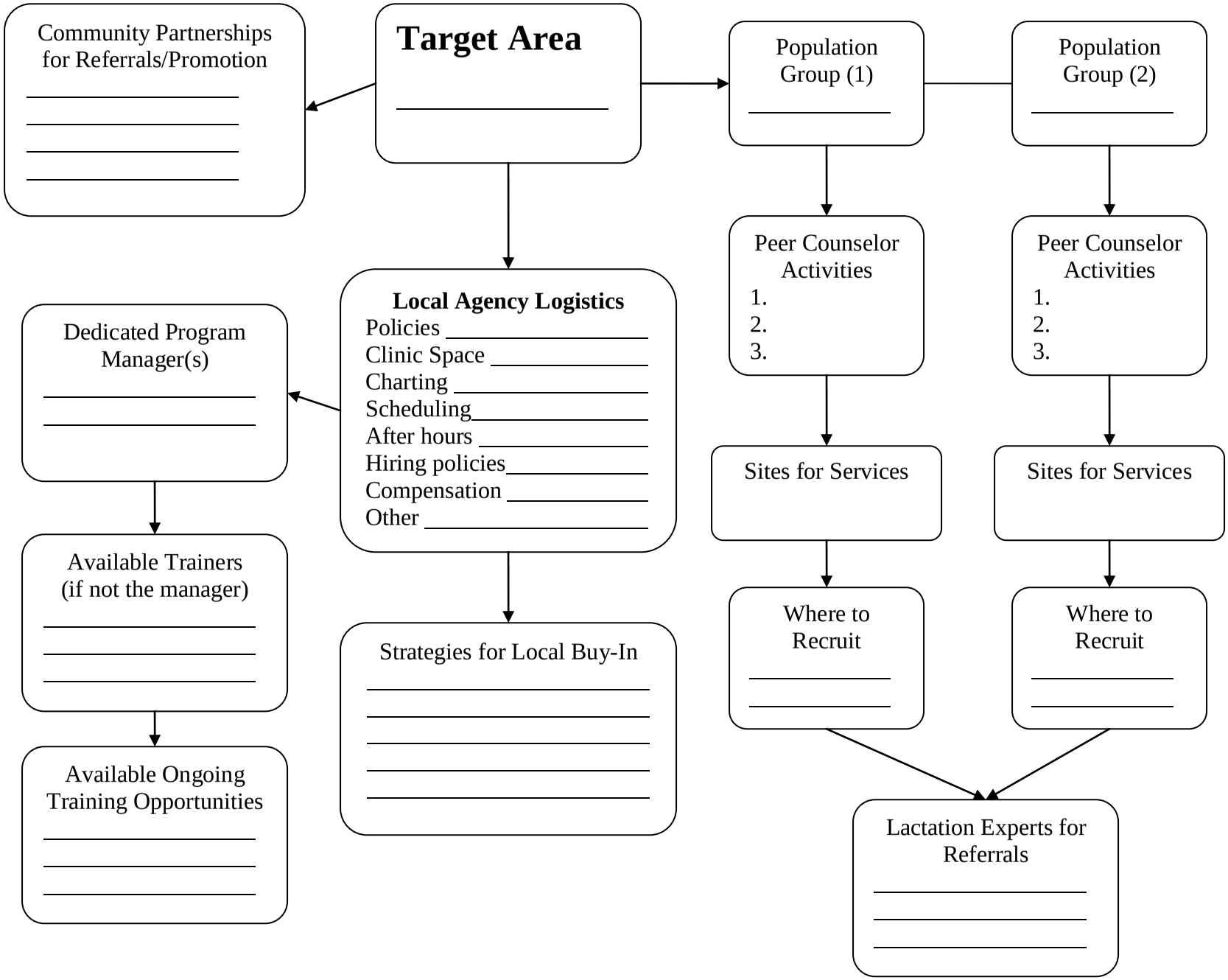
Program Questions	Activities to Consider	Specific Tasks	Who will take the lead	Timeline
Who do peer counselors contact for assistance beyond their scope of practice?				
What initiatives would help build breastfeeding expertise within the WIC agency?				
What procedures could be implemented to streamline 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?				
What modifications should be made to the FNS "*Loving Support*© Through Peer Counseling: A Journey Together" to reflect State policy?				

Program Questions	Activities to Consider	Specific Tasks	Who will take the lead	Timeline
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 changes should be made to 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?				

Program Questions	Activities to Consider	Specific Tasks	Who will take the lead	Timeline
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 type of referral system is in place? What other options should be considered?				

Program Questions	Activities to Consider	Specific Tasks	Who will take the lead	Timeline
How does the agency collect feedback from WIC participants?				
Does the agency conduct an exit survey with peer counselors?				
Other Program Aspects				

Assessment and Planning 3: Planning a New Peer Counselor Program



Breastfeeding Peer Counselor Program Community Assessment with 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

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Agency Information

1) 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

2) 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.

3) Is there a local breastfeeding coalition in your designated area?

- ☐ Yes
- ☐ No **(SKIP TO PART 3)**

4) 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

If Other, please specify: _____

5) 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

If Other, please specify: _____

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

- ☐ Yes
- ☐ No

7) 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

If Other, please specify: _____

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”.

8) 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

If Other, please specify: _____

9) 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

If Other, please specify: _____

10) 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

If Other, please specify: _____

11) 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

If Other, please specify: _____

12) 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

If Other, please specify: _____

Part 4: Health Care Providers

The following questions refer to Health Care Providers (HCPs) within you agency's "designated area (defined in question 1). You will be asked to 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**.

13) Health Care Provider #1

Name of provider or organization: _____

Address: _____

Contact person: _____ Phone number: _____

14) 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

If Other, please specify: _____

15) If the HCP above employ's 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: _____

16) Does the HCP above require the majority of their staff members to obtain breastfeeding training?

- ☐ Yes
- ☐ No

If Yes, please describe the type of training: _____

17) 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

If Other, please specify: _____

18) 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

19) Health Care Provider #2

Name of provider or organization: _____

Address: _____

Contact person: _____ Phone number: _____

20) 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

If Other, please specify: _____

21) If the HCP above employ's 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: _____

22) Does the HCP above require the majority of their staff members to obtain breastfeeding training?

- ☐ Yes
- ☐ No

If Yes, please describe the type of training: _____

23) 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

If Other, please specify: _____

24) 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

25) Health Care Provider #3

Name of provider or organization: _____

Address: _____

Contact person: _____ Phone number: _____

26) 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

If Other, please specify: _____

27) If the HCP above employ's 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: _____

28) Does the HCP above require the majority of their staff members to obtain breastfeeding training?

- ☐ Yes
- ☐ No

If Yes, please describe the type of training: _____

29) 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

If Other, please specify: _____

30) 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

31) Health Care Provider #4

Name of provider or organization: _____

Address: _____

Contact person: _____ Phone number: _____

32) 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

If Other, please specify: _____

33) If the HCP above employ's 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: _____

34) Does the HCP above require the majority of their staff members to obtain breastfeeding training?

- ☐ Yes
- ☐ No

If Yes, please describe the type of training: _____

35) 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

If Other, please specify: _____

36) 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

37) Health Care Provider #5

Name of provider or organization: _____

Address: _____

Contact person: _____ Phone number: _____

38) 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

If Other, please specify: _____

39) If the HCP above employ's 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: _____

40) Does the HCP above require the majority of their staff members to obtain breastfeeding training?

- ☐ Yes
- ☐ No

If Yes, please describe the type of training: _____

41) 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

If Other, please specify: _____

42) 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.**

43) Hospital or Birthing Center #1

Name: _____

Address: _____

Contact person: _____ Phone number: _____

44) How many births per year occur in this hospital or birthing center? _____

45) 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

46) How many FTE's for IBCLCs are on staff at this hospital or birthing center? _____

47) How many of the above IBCLCs are bilingual in English and Spanish? _____

48) Does this hospital or birthing center provide breastfeeding support on all evenings, weekends and holidays?

- ☐ Yes, If yes go to **#49**
- ☐ No

If No, please specify any coverage provided: _____

49) 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

If Other, please specify: _____

50) 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

51) 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

52) Hospital or Birthing Center #2

Name: _____

Address: _____

Contact person: _____ Phone number: _____

53) How many births per year occur in this hospital or birthing center? _____

54) 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

55) How many FTE's for IBCLCs are on staff at this hospital or birthing center? _____

56) How many of the above IBCLCs are bilingual in English and Spanish? _____

57) Does this hospital or birthing center provide breastfeeding support on all evenings, weekends and holidays?

- ☐ Yes, If yes go to **#58**
- ☐ No

If No, please specify any coverage provided: _____

58) 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

If Other, please specify: _____

59) 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

60) 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

61) Hospital or Birthing Center #3

Name: _____

Address: _____

Contact person: _____ Phone number: _____

62) How many births per year occur in this hospital or birthing center? _____

63) 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

64) How many FTE's for IBCLCs are on staff at this hospital or birthing center? _____

65) How many of the above IBCLCs are bilingual in English and Spanish? _____

66) Does this hospital or birthing center provide breastfeeding support on all evenings, weekends and holidays?

- ☐ Yes, If yes go to **#67**
- ☐ No

If No, please specify any coverage provided: _____

67) 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

If Other, please specify: _____

68) 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

69) 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

70) Hospital or Birthing Center #4

Name: _____

Address: _____

Contact person: _____ Phone number: _____

71) How many births per year occur in this hospital or birthing center? _____

72) 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

73) How many FTE's for IBCLCs are on staff at this hospital or birthing center? _____

74) How many of the above IBCLCs are bilingual in English and Spanish? _____

75) Does this hospital or birthing center provide breastfeeding support on all evenings, weekends and holidays?

- ☐ Yes, If yes go to **#76**
- ☐ No

If No, please specify any coverage provided: _____

76) 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

If Other, please specify: _____

77) 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

78) 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

79) Hospital or Birthing Center #5

Name: _____

Address: _____

Contact person: _____ Phone number: _____

80) How many births per year occur in this hospital or birthing center? _____

81) 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

82) How many FTE's for IBCLCs are on staff at this hospital or birthing center? _____

83) How many of the above IBCLCs are bilingual in English and Spanish? _____

84) Does this hospital or birthing center provide breastfeeding support on all evenings, weekends and holidays?

- ☐ Yes, If yes go to **#85**
- ☐ No

If No, please specify any coverage provided: _____

85) 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

If Other, please specify: _____

86) 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

87) 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

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.

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1) Agency Information

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.*

2) 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

3) 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

4) 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

5) 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

6) 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

7) 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

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

8) Average **Exclusive** Breastfeeding Rates:

2 months _____

4 months_____

6 months_____

9) Average **Combo** Feeding Rates:

2 months _____

4 months_____

6 months_____

10) 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

11) Prenatal Contacts

- O **Level 1**: A WIC staff member discusses a woman's infant feeding intention with each prenatal woman at enrollment.
- O **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.
- O **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.
- O **None of the above:** Do not meet any of the above levels at this time

12) Number of Prenatal Contacts

- O **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.
- O **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.
- O **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.
- O **None of the above:** Do not meet any of the above levels at this time

13) Prenatal Group Education

- O **Level 1**: An interactive breastfeeding education session (group or individual) is offered to prenatal women.
- O **Level 2:** An interactive breastfeeding education session (group or individual) is offered to prenatal peer counseling program participants **monthly.**
- O **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.
- O **None of the above:** Do not meet any of the above levels at this time

Category 2: Postpartum Breastfeeding Support & Education

14) 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

15) 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

16) Breastfeeding Training

- O **Level 1:** All staff will have completed 20 hours of breastfeeding training, as required by the state agency, by September 30, 2011.
- O **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
- O **Level 3:** Level 2 indicator is met and at least 80% of WIC clinic staff and PCs receive the FitWIC Baby Behavior Study training.
- O **None of the above:** Do not meet any of the above levels at this time

17) Continuing Education

- O **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.
- O **Level 2:** Continuing education on relevant breastfeeding topics (includes online courses, breastfeeding literature, conferences, etc.) is provided to peer counselors monthly.
- O **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.
- O **None of the above:** Do not meet any of the above levels at this time

Category 4: Other Site Operational Policies and Procedures

18) Telephone Contacts

- O **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.
- O **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)**.**
- O **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)**.**
- O **None of the above:** Do not meet any of the above levels at this time

19) Length of Breastfeeding Support Appointments

- O **Level 1:** Appointments are available for breastfeeding support with an IBCLC, CLE, or CLC on staff.
- O **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.
- O **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.
- O **None of the above:** Do not meet any of the above levels at this time

20) Breastfeeding Friendly Environment

- O **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.
- O **Level 2:** Level 1 indicator is met and the agency supports an active BF environment with all clinic staff promoting the PC program.
- O **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.
- O **None of the above:** Do not meet any of the above levels at this time

21) Lactation Professionals

- O **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.
- O **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

- O **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).
- O **None of the above:** Do not meet any of the above levels at this time

22) Referrals

- O **Level 1:** A clear protocol for breastfeeding referrals is set up between clinic counseling staff and IBCLCs, CLEs or CLCs.
- O **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.
- O **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.
- O **None of the above:** Do not meet any of the above levels at this time

Category 5: Administrative

23) Job Description

- O **Level 1:** Providing breastfeeding support is part of the job description of every WIC clinic staff member who has direct contact with participants.
- O **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.")
- O **Level 3:** All level 2 indicators are met **and career path options** are developed for PCs.
- O **None of the above:** Do not meet any of the above levels at this time

24) Hiring

- O **Level 1:** All local agency staff is encouraged to assist with recruitment of peer counselors.
- O **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
- O **Level 3:** All Level 2 indicators are met and **all PCs hired** have breastfed at least one child **a minimum of 6 months**.
- O **None of the above:** Do not meet any of the above levels at this time

25) Employee Recognition

- O 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.
- O 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.
- O 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.**
- O **None of the above:** Do not meet any of the above levels at this time

26) Continuous Quality Improvement

- O **Level 1:** Breastfeeding promotion and support is part of the continuous quality improvement system at the local WIC agency.
- O **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.
- O **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.**
- O **None of the above:** Do not meet any of the above levels at this time

27) **Supervisory Support**

- O **Level 1:** A dedicated time is set aside to discuss support provided to breastfeeding clients during local agency staff meetings.
- O **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.
- O **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.
- O **None of the above:** Do not meet any of the above levels at this time

28) Breastfeeding Program Evaluation

- O **Level 1:** Local agency breastfeeding data are reviewed on a regular basis.
- O **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.
- O **Level 3:** Level 2 indicators are met **and breastfeeding statistics are celebrated** and shared at clinic staff meetings at least annually.
- O **None of the above:** Do not meet any of the above levels at this time

Category 6: Fostering Positive Relationships among Staff Members

29) Designated Work Space

- O **Level 1:** All staff is provided a common area in which to work (to include a desk, telephone, and computer) in the WIC site.
- O **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.
- O **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.
- O **None of the above:** Do not meet any of the above levels at this time

30) Breastfeeding Support Team Meetings

- O **Level 1:** All agency breastfeeding promotion staff meets together as a group **at least quarterly.**
- O **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.
- O **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.
- O **None of the above:** Do not meet any of the above levels at this time

31) Clinic Staff Meetings & Trainings

- O Level 1: All breastfeeding support staff is included in relevant WIC staff meetings.
- O 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.
- O 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.
- O **None of the above:** Do not meet any of the above levels at this time

Assessment and Planning 6: Sample Program Budget for Peer Counseling Program

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

Assessment and Planning 7: California PHFE Peer Counselor 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

Assessment and Planning 8:

Solutions to Common Challenges with Peer Counseling 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 hospital staff or IBCLC 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 to download 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.
Keeping peer counselors working 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. ▪ 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.

Common Challenges	Possible Solutions
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 staff training on *Using Loving Support© to Grow and Glow in WIC: Breastfeeding Training for Local WIC Staff.* ▪ Provide more in-depth breastfeeding training to nurture and grow lactation experts who can serve as referral sources for peer counselors. ▪ Identify a WIC designated breastfeeding expert; assure that all local staff know who the designated expert is, and how to make appropriate referrals.
What to do with peer counselors who become IBCLCs	▪ Move peer counselor into an IBCLC position when available. ▪ Reassign peer counselors into other 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 an IBCLC position available.
Limited number of lactation experts in WIC to serve as referral source	▪ Build IBCLC expertise within WIC staff through training and encouraging their professional development. ▪ Offer an in-depth breastfeeding course for CPAs. ▪ Identify IBCLCs 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 for names of lactation consultants within the service area.
Retention of peer counselors	▪ Schedule monthly meetings and regular contact. ▪ Recognize of peer counselors before peers and other clinic staff. ▪ Hire peer counselors who have personally breastfed their infant a long time, 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 easily from offsite that can be uploaded to the main system. ▪ Appoint breastfeeding mothers to WIC 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* levels of staff in training (including clerks, clinic supervisors, etc.). ▪ Facilitate feedback to address concerns that arise.

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 pennies. ▪ Since contract peer counselors are *not* typically 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. ▪ 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 caseload; 20-30 participants per 10-hours/week is 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: take online modules at WIC Works; read *Womanly Art of Breastfeeding, Breastfeeding Answers Made Simple,* and other resources; read State policies and protocols, watch DVDs provided by State; visit approved websites; attend a prenatal class; mentor with an IBCLC; 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 level standards that follow the *Loving Support© Model.* ▪ Look for standard protocols when conducting monitoring activities. ▪ Establish mentoring programs to allow successful agencies to share their successes following the *Loving Support© Model.*

Assessment and Planning 9: Peer Counselor Program Self-Evaluation

Based on the FNS *Loving Support*© Model for Successful Peer Counseling Programs 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 is identified for each WIC clinic.			
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.			

Program Components	Consistently Provides	Does not Consistently Provide	Enhancements Needed (Who/What/When/How)
Best Practice			
Peer counselors are provided space for counseling WIC mothers in the clinic.			
Peer counselors are permitted to bring their breastfeeding infants in arms to the WIC clinic to "model" breastfeeding in public.			
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 given adequate compensation and reimbursement.			
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 a standardized curriculum based on the FNS "*Loving Support*© Through Peer Counseling: A Journey Together."			
Ongoing continuing education is provided through regularly scheduled staff meetings and other educational opportunities.			
Peer counselors have timely access to breastfeeding coordinators and other lactation experts for assistance with problems outside their scope of practice.			

Program Components	Consistently Provides	Does not Consistently Provide	Enhancements Needed (Who/What/When/How)
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 provide opportunities to discuss case studies.			
Peer Counselor Practice			
Required			
Peer counselors make timely contacts with new mothers following established contact guidelines.			
Peer counselors give basic education and support within their defined scope of practice and yield to the WIC designated breastfeeding expert for situations beyond their scope.			
Recommended			
Peer counselors document all contacts with WIC participants, and complete weekly or monthly activity logs.			

Program Components	Consistently Provides	Does not Consistently Provide	Enhancements Needed (Who/What/When/How)
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

Job Description 1:
Local WIC Agency Peer Counselor Coordinator/Supervisor

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

Qualifications[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 "*Loving Support*© Through Peer Counseling: A Journey Together – For Peer Counselors" training.
- Receives "*Loving Support*© Through Peer Counseling: A Journey Together – For WIC Managers" training.

Supervision:
The Local WIC Agency Breastfeeding Peer Counselor Coordinator/Supervisor is supervised by the _____.

[1]USDA Food and Nutrition Service, WIC Nutrition Service Standards, 2013. Available at: www.fns.usda.gov/wic/nutrition-services-standards.

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. Identifies sites for peer counseling services to be provided.
4. Promotes the peer counseling program with local clinic staff and community organizations and providers.
5. Collaborates with community organizations such as hospitals and private physician clinics to integrate peer counseling services.
6. Determines peer counselor staffing needs.
7. Conducts activities to recruit potential peer counselors.
8. Interviews potential peer counselors in alignment with program policies and standards.
9. Provides, or arranges for, training for new peer counselors.
10. Arranges for continuing education of peer counselors.
11. Mentors new peer counselors during the first six months, providing routine follow-up and guidance in the early days of the job.
12. Provides ongoing supervision.
13. Conducts spot checks of peer counselor contacts.
14. Holds monthly meetings with peer counselors.
15. Provides training of local WIC clinic staff.
16. Provides training for peer counselor supervisors.
17. Monitors program budget.
18. Collects documentation records and data as appropriate.
19. Arranges for appropriate evaluation and monitoring of program activities.
20. Works with local agencies to determine program improvements and long-term program needs.
21. Routinely reports on the program to supervisor and/or State Breastfeeding Coordinator.
22. Follows other guidelines established by the State and local agency.

Job Description 2: State WIC Peer Counselor Coordinator/Manager

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

Qualifications:

- Has demonstrated experience in program management
- Has demonstrated expertise in breastfeeding management and promotion
- Has credentials of an International Board Certified Lactation Consult (IBCLC) or has other lactation management training (e.g., CLS, CLC, CLE) or State-approved training in lactation management
- Has a minimum of one year experience counseling breastfeeding women

Training:

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

Supervision:
The State WIC Peer Counselor Coordinator/Manager is supervised by the _____ _____.

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

1. Assists in establishing State program goals and objectives.
2. Assists in establishing standardized State peer counseling program protocols and policies, documentation forms, etc.
3. Provides guidance on program data collection systems.
4. Assists in identifying locations for peer counseling program implementation or expansion.
5. Promotes the peer counseling program with local agencies.
6. Provides training for local peer counseling coordinators and supervisors.

7. Assists local agencies in determining peer counselor staffing needs.
8. Assists in allocating funding for local agency peer counseling program activities.
9. Provides guidance and technical assistance to local agencies establishing peer counseling programs to assure program goals are met.
10. Monitors program activities at the local level.
11. Provides training for local WIC clinic staff on the program goals and objectives.
12. Arranges for training of peer counselors.
13. Arranges for appropriate evaluation of program activities.
14. Works with local agencies to determine program improvements and long-term program needs.
15. Follows State agency guidelines.
16. May also provide direct program management at the local level, including:
    - 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.

Job Description 3: WIC Breastfeeding Peer Counselor

General Description:

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

Training:

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

Supervision: The peer counselor is supervised by the _____

Specific Duties of the WIC Peer Counselor:

1. Attends breastfeeding training classes to become a peer counselor.
2. Receives a caseload of WIC mothers and makes routine periodic contacts with all mothers assigned.
3. Gives basic breastfeeding information and support to new mothers, including telling them about the benefits of breastfeeding, overcoming common barriers, and getting a good start with breastfeeding. She also helps mothers prevent and handle common breastfeeding concerns.
4. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC Program.
5. May counsel women in the WIC clinic.
6. Is available outside the WIC clinic and the usual 8 to 5 working schedule to new mothers who are having breastfeeding problems.
7. Respects each mother by keeping her information strictly confidential.
8. Keeps accurate records of all contacts made with WIC mothers.
9. Refers mothers, according to clinic-established protocols, to:
   - WIC nutritionist or breastfeeding coordinator.
   - Lactation consultant.
   - Mother's physician or nurse.
   - Public health programs in the community.
   - Social service agencies.
10. Attends and assists with prenatal classes and breastfeeding support groups.
11. Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.
12. Reads assigned books and materials on breastfeeding that are provided by the supervisor.
13. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

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

_____ _____

WIC Breastfeeding Peer Counselor Date

Job Description 4: WIC Senior Breastfeeding Peer Counselor

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

Qualifications:

- Has breastfed at least one baby (does not have to be currently breastfeeding).
- 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, observing other peer counselors or lactation consultants helping mothers, and reading assigned books or materials about breastfeeding.
- Attends additional training conferences or workshops on breastfeeding.
- Reads additional books and materials about breastfeeding as appropriate.

Supervision:
The senior peer counselor is supervised by the _____.

Duties:
The WIC Senior Breastfeeding Peer Counselor:

1. Attends breastfeeding training classes in lactation management.
2. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC program.
3. May counsel women in the WIC clinic.
4. Receives a caseload of WIC clients and makes routine periodic contacts with all clients assigned.
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. Receives referrals from peer counselors and WIC clinic staff regarding more advanced level follow-up needed with new mothers.
9. Is available outside usual 8 to 5 working hours to new mothers who are having breastfeeding problems.
10. Issues breast pumps following agency protocols for mothers who are separated from their babies or who are experiencing breastfeeding problems, making appropriate referrals when more complex problems occur.
11. Refers mothers according to clinic-established protocols to the WIC Designated Breastfeeding Expert, the nutritionist, the mother's physician, or community services.
12. Teaches breastfeeding classes for pregnant and postpartum mothers, and leads 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. Coordinates breastfeeding promotion activities in WIC and in the community.
19. 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

Job Description 5: WIC Lactation Consultant

General Description:
A WIC Lactation Consultant holds the International Board Certified Lactation Consultant (IBCLC) credential issued by the International Board of Lactation Consultant Examiners, which enables the IBCLC to handle more complex breastfeeding problems, provide in-service education on lactation for hospital and professional staff, and provide program oversight.

Qualifications:

- Holds current certification with the IBCLC credential issued by the International Board of Lactation Consultant Examiners.
- Is enthusiastic about breastfeeding and wants to help other mothers enjoy a positive experience.
- Has demonstrated leadership and training skills.
- Can work full-time or part-time depending on the needs of the WIC agency.
- Has a telephone and is available to accept referrals outside the usual WIC clinic hours.
- Has access to a computer and is proficient in basic computer software and/or feels comfortable learning new software used by the agency.
- Has reliable transportation and a valid driver's license.
- Has good customer service skills, relating to persons of diverse ethnic and cultural backgrounds, and communicating in a professional, courteous, and tactful manner.
- Is able to remain calm and exercise judgment in unusual or stressful situations.
- Optional: bilingual in English and Spanish.

Supervision:
The WIC lactation consultant is supervised by the _____.

Duties:
The WIC Lactation Consultant:

1. Provides follow-up breastfeeding support to WIC participants:
    - Receives referrals from peer counselors, senior peer counselors, WIC staff, and local providers of mothers experiencing complex maternal and infant breastfeeding problems beyond their scope of practice.
    - Assesses breastfeeding situations and provides counseling to high-risk mothers and infants.
    - Counsels high-risk mothers needing breast pumps or other equipment for complex breastfeeding situations.
    - Provides timely follow-up services by telephone, home visits, WIC clinic visits, and/or hospital visits.
    - Is available outside the usual 8 to 5 working hours to new mothers experiencing breastfeeding problems.
    - Follows the IBCLC Scope of Practice as issued by the International Board of Lactation Consultant Examiners.

- Communicates with health professionals regarding high risk cases, and refers mothers with medical concerns beyond the IBCLC Scope of Practice.
- Respects each client by keeping her information strictly confidential.
- Keeps accurate records of all contacts made with WIC clients.

2. Provides training and education in lactation management.
   - Provides initial and ongoing breastfeeding training for peer counselors.
   - Provides breastfeeding training for WIC staff, and in-service education for hospital staff and local health care professionals.
   - May teach breastfeeding classes and support groups for pregnant and breastfeeding mothers, or mentor peer counselors leading group meetings.
3. Mentors and supervises peer counselors.
   - Mentors new peer counselors through shadowing opportunities and ongoing guidance.
   - May monitor peer counselor contacts with new mothers.
   - May serve as the peer counselor supervisor.
4. Serves as a liaison between WIC and the community.
   - Serves as a liaison between the WIC agency and the hospital to facilitate peer counseling services at the hospital or to provide rounds with new mothers.
   - Provides training and oversight to peer counselors providing basic breastfeeding services in the local hospital, if applicable.
   - Conducts outreach with community organizations to promote WIC breastfeeding and peer counseling services.
   - Coordinates breastfeeding promotion activities in WIC and in the community.
5. Provides other duties as appropriate.
   - Attends monthly staff meetings and WIC clinic staff meetings.
   - Records and collects data required by the State or local agency.
6. Maintains IBCLC credential and breastfeeding knowledge and skills through continuing education and IBCLC recertification.

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

_____ _____

WIC Lactation Consultant Date

_____ _____

Supervisor Date

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*
3. 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.
4. Text messages that are more involved than simple checks require telephone follow-up.
5. 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.
6. 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.
7. Report loss or damage to the supervisor or peer counselor coordinator immediately so that a replacement mobile phone can be issued.
8. 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.
9. 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	Date
Peer Counselor Signature	Date
Peer Counselor Coordinator Signature	Date
WIC Coordinator Signature	Date

Adapted from Scott County, Iowa "Breastfeeding Peer Counselor Cell Phone Policy"

Policies 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.

What is Social Media?

Social media is simply a conversation between people. Social media sites change rapidly and can include Facebook™, Twitter™, Myspace™, Paltalk,™ 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 well-being they should always contact their physician or a lactation expert.

Policies 3: Sample Memorandum of Understanding 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. An International Board Certified Lactation Consultant (IBCLC) or 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 providing encouragement and support, and 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.
6. 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.

7. 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) (Hospital Address)	(Name of WIC Agency) (WIC Agency Address)
_____	_____
Signature	Signature
_____	_____
Print name	Print Name
_____	_____
Title	Title
_____	_____
Date	Date

Adapted from Texas WIC and Alameda County WIC Program

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

Report Form 1: Sample Peer Counselor Client 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._____

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									
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 lactation consultant									
Relactation									
Return to work or school									
Sore nipples									
Teething									
Twins									
Weaning									
WIC referral									

Peer Counselor Contact Log

Date	Narrative Documentation of Contacts

BF=breastfeeding
BoF=bottle feeding
B=baby
M=mother
PC=peer counselor
LC=lactation consultant

C/S=cesarean section
FN=flat nipple
IN=inverted nipple
L/O=latch on
PO= position
REF=referral, referred, referring

SN=sore nipple
MER=milk ejection reflex
NSVD=normal single vaginal delivery
N=prenatal
PPM=postpartum
EBM=expressed breast milk

Peer Counselor Name _____

Date Client Exited from the Program _____

Report Form 2: Sample Peer Counselor Weekly Activity Log

Week Ending Date _____ Page_____ of_____

Name _____ Clinic/Local Agency _____ Total Hours _____

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

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

Staffing and Supervision 1: Confidentiality Agreement

Handling of WIC Participant Information

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

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

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

Agreement

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

_____

Name *(please print)*

_____ _____

Signature Date

_____ _____

Witness Date

Staffing and Supervision 2:

Sample Application for WIC Breastfeeding Peer Counselor

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

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:** _____

Staffing and Supervision 3: Peer Counselor 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
- ☐ Peer Counselor Handbook
- ☐ 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

Staffing and Supervision 4:

Sample Interview Guide for WIC Breastfeeding Peer Counselor

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

1. Tell me more about 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)

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

   Probe: What did you enjoy most?

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

   Probe: How did you deal with those challenges?

Employment as a Peer Counselor

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

   Probe: Talking with someone you do not know?

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

   Probe: Keeping information confidential?

8. 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?

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

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

12. What questions do you have about the job?

Staffing and Supervision 5: Scope of Practice for the WIC Peer Counselor

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.**
   A. Respect the participant's privacy, dignity and confidentiality.
   B. Respect and respond sensitively to cultural attitudes and practices of participants and the community.
   C. Work within the policies and procedures of the WIC program.
   D. Maintain records according to legal requirements and ethical practices.
   E. Recognize when assistance is needed and consult with the supervisor, Breastfeeding Coordinator and/or Peer Counselor Coordinator and other lactation specialists.
   F. Identify situations outside the Scope of Practice and refer as appropriate in a timely manner.
   G. Yield to the WIC designated breastfeeding expert for situations out of breastfeeding peer counselor Scope of Practice.
   H. Acquire ongoing breastfeeding education to maintain and build knowledge and skills.
2. **Encourage and support participants to breastfeed.**
   A. Use participant-focused communication techniques to best meet participant needs.
   B. Help participants identify the support available to them and educate family members.
   C. Help women identify their breastfeeding concerns, barriers, and solutions.
   D. Promote the reasons to breastfeed and the risks of not breastfeeding.
   E. Counsel mothers about the importance of exclusive breastfeeding in the early weeks and ways to continue breastfeeding.
   F. Assist in infant feeding classes and peer support groups.
   G. Be available to WIC participants outside of usual clinic hours and outside of the clinic environment.
   H. Refer mothers to resources for support.
   I. Promote breastfeeding in the community, workplace, and health care system.
   J. Support breastfeeding participants from pregnancy through growth spurts, introducing solid foods, and weaning.
3. **Teach basic breastfeeding to participants and help them when difficulties occur.**
   A. 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.
   B. Identify signs of the normal course of breastfeeding, including breastfeeding frequency and duration, infant feeding cues, and normal infant weight gain and stooling patterns.
   C. Provide anticipatory guidance to help prevent the occurrence of problems.
   D. Provide guidance to mothers regarding non-evidence-based breastfeeding information they receive.
   E. Help mothers plan for a return to work/school that supports the continuation of breastfeeding.
   F. Provide basic and timely problem-solving and support.
   G. 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.

Scope of Practice for
International Board Certified Lactation Consultant (IBCLC) Certificants

International Board Certified Lactation Consultant® (IBCLC®) certificants have demonstrated specialized knowledge and clinical expertise in breastfeeding and human lactation and are certified by the International Board of Lactation Consultant Examiners® (IBLCE®).

This Scope of Practice encompasses the activities for which IBCLC certificants are educated and in which they are authorised to engage. The aim of this Scope of Practice is to protect the public by promoting that all IBCLC certificants provide safe, competent and evidence-based care. As this is an international credential, this Scope of Practice is applicable in any country or setting where IBCLC certificants practice.

IBCLC certificants have the duty to uphold the standards of the IBCLC profession by:

- working within the framework defined by the IBLCE Code of Professional Conduct and the Clinical Competencies for IBCLC Practice
- integrating knowledge and evidence when providing care for breastfeeding families from the disciplines defined in the IBLCE Exam Blueprint
- working within the legal framework of the respective geopolitical regions or settings
- maintaining knowledge and skills through regular continuing education

IBCLC certificants have the duty to protect, promote and support breastfeeding by:

- educating women, families, health professionals and the community about breastfeeding and human lactation
- facilitating the development of policies which protect, promote and support breastfeeding
- acting as an advocate for breastfeeding as the child-feeding norm
- providing holistic, evidence-based breastfeeding support and care, from preconception to weaning, for women and their families
- using principles of adult education when teaching clients, health care providers and others in the community

IBCLC certificants have the duty to provide competent services for mothers and families by:

- performing comprehensive maternal, child and feeding assessments related to lactation
- developing and implementing an individualized feeding plan in consultation with the mother
- providing evidence-based information regarding a mother's use, during lactation, of medications (over-the-counter and prescription), alcohol, tobacco and street drugs, and their potential impact on milk production and child safety
- providing evidence-based information regarding complementary therapies during lactation and their impact on a mother's milk production and the effect on her child
- integrating cultural, psychosocial and nutritional aspects of breastfeeding
- providing support and encouragement to enable mothers to successfully meet their breastfeeding goals
- using effective counselling skills when interacting with clients and other health care providers
- using the principles of family-centered care while maintaining a collaborative, supportive relationship with clients

IBCLC certificants have the duty to report truthfully and fully to the mother and/or infant's primary health care provider and to the health care system by:

- recording all relevant information concerning care provided and, where appropriate, retaining records for the time specified by the local jurisdiction

IBCLC certificants have the duty to preserve client confidence by:

- respecting the privacy, dignity and confidentiality of mothers and families

IBCLC certificants have the duty to act with reasonable diligence by:

- assisting families with decisions regarding the feeding of children by providing information that is evidence-based and free of conflict of interest
- providing follow-up services as required
- making necessary referrals to other health care providers and community support resources when necessary
- functioning and contributing as a member of the health care team to deliver coordinated services to women and families
- working collaboratively and interdependently with other members of the health care team
- reporting to IBLCE if they have been found guilty of any offence under the criminal code of their country or jurisdiction in which they work or is sanctioned by another profession
- reporting to IBLCE any other IBCLC who is functioning outside this Scope of Practice

Staffing and 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 (such as the local agency breastfeeding coordinator, local agency WIC coordinator, or International Board Certified Lactation Consultant [IBCLC]) to discuss the best plan for supporting the mother and infant, including the referrals that are appropriate. The peer counselor will continue to provide support while the designated expert or health care provider (HCP) is addressing the issue, unless the supervisor or peer determines that it is best to discontinue peer support.

Pregnancy Issues

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 Concerns

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
5. Baby has difficulty latching or remaining latched after several attempts
6. Baby appears unhappy at the breast or refuses to breastfeed
7. Baby is still hungry after feedings despite 24 hours of increased frequency and duration of breastfeeding
8. Breastfeedings typically last more than 45 minutes
9. Baby is jaundiced
10. Baby has a congenital defect such as cleft lip/palate or Down Syndrome
11. Baby has restricted tongue movement from a tight frenulum

Mother Concerns

1. Mother has engorgement or plugged ducts that are not resolved after 24 hours
2. Mother has a fever (suggesting possible mastitis)
3. Mother has nipple discomfort that does not improve 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 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 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 mastitis
5. Mother has a physical handicap
6. Mother or baby has a chronic or acute illness
   - Hepatitis B or C, tuberculosis, CMV, or chicken pox
   - Renal, liver, intestinal, heart problems, or cystic fibrosis
   - Metabolic disorder such as diabetes mellitus
7. Mother has been diagnosed with AIDS/HIV

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
4. Mother has a history of PCOS, hypothyroidism, or other hormonal conditions that could affect breastfeeding

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 appears depressed
2. Physical abuse of the mother or another family member is suspected
3. Mother is abusing or suspected of abusing alcohol or street drugs (such as heroin, marijuana, meth, cocaine, etc.)

Other

1. Mother or baby have any other medical problems that 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"

Staffing and Supervision 8: Shadowing Breastfeeding Experts – Peer Counselor 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?			

Staffing and Supervision 9: Shadowing Breastfeeding Experts – Debriefing

At the conclusion of the shadowing opportunities, the peer counselor and her supervisor should have an in-person discussion about 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?

Staffing and 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 health care providers as needed.			
8. Peer counselor ends the counseling session on a positive note and offers appropriate follow-up.			

Handout adapted from California WIC

Staffing and 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?

Staffing and Supervision 12: Peer Counselor Mentoring 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 lactation experts 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

Staffing and 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 laws

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.

Staffing and Supervision 14: Peer Counselor 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

Staffing and Supervision 15: Peer Counselor 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 _____

7. 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? _____

8. 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? _____

9. What is your opinion of the supervision you encountered?

10. Did you feel you were treated fairly? If not, explain.

11. Describe your experience with the WIC clinic staff. How supportive of breastfeeding and you as a peer counselor did you find them to be?

12. 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.

Staffing and Supervision 16:
Peer Counselor 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.

Staffing and Supervision 17: Peer Counselor 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?

Peer Counselor Performance Review

Date: _____

Peer Counselor: _____

	Performing Well	Improvement Needed	Not Applicable
Basic Responsibilities			
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			
Teaches/facilitates breastfeeding classes/meetings			
Invites WIC participants to breastfeeding classes/meetings			
Makes hospital visits			
Provides clinic consultations			
Effectively integrates breastfeeding into the WIC clinic flow			
Follows agency policies regarding the use of texting and social media			
Promotes breastfeeding in the community			
Comments:			

Paperwork Requirements	**Performing Well**	**Improvement Needed**	**Not Applicable**
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.

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!

Staffing and Supervision 21: Career Ladder Roles in WIC

Level 1 Peer Counselor	Level 2 Senior Peer Counselor	Level 3 IBCLC
Training		
• Completes initial peer counselor training and follow-up shadowing and observational activities.	• Attends additional breastfeeding conferences, lactation courses, workshops, and training events such as the CLC, CLS, CLE, or other programs.	• Becomes certified as an International Board Certified Lactation Consultant® (IBCLC®).
• Attends peer counselor training events.	• Assists with training events for new peer counselors.	• Leads the lactation-related portions of peer counselor training events.
Contacts with WIC Participants		
• 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.	• Conducts in-depth clinical assessment of pregnant women and breastfeeding mothers.
• 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 as needed.	• Meets with WIC mothers in the hospital, working with the hospital team and physician offices for continuity of care and providing assistance as needed. • Refers moms to peer counselors for support.
• 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.	• Helps women breastfeed in the face of more complex maternal and infant challenges.
• 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 screening and follow-up of participants experiencing problems to determine appropriate yielding to the WIC Designated Breastfeeding Expert.	• Receives referrals from Level 1 and Level 2 peer counselors and WIC clinic staff. • Manages complex clinical lactation problems. • Makes referrals to physicians and other medical personnel as needed.
Breastfeeding Education		
• Invites WIC mothers to breastfeeding classes and support group meetings; assists with these group meetings.	• Teaches breastfeeding classes and support group meetings for pregnant and postpartum WIC mothers.	• Serves as a resource or teaches breastfeeding classes and support group meetings. • Coordinates education activities for community.
• 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.	• Provides breastfeeding in-services in lactation management for WIC staff and health providers.
	• Assists in ongoing development of breastfeeding program materials and policies.	• Develops program materials and policies following the FNS *Loving Support*© Model.

Staffing and Supervision 21: Career Ladder Roles in WIC

Level 1 Peer Counselor	Level 2 Senior Peer Counselor	Level 3 IBCLC
Breast Pumps		
• 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)	• Issues breast pumps to new mothers following agency protocols for mothers who are separated from their babies or who are experiencing breastfeeding problems. • Makes appropriate referrals to the DBE as needed. • Manages breast pump inventory for the agency.	• Issues breast pumps following agency protocols for mothers who are separated from their babies or are experiencing breastfeeding problems. • Assists mothers experiencing challenges with pumping and addresses complex breastfeeding problems requiring the use of a pump.
Promotion and Community Outreach		
• Promotes breastfeeding in the community, workplace, and health care system, including assisting with World Breastfeeding Week activities.	• Leads and coordinates breastfeeding promotion activities in WIC and in the community.	• Serves as a community liaison with hospitals, local provider offices, employers, and community groups to advocate for support for WIC breastfeeding mothers.
Mentoring and Supervision		
• 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.	• Leads peer counselor monthly staff meetings (if serving as program supervisor). Provides continuing education to address common breastfeeding issues.
• Meets with supervisor regularly.	• Meets with supervisor regularly.	• Leads meetings with peer counselors (if serving as program supervisor).
	• Assists in interviewing prospective peer counselors.	• Leads interviews of prospective peer counselors and manages the hiring process (if serving as program supervisor).
	• Mentors new peer counselors in the early days of their job.	• Mentors new peer counselors. • Supervises peer counselors and senior peer counselors.
	• Models counseling principles and job skills for peer counselors. Allows peer counselors to shadow them conducting participant consultations.	• Allows peer counselors to shadow them in the clinic, hospital, or home setting to observe lactation management skills in use with participants.

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	Read "*Loving Support©* Through Peer Counseling: A Journey Together" Peer Counselor Handbook	
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 WIC (e.g.: "Biological Nurturing for Parents" [Suzanne Colson], "Baby-Led Breastfeeding: The Mother-Baby Dance" [Dr. Christina Smillie] or "Infant Cues: A Feeding Guide" [Texas WIC])	
	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	IBCLC 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 IBCLC or home visiting nurse	
	WIC staff member issuing a breast pump to a new mom	
Websites	WIC Works: http://wicworks.nal.usda.gov	
	Office on Women's health: www.womenshealth.gov	
	Centers for Disease Control and Prevention: www.cdc.gov/breastfeeding	
	Texas WIC: www.everyouncecounts.com	
	La Leche League: www.llli.org	

Adapted from "What PCs can do prior to receiving PC Training" by Indiana WIC

Training 2: Peer Counselor Training Checklist

Peer Counselor _____

County/Clinic_____ Supervisor _____

INITIAL TRAINING	Completed
Read "*Loving Support©* Through Peer Counseling: A Journey Together" Peer Counselor Handbook	
Signed "Confidentiality Agreement"	
Attended formal training, "*Loving Support©* Through Peer Counseling: A Journey Together" ☐ Module 1 ☐ Module 2 ☐ Module 3 ☐ Module 4 ☐ Module 5 ☐ Module 6 ☐ Module 7 ☐ Module 8 ☐ Module 9 ☐ Module 10 ☐ Module 11 ☐ Module 12 ☐ Module 13	

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	
IBCLC 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 an IBCLC or home visiting nurse	
WIC staff member 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	
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"