

Section 1: The Evidence for the *Loving Support*® Model

Overview

The curriculum, “*Loving Support*® Through Peer Counseling: A Journey Together – For WIC Managers,” is intended for State level WIC staff, local agency managers, breastfeeding coordinators, and peer counselor supervisors. It provides evidence-based practices for implementing, enhancing, and sustaining a successful peer counseling program. Section 1 provides an overview to help managers understand the vision and expectations of the Food and Nutrition Service for peer counseling in the WIC Program and the evidence-based program requirements.

Learning Objectives

WIC managers will be able to:

- List the requirements of the Food and Nutrition Service *Loving Support*® Model for managing a breastfeeding peer counseling in the WIC Program.

Topics Covered

- Vision and expectations for breastfeeding peer counseling in the WIC Program
- FNS *Loving Support*® Model for a Successful Peer Counseling Program (*Loving Support*® Model)
- Overview of the program curriculum

Time: 30 minutes

Materials and Supplies

Handouts

- Assessment and Planning 1: FNS *Loving Support*® Model
- Assessment and Planning 2: Enhancing Existing Peer Counseling Programs
- Assessment and Planning 3: Planning a New Peer Counselor Program
- Job Description 1: Local PC Coordinator
- Staffing and Supervision 5: Scope of Practice PC
- Staffing and Supervision 7: When to Yield

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint™
- Computer with Microsoft PowerPoint 2007 or higher
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Training Facilitator Notes



Loving Support® Through Peer Counseling: A Journey Together – For WIC Managers

- Welcome to “*Loving Support*® Through Peer Counseling: A Journey Together – For WIC Managers.”
- This curriculum is designed for WIC State level managers, local agency managers, breastfeeding coordinators, peer counseling program coordinators, and local agency coordinators and supervisors of peer counselors.
- The curriculum is designed for State agencies to train local agency managers and staff involved in managing peer counseling programs. It can be used for training new local agency managers, as well as a refresher for helping local agencies sustain evidence-based program approaches.
- The navigation buttons across the bottom of the slides show the main topic areas provided in this curriculum for local agency managers. Videos, handouts, and other resources can also be used as part of your training.
- The “Training Facilitator Guide” provided with the curriculum for peer counselor trainers provides details about how to use the special navigation features of the presentation platform.



Section 1 - Dashboard

- Section 1, “The Evidence for the *Loving Support*® Model,” addresses the vision of the Food and Nutrition Service (FNS) for breastfeeding peer counseling in the WIC Program.
- It addresses the evidence for structuring programs following the *Loving Support*® Model, the importance of training program managers, and training options to consider.



Loving Support® Model: Overview

Peer Counseling in WIC

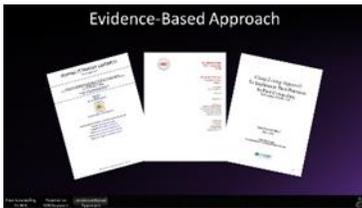
- As part of its mission to improve the health of nutritionally at-risk women, infants, and children, the WIC Program provides breastfeeding information and support for participants.
- Peer counselors play a vital role in WIC, serving as role models for breastfeeding, and providing mother-to-mother encouragement and support during pregnancy and at critical times during the postpartum period.
- This support is distinct from health professional-to-mother in that the source of support is a *peer*, someone who is similar in fundamental ways to the recipient of the support. A peer is in a position to offer support by virtue of relevant experience and can relate to others in a similar situation.
- The WIC breastfeeding peer counseling program has been funded since 2004 based on research showing that the unique mother-to-mother support

component helps improve breastfeeding initiation and duration rates among low-income women. This funding is available to implement and sustain peer counseling programs that operate under research-based practices as outlined in the FNS *Loving Support*® Model.



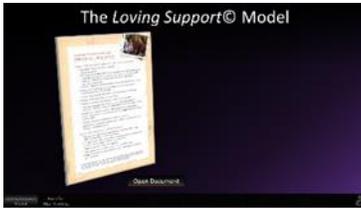
Adjunct to WIC Support

- The WIC breastfeeding peer counseling program is not meant to be a stand-alone program. It is effective only when it is part of a comprehensive, State-wide strategy to promote and support breastfeeding.
- The breastfeeding peer counseling program provides an important adjunct to the usual WIC clinic services. Peer counselors extend the care of WIC clinic staff in breastfeeding support. They supplement, but do not replace, the work of CPAs, nutritionists, WIC Designated Breastfeeding Experts, and lactation professionals.
- Peer counselors may have the time to delve more deeply into the barriers and issues that might make it difficult for new mothers to breastfeed.
- Support from health professionals (e.g., nutritionists, WIC Designated Breastfeeding Experts, lactation consultants, physicians, and nurses) provide a different level and type of support, and are also important to the support offered to WIC participants in conjunction with peer support.



The Impact of an Evidence-Based Approach

- The launch of the breastfeeding peer counseling program was preceded by formative research on lessons learned and recommendations from State and local agencies with existing successful peer counseling programs. The research formed the basis for FNS guidance to help State and local agencies implement peer counseling programs that are evidence-based and rely on best practices.
- Practitioners in the health care industry are urged to follow evidence-based practices to assure positive health outcomes. Evidence-based practices are most likely to result in quality care, greater efficiency, and more effective and consistent outcomes.
- Similarly, the WIC Program follows evidence-based program practices to assure fair and equitable access and best outcomes for WIC participants. The peer counseling program was formed on the basis of evidence-based approaches described in the literature. Individual program practices align with best practices identified in the formative research phase of the project that form the evidence for success.
- Local agencies that implement a peer counseling program must follow these best practice approaches. This helps assure consistent standards across all agencies and greater program efficiency. Program reviews and assessments have shown they also contribute to improved breastfeeding rates.
- These practices are outlined in the FNS *Loving Support*® Model.



Note: Click the “Open Document” button to open the *Loving Support*® Model, if desired. A thumbnail image of the document is also available on each dashboard to facilitate direct access when needed.

The *Loving Support*® Model: Components

Handout

Assessment and Planning 1: FNS *Loving Support*® Model

- The research for the 2004 launch of “Using *Loving Support*® to Implement Best Practices in Peer Counseling” led to an evidence-based approach for managing and sustaining effective peer counseling programs in WIC. The research examined lessons learned and recommendations from State and local agencies with successful peer counseling programs, as well as those with programs that had been discontinued. The *Loving Support*® Model was based on this extensive research process.
- Continued research has confirmed that the principles outlined in the *Loving Support*® Model remain the cornerstone of an effective peer counseling program in WIC. The *Loving Support*® Model remains the framework for State and local agencies to use in establishing and maintaining practices under each of its required components.



Basis for Manager Training

- The *Loving Support*® Model addresses program support in two areas:
 - Adequate program support from State and local management.
 - Adequate program support of peer counselors.
- The training curriculum for managers, “*Loving Support*® Through Peer Counseling: A Journey Together – For WIC Managers,” is structured around each component of the *Loving Support*® Model. The curriculum provides State agencies with research-based strategies, ideas and best practices for successful implementation and expansion of peer counseling programs.
- FNS’ goal is to ensure that all WIC State agencies operate their peer counseling programs from the same basic components that form the foundation of a successful peer counseling program.
- The *Loving Support*® Model allows for flexibility based on State policy as long as the core components of the Model are met.

Teaching Tip

Review “Assessment and Planning 1: FNS *Loving Support*® Model” with training attendees. The next series of slides provides a high level overview of each of the components. Remind trainees that each component will be discussed at great depth within the appropriate section of the curriculum. Suggest that attendees keep handy the worksheet, “Assessment and Planning 2: Enhancing Existing Peer Counseling Programs.” This handout can be used to note practices that are currently fully in place and those that should be further examined to improve practices.



Note: Click the gold arrow button, if desired, to enlarge that section and highlight it for your trainees.

***Loving Support*® Model: Program Support**

Definition of a Peer Counselor

- State and local agencies must hire peer counselors who meet the “appropriate definition of a peer counselor” as defined in the *Loving Support*® Model.
- While other professionals at WIC have valuable support and assistance to provide WIC participants, it is a “peer” who is able to fill a special niche that can only be filled by someone meeting that definition and serving in this specific role.
- Requirements for meeting this definition, therefore, include:
 - *Paraprofessional* – Individuals “without extended professional training in health, nutrition, or the clinical management of breastfeeding who are selected from the group to be served and are trained and given ongoing supervision to provide a basic service or function.” Paraprofessionals provide specific tasks within a defined scope of practice. They assist professionals, but are not licensed or credentialed as healthcare, nutrition, or lactation consultant professionals.”
 - *Recruited and hired from the target population* – In other words, a true “peer” will be similar in characteristics to the WIC participants served by the agency.
 - *Personal breastfeeding experience* – a true “peer” has personally breastfed her own child(ren) and can therefore empathize with the common breastfeeding questions of new parents.
 - *Available to WIC clients outside usual clinic hours and outside the WIC clinic environment* – The peer counselor serves to provide support to WIC participants when they need it most, which often includes beyond WIC clinic hours and community settings outside of the WIC clinic such as at the local hospital or by phone/text to the mother’s home.
- Section 5, “Staffing Considerations,” provides more detail on the definition of a peer counselor and how to address common situations that might arise when recruiting true “peers.”



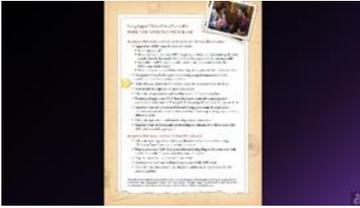
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Designated Managers

Handout

Job Description 1 Local PC Coordinator

- Local agencies operating a peer counselor program must designate a program manager at both the State and/or local level, and peer counselor supervisors.
- Research has found that programs operate most efficiently when a designated managers and supervisors are identified with the specific role of program management and provided dedicated support to peer counselors.



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Defined Scope of Practice

Handouts:

Staffing and Supervision 5 – Scope of Practice PC

Staffing and Supervision 7 – When to Yield

- It is imperative that peer counselors operate within a defined scope of practice. This is for the protection of the peer counselors by providing them with parameters and guidelines for ways their skills can safely be used in the care of mothers and vulnerable infants. It is important for the safety and protection of WIC participants. It is also important for a local agency to reduce liability concerns to have a scope of practice that staff follow.
- FNS has defined the basic scope of practice for a peer counselor to be based on supporting normal breastfeeding.
- The FNS *Loving Support*® peer counselor curriculum outlines the basic scope of practice for peer counselors.
- Section 6, “Scope of Practice,” details how to implement the peer counselor’s scope of practice and ways to address common concerns that can arise when peer counselors obtain advanced training.



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Adequate Compensation

- The *Loving Support*® Model requires local agencies to *pay* their peer counselors a salary that represents “adequate compensation and reimbursement.” This means providing a salary or wage appropriate to their position as a valued member of the WIC team.
- The issue of appropriate compensation is central to addressing equity within the WIC program by assuring that valued staff are adequately compensated them for their service.
- Section 3, “Program Planning,” provides more details on compensation options and strategies.



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Training

- State and local agencies should also assure “training of appropriate WIC State/local peer counseling management, supervisory, and clinic staff using FNS *Loving Support*® curricula.”
- Training assures that program managers and supervisors are able to manage a program that is efficient and will make a difference in health outcomes for mothers and infants.
- Numerous training options can be considered, and FNS provides several resources to assist staff in providing training.
- More details about training options for management staff are found later in Section 1, “The Evidence for the *Loving Support*® Model.”



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Standardized Policies

- State and local agencies must establish “standardized breastfeeding peer counseling program policies and procedures at the State and local level as part of [their] Agency nutrition education plan.”
- While agencies have some flexibility in standards and policies to meet the needs of their agencies, the policies must align with the core principles of the *Loving Support*® Model.
- Section 4, “Policies and Operations,” provides more details about establishing policies that support program principles.



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Adequate Supervision and Monitoring

- Peer counselors rely on receiving guidance, mentoring, and support from supervisors. This helps them blossom and grow in their job, while also assuring that program standards are followed consistently.
- Program supervisors must receive training based on the FNS *Loving Support*® curriculum to assure they understand the components of a successful peer counseling program.
- Section 9, “Mentoring and Supervising Peer Counselors,” provides a recommended structure for staff operating in the dual role of mentor and supervisor, with suggestions for addressing common supervisory situations that might arise. Documentation forms are also included in the management curriculum to enable supervisors to adequately track the work of their peer counseling staff.



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Community Partnerships

- State and local peer counseling programs should establish “community partnerships to enhance the effectiveness of a WIC peer counseling program.”
- Community partners include local hospitals and providers who need to be part of the referral network, as well as other agencies such as Healthy Start, Early Head Start, and other programs that serve a similar population as WIC. Other partners include employers and other groups impacting WIC families in their breastfeeding journey.
- Establishing community partnerships builds a stronger team of support for breastfeeding mothers and enables the peer counseling program to be more effective.
- Section 4, “Policies and Operations,” provides more detail about the role of community partnerships in establishing and maintaining an effective peer counseling program in WIC.



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***Loving Support*® Model: Support for Peer Counselors**

Training

- The *Loving Support*® Model requires that peer counselors receive “adequate training and continuing education using FNS *Loving Support*® peer counseling curricula.”
- Training is essential to help equip peer counselors with evidence-based skills and to assure that they understand their defined scope of practice that aligns with their training.
- Training and ongoing continuing education also help peer counselors feel confident and prepared so they can be more effective in counseling mothers.
- Section 8, “Training Peer Counselors,” provides more details on training peer counselors.



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Access to Designated Experts

- FNS requires State and local agencies operating peer counselor programs to provide a WIC Designated Breastfeeding Expert to handle complex breastfeeding issues that arise beyond the scope of the peer counselor.
- Peer counselors may *not* serve as local agency designated breastfeeding experts because complex breastfeeding problems are beyond their scope of practice.
- Section 6, “Scope of Practice,” provides more details about the role of the designated breastfeeding expert (DBE), and strategies for addressing an important referral network.



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Regular, Systematic Contact with Supervisors

- Just as the supervisor is crucial in providing mentoring, guidance, and supervision to peer counselors, it is equally important that peer counselors have regular, systematic access to the supervisor.
- A variety of strategies can be considered, including weekly meetings or other check-ups, and a systematic plan for transitioning from the role of mentor to the role of supervisor.
- Section 9, “Mentoring and Supervising Peer Counselors,” provides more details about assuring systematic contact between supervisors and peer counselors.

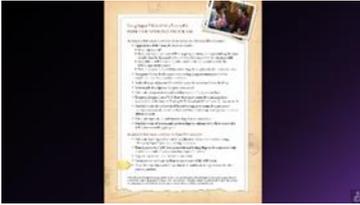


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WIC Team

- WIC State and local agencies should enable peer counselors to participate in “clinic staff meetings as part of the WIC team.”
- When peer counselors are part of the WIC team they are less likely to feel isolated and alone, and are able to support the work of the WIC clinic team more effectively. When WIC staff see the peer counselors regularly, as well, they are able to value their role and improve the referral network to assure the needs of WIC participants are met.

- Including peer counselors as part of the WIC team contributes to longer retention of peer counselors and improves their ability to be effective in supporting WIC families.
- Section 10, “Retaining Peer Counselors,” provides more details on options for building a strong WIC team of support.



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Opportunities to Meet Regularly with Other Peer Counselors

- The peer counselor program is based on the strong and effective “mother to mother” support model which shows that peer support makes a difference in a mother’s feeding decisions.
- That strong peer support model is also needed for peer counselors to function effectively in their role. Learning from other peer counselors provides unique learning opportunities and helps build confidence as peer counselors grow their skills. It also helps reduce feelings of isolation that can occur when staff work more limited hours and/or work some of their hours from home.
- Section 10, “Retaining Peer Counselors,” provides options for building a structure that supports peer to peer engagement.



Formative Research: Process

- As part of the original “Using *Loving Support*® to Implement Best Practices in Peer Counseling” project launched in 2004, a comprehensive formative research process was conducted in all USDA regions of the country to identify successes and lessons learned.
- More than 125 in-depth interviews were conducted with WIC programs that provided peer counseling programs, those that did not, and those whose programs had been discontinued.
- Interviews were conducted with WIC peer counselors, as well as non-WIC programs that provide peer counseling services.
- The research phase also included a thorough review of all known curriculum programs being used in both WIC and non-WIC settings, as well as a comprehensive literature review of studies related to managing and sustaining effective peer counseling programs.
- The objectives for the research were to better understand the perspectives of both management and direct services staff, and to learn what contributes to the success and demise of peer counseling programs.
- The key findings from the research formed the basis of the *Loving Support*® Model. This is available for download at the FNS website at <https://lovingsupport.fns.usda.gov/content/about-wic-breastfeeding-peer-counseling>.



Formative Research: Agencies with Successful Programs

- According to the 2004 findings, agencies that provided successful peer counseling programs had several factors that contributed to their success.
- Program leadership and support from management and local level WIC staff.
- Dedicated supervisors and program managers with designated time allocated to provide program and staff oversight.
- Standardized training programs that include the local WIC clinic staff.



- Familiarizing peer counselors with WIC issues and policies, and educating WIC staff on breastfeeding support.



- Clear guidelines on peer counselor scope of practice and referral networks.



- Access to designated breastfeeding experts for situations that are beyond the peer counselor's scope of practice.



- Adequate funding to maintain the program.



- Methods to retain peer counselors to maintain stability of the program.



Formative Research: Agencies Without Peer Counselors

- Agencies that did not offer peer counseling programs shared common concerns, including having the staff available to help manage the program.



- Finding qualified peer counselors within the community.



- Gaining support needed among local staff, as well as community partners such as hospitals and local providers who do not provide strong systems of support for breastfeeding families.



- Not having a training curriculum.



- Forging partnerships in the community.



Formative Research: Discontinued Peer Counseling Programs

- WIC agencies that had discontinued their peer counseling programs shared common issues that contributed to their demise.
- We can learn much from the failures of these agencies to establish program policies that will help prevent some of these issues from occurring.
- One of the key issues was lack of funding to sustain the program.



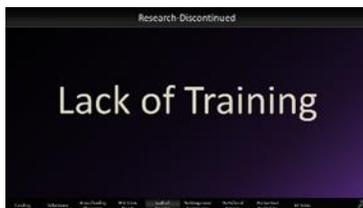
- Another significant issue was relying on volunteer peer counselors who did not stay with the program for long, causing many issues with turnover and staff time needed to manage ongoing turnover.



- Programs that were implemented by a single breastfeeding “champion” without full buy-in from other WIC staff. If the champion left the program or moved from the area, programs often crumbled without the support from other WIC staff.



- Failure to train local WIC staff in breastfeeding support and secure their buy-in for peer counseling.



- Lack of systems in place to train and supervise peer counselors, including lack of standardized training for peer counselors.



- Lack of dedicated supervisors specifically focused on providing mentoring and oversight to new peer counselors.



- Lack of a defined scope of practice for peer counselor, and lack of referral systems for peer counselors who encounter concerns outside that scope of practice.



- Lack of consistent contact guidelines for reaching new mothers.



- Breastfeeding rates did not improve with peer counselors, leading to a perception that peer counseling did not work.
- Many of these programs stated they would like to reinstate the peer counseling program because they believed in its value in supporting WIC families.

Activity for Group Trainings

Discuss the following scenario:

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

- What more do we need to know about this situation?
- What lessons learned might have prevented the demise of this program?



Note: To focus on one topic at a time, click on individual buttons. Clicking on the button will reveal highlighting. To discontinue highlighting, click the button again.

Formative Research: Ongoing Feedback

2011 WIC Agency Feedback

- The WIC Program continues to assess the efficacy of the *Loving Support*® Model, as well as program and training curriculum improvements that can have a positive impact on program success.
- In 2010-2011, voluntary feedback sessions conducted with WIC State and local leaders and staff gathered information about how WIC peer counseling programs are working, lessons learned, and best practices. This included:
 - *Expert panel* – representing varied levels of WIC managers and direct service providers in all FNS regions.
 - *Best practice discussions* – with 21 State and local agencies and hospitals representing all FNS regions.
 - *Survey* – with 9 State WIC agencies representing each of the FNS regions.
- *General feedback* – through posts to WIC-Talk and WIC-BF-NET electronic listservs and communications through FNS regional offices.



Note: To focus on one topic at a time, click on individual buttons. Clicking on the button will reveal highlighting. To discontinue highlighting, click the button again.

2016 WIC Agency Feedback

- In 2016, a similar voluntary feedback process was conducted to examine best practices for training program managers and supervisors. This included:
 - *Expert Panel* – representing both State and local agency providers in each FNS region, as well as external partners and community groups.
 - *Online Feedback Form* – to collect voluntary feedback and ideas for managing peer counselor programs and meeting training needs of program managers. More than 200 responses were received from all FNS regions.
 - *In-Depth Interviews* – conducted with 9 State and local agency representatives in each of the FNS regions and an Indian Tribal Organization to explore program needs of peer counselor managers and supervisors.



The Model Works!

- Findings from all of these continuing feedback opportunities revealed that the *Loving Support*® Model based on the original 2004 research remains a strong framework for establishing, maintaining, and expanding peer counseling programs. This was confirmed by other formal FNS research, such as the 2015 WIC Breastfeeding Peer Counseling Study – Phase II: Follow-Up Implementation Report¹ and feedback sessions with WIC agencies. Many State and local agencies have attributed the success of their programs and increased breastfeeding rates to following this model.
- The important findings from these information-gathering opportunities are integrated throughout peer counseling curricula for both managers and peer counselors. They serve as a basis for lessons learned and recommendations.



Training: Managers

- Training is pivotal to implementing and maintaining this evidence-based peer counseling program in WIC.
- Training allows program managers and supervisors to assimilate new information, understand program priorities, and problem-solve situations that might arise when managing the peer counseling program at the local level.
- The State peer counseling program coordinator, breastfeeding coordinator, or other State staff are urged to provide in-person or web-based training to enhance learning and assure that program guidelines are understood and able to be implemented properly.
- State staff should also provide ongoing follow-up for new program hires to answer questions and assure they understand and feel comfortable implementing program standards.



State Showcase: Missouri WIC Program

- Missouri Department of Health provides annual training required for all new breastfeeding peer counseling coordinators.
- The training is held each year at the beginning of the fiscal year in October. This works well since new breastfeeding peer counseling agencies are usually only added at the beginning of a new fiscal year.
- The FNS training curriculum, *Loving Support*® Through Peer Counseling: A Journey Together – For WIC Managers, is used, along with additional information specific to Missouri such as documenting contacts in the state's data system, monthly paperwork, invoicing, and allowable expenditures.
- If there are staff changes at an agency throughout the year, the state breastfeeding peer counseling program coordinator trains the new hire at the agency one-on-one, using portions of the curriculum and policy materials

¹ Abt Associates, Inc. *WIC Breastfeeding Peer Counseling Study: Phase II: Follow-Up Implementation Report*. U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 2015. Available at www.fns.usda.gov/wic-breastfeeding-peer-counseling-study-phase-ii-follow-implementation-report.

from the State. Follow-up support is provided by telephone. The new hire is then required to attend the state training the next time it is offered.

- Feedback from managers confirms that the training is necessary for them to know how to effectively manage their individual programs.



Training for WIC Peer Counselor Managers

- FNS provides a number of training resources that can be used for training local program managers and supervisors.
- The curriculum, “*Loving Support*® Through Peer Counseling: A Journey Together – For WIC Managers,” provides information on how to implement, maintain, and expand peer counseling programs that best meet the needs of WIC participants served by the agency.
- The curriculum can be downloaded from the FNS website at <https://lovingupport.fns.usda.gov/content/instructional-tools-and-support-materials>.
- The curriculum is divided into 10 sections:
 - Section 1: The Evidence for the *Loving Support*® Model
 - Section 2: Peer Counseling: How and Why It Makes a Difference
 - Section 3: Program Planning
 - Section 4: Policies and Operations
 - Section 5: Staffing Considerations
 - Section 6: Scope of Practice
 - Section 7: Practice Settings for Peer Counselors
 - Section 8: Training Peer Counselors
 - Section 9: Mentoring and Supervising Peer Counselors
 - Section 10: Retaining Peer Counselors



Note: Click the “Open Website” button to open the FNS website, if desired. Your computer must be connected to the Internet for the link to work.

FNS Training Resources

- FNS also provides additional resources for training peer counselor program managers. These include:
 - A local agency manager user’s guide, “*Loving Support*® Through Peer Counseling: Users Guide to Managing a Local Agency WIC Peer Counseling Program.”
 - A series of webcasts addressing key components for managing a successful peer counseling program in WIC. The webcasts are available at the FNS website at: <https://lovingupport.fns.usda.gov/content/instructional-tools-and-support-materials>.
 - The FNS *Loving Support*® Model for a Successful Peer Counseling Program (included in the handouts to this curriculum).

- Federal peer counseling program guidelines and allowable costs, as well as applicable State and local level policies, should also be provided to peer counseling program managers and supervisors.



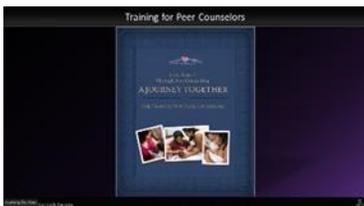
Training Options

- The available program resources can be used in a variety of ways to provide training for new program managers and supervisors. Options include:
 - State or regional in-person group training events for new and current program managers.
 - Live web-based training events for new hires and current managers.
 - Providing new managers with a program manager user guide for self-study learning, along with follow-up phone, web, or in-person meetings to review and discuss key points.
 - Offering the FNS recorded webcasts that cover the main components of the curriculum, along with follow-up phone, web, or in-person meetings to review and discuss key points.
 - Combination: Provide Section 1, “The Evidence for Peer Counseling and the *Loving Support*® Model” in a live in-person or web-based meeting, and provide the FNS recorded webcasts and follow-up phone meetings to train other key components.



Mentoring New Managers

- Many WIC agencies use a mentoring model to help new program managers feel comfortable in their role.
- This often involves pairing a new program manager with a seasoned program manager in a similar agency or serving a similar population or community.
- The mentor serves as an invaluable resource to answer basic questions and help the new manager troubleshoot common situations that arise. This can occur through structured or informal phone meetings.
- The new program manager might also visit the mentor agency to observe peer counseling program practices.
- The state peer counselor coordinator should also take an active role in training and assisting new program managers.



Training: Peer Counselors

- In addition to the training resources for program managers, FNS provides “*Loving Support*® peer counselor curricula.
- This competency-based curriculum, described in greater detail in Section 8, “Training Peer Counselors,” is designed to help introduce peer counselors to their role as part of the WIC team supporting new mothers. It will help equip them with specific skills in counseling and breastfeeding management to promote breastfeeding and address common concerns.



Curricula Package

- The FNS curricula for peer counselors and managers include:
 - PowerPoint™ presentation platform.
 - Handouts and worksheets.
 - Video clips.
 - Speaker Notes. These detailed notes include information pertinent to each slide, instructions for suggested activities, ideas for alternative ways to conduct activities with varied size audience groups, lists of materials needed, and discussion questions.
- Materials are provided in an electronic format and available at the FNS website at <https://lovingsupport.fns.usda.gov/content/instructional-tools-and-support-materials>.



Note: If desired, click on the video image to play a 5-minute video on the value of peer counseling programs.

Wrap-Up

- This training is designed to provide practical solutions that have been used in other WIC agencies that are considered models for success.
- For local agencies that are just beginning a new peer counseling program, this curriculum and the *Loving Support*® Model provide a framework for developing a research-based program.
- For agencies already implementing peer counseling programs, this curriculum will assist in training new State and local agency management staff and expanding programs.

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Section 2: Peer Counseling: How and Why It Makes a Difference for WIC Families

Overview

Research shows that peer counselors influence breastfeeding initiation, duration, and exclusivity rates in the WIC population. The peer counselor provides a unique relationship with WIC mothers as a trusted friend. This connection complements and reinforces the breastfeeding information and support provided by other WIC staff.

Learning Objectives

WIC managers will be able to:

- Describe at least two ways peer counseling programs can influence breastfeeding initiation, exclusivity, and duration rates in the WIC population.

Topics Covered

- Definition of a peer counselor
- How mother-to-mother support makes a difference
- Research findings regarding peer counseling
- Showcase: Maryland, Texas, New York, and California

Time: 60 minutes

Materials and Supplies

Handouts

- Assessment and Planning 1: *FNS Loving Support*® Model
- Activity Worksheet 1: The Voice of WIC Moms
- Activity Worksheet 2: Research on Peer Support Programs

Training Materials by Activity

5-Year Vision for Peer Counseling

- Objects brought by training participants to represent their goals for peer counseling (requested in advance of the training)

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint™
- Computer with Microsoft PowerPoint 2007 or higher

- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Training Facilitator Notes



Peer Counseling: Making a Difference for Families

- Breastfeeding peer counselors are defined as “mothers who have personal experience with breastfeeding and are trained to provide counseling about and assistance with breastfeeding to other mothers with whom they share various characteristics, such as language, race/ethnicity, and socioeconomic status.”¹
- Most WIC State agencies implemented peer counseling programs after initial funding was made available in 2004. Today the majority of WIC local agencies provide peer counseling programs.
- State and local agencies should be aware of the research and examine the needs in their community to set goals to continue to improve the program.

Activity: Vision for Peer Counseling

Purpose: To help managers focus on their program goals for peer counseling in their agencies.

Materials Needed:

- Objects brought by training participants
- Flip chart easel
- Flip chart paper
- Flip chart markers

Time Needed: 10-15 minutes

Instructions:

1. Ask attendees to bring an object that represents their goals for peer counseling in their agency over the next five years. Items could include a photograph, knick-knack, charm, trinket, book, toy, etc.
2. Ask each participant to give a brief explanation of the object they brought, and how it relates to their goals for peer counseling in their agency.
3. *For larger groups:* Divide participants into small groups of 4-6. Ask people to exhibit their item with the other people in their small group.
4. *For smaller groups and one-on-one learning:* Discuss together the goals they might have.

Points for Discussion:

- What are the common themes you heard?

Take-away Points:

- The FNS vision is peer counseling as a core service in WIC.
- The *Loving Support*® Model is based on research that identifies the most effective practices and components that need to be in place to help you reach the goals you have set for your program.

¹ U.S. Department of Health and Human Services. *Surgeon General's Call to Action to Support Breastfeeding*. Washington, D.C.: U.S. Department of Health and Human Services, Office of the U.S. Surgeon General, 2011. Available at www.surgeongeneral.gov.



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National Perspectives: Healthy People 2020

Initiation and Duration Rates

- Healthy People 2020 has set national health objectives for breastfeeding initiation, duration, and exclusivity in recognition of the significant contribution breastfeeding makes to infant health.²
- The 2012 breastfeeding rates from the National Immunization Registry show that great improvements have been made. The percentage of women who initiate breastfeeding at birth is 80%. However, many women do not continue breastfeeding long-term.³

WIC and Non-WIC Rates

- The breastfeeding initiation rate among WIC mothers has increased steadily, from 68.8% in 2009 to 73.1% in 2012.⁴ In addition, studies show that beliefs about breastfeeding among WIC participants have demonstrated a notable positive shift in recent years.⁵
- Yet gaps remain. Among WIC mothers, 73.1% initiate breastfeeding compared to 90.5% of non-WIC eligible mothers. WIC mothers continue breastfeeding at a rate of 39.1% at 6 months and 19.3% at 12 months, compared to 68.4% and 41.6% among mothers who are not eligible for WIC.⁶
- Factors affecting rates include lower education, African American ethnicity, and low income, which are representative of populations served by WIC.
- Peer support initiatives for women in populations represented in WIC are effective in increasing these rates. Peer counseling is now included in many national health policy initiatives.

National Perspectives: Call to Action

- The 2011 *Surgeon General's Call to Action to Support Breastfeeding* calls for strengthening programs that include peer counseling as an evidence-based strategy for improving breastfeeding rates.
- Action 3 of the 20 action items to improve breastfeeding rates calls on organizations to "Strengthen programs that provide mother-to-mother support and peer counseling."⁷ Strategies listed are to:

² U.S. Department of Health and Human Services. *Healthy People 2020*. Washington, D.C.: U.S. Department of Health and Human Services, Centers for Disease Control, 2010.

³ Centers for Disease Control and Prevention. *National Immunization Survey: Breastfeeding among U.S. children born 2002-2012, CDC National Immunization Surveys*. Atlanta, GA: Centers for Disease Control and Prevention, 2015. Available at www.cdc.gov/breastfeeding/data/nis_data/index.htm.

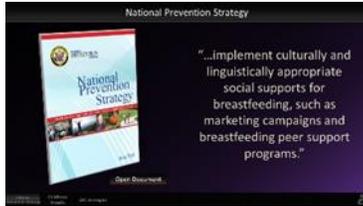
⁴ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity, Atlanta, GA. *Nutrition, Physical Activity and Obesity Data, Trends and Maps* web site, 2015. Available at www.cdc.gov/nccdphp/DNPAO/index.html.

⁵ USDA Office of Policy Support, Food and Nutrition Service. *WIC Infant and Toddler Feeding Practices Study 2: Intention to Breastfeed*, 2015.

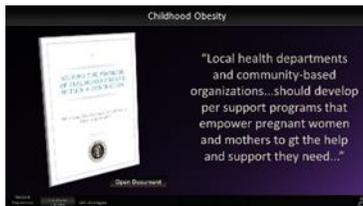
⁶ CDC, 2015.

⁷ *Surgeon General's Call to Action*, 2011.

- Create and maintain a sustainable infrastructure for mother-to-mother support groups and for peer counseling programs in hospitals and community health care settings.
- Establish peer counseling as a core service available to all WIC women.



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National Perspectives: National Policy Initiatives

National Prevention Strategy

- The national policy document issued by the office of the Surgeon General, *National Prevention Strategy: America's Plan for better Health and Wellness*, includes recommendations for peer support initiatives to help improve breastfeeding rates.
- The "Healthy Eating" section of this pivotal national policy document gives these community recommendations: "...implement culturally and linguistically appropriate social supports for breastfeeding, such as marketing campaigns and breastfeeding peer support programs."⁸

Childhood Obesity

- Child obesity initiatives include peer counseling as a key strategy in addressing breastfeeding rates that affect childhood obesity.
- Section 1.5 of the White House Task Force on Childhood Obesity Report to the President, *Solving the Problem of Childhood Obesity Within a Generation*, recommends: "Local health departments and community-based organizations working with health care providers, insurance companies, and others should develop peer support programs that empower pregnant women and mothers to get the help and support they need."⁹
- The Institute of Medicine's report, *Early Childhood Obesity Prevention Policies*, discusses the importance of peer counseling to improve breastfeeding rates among low-income populations.¹⁰

⁸ National Prevention Council, *National Prevention Strategy*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. Available at www.surgeongeneral.gov/priorities/prevention/strategy.

⁹ White House Task Force on Childhood Obesity. *Report to the President: Solving the Problem of Childhood Obesity Within a Generation*, 2010. Available at www.letsmove.gov/white-house-task-force-childhood-obesity-report-president.

¹⁰ Institute of Medicine (IOM). *Early Childhood Obesity Prevention Policies*. Washington, DC: The National Academies Press, 2011. Available at www.nationalacademies.org/hmd/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx.



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CDC Strategies

- The Centers for Disease Control and Prevention issued recommendations to guide programs in implementing evidence-based interventions to improve breastfeeding rates.¹¹
- *The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*, provides a section on peer support practice examples to consider, citing that a woman's decision-making process is highly influenced by her social network.

Why It Works: Social Learning Theory

- Social cognitive behavior theories have long embraced the notion of peer support in affecting behavior change.
- Psychologist Albert Bandura developed a social learning theory based on a self-efficacy framework that has been widely used in health promotion efforts across multiple disciplines. Self-efficacy has been repeatedly shown to predict health behaviors.¹²
- Bandura's theory asserts that adults who face new experiences depend on the strength of their self-efficacy, or assurance of their capabilities. Modeling, or seeing the behavior performed by positive role models, is central to self-efficacy.¹³ Bandura showed that those who lack self-efficacy can develop it vicariously by observing and interacting with these respected role models.
- Bandura's model found that effective role models (1) are similar to the target audience; (2) demonstrate the behavior; and (3) are rewarded for practicing it. "If the audience identifies with the role model, they can vicariously experience the behavior and the rewards of adoption."¹⁴

Why It Works: Breastfeeding Self-Efficacy

Breastfeeding Self-Efficacy

- Bandura's social learning model has been used by researchers as the framework for studying *breastfeeding* self-efficacy, as well.
- Breastfeeding self-efficacy is a mother's perception of her ability to breastfeed, including her perception of having sufficient milk. Perceived milk insufficiency is a primary reason for supplementation and early weaning at all critical weaning periods.¹⁵

¹¹ Centers for Disease Control and Prevention. *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*. Atlanta, GA: U.S Department of Health and Human Services, 2013. Available at www.cdc.gov/breastfeeding/resources/guide.htm.

¹² Ryan P. Integrated theory of health behavior change. *Clin Nurs Spec*. 2009;6(3):161-172.

¹³ Valente TW. *Evaluating Health Promotion Programs*. Oxford University Press, 2002.

¹⁴ Bandura A. The explanatory and predictive scope of self-efficacy theory. *J Soc Clin Psy*. 1986;4:359-373.

¹⁵ Otsuka K, Dennis CL, Tatsuoka H, Jimba M. The relationship between breastfeeding self-efficacy and perceived insufficient milk among Japanese mothers. *JOGNN*. 2008;37:546-555.

- Peer counseling is central to enhancing breastfeeding self-efficacy because it provides that important role model allowing mothers to vicariously experience the positive rewards of breastfeeding. Peer counselors who have breastfed their children serve as positive role models to promote breastfeeding with new mothers.¹⁶



Infant Feeding Decisions

- Making the infant feeding decision is highly influenced by a woman's social networks. These networks can give encouragement or they can be an obstacle.
- Women often place a higher value on the advice they receive from their social networks than they do from their own physicians.¹⁷ Research with WIC mothers has shown that they are most strongly influenced by:¹⁸
 - *Their own mother.* The baby's grandmother, in particular, has a powerful role in a mother's decision about how she will feed her baby.¹⁹ This is especially prevalent in low-income populations and across various ethnic groups.²⁰ If the grandmother did not breastfeed, she may suggest formula feeding if breastfeeding is not going well.²¹
 - *Their trusted friends.* A mother's social network of trusted friends influences her breastfeeding practices.²²
 - *Their intuition.* Frequently mothers use their intuition to find solutions that work to solve real or perceived infant feeding problems.²³
- New mothers' preferred resource for child rearing advice is other mothers,²⁴ and perceived social support is a predictor for breastfeeding success.²⁵
- The Cochrane Systematic Review found that peer support is a powerful tool for normalizing breastfeeding, contributing to significant increases in breastfeeding initiation, duration, and exclusivity.²⁶

¹⁶ Dennis CL. Theoretical underpinnings of breastfeeding confidence: a self-efficacy framework. *J Hum Lact.* 1999;15(3):195-201.

¹⁷ Heinig MJ, et al. Sources of acceptance of infant-feeding advice among low-income women. *J Hum Lact.* 2009;25(2):163-172.

¹⁸ Heinig, 2009.

¹⁹ U.S. Department of Agriculture, Food and Nutrition Service. *Breastfeeding: A Magical Bond of Love: A Social Marketing Campaign to Promote Breastfeeding Among Hispanic Women, 2008.* Available at <https://lovingupport.fns.usda.gov/content/magical-bond-love>.

²⁰ Mueffelmann R, Racine E, Warren-Findlow J, Coffman M. Perceived infant feeding preferences of significant family members and mothers' intention to exclusively breastfeed. *J Hum Lact.* 2014;31(3):479-489.

²¹ Grassley JS, Nelms TP. The breast-feeding conversation: a philosophic exploration of support. *Adv Nurs Sci.* 2008;31:E55-E66.

²² Khoury AJ, Moazzem SW, Jarjoura Cm, Carothers C, Hinton A. Breast-feeding initiation in low-income women: role of attitudes, support, and perceived control. *Women's Health Issues.* 2005;15:64-72.

²³ Heinig, 2009.

²⁴ Shields M. Parenting study gives birth to new media strategy: no media. *Media Daily News.* July 21, 2004.

²⁵ Mitra AK, Khoury AJ, Hinton AW, Carothers C. Predictors of breastfeeding intention among low-income women. *Matern Child Health J.* 2004;8(2):65-70.



Why It Works: What Is a Peer?

The Power of Mother-to-Mother Connection

- It is human nature to seek out people who share our experiences. Women, in particular, tend to deal with stress by talking about it. They often seek other women who have had similar experiences.
- This can be even more important when women face the challenge of being a new parent, especially for the first time when they often feel more vulnerable.
- WIC mothers experience a limited number of contact hours with health care professionals. They spend thousands more hours managing breastfeeding on their own. Being able to access a trusted friend can help them gain confidence in their journey.



Peer: An Equal

- The word “peer” comes from the Latin word “par,” which means “equal.”
- Webster’s dictionary defines a “peer” as an equal, “one belonging to the same societal group, especially based on age, grade, or status.”²⁷
 - As an “equal,” WIC peer counselors form a special and unique relationship with other mothers in a way that no other staff can.
 - A peer is perceived as trusted friend who is “just like them,” so they can better imagine how breastfeeding will work in their world.
 - Because women are highly influenced by those they perceive are “like them,” peer counselors fill the gap in support by serving as a respected role model to build breastfeeding self-efficacy.
- Federal funding has been allocated to enable WIC agencies to specifically provide this unique source of role modeling.



Other WIC Staff

- **Peer counselors** do not replace the care of other health professionals.
 - WIC nutritionists and breastfeeding experts, International Board Certified Lactation Consultants® (IBCLCs®), physicians, and hospital staff all provide care that impacts the health and well-being of mothers and babies.
 - These professionals provide highly specialized care that enables them to address breastfeeding challenges.
 - In WIC, NSA funding is used to provide training for WIC staff to increase their lactation expertise. Many programs also train WIC clerks to provide support so that mothers receive consistent messaging throughout their entire WIC clinic experience.

²⁶ Britton C, McCormick FM, Renfrew MJ, Wade A, King SE. Support for breastfeeding mothers. *Cochrane Database of Syst Rev.* 2007;(1):CD001141.

²⁷ Merriam-Webster. www.merriam-webster.com/dictionary/peer.

- **Health care professionals** (even if they are mothers) cannot replace the unique and special relationship that a peer counselor has with a WIC mom.
 - Peer counselors complement the specialized care of WIC clinic staff and lactation professionals by providing basic breastfeeding information, support, and encouragement within the context of the mother's community and culture.
 - They represent the reality of breastfeeding in their world and culture, and show mothers how to fit it into their everyday life.
 - They fill the gap in a mother's social support network by building a trusted relationship and modeling successful breastfeeding so mothers can visualize breastfeeding working for them. They reinforce breastfeeding recommendations by health care professionals in a socially and culturally appropriate context.



Power of the Peer

- It is truly the *power of the peer* that is the heart of this unique relationship.
- Central questions to ask when hiring staff and setting program parameters:
Will the MOTHER view this person as a peer/equal?
Would she see herself being able to establish a friendship with her?



Why It Works: Making a Difference

For WIC Moms

- WIC peer counselors:
 - Take the time needed to build a relationship with mothers so they will trust them as an equal.
 - Help mothers feel they can relate to them and, therefore, feel comfortable sharing their concerns.
 - Serve as a role model for mothers who might have few, if any, positive breastfeeding role models.

- Help mothers prevent and manage common problems, offering basic advice and helping mothers see practical strategies.
- Encourage mothers over time with frequent, flexible contacts that meet the mother where she is.
- Connect mothers to other sources of support as needed by serving as a bridge to care.



Value of Support

- Barriers to breastfeeding exclusivity and duration among new mothers are well documented in the research.^{28,29,30} Common themes are:
 - Perceived lack of milk.
 - Pain (sore nipples or breasts).
 - Difficulties with latch.
 - Returning to work or school.
 - Lack of education and support.
 - Lack of confidence.
 - Problems using a breast pump.
 - Lack of support from family and friends.
 - Wanting someone else to feed the baby.
- Low-income women are particularly vulnerable to breastfeeding barriers.³¹
- Peer counseling services may help overcome the negative influences of those who encourage the use of infant formula.³²
- Peer counselors provide targeted support at times mothers are most susceptible to discontinuing breastfeeding:
 - During pregnancy as they are forming their infant feeding decisions.
 - During the early days and weeks after the baby is born.



For WIC Agencies

- Peer counselors are a valuable part of the WIC team, referring mothers to WIC and promoting the breastfeeding support available.
- Peer counselors extend the care of local WIC clinic staff. They may have the time to delve more deeply into barriers and issues that might make it difficult for new mothers to breastfeed.
- Peer counselors are available to WIC mothers beyond the usual clinic hours and outside the WIC clinic environment. They extend WIC breastfeeding services to the times when mothers need it most.

²⁸ Ahluwalia IB, Morrow B, Hsia J. Why do women stop breastfeeding? Findings from the Pregnancy Risk Assessment and Monitoring System. *Pediatrics*. 2005;116:1408-1412.

²⁹ Taveras EM, Capra AM, Braveman PA, et al. Clinician support and psychosocial risk factors associated with breastfeeding discontinuation. *Pediatrics*. 2003;112:108-115.

³⁰ Guendelman S, Kosa JL, Pearl M, et al. Juggling work and breastfeeding: effects of maternity leave and occupational characteristics. *Pediatrics*. 2009;123:e38-e46.

³¹ Heinig, 2009.

³² Anderson AK, Damio G, Chapman DJ, Perez-Escamilla R. Differential response to an exclusive breastfeeding peer counseling intervention: the role of ethnicity. *J Hum Lact*. 2007;23:16-23.



For Peer Counselors

- Some WIC peer counselors say their work has transformed their lives.
- For many peer counselors, it may be their first paid job. Peer counselors learn job skills and how to work as part of a health care team.
- Peer counselors have reported that their personal breastfeeding duration is lengthened as they learn more about the importance of breastfeeding. This might be because they enjoy the support for breastfeeding within the WIC Program.³³
- They also gain a sense of accomplishment and enjoy the reward of making a difference in the lives of other mothers.



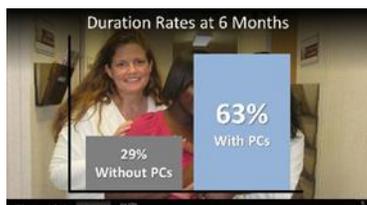
How It Works: Breastfeeding Rates

- A systematic review of peer support programs shows that peer counselors have a significant impact on breastfeeding initiation, duration, and exclusivity rates.³⁴ This is especially prevalent among low-income populations served by WIC.³⁵
- Seven randomized control trials reported significantly higher breastfeeding rates with peer counseling interventions versus controls.³⁶



Exclusivity at 4 Weeks

- A study of low-income mothers in Houston, TX who were “mixed feeders” (both breastfeeding and formula feeding) found that mothers who met with a peer counselor within 1 week postpartum were more likely to be breastfeeding exclusively at 4 weeks vs. controls (17% vs. 10%).³⁷



Duration Rates at 6 Months

- At 6 months, mothers who received peer counseling interventions were significantly more likely to be breastfeeding (63%) vs. control groups (29%).³⁸ One study observed significantly higher rates of breastfeeding at 4, 8, and 12 weeks postpartum with peer counseling interventions.³⁹

³³ Best Start Social Marketing. *Research Brief: Using Loving Support® to Implement Best Practices in Peer Counseling*, 2004. Available at www.nal.usda.gov/wicworks/Learning_Center/research_brief.pdf.

³⁴ Jolly K, Khan K, Freemantle N, MacArthur C. Systematic review of peer support for breastfeeding continuation: metaregression analysis of the effect of setting, intensity, and timing. *BMJ*. 2012;344.

³⁵ Chapman D, Morel K, Anderson AK, Damio G, & Perez-Escamilla R. Breastfeeding peer counseling: from efficacy through scale-up. *J Hum Lact*. 2010;26(3):314-326.

³⁶ Chapman, 2010.

³⁷ Hopkinson J, Konefal Gallagher M. Assignment to a hospital based breastfeeding clinic and exclusive breastfeeding among immigrant Hispanic mothers: a randomized, controlled trial. *J Hum Lact*. 2009;25(3):287-296.

³⁸ Chapman, 2010.

³⁹ Dennis C-L, Hodnett E, Gallop R, Chalmers B. The effect of peer support on breastfeeding duration among primiparous women: a randomized control trial. *CMAJ*. 2002;166:21-28.



Scale-Up Programs

- These higher intensity peer support programs offer at least three prenatal and postpartum contacts. “Scale-up” programs combine peer counseling with other breastfeeding support initiatives such as home visits, WIC clinic visits, and hospital support. These programs have a stronger impact on breastfeeding rates.^{40,41}
- The U.S. Preventive Services Task Force conducted a meta-analysis of 38 randomized control trials of interventions that impact breastfeeding initiation, exclusivity, and duration.
- They concluded that lay support interventions that include peer support significantly increase the rate of any breastfeeding by 22%, and exclusive breastfeeding by 65%.
- The effect of peer counseling interventions is even stronger when combined with other prenatal and postnatal interventions such as prenatal education, professional staff education, and the Baby-Friendly Hospital Initiative.⁴²



How It Works: Infant Health

- The CDC Infant Feeding Practices Study II found that longer duration rates of breastfeeding are positively associated with improved health outcomes among infants.⁴³
- Studies show improved infant outcomes when a mother participates in a peer counseling intervention, including lower rates of diarrhea disease, jaundice.
- One study found that infants of mothers who participated in a peer counseling intervention were significantly less likely to be hospitalized during the first 3 and 6 months after birth.⁴⁴



How it Works: Special Populations

- Breastfeeding peer counseling programs in WIC are shown to impact mothers of varied population groups.
- For example, although adolescent mothers are less likely to initiate and sustain breastfeeding, an intervention of high-intensity contacts from peer counselors with lactation consultant follow-up resulted in longer breastfeeding duration rates.⁴⁵

⁴⁰ Chapman, 2010.

⁴¹ Jolly, 2012.

⁴² Chung M, Raman G, Trikalinos T, Lau J & IP S. Interventions in primary care to promote breastfeeding: an evidence review for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*. 2008;149(8):565-582.

⁴³ Grummer-Strawn L, Li R, Perrine C, Scanlon K, Fein S. Infant feeding and long-term outcomes: results from the year 6 follow-up of children in the infant feeding practices study II. *Pediatrics*. 2014;134;S1. Available at http://pediatrics.aappublications.org/content/134/Supplement_1/S1.full.html.

⁴⁴ Chapman DJ, Morel K, Bermudez-Millan A, et al. Breastfeeding education and support trial for overweight and obese women: a randomized trial. *Pediatrics*. 2013;131(1):e162-170.

⁴⁵ Wambach KA, Aaronson L, Breedlove G, et al. A randomized controlled trial of breastfeeding support and education for adolescent mothers. *West J Nurs Res*. 2011;33(4):486-505.



African American Moms

- Health providers often assume that African American mothers do not intend to breastfeed.⁴⁶ This results in African American women being less likely to receive information and support among providers.
- WIC Peer counselors serving African-American mothers believe their assistance as a peer is “crucial” in filling the gap with these mothers.⁴⁷
- Research shows that African American women receiving peer counselor support are more likely to initiate breastfeeding compared to those receiving standard care or only lactation consultant support.^{48,49}



Latina Moms

- Low-income Latina women receiving peer support are significantly more likely to initiate breastfeeding compared with controls (90% vs. 77%).⁵⁰
- A study of predominantly low-income, inner-city Latinas in Hartford, CT showed that women in the peer counseling group were almost 15 times more likely to be breastfeeding exclusively at 3 months vs. controls.⁵¹



How It Works: Voice of WIC Moms

Handout:

Activity Worksheet 1: The Voice of WIC Moms

- The success of peer counseling programs can be measured in rates of breastfeeding as well as in the lives of WIC participants.
- WIC participants’ breastfeeding experiences may change dramatically because a peer counselor was there when they needed it most.

Teaching Tip

Refer participants to “Activity Worksheet 2: Research on Peer Support Programs.” Ask each small group or pair to review a different abstract and develop a true/false question about their study. Invite each group to quiz other participants.

⁴⁶ Spencer BS, Grassley JS. African-American women and breastfeeding: an integrative literature review. *Health Care Women Int.* 2013;34(7):607-625.

⁴⁷ Gross T, Powell R, Anderson A, et al. WIC peer counselors’ perceptions of breastfeeding in African-American women with lower incomes. *J Hum Lact.* 2015;31(1):99-110.

⁴⁸ Gross SM, Resnik AK, Cross-Barnet C, Nanda AP, et al. The differential impact of WIC peer counseling programs on breastfeeding initiation across the state of Maryland. *J Hum Lact.* 2009;25(4):435-443.

⁴⁹ Mickens A, Modeste N, Montgomery S, Taylor M. Peer support and breastfeeding intentions among black WIC participants. *J Hum Lact.* 2009;25(2):157-162.

⁵⁰ Chapman D, Damio G, Young S, Perez-Escamilla R. Effectiveness of breastfeeding peer counseling in a low-income predominantly Latino population: a randomized, controlled trial. *Arch Pediatr Adolesc Med.* 2004;158:897-902.

⁵¹ Anderson A, Damio G, Young S, Chapman D, & Perez-Escamilla R. A randomized trial assessing the efficacy of peer counseling on exclusive breastfeeding in a predominantly Latina low-income community. *Arch Pediatr Adolesc Med.* 2005;159:836-841.



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WIC Showcase Examples: Maryland Data

- The Maryland WIC Program conducted a formal study of the impact of peer counselors in increasing breastfeeding rates. They found that peer counselor programs are particularly effective in reaching the most economically vulnerable women.⁵²
- Maryland WIC peer counselors are trained using a 20-hour classroom instruction which includes the material within the FNS standardized training and additional information specific to use of the Maryland WIC management information system and Maryland WIC breastfeeding resources. After completion of the didactic training, there is a probationary period of observation and mentoring to assure that peer counselors are able to apply information learned in training when counseling mothers.
- The Maryland protocol is for peer counselors to make phone or in-person contacts with all pregnant clients upon referral. They contact clients both at 2 months and 3 weeks prior to their delivery dates, and also around the time of delivery. Postpartum breastfeeding clients are contacted every week during the first 4 weeks; then at 6 weeks and 3, 6, 9, and 12 months; and if continuing to breastfeed, yearly until breastfeeding ceases.
- The study examined electronic data for all infants (N = 18,789) newly certified in the Maryland WIC Program from January 1, 2007, to June 30, 2007. Breastfeeding rates were compared among agencies providing three different types of breastfeeding support services.
 - PC – Agencies with peer counseling programs where peer counselors contact mothers during the prenatal period and conduct at least weekly visits with new mothers after their babies are born.
 - SC – Agencies without peer counselors and providing standard breastfeeding education and support from WIC staff.
 - LC – Agencies with no peer counseling program, yet have an IBCLC on staff to assist with breastfeeding support. It should be noted that the IBCLC in these cases functioned in another role, such as WIC CPA or Local agency Coordinator.
- Results showed that mothers in PC agencies were more likely to breastfeed (57%) compared to 44% of mothers in the SC groups and 50% of mothers in the lactation consultant (LC) groups.
- A related study in Maryland examined the impact of peer counseling on food packages assigned to new mothers.
 - WIC participants who are exclusively breastfeeding were more likely to wait after 30 days of life to be certified (34%) compared with infants who are partially breastfeeding (22.6%) and infants receiving full formula (22.2%).
 - Those in the PC group receiving follow-up support are more likely to

⁵² Gross S, Resnik A, et al. The differential impact of WIC peer counseling programs on breastfeeding initiation across the State of Maryland. *J Hum Lact.* 2009;25(4):435-443.

certify within 14 days of the baby’s birth.

- Overall, WIC mothers who receive peer counseling support are more likely to be certified with the fully breastfeeding food package compared with the SC and LC groups (36% vs. 25.3% and 24.8% respectively).⁵³



Note: Scroll the mouse down to reveal the data one bar at a time.

WIC Showcase Examples: Texas Data

- The Texas WIC program has had a long-standing peer support program. It has been collecting data on the effectiveness of peer counseling for many years. State data consistently shows an association between having peer counselors and increases in both initiation and duration.
- Texas 2009 survey data indicate:
 - Mothers who met with a peer counselor during pregnancy had an initiation rate of 74.5%, with 43.4% continuing to breastfeed past 3 months, and 15.9% breastfeeding exclusively to 3 months.
 - Initiation was 80.2% among mothers who received a visit from a peer counselor in the hospital, with 55.7% of these mothers breastfeeding past 3 months and 19.4% exclusively breastfeeding to 3 months.



Note: Scroll the mouse down to reveal the data one bar at a time.

WIC Showcase Examples: New York Data

- New York State has an extensive peer counseling program. One-hundred percent of WIC Local Agencies are funded to have active peer counselors.
- Peer Counselors provide support via face-to-face interactions in the clinic, on-site support in the hospital and home visits, texting, and telephone calls.
- Breastfeeding Initiation rates in 2015 were 80%.
- Many agencies use social media to share information about their peer counseling services.
- The NY State-developed website www.BreastfeedingPartners.org has information that is specifically intended for Peer Counselors to use when working with mothers.



Note: Scroll the mouse down to reveal one bar at a time.

WIC Showcase Examples: California Data

- The California Public Health Foundation Enterprises (PHFE) WIC initiated a peer counselor program in Southern California in 2005.
- Six month averages for exclusive breastfeeding were higher in sites with peer counselors compared to sites providing usual care.⁵⁴

⁵³ Gross S, Resnik A, et al. Early postpartum: a critical period in setting the path for breastfeeding success. *Breastfeeding Medicine*. 2011;6(6):1-6.

⁵⁴ California WIC Association. *Increasing exclusive breastfeeding in WIC: The power of peer counseling*. Published by the California WIC Association, 2010. Available at www.calwic.org.

Teaching Tip

Share “Activity Worksheet 1: The Voice of WIC Moms” with participants. Consider cutting the handout into strips with a quote from a WIC mom on each strip. Ask individuals or groups to each read one or two of the quotes aloud and discuss why they feel a mom might say these things about their peer counselor. Discuss comments they believe are especially poignant.

Teaching Tip

Click on the VIDEO icon on the dashboard to show the video, “WIC Peer Counselors.” This video helps illustrate the impact that mothers feel peer counselors make in their breastfeeding experience. The music video, “Words from Peer Counselors,” could also be shown, if preferred.

Section 3: Program Logistics

Overview

Successful peer counseling programs do not just “happen.” They occur when State and local agencies plan for success by assembling a supportive team and fashioning a program that addresses the needs of WIC mothers and support of peer counselors. This section provides options for assuring that the program builds on best practices of WIC agencies.

Learning Objectives

WIC managers will be able to:

- Identify at least three factors integral to the success of implementing and sustaining a breastfeeding peer counseling program in WIC.
- Identify considerations in expanding existing peer counseling programs.

Topics Covered

- Assembling the WIC team for success
- Conducting a needs assessment
- Developing a plan to address internal and external gaps in services
- Community partnerships
- Compensating peer counselors
- Management considerations
- *Loving Support*® Model

Time: 60 minutes

Materials and Supplies

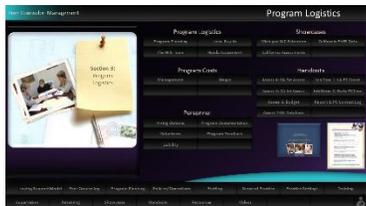
Handouts

- Assessment and Planning 1: FNS *Loving Support*® Model
- Assessment and Planning 4: California Community External Assessment Form
- Assessment and Planning 5: California Community Internal Assessment Form
- Assessment and Planning 6: Sample Program Budget
- Assessment and Planning 7: California PHFE Peer Counselor Database
- Job Description 1: Local Peer Counselor Coordinator or Supervisor
- Job Description 2: State Peer Counselor Coordinator or Supervisor
- Report Form 1: Peer Counselor Contact Log

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint™
- Computer with Microsoft PowerPoint 2007 or higher
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Training Facilitator Notes



Program Logistics: Program Planning

- Successful peer counseling programs do not just “happen.” They occur when State and local agencies plan for success by assembling a supportive team to address the needs of WIC mothers and peer counselors.
- **State agencies** are required to develop implementation plans demonstrating how all of the components of the *Loving Support* ® Model are in place in each peer counseling program.
- Periodically revisiting plans helps State agencies re-identify their goals and objectives as necessary and formulate detailed plans, strategies, and actions to achieve them.
- **Local agencies** will find this section useful in either beginning a new peer counseling program or as part of periodic reviews of their program.
- This section examines best practices for a successful program:
 - Conducting a needs assessment to identify gaps in services within WIC and the community.
 - Building buy-in from the WIC team circle of care and from administrators and local agencies.
 - Establishing and sustaining a management model that is most likely to build a successful program.

Teaching Tip

Refer to the *Loving Support* ® Model to remind attendees that the program components are structured around the model. Invite them to follow along as each component is addressed.



Program Logistics: The WIC Team

Assembling the Team

***Loving Support* ® Model:** “Designated breastfeeding peer counseling program managers and/or coordinators at State and/or local level”

Handouts

Job Description 1: Local Agency Peer Counselor Coordinator or Supervisor

Job Description 2: State Peer Counselor Coordinator or Supervisor

- Programs that run smoothly have designated positions for peer counselor program oversight at both the State and local levels.
- A designated position means that positions are established with specific responsibilities for program oversight. The staff in those positions are responsible for that oversight. This can be determined at the State or local level.



Note: Click on the “Open Document” button, if desired, to open the Nutrition Services Standards on the screen.

Roles and Responsibilities

- The roles and responsibilities, as well as qualifications for State and local agency peer counselor coordinators are outlined in the Nutrition Services Standards (NSS) available at <https://wicworks.usda.gov/wicworks/Topics/WICnutStand.pdf>.
- State level position roles include:
 - Establishing program goals and objectives.
 - Establishing breastfeeding peer counseling program policies and procedures consistent with the *Loving Support*® Model.
 - Providing guidance and technical assistance to local agencies to ensure they meet program goals and follow established policies and procedures.
 - Allocating funding for local agency peer counseling program activities.
- Local agency position roles include:
 - Implementing the program according to the goals and objectives established.
 - Conducting a needs assessment to identify gaps in breastfeeding resources and services that the peer counseling program can address.
 - Overseeing the training of peer counselors and supervisors.
 - Mentoring and supervising peer counselors.
 - Coordinating with community stakeholders such as hospitals and health care providers.



Amount of Time Needed

- When staff work in designated positions to manage these roles and responsibilities, it helps assure that policies are followed, that needs at the State and local level are being met, and that the program is serving the needs of WIC participants. It assures that staff will have the time to provide ongoing mentoring and supervision, address challenges that arise, and provide peer counselors with the ongoing support they need to function effectively.
- The amount of time needed for designated supervisors and managers varies from agency to agency. Factors include the number of peer counselors being supervised, the size of the geographic area covered, breastfeeding rates, types of contacts, and other considerations. For example, peer counselors working in the hospital may require a higher level of supervision to assure that the collaboration is working well.
- Sample job descriptions modified from existing State and local agency forms are included with this curriculum.



Role of the State Office

- The State WIC Office provides the overarching support for the peer counseling program by establishing designated position(s). It provides overall program oversight, provides support and guidance to local agencies, allocates funding, and establishes standardized policies.
- State offices may provide oversight to assure that funding is used appropriately, that the *Loving Support*® Model is being followed, and that local agencies have the support they need to address concerns that arise.
- Research with State and local WIC agencies found that programs with State office support and standards had improved chances of succeeding over programs that lacked support and oversight.¹ In smaller State agencies the State office may manage the program entirely at the State level.
- Other State agencies may choose to have programs implemented and administered at the local level, with strong State office support.



Note: Click on the gold arrow button to enlarge the text and highlight it.

Loving Support® Model

Loving Support® Model: “Establishment of standardized breastfeeding peer counseling program policies and procedures at the State and local level as part of agency nutrition education plan”

Loving Support® Model: “Training of appropriate WIC State/local peer counseling managers, supervisors, and clinic staff using FNS *Loving Support*® peer counselor curricula”

- How the State office supports the program:
 - Establishes State program policies and procedures that align with the *Loving Support*® Model. This includes job descriptions, compensation and career path options, staffing and referral protocols, documentation and reporting procedures, and monitoring and evaluation.
 - Assists local agencies with establishing and sustaining policies that align with the NSS, State agency policies and the *Loving Support*® Model, and monitors programs to assure compliance.
 - Assures that local agency program managers and supervisors are fully trained in effective use of the FNS “*Loving Support*® peer counselor curriculum.
 - Helps plan, expand, and sustain peer counseling programs in WIC.
 - Shares best practices from other agencies within the State and facilitates mentoring and networking between agencies.
 - Gives guidance on how to budget for a peer counseling program, including allowable costs and realistic projections of program costs.
 - Secures and provides funding and peer counseling program materials.
 - Supports WIC staff who want to become lactation experts through

¹ Best Start Social Marketing. *Using Loving Support® to Implement Best practices in Peer Counseling*, 2004. Available at <https://loving-support.fns.usda.gov/content/about-wic-breastfeeding-peer-counseling>.

training opportunities.

- Provides guidance on contact guidelines for peer counselors, appropriate caseload size, and scope of practice.
- Remains available for technical support.
- Troubleshoots concerns that may arise.
- Establishes standardized training programs for peer counselors based on the FNS “*Loving Support*®” curricula that are evidence-based, user-friendly, and grounded in practical strategies needed by peer counselors to do their job.
- Monitors the program budget, provides data systems management, and generates program reports when appropriate.



Role of the Local Agency

***Loving Support*® Model:** “Establishment of standardized breastfeeding peer counseling program policies and procedures at the State and local level as part of agency nutrition education plan”

- The local agency:
 - Establishes program policies and practices that align with the *Loving Support*® Model.
 - Designates personnel to coordinate the program and supervise peer counselors.
 - Identifies a WIC Designated Breastfeeding Expert (DBE) for each local clinic to address breastfeeding issues that are beyond the scope of practice for peer counselors.
 - Promotes the program with WIC participants and throughout the community.
 - Recruits and hires staff that meet the FNS definition of a peer counselor as outlined in the *Loving Support*® Model.
 - Provides day-to-day supervision of peer counselors.
 - Reports data required by the State.
 - Engages community partners.
 - Performs other duties required to manage the program.
- A designated coordinator might be hired to manage the program at the local level. This person is often a WIC local agency breastfeeding coordinator, peer counseling coordinator, nutritionist, or lactation consultant.
 - In larger agencies, a program coordinator provides oversight of program activities throughout the agency.
 - In smaller or more rural agencies, regional coordinators are often hired to oversee the program across several clinics or areas.
 - If coordinators are contractors from the community, assure that they are able to remain in close touch with the program to support the goals and needs of the agency.

Teaching Tip

Ask participants who are being trained to consider each of the showcases presented.

Discuss:

- What are some potential pros and cons of adopting similar strategies in your community?
- What can we learn from these models?
- What circumstances might need to change to adopt these models?

**Program Logistics: Local Buy-In****Promoting the Program**

- Most WIC agencies believe it is crucial to build buy-in and support from local WIC staff before launching a new peer counseling program in an agency. Discuss with local agency officials and staff:
 - The importance of peer counseling in increasing breastfeeding rates and providing WIC participants with social support.
 - Ways to support peer counselors so they remain engaged and enthusiastic about their job.
 - Federal and State requirements, including the *Loving Support*® Model.
 - State and local agency or clinic policies that will help assure program success.
 - Methods for assuring that peer counselors are paid in a timely manner.
- Assist local programs with barriers they might have to either beginning or continuing their programs, including:
 - Concerns over continued funding.
 - Lack of staff for administering the program.
 - Lack of knowledge about program practices that will be most effective.
 - Need for approval from county commissioners or the board of health, including what information to share, funding issues, and expectations regarding county financial support.
 - Lack of comfort with and knowledge about supervision of paraprofessional staff.
 - Lack of buy-in from local agency staff or other programs that work with WIC.
 - The PowerPoint presentation for local agency staff, “Peer Counseling: Making a Difference for WIC Families,” is available in the Resource section of the presentation platform, and can be used to help address some of these concerns.
- Remind agencies that peer support programs enhance the team by expanding breastfeeding program services.



WIC Agency Recommendations

- WIC agencies recommend the following practices when launching a new peer counseling program:
 - Share successful best practices of other agencies within the State. A structured mentoring model is also effective in assisting new agencies with learning from successful programs.
 - Local agencies should approach upper management first to gain buy-in. Allow the upper management enthusiasm to trickle down to local staff.
 - Involve fiscal management staff from the beginning to develop workable plans for paying peer counselors in a timely manner.
 - Discuss the history of success with peer counseling.
 - Recognize that training is critical. Local agency peer counseling program managers and supervisors should be trained. Local agency staff should also be trained to build buy-in and address barriers.
 - Understand that it takes time to build success. Be patient, and talk with other agencies operating peer counseling to learn from their successes.
- Watch the program blossom! Many peer counselors go on to become peer counselor coordinators, breastfeeding coordinators, WIC nutritionists, IBCLCs, RNs, and other staff who support WIC mothers.



Program Logistics: Needs Assessment

- As an important part of the planning process, consider staff needs, available resources, needs of WIC participants, and gaps in services within both WIC and the community.
- A needs assessment will:
 - Provide an inventory of available resources before implementing or expanding your peer counseling program.
 - Identify needs and gaps in services and resources.
 - Provide evaluation standards to determine program success.
- In preparing a needs assessment consider the following:
 - Identify needs of the target population of WIC mothers. This may include transportation issues that make it difficult for peer counselors and participants to connect, or common breastfeeding problems.
 - Assess general community support and resources. This may include hospital practices, availability of IBCLCs, health care providers, breastfeeding coalitions, support groups, classes, and community hotlines.
- Consider availability of baseline data that can be used to evaluate the program's success at the State and/or local levels. This includes breastfeeding initiation and duration data that is State, county, or agency specific.



Setting Priorities

- Some WIC programs have asked how they can prioritize peer counseling program activities and contacts with new mothers when funding is limited.
- Programs must still have all components of the *Loving Support*® Model in place to ensure an effective program, even though the number of women they can reach, or the length of time services are provided, may be smaller.
- Provide peer counseling services where participants need it most, such as the third trimester of pregnancy and the first month after birth. See Section 6, *Scope of Practice*, for more information about ideal contact guidelines and ways to make the program more efficient to serve the largest number of participants possible.
- The peer counseling program should be viewed in light of the overall comprehensive breastfeeding support program within the agency so that services are part of a coordinated approach.



Showcase: California Assessments

Handouts

Assessment and Planning 4: California Community External Assessment Form

Assessment and Planning 5: California Community Internal Assessment Form

- The State of California developed a model Community Assessment tool. The Community Assessment is currently not required to be completed by local agencies with peer counseling programs and is being re-evaluated for future use at this time.
- Previously, agencies with peer counseling programs used the Community Assessment to identify their progress at achieving evidence-based best practices based on internal indicators and external gaps in community services.
- The University of California-Davis Lactation Center developed California Community Assessment Forms as self- and community-appraisal tools.
 - Completing the Community Assessment allowed agencies to look at their internal efforts to support breastfeeding as well as big picture needs within the community.
 - They identified gaps and developed a plan to structure the program to best address those needs.

Regional Breastfeeding Liaisons (RBLs) are WIC professional staff from a wide variety of public health, medical, and marketing backgrounds. They are experts in breastfeeding and community collaboration. Their goal is to narrow the breastfeeding support gaps for WIC participants as identified between WIC and the community.

- What are the RBLs doing in the community? The work of the RBL is tailored to meet the needs of their community and local WIC agencies. They are based on the Spectrum of Prevention.

- Regional Breastfeeding Liaisons:
 - Market WIC as a breastfeeding promotion and support program.
 - Foster vital relationships between local hospitals, health care providers, breastfeeding coalitions, employers, community stakeholders, and WIC.
 - Ensure seamless breastfeeding support is available to WIC participants in their communities.
- Specific activities include:
 - Assisting businesses that hire WIC mothers to implement lactation support and accommodation.
 - Training local health care providers.
 - Collaborating with other community organizations to raise the profile of WIC breastfeeding and other services and the needs of breastfeeding women in the community.
 - Encouraging and assisting hospitals with becoming Baby-Friendly.



Note: Click on any of the buttons to highlight that text so you are talking about one topic at a time, if desired.

Program Costs: Management

Handout

Assessment and Planning 6: Sample Program Budget

- Funding a peer counseling program involves costs for management as well as peer counselors.
- Management costs often include:
 - Wages for peer counselor program coordinators, supervisors, and trainers.
 - Program materials.
 - Documentation forms.
- Peer counseling costs often include:
 - Wages for peer counselors.
 - Travel reimbursements.
 - Time spent traveling to and from staff meetings and trainings.
 - Cell phones, text messaging plans, or other phone services. This can also include technology such as tablets or iPads™, smart phones, and other mobile devices.
 - Training materials.
 - Educational resources for peer counselors.
- Postage expenses (if peer counselors mail items from home).



Budget Factors

- Budgets vary depending on many factors, including:
 - Whether the WIC agency is in a rural or urban setting.
 - The number of peer counselors needed for the geographic or cultural groups served by WIC.
 - Decisions about providing cell phones, laptops, and other communication equipment.
 - Documentation methods; electronic documentation methods may require less time for peer counselors to record contacts.
 - Whether the agency is establishing a new program (which will require more start-up costs) or sustaining an existing program.
 - Whether the agency will contract with experts in the community to serve as referral sources or trainers of peer counselors.
 - Services provided by peer counselors; for example, telephone calls, WIC clinic visits, hospital visits, or home visits.
 - Travel distance for trainings and ongoing education.
- An allowable cost chart for peer counseling programs is distributed each fiscal year to WIC State agencies by FNS.



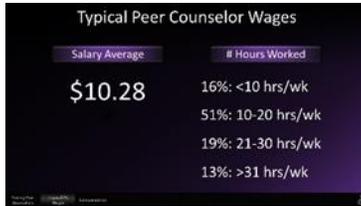
Program Costs: Wages

Paying Peer Counselors

Loving Support[®] Model: “Adequate compensation and reimbursement of peer counselors”

- Research with WIC agencies has found that paying peer counselors is instrumental to retention and overall sustainability of the program. This includes providing pay for services and assuring that they are paid in a timely manner. Agencies should also factor in periodic raises for peer counselors.
- Benefits of paying peer counselors include:
 - Attracts qualified candidates.
 - Communicates the value and role of the position to the peer counselor and her family, and to the local WIC staff.
 - Gains full dedication and commitment from peer counselors.
 - Improves retention of experienced peer counselors.
 - Establishes the position within the agency’s personnel system.
 - Legitimizes the role of peer counselors within the WIC breastfeeding program and system.
- WIC agencies that used volunteer positions had extremely high turnover rates that were costly and made it hard to recruit staff, contributing to demise of the program.² Paying peer counselors demonstrates value of the program.

² Best Start, 2004.



Typical Peer Counselor Wages

- The national Phase II peer counseling study found that most WIC agencies pay their peer counselors the same general hourly rate typical for other entry level WIC staff such as clerical workers. The average hourly wage paid to peer counselors is \$10.28/hour.³
- If agencies provide a second tier for more experienced peer counselors, salary should be adjusted accordingly.
- The Phase I study further found that the number of hours varies by the agency and their needs.
 - 16% work less than 10 hours/week.
 - 52% work 10-20 hours/week.
 - 19% work 21-30 hours/week.
 - 13% work more than 31 hours/week.⁴



Compensation Amount

- Agencies typically provide other forms of compensation, including travel reimbursements, mileage, telephone charges, and benefits such as health, life, and/or disability insurance, paid leave, and other forms of compensation.⁵
- State and local agencies should consider whether the compensation provided to peer counselors is sufficient to provide for these appropriate benefits and reimbursements.
- State agencies are urged to provide guidance to local agencies about requirements to compensate peer counselors, and the importance of adequately compensating peer counselors. Currently over half of State agencies provide guidance to local WIC agencies on peer counselor wages, benefits, and career path options.⁶



Personnel: Hiring Options

Personnel Options

- How positions for WIC peer counselors are structured might vary among State and local agencies. Some hire peer counselors directly as salaried employees and some use other hiring structures. WIC agencies must assure that the hiring structures selected comply with federal IRS regulations and labor laws.

³ Abt Associates, Inc. *WIC Peer Counseling Study. Phase II: Follow-Up Implementation Report*. U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 2015. Available at www.fns.usda.gov/wic-breastfeeding-peer-counseling-study-phase-ii-follow-implementation-report.

⁴ Abt Associates, Inc. *WIC Breastfeeding Peer Counseling Study: Final Implementation Report*. U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 2010. Available at www.fns.usda.gov/wic-breastfeeding-peer-counseling-study-final-implementation-report.

⁵ Abt Associates, Phase II Study, 2015.

⁶ Abt Associates, Phase II Study, 2015.

- Agencies should work with their human resource departments to assure that the staffing structure selected for peer counselors complies with these laws and regulations.



Other WIC Roles

- Some local agencies have inquired about “dual role” staff; for example, those who serve as part-time WIC Nutrition Assistants and part-time peer counselors.
- FNS guidance states that peer counselors may not perform non-breastfeeding related activities. A “dual-role” position is permissible only if the staff person meets the definition of a peer counselor in the *Loving Support*® Model, including being available to participants outside of regular WIC hours. Breastfeeding peer counseling funds may be used only for the portion of time spent as peer counselors.
- Feedback from successful programs indicates that their peer counseling programs function best when peer counselors are allowed to solely dedicate their time to peer counselor support for breastfeeding.
- Policies for dual-role peer counseling staff must be approved by the FNS Regional Office.



Personnel: Volunteers

- Some agencies have been approached by individuals within the community wishing to serve as volunteer peer counselors to gain clinical hours or to serve in other capacities to gain experience in WIC.
- While these individuals can be a valuable asset to local WIC agencies, they often do not meet the FNS definition of a peer counselor.
- One option is to begin a structured internship program similar to dietetic intern programs. This could enable aspiring lactation professionals to provide services to learn clinical skills in a way that does not compromise the basic tenets of the peer counseling program.
- If the individual meets the definition of a peer counselor and serves within the scope of a peer counselor for WIC, they need to receive adequate compensation as outlined in the *Loving Support*® Model and may not be volunteers.



Personnel: Liability

- “Liability” describes legal responsibility to another person because of one’s actions or failure to act appropriately.
- A liability insurance policy is often taken out to protect State and/or local agency employees. Peer counselors who are hired as agency employees are sometimes included in that agency’s liability protection coverage.
- Sometimes employment agencies that hire and manage payroll for peer counselors also provide liability coverage.

- State, territory, and tribal laws vary considerably regarding liability of health care professionals and coverage for peer counselors. Program managers should be aware of State laws and agency liability plans, and should direct questions to the agency's human resources department or legal counsel.



Agency Liability Coverage

- Liability policies for WIC agencies or employment agencies may or may not include coverage for such things as hospital or home visits. Some agencies have found that the hospital provides liability coverage for peer counselors as part of their established volunteer program. Other hospitals may require proof of liability coverage by WIC before peer counselors can provide services in the hospital.
- Peer counselor program managers and supervisors should identify the liability policies unique to your State and local agency.
- Many WIC agencies have found that liability concerns are not insurmountable if peer counselors:
 - Practice within their defined scope of practice.
 - Have access to and make appropriate referrals to designated breastfeeding experts for situations that occur beyond their scope of practice.
 - Receive close supervision and mentoring from supervisors.



Note: To discuss each topic one at a time, click on the button for each topic to highlight it for trainees. To discontinue the highlighting, click on the button again.

Lowering the Risk

- Ways to reduce the risk of liability include:
 - Communicate job expectations clearly to peer counselors, including conduct with clients both within and outside of the WIC clinic.
 - Implement appropriate training of peer counselors, including initial training and regular, ongoing training.
 - Train peer counselors and supervisors on the scope of practice for peer counselors and situations that require referral.
 - Provide structured referral protocols for peer counselors to WIC Designated Breastfeeding Experts to handle referrals for situations that are beyond their training and scope of practice.
 - Provide designated supervisors who have dedicated time to provide regular, systematic contacts with peer counselors.
 - Provide ongoing guidance and supervision to ensure that peer counselors operate strictly within the program's identified scope of practice.
 - Create a system to regularly monitor participant contacts and counseling given.
 - Maintain accurate records of all client contacts.

- Require peer counselors to sign a confidentiality statement (discussed in more detail in Section 4, Program Policies and Operations).
- Review confidentiality practices and scope of practice regularly at staff meetings.



Personnel: Program Documentation

Handout

Report Form 1: Peer Counselor Contact Log

- State and local agencies should establish systems for peer counselors to document their contacts with WIC mothers, and to collect ongoing feedback about the program.
- Many WIC agencies provide hard copy documentation forms that peer counselors complete for each mother they are following. These forms provide an easy place to record key information about the mother and baby, type of contact, and topics discussed.
- Other agencies use web-based options to track contacts.
- Some states report that electronic documentation and tracking is embraced by peer counselors and enables them to spend less time documenting and more time talking with moms.



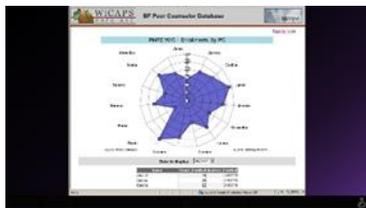
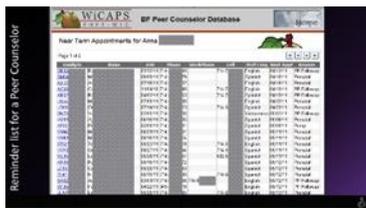
Showcases: California Public Health Foundation Enterprises

Handout

Assessment and Planning 7: California PHFE Peer Counselor Database

- A model web-based tracking system Peer Counselor Database (PCDB) was developed by California Public Health Foundation Enterprises WIC Program in Los Angeles, the largest local agency in the country. Although the system was developed for their use, it is now used statewide in California. In the last 4 years use of the PCDB has expanded to 3 other State local agencies and 2 additional States have adopted it for their Statewide Peer Counselor Programs.
 - The system has wide application and provides important data that can be used to monitor program success on a local agency or State level.
 - The software has been in place for 10 years. The CA State WIC program mandates the use of this database by all CA Peer Counseling programs. Each agency can see only their local agency information and statewide statistical reports.
 - The Peer Counselor Database System (PCDB) allows Peer Counselors to text their participants directly from the system instead of using their cell phones. All texting is tracked and history saved. Therefore this part of the “mother’s file” is available to anyone who views the participant’s record.

- All peer counselors use this system to electronically record contact information. The information can then be shared among all peer counselors who may be covering for a peer counselor who is ill or unavailable. It can also be used by the lactation consultants hired by the local agency who accept referrals and conduct follow-up.
- The many reports that can be generated help supervisors, program managers, and State level staff monitor the performance of peer counselors and evaluate the program’s success in increasing breastfeeding exclusivity and duration rates. For State staff this provides an opportunity to enhance the technical assistance provided to local agencies.
- The following screen shots show a few of the potential options, which can be replicated by other State and local WIC agencies.



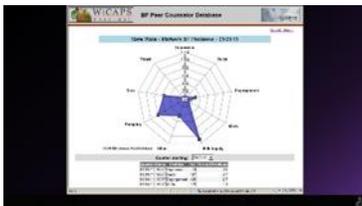
- The database provides numerous drop-down menus to make reporting quick and easy.
- Peer counselors and lactation consultants use the same system.
- The peer counselor can provide detail on problems the mother has encountered. She records when the mother needs to be contacted again, and receives a regular queue of calls to be made as a tickler reminder.
- The chart menu shows the wealth of data stored in the system and reports that are easily generated.
- Total number of enrolled participants by peer counselor can be tracked to help supervisors manage reasonable caseload size.



- Rates of exclusive breastfeeding and “any” breastfeeding can be tracked by peer counselors.



- Tracking shows supervisors those who might need more mentoring or training.



- Breastfeeding problems can be tracked to help agencies identify future training needs of peer counselors.



Program Feedback

- As part of its ongoing feedback, State and local WIC agencies should routinely collect data from WIC participants to assure that the program is meeting their needs. Feedback should also be collected from local agency staff and peer counselors to identify program needs and successes.
- This feedback can guide agencies in making staffing and expansion decisions, as well as identifying best practices and lessons learned.
- Questions about the program can be added to standard participant surveys or be implemented as part of a separate program survey.

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Section 4: Policies and Operations

Overview

Once State level decisions are made about the program and State agency policies have been developed, local agencies should be supported in implementing a program that will meet the specific needs identified in their communities. This section provides options and best practices for implementing a peer counseling program at the local level.

Learning Objectives

WIC managers will be able to:

- Identify at least three factors integral to the development of a breastfeeding peer counseling program in WIC.
- Identify local level policies that can support peer counselors in their job.

Topics Covered

- *Loving Support*® Model for a Successful Peer Counseling Program
- Policies and procedures that support peer counseling program success
- Local agency buy-in and support
- Training and orientation for local agency staff
- Establishing a referral system

Time: 60 minutes

Materials and Supplies

Handouts

- Job Description 1: Local Peer Counselor Coordinator or Supervisor
- Assessment and Planning 1: FNS *Loving Support*® Model
- Assessment and Planning 8: Solutions to Common Challenges with Peer Counseling Programs
- Assessment and Planning 9: Peer Counselor Program Self-Evaluation
- Staffing and Supervision 1: Confidentiality Agreement
- Policies 1: Sample Cell Phone Policy
- Policies 4: Sample Babies at Work Policy

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint™
- Computer with Microsoft PowerPoint 2007 or higher
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Training Facilitator Notes



Program Development and Implementation

- Local agencies must implement a peer counseling program that aligns with the FNS *Loving Support*® Model, which outlines best practices for managing effective peer counseling programs.
- State and local agencies should periodically examine program policies, practices, and feedback from staff and participants to consider improvements. This might include strategies to expand the program, promote it within the community, and establish partnerships.

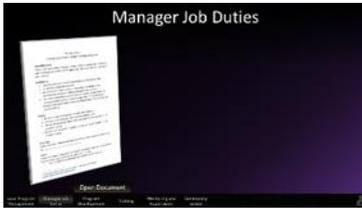


Local Agency Management

***Loving Support*® Model:** “Designated breastfeeding peer counseling program managers and/or coordinators at State and/or local level”

- While State WIC programs often provide a dedicated position for managing the peer counseling program at the State level, most programs administered at the local level are managed by a WIC local agency breastfeeding coordinator, peer counselor coordinator, nutritionist, or lactation consultant. The key is allocating dedicated time to manage the program.
- Nutrition Service Standards outlines qualifications for local agency peer counselor coordinators/supervisors:¹
 - Meets the qualifications for a CPA. (See *NSS Standard 3G CPA Qualifications*.)
 - Has experience in program management.
 - Has, at minimum, 1 year of experience in counseling breastfeeding women.
 - 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.

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



Click on the “Open Document” button to open the job description for local agency peer counseling program managers and review with trainees.



Local Agency Management: Manager Job Duties

Handout

Job Description 1: Local Peer Counselor Coordinator or Supervisor

- The Nutrition Services Standards outline basic job duties for the local agency peer counselor program manager.²
 - The peer counselor program manager:
 - Contributes to the development of program goals and objectives for the local agency peer counseling program.
 - Conducts a needs assessment to identify gaps in breastfeeding resources and services within the local agency and community that the WIC peer counseling program can address.
 - FNS-provided information to other local agency staff.
 - The peer counselor program manager:
 - Oversees training of peer counselors and peer counselor supervisors.
 - Oversees the planning, management, implementation, and evaluation of local agency peer counseling activities.
 - Keeps current with up-to-date breastfeeding information and disseminates this, as well as
 - The peer counselor program manager:
 - Mentors new peer counselors, providing routine follow-up and guidance in the early days of the job.
 - Provides ongoing supervision and feedback for peer counselors.
 - Reports on peer counseling program activities to supervisor and the State agency.
 - The peer counselor program manager coordinates with local community stakeholder such as hospitals and health care providers to enhance the effectiveness of the peer counseling program. (See *NSS Standard 10: “Program Coordination.”*)

² Nutrition Service Standards, 2013.



Local Agency Management: Local Agency Buy-In

- Local agency support and buy-in is critical to the success of a peer counseling program. Support has been linked to lower turnover rates among peer counselors. It creates a climate where peer counselors feel valued as members of the overall WIC health care team.
- Research shows that WIC clients are discouraged about breastfeeding when they receive contradictory information. Keeping everyone on the same page is important to build continuity of information.³
- Support is more than agreeing to provide a program. It includes staff trained in breastfeeding management, that local clinics are breastfeeding-friendly, and that peer counselors are welcomed as part of the WIC team.



Ways to Gain Local Agency Buy-In

Handout

Assessment and Planning 9: Peer Counselor Program Self-Evaluation

- People are often more likely to support what they help create. Plan to involve local agency and clinic leadership and staff in planning and executing the program.
- Discuss:
 - How peer counseling makes a difference in helping WIC participants reach their breastfeeding goals.
 - How peer counselors complement WIC services and save staff time.
 - The roles of all WIC staff in assuring program success. “Assessment and Planning 9: Peer Counselor Program Self Evaluation” is an excellent tool to help local agencies assess program components and ways to improve services.



Program Orientation

- A peer counselor program orientation helps all clinic staff understand the importance of peer counseling and their role in supporting the program. The PowerPoint™ presentation, “Peer Counseling: Making a Difference for WIC Families,” can be used. It is available in the “Resource” section.
- The orientation can help minimize misunderstandings and build enthusiasm.
- It also outlines the roles of WIC staff in ensuring program success, including:
 - Making timely referrals of WIC mothers who have questions and concerns about breastfeeding.
 - Seeking ways to integrate peer counseling fully into WIC clinic flow.
 - Promoting the role of peer counselors with WIC mothers so they understand that they are part of the WIC team.
 - Providing support to peer counselors.

³Best Start Social Marketing. *National Breastfeeding Promotion Project: Final Research Brief*. USDA Food and Consumer Service, 1996.

- Local WIC clinic staff should continue to give accurate and positive information about breastfeeding. All staff have a role in providing valuable support to breastfeeding women in WIC.
- Breastfeeding counseling should not be delegated exclusively to peer counselors.
 - Rather than replacing the work of the WIC clinic staff, peer counselors complement their care by building a relationship with mothers and delving more deeply into the barriers and issues that might make it more difficult for women to breastfeed.
 - They reinforce the information given in the clinic to help mothers retain information and gain confidence that they can breastfeed.
 - Peer counselors have a more limited scope of practice as a paraprofessional. This enables them to operate within that scope and contribute their unique role as part of the WIC circle of care.



Address Staff Concerns

- The orientation can be used to address any staff concerns raised.
- Earlier research with WIC programs found that some staff are concerned about hiring peer counselors who are not professionals.⁴ The intent of a peer counseling program is to provide peer counselors from within the target population served by WIC.
- Some WIC peer counselors may not have work experience. They may have issues with transportation and childcare, financial constraints, lack of job experience and job skills, or even job loss.
 - Those who lack experience may need to learn basic job skills.
 - By modeling professionalism, staff can help guide peer counselors in building their skills.
 - Inform staff that the supervisor will work with all peer counselors to guide and build professional development.
- A peer counselor may work sporadic hours to meet a pregnant woman or breastfeeding mother. She may work only during the busiest hours. This can be disconcerting to staff who feel “stuck” in the clinic all day.
 - Help staff understand that although it seems peer counselors come and go at will, their job of taking calls from new mothers at home can be quite challenging, too, since they are often on call outside of regular clinic hours.
 - Encourage staff to shadow a peer counselor for a couple of hours to better learn what her work entails.

Let staff know that peer counselors will be fully trained using the FNS *Loving Support*[®] curriculum.

⁴ Best Start, 2004.

- This training includes:
 - Basic counseling skills
 - Basic breastfeeding technique and management
 - Working as part of the WIC team
 - How to make appropriate referrals



Conduct Staff Training in Breastfeeding

- Conduct training with all levels of staff so that consistent messages will be given to new mothers and appropriate and timely referrals will be made. Include clerical staff and other “first responders” when mothers call with breastfeeding problems or to request formula.
- FNS provides training resources that can be used for training WIC staff, available at the USDA *Loving Support*® website at <https://lovingsupport.fns.usda.gov>.



Local Agency Management: Clinic Flow

Integrating Peer Counseling Services

- Successful local agency peer counseling programs integrate peer counseling as part of the local agency’s WIC program services.
- This integration does not just happen on its own. It often involves careful collaboration between agency/clinic leadership and staff to determine best approaches to assure that the needs of WIC mothers will be addressed through timely peer counseling support.
- This systematic approach can include a wide variety of options.



Scheduling Options

- Clinics might schedule pregnant and breastfeeding appointments on certain days so that peer counselors can prioritize their limited hours efficiently for on-site clinic visits with new mothers.



Clinic Flow

- The clinic flow can be examined so that peer counselors routinely see pregnant women before or after they see the WIC CPA as part of the standard clinic flow.
- For initial certification, some clinics have the peer counselor “meet” the WIC participant during the lengthy clinic visit and conduct follow-up by telephone/text.



Food Package Referrals

- For postpartum recertification visits, some clinics schedule mothers to see the peer counselor before the CPA assigns the food package.
- Mothers calling for food package changes to get formula can be referred by the clerk to a peer counselor for targeted breastfeeding education.
- New mothers might be scheduled to see the peer counselor as part of routine 1-week or 2-week checkups or weight checks.



Group Education

- Some clinics appoint pregnant and postpartum women to group education experiences for second nutrition education contacts. This can include both prenatal nutrition/breastfeeding classes as well as postpartum support group meetings. Peer counselors often assist with teaching the breastfeeding portion of classes.



Hospital Referrals

- Clinics might have relationships with local hospitals to receive names of WIC moms delivering each day. Peer counselors can then be assigned to provide immediate follow-up support.
- Local agencies will want to examine charting procedures for peer counselors to determine how peer counselor contacts with WIC participants will be documented in the clinic system.
- Staff will also want to work with peer counselors to determine their need for equipment such as a cell phone, tablet, or computer, as well as a private area in the clinic for counseling new mothers.



Clinic Staff Meetings

***Loving Support*® Model:** “Participation in clinic staff meetings and breastfeeding inservices as part of the WIC team”

- Local agencies should examine practices to assure that WIC peer counselors participate in clinic staff meetings as part of the WIC team (as outlined in the *Loving Support*® Model). This helps validate the important role of the peer counselors and helps build relationships with staff.
- Some clinics ask peer counselors to help present brief breastfeeding information as part of staff meetings from time to time.



Local Agency Management: Referral Network

Referring to Peer Counselors

- In addition to more formal clinic integration structures for peer counselors, informal referral systems should also be explored both within the WIC clinic setting and within the community. Peer counselors depend on referrals from local clinic staff to provide timely and appropriate follow-up for pregnant and postpartum WIC participants.

- Some States or local agencies provide routine computerized printouts of WIC mothers who are certified as pregnant or breastfeeding. Peer counselors contact them to assess their needs and provide tailored support.
- In other agencies, peer counselors receive referrals through staff referrals, which can occur by telephone, electronic, or through referral forms completed by CPAs, clerks, and other staff.
- A referral program in the community enhances program success. A seamless network with the local hospital will allow breastfeeding mothers to be followed immediately after hospital discharge. A referral stream can also be identified with local providers who see pregnant and breastfeeding WIC mothers, along with home visiting programs and community organizations such as Healthy Start and Early Head Start programs.



Designated Breastfeeding Experts

Loving Support[®] Model: “Timely access to a WIC Designated Breastfeeding Expert for assistance with problems outside of peer counselor scope of peer counselor scope of practice”

- Peer counselors operate under a narrow scope of practice that focuses on basic breastfeeding information and support for normal breastfeeding.
- Peer counselors should never be asked to handle complex breastfeeding situations that require follow-up from a health professional skilled in lactation management. Section 6, “Scope of Practice,” gives more details about the peer counselor’s scope of practice, and options for helping them operate within those parameters.
- Each WIC clinic must establish a WIC Designated Breastfeeding Expert (DBE) to accept referrals of mothers experiencing complex issues beyond the scope of the peer counselor.
- According to the 2013 Nutrition Service Standards, the qualifications for the DBE position include:⁵
 - Meets the qualifications for a CPA. (See NSS Standard 3G, CPA Qualifications.)
 - Has a minimum of 1 year of experience in counseling breastfeeding women.
 - 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, such as a State-approved lactation course)
- Some agencies hire IBCLCs and other lactation experts as salaried employees or contractors to handle referrals of mothers experiencing problems.
- Some agencies partner with the local hospital lactation experts to be available for follow-up.

⁵ Nutrition Service Standards, 2013.

- Some agencies hire IBCLCs as salaried employees or contractors to handle referrals of mothers experiencing problems.
- Some agencies partner with local hospital lactation experts to be available for follow-up.
- Some agencies “grow their own” IBCLCs or other lactation experts by providing or paying for training programs and even paying for exam fees.



Showcase: Illinois WIC Program

- The Illinois State WIC Program has set a priority to increase the number of IBCLCs available among their peer counselor program supervisors and coordinators.
- They began an initiative in 2015 to assist a cohort of candidates who met the IBCLC exam qualifications to achieve the IBCLC status.
- Candidates applying for the program completed an application form and submitted a letter of support from their supervisor. Applications were reviewed and two groups of candidates were selected. Candidates received:
 - Assistance in completing the IBLCE application
 - Selected resource books for studying (which become the property of the agency)
 - Monthly conference calls and a study syllabus
 - Scholarship for ½ of the exam fee (\$660 in 2016; half was \$330)
- Group 1: A total of 6 applicants completed the IBCLC exam on April 4, 2016.
- Group 2: A total of 8 applicants will sit the exam on October 3, 2016.



Showcase: Oregon WIC Program

- Oregon implemented a comprehensive statewide initiative to grow their own IBCLCs from within their WIC staff. Since 2004 Oregon’s State WIC program has sponsored 31 local agency and 3 State staff to become IBCLCs.
- The State requires that when a local agency has a breastfeeding peer counseling program the program coordinator must be an IBCLC in order to receive funding. The State feels it is critical for peer counselors to have access to higher level support either on staff at WIC or as a contractor.
- To support this requirement, the State pays the full cost of both the IBCLC initial and recertification exam fees, provides study texts, and conducts study groups via conference calls.
- The State pays registration for their IBCLCs to attend the annual GOLD Lactation Conference, which focuses on clinical lactation skills.
- Bi-monthly breastfeeding coordinator and peer counselor coordinator calls are held. Staff who attend the online conference are required to present one of the sessions to other staff on one of these calls.
- IBCLCs are on staff at 16 of the 34 local agencies. They serve as the local agency breastfeeding coordinator and designated breastfeeding expert, train and mentor staff, address common breastfeeding situations that arise

in WIC, and serve as a connection to the community.

- The State is exploring IBCLC licensure and working with coordinated care organizations under the Oregon Medicaid waiver.



Showcase: Houston Local Agency

- Local Agency #17 in Houston, Texas, runs The Lactation Foundation, one of four lactation support centers in the state, where moms faced with problems that are beyond the scope and experience of peer counselors or other local clinic staff can receive high-level care from IBCLCs.
- The Lactation Foundation offers services to other local agencies through tele-consults. Other local agency staff can request a tele-consult which allows The Lactation Foundation IBCLC to “see” and coach peer counselors and other staff to help mothers in their local WIC clinics when a physical one-on-one visit at The Lactation Foundation is not possible.
- The mother signs an electronic consent form, and a peer counselor or WIC staff person is present with the mother in her home, clinic, or other setting to help position the mother as needed in front of the camera.
- The IBCLC has been able to assist mothers with such problems as positioning and latch, sore nipples, milk production concerns, breast reduction surgery, and other concerns.
- If the mother’s concern cannot be addressed easily through a tele-consult, she is referred to her health care provider.
- The agency reports that WIC mothers are very comfortable with the technology. They appreciate having access to professional support to solve the problems they are facing.
- It is also invaluable learning for the peer counselors and WIC staff who are with the mother during the consult.



Breastfeeding-friendly Clinic

- Clinics support peer counselors when they create a breastfeeding-friendly environment that welcomes WIC mothers and encourages breastfeeding.
- Examine the clinic environment to be sure that mothers receive positive messages about the importance of breastfeeding.
- A positive breastfeeding clinic environment not only demonstrates to mothers the importance WIC places on breastfeeding, but also fosters and enhances staff efforts in promoting breastfeeding.



Clinic Policies

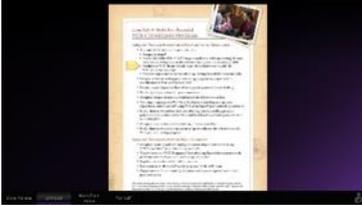
Handout

Assessment and Planning 8: Solutions to Common Challenges with Peer Counseling Programs

- Local agency peer counseling policies must align with the FNS *Loving Support*® Model and relevant State policies. Local agency program managers should meet with stakeholders, decision-makers, and staff to

identify solutions for bringing the program into alignment with the evidence-based standards outlined in the Model.

- Other “best practices” have been identified to help improve program operations and assist in retaining peer counselors. Local agency program managers should explore these policies to determine if they are feasible.
- See “Assessment and Planning 8: Solutions to Common Challenges with Peer Counseling Programs” for possible solutions to some of the questions that might arise as policies and practices are reviewed.



Policies: Beyond WIC Clinic and Setting

Loving Support® Model: “Available to WIC clients outside usual clinic hours and outside the WIC clinic environment”

- Research shows that being accessible whenever mothers have questions or concerns facilitates quick help and support when moms need it most.
- Strategies to facilitate access to WIC participants beyond the WIC clinic environment and usual work hours include:
 - Allowing peer counselors to work at least a portion of their allotted hours from home so they can be available evenings and weekends when mothers have questions or are experiencing challenges.
 - Enabling a peer counselor to make hospital visits with moms in the early hours when breastfeeding is being established.
 - Making home visits to mothers who are unable to come to the WIC clinic or providing breastfeeding classes in community locations.



Working from Home

- Many agencies will choose to allow peer counselors to make phone calls from home. Peer counselors’ time is reported using program documentation forms (available with this curriculum); supervisors conduct spot checks to monitor.
- Working from home enables peer counselors to minimize child care costs and help them continue to breastfeed. This helps improve retention.

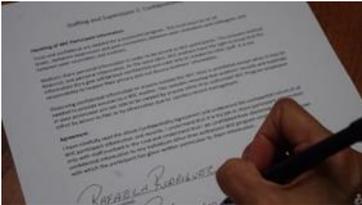


“On Call” Rotation

- Some agencies establish an “on call” rotation so that only one peer counselor fields calls from mothers after hours. These agencies typically provide a program cell phone to rotate between the peer counselors.
- If agencies are having difficulty getting buy-in for “telework” options from county or agency directors, prepare a plan to identify barriers. Options:
 - Present the *Loving Support*® Model guidelines and rationale. Often policy-makers are not aware of the unique needs of the peer counseling program and why being available to participants is central to the program effectiveness.
 - Develop a plan for documenting peer counselor contacts outside the

WIC clinic environment with a strong supervision component. The curriculum provides excellent documentation and monitoring forms that can be used for this purpose. Include a plan for regular spot checks.

- Offer to pilot a small initiative using one peer counselor in one clinic over a one-week period. Report results and consider expanding. Explore options such as allowing peer counselors to rotate being “on call” for WIC participants after hours, and providing a cell phone for that purpose. Another option is to provide a clinic warm line that is staffed by peer counselors who rotate their service. Collaboration with local hospitals or other agencies could also be considered.



Policies: Maintaining Confidentiality

Handout

Staffing and Supervision 1: Confidentiality Agreement

- Program managers are strongly urged to require peer counselors to sign a Confidentiality Agreement. A sample agreement is included in the curriculum, or the local agency might have their own confidentiality agreement form for other staff that peer counselors should sign.
- Signing a confidentiality agreement reinforces to peer counselors the importance of not sharing a mother’s personal information.
- Peer counselors should be trained on the importance of confidentiality; this should be reinforced at every staff meeting.
- For peer counselors working in settings outside the WIC clinic setting, efforts should be taken to assure protection of the peer counselor’s documentation materials (ex., through a locked briefcase or file box, or enabling peers to store records through the agency’s electronic system).



Policies: Babies at Work

- Many WIC clinics allow peer counselors to bring their breastfeeding infants to the clinic when they are conducting face-to-face counseling with mothers.
- A growing number of State and local health departments are establishing babies at work policies for all staff (ex: Nevada and North Dakota). These programs have found that babies are not disruptive in the workplace, and, in fact, contribute to a positive work environment. Most programs have very clear guidelines with responsibilities outlined for both mothers and other staff. Most programs also require mothers to cease bringing the baby to work once the baby is a year old or begins walking.
- Babies at work is a special benefit for peer counselors. It allows them to extend their own personal breastfeeding experience rather than forcing peer counselors to be separated from their infants, which can contribute to early weaning.
- It also serves as a powerful and important model for WIC participants

visiting the clinic to help model breastfeeding and infant care practices.

- In some agencies peer counselors bring their breastfed babies to the clinic on busy maternity days to model breastfeeding in the waiting room. Other programs allow peer counselors to bring nursing babies with them to prenatal breastfeeding classes and support group meetings.
- Agencies can learn more about babies at work programs through the nonprofit organization, [Parenting at Work Institute](#).



Showcase: Coordinated Youth and Human Services (Granite City, IL)

Handout

Policies 4: Sample Babies at Work Policy

- Coordinated Youth and Human Services, a local WIC agency located near St. Louis, is Illinois's largest WIC agency outside of the Chicago area. At Coordinated Youth, peer counselors are allowed to bring their nursing babies to the clinic with them.
- The policy has been enthusiastically received by WIC participants and staff. The WIC coordinator met with staff to discuss potential concerns and to determine program parameters. Guidelines included emphasizing that the peer counselor assumes full responsibility for caring for her child, though other staff sometimes offer to help. Peer counselors do not bring their baby to the hospital or on home visits.
- Liability concerns have been addressed by asking peer counselors to sign a liability release form and training them on program expectations. Babies may remain with the peer counselor mother until they are a year old.
- The program was presented to county officials and trialed as a pilot. Staff meetings were held to continue addressing any potential concerns. The WIC coordinator reports that the program has been a "huge success" and it has successfully continued.
- One peer counselor reports that her baby at work is a far more effective teaching tool than dolls, and that WIC participants respond very favorably to seeing what breastfeeding is like.



Policies: Cell Phones for Peer Counselors

Handout:

Policies 1: Sample Cell Phone Policy

- Many WIC agencies provide cell phones to make it more cost effective for peer counselors to do their job. This is especially useful for peer counselors who answer calls from mothers after usual WIC clinic hours.
- Agency-provided cell phones help protect peer counselor privacy by separating business calls from a personal phone that might have identifying personal information associated with it. Calls that are traced would also be linked to the WIC agency rather than to the individual.
- Agency-provided phones can be turned off when it is inconvenient to

accept calls. The phones can also be used by other peer counselors who may cover for one another on evenings, weekends, vacations, holidays, sickness, or other times when a peer counselor is not available to accept calls from WIC participants.

- When providing cell phones, the agency will need to address whether text messaging plans will be included. Since mothers often prefer to communicate via text, this is an important consideration. (*Note: Section 7, “Practice Settings for Peer Counselors,” addresses texting considerations.*)



Policies: Other Policies

- Other policies local agencies might consider:
 - Social media and electronic communications policies. (See Section 7, “Practice Settings for Peer Counselors.”)
 - Appropriate dress in the clinic, including nametags. (*Note: Peer counselors are unique in that they are not clinic professionals, but moms helping moms. Their dress should be appropriate to their role.*)
 - Attendance at staff meetings. (*Note: The Loving Support® Model outlines the need for peer counselors to “attend clinic staff meetings and breastfeeding inservices as part of the WIC team.”*)
 - Policies for home and hospital visits.
- Address in advance the specific role of peer counselors in providing breastfeeding information and support to WIC mothers in the clinic setting. When local agencies are short-staffed, staff sometimes ask peer counselors to provide clerical functions. Staff should be advised that peer counseling funds are not designed to pay peer counselors to provide other WIC clinic services.



Community Partnerships: Health Care Providers

Loving Support® Model: “Establishment of community partnerships to enhance the effectiveness of a WIC peer counseling program”

- WIC mothers have the best chance of overcoming barriers to breastfeeding when there is widespread community support for breastfeeding.



Benefits of Hospital Collaboration

- When a mother receives consistent, evidence-based information from all providers she is better able to meet her goals.
- There are many potential partnerships within the community that can enhance the effectiveness of a peer counseling program.



Promoting Peer Counseling to a Hospital

- A mother's early experiences with breastfeeding in the first hours and days of life are significantly associated with an infant's later feeding.⁶ The 2013 *Breastfeeding Report Card* shows that 25% of breastfeeding newborns are supplemented with formula within the first 2 days of life.⁷
- Data from the National Immunization Survey shows that rates of exclusive breastfeeding continue to rapidly decline in the early weeks. Though more than 80% of women initiate breastfeeding, only 60% of breastfeeding mothers are still breastfeeding exclusively by 7 days postpartum.⁸



The Hospital Circle of Care for New Moms

- A referral program with the hospital helps establish seamless follow-up care from hospital to home to improve breastfeeding exclusivity and duration rates.
- The "Baby-Friendly Hospital Initiative" requires hospitals to establish those referral networks for women upon discharge (found in Step 10 of the "Ten Steps to Successful Breastfeeding"). This provides WIC agencies with an ideal opportunity to begin conversations with hospitals to collaborate in helping them meet Step 10.



Training for Work in the Hospital

- Many WIC agencies have established collaborations that enable their peer counselors to provide direct services to new mothers in the hospital setting.
- More details about this are available in Section 7, "Practice Settings for Peer Counselors."



Showcase: Houston Local Agency #26

- The Houston WIC Local Agency #26 has developed a strong hospital-based peer counseling program. This was identified as a needed service in the community.
- The agency established a memorandum of understanding with a hospital, which soon expanded to a second and now a third hospital.
- Hospitals treat WIC peer counselors as hospital volunteers who go through orientation similar to other volunteers. Peer counselors shadow the IBCLC on staff and complete a probationary period to assure competence.
- Peer counselors provide basic support to new mothers and refer mothers experiencing difficulties to the lactation consultant.

⁶ DiGirolamo A, Grummer Strawn L, Fein S. Effect of maternity-care practices on breastfeeding. *Pediatrics*. 2008;122(Suppl2):S43-S49.

⁷ Centers for Disease Control and Prevention. *Breastfeeding Report Card*. Atlanta, GA: U.S. Centers for Disease Control and Prevention, 2013. Available at www.cdc.gov/breastfeeding/pdf/2013breastfeedingreportcard.pdf.

⁸ Centers for Disease Control and Prevention. *Breastfeeding among U.S. Children Born 2002–2012, CDC National Immunization Surveys*, 2016. Available at www.cdc.gov/breastfeeding/data/nis_data/index.htm.

- More information about integrating peer counselors in hospital settings is provided in Section 7, “Practice Settings for Peer Counselors.”



Private clinics

- Private health care clinics and providers assist by making referrals and recommending potential peer counselors to WIC. This assures that mothers receive timely help with difficulties.
- Provide information to local health care providers about your agency’s peer counseling program. Explain the peer counselor scope of practice, and the ways they complement the health care team by supporting mothers with breastfeeding.
- Peer counselors should be fully trained in how to make appropriate referrals to area health providers. They also need to know how to handle any misinformation they believe a mother may have received. These are addressed in the *Loving Support*[®] peer counselor curriculum.



Home visiting programs

- Consider partnerships with home visiting programs that see WIC clients in the home. This includes both Federal home visiting programs through the Health Resources and Services Administration’s Maternal, Infant, and Early Childhood Home Visiting programs⁹, as well as State and local home visiting programs. Provide breastfeeding training and peer counseling orientation for these staff.
- Home visiting staff can make referrals to peer counselors, and may allow peer counselors to accompany them on home visits with mothers experiencing problems with breastfeeding.



Community Partnerships: Breastfeeding Experts

- State and local breastfeeding task forces, coalitions, and lactation consultant chapters:
 - These are valuable partners for promoting the program to health care providers and mothers in the community.
 - They provide a rich pool of potential trainers and referral sources for peer counselors.
- International Board Certified Lactation Consultants (IBCLCs):
 - IBCLCs are credentialed lactation consultants with expertise specifically in helping mothers who have problems with breastfeeding or special health risks related to breastfeeding.
 - IBCLCs work in hospitals and in private practice.

⁹U.S. Department of Health and Human Services, Health Resources and Services Administration. *Maternal, Infant, and Early Childhood Home Visiting*. Available at <http://mchb.hrsa.gov/programs/homevisiting/index.html>.

- The International Lactation Consultant Association (ILCA) provides a Find a Lactation Consultant Directory with available IBCLCs by zip code or city at www.ilca.org.
- La Leche League (LLL), an international mother-to-mother support program, developed the original concept of applying peer counseling to breastfeeding. Nursing Mothers Counsel also has a similar program in the U.S. These organizations have support groups in many communities throughout the country. Such counselors are important links to the community and provide referrals of mothers needing assistance from WIC. Mothers who do not meet WIC's eligibility requirements can be referred to these groups for help and support.
- Some individuals complete a course provided by private breastfeeding educators to offer support and education in basic breastfeeding management. They may be referred to as Certified Lactation Counselors, Certified Lactation Educators, Certified Lactation Specialists, or a similar title.



Community Partnerships: Community Organizations

- Community organizations that reach the same target population served by WIC are ideal partners. Consider establishing partnerships for referrals to peer counselors, to host breastfeeding education activities, and to provide consistent messaging.
 - The Healthy Start program is a federally-funded program of the HHS Maternal and Child Health Bureau that focuses on reducing infant mortality rates. Breastfeeding support is included as part of the model, which serves a similar population of WIC eligible participants. Healthy Start typically provides education, home visiting services, and visits to schools, as well as fatherhood initiatives.
 - The Early Head Start Program also has a federal mandate to support breastfeeding. Practitioners provide education and support for breastfeeding families served through Head Start.
 - County Extension Programs provide nutrition information and education to families, often including breastfeeding information. Extension programs and EFNEP (Expanded Food and Nutrition Education Program) provide education in community schools.
 - Minority health organizations, teen pregnancy centers, parenting groups, and child care providers are other potential community partners.
- Some agencies establish relationships with community businesses.
 - They may seek partnerships in promoting and implementing various breastfeeding support programs and activities in the community.



Note: The dashboard has thumbnail images of these brochures that link directly to the documents, if desired.

Community Partnerships: Promoting the Program

- Make plans to actively promote the program with WIC participants and the community.
- For WIC participants:
 - Alert all newly certified pregnant and breastfeeding mothers about the program so they are aware they will be contacted by a peer counselor. Help new mothers see that peer counseling is part of WIC's support for breastfeeding.
 - Allow peer counselors to visit with new mothers in the clinic so they can meet face-to-face. This helps mothers see peer counselors as part of the WIC team.
 - Post flyers about the program in the WIC clinic, or use the brochure sample in the curriculum to raise awareness about the program.
 - Sample promotional brochures are available at the FNS *Loving Support*® website at <https://lovingsupport.fns.usda.gov/wic-staff>.
 - Utah WIC displays framed photographs of their peer counselors in the main waiting rooms of their clinics. This raises awareness of the program and helps mothers feel a connection with the women who will be calling them.
- For the community:
 - Publicize the program with other public health programs in the health department and with programs that serve similar population groups. Let people see how peer counseling will build upon existing successful breastfeeding promotion and mother-to-mother support programs in the community.



A WIC Peer Counselor Says...

“We have a really good relationship with the lactation consultants here at the local hospital. It is wonderful to have this kind of relationship. We are all striving for the same thing, and that’s to help moms.”

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Section 5: Staffing Considerations

Overview

Hiring the right people as peer counselors helps assure that the program runs smoothly. This section will address how to find qualified candidates, important qualities to seek, and getting them hired. It will also address common staffing questions of local agencies.

Learning Objectives

WIC managers will be able to:

- List the three qualifications of peer counselors as identified in the *Loving Support*[®] Model.

Topics Covered

- Definition of a peer counselor
- Addressing staffing questions about who can be hired
- Recruiting peer counselors
- Application and interview process for peer counselors
- Determining how many peer counselors to hire

Time: 45 minutes

Materials and Supplies

Handouts

- Assessment and Planning 1: FNS *Loving Support*[®] Model
- Activity Worksheet 3: The Ideal Peer Counselor
- Job Description 5: Lactation Consultant
- Staffing and Supervision 2: Sample Application Peer Counselor
- Staffing and Supervision 3: Peer Counselor Equipment and Materials Issued
- Staffing and Supervision 4: Sample Interview Guide Peer Counselor

Training Materials by Activity

The Ideal Peer Counselor

- Activity Worksheet 3: The Ideal Peer Counselor
- Optional: objects that might reflect the best peer counselor, a surprising hire, and the worst hire (ex: a small acrylic “diamond” from a craft store, a jack-in-a-box, a small rock, etc.)
- Index card for each small group of attendees
- Flip chart easel, paper, and markers

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint™
- Computer with Microsoft PowerPoint 2007 or higher
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Training Facilitator Notes



Staffing Considerations

Handout

Activity Worksheet 3: The Ideal Peer Counselor

- Hiring the right peer counselors helps a program get off to the best start.
- In this section we will address important qualities to seek, how to find people with those qualities, and considerations in hiring and employing them.

Activity: The Ideal Peer Counselor

Purpose: To help managers identify important qualities for hiring peer counselors.

Materials Needed:

- Activity Worksheet 3: The Ideal Peer Counselor
- Optional: objects that might reflect the best peer counselor, a surprising hire, and the worst hire (ex: a small acrylic “diamond” from a craft store, a small jack-in-a-box, a small rock or lump of coal, etc.)
- Index card for each small group of attendees
- Flip chart easel/paper and markers

Time Needed: 10-15 minutes

Instructions:

1. Divide the training attendees into small groups of 4-6 each.
2. *For larger groups:* Divide trainees into as many small groups as are needed.
3. *For smaller groups and one-on-one learning:* Conduct as a general group discussion
4. Ask training attendees to use “Activity Worksheet 3: The Ideal Peer Counselor” to share a story about the best peer counselor they ever hired, the best surprise they had with a peer counselor hire, and the worst disappointment. As stories are shared, ask someone to jot down qualities of peer counselors that are important to consider.
5. If training local agency staff with no prior experience hiring peer counselors, invite them to consider WIC mothers that they feel might make good peer counselors and note the qualities they possess that might make them good candidates.
6. Ask each group to select stories they feel are best and share with the full group.
7. Note common themes and write them on a flip chart.

Points for Discussion:

- What are the common themes you heard?
- How difficult do you feel it is/will be to find someone who has all of the qualities reported?
- Which qualities do you feel are most important for an effective peer counselor?

Take-Away Points:

- WIC programs generally agree that ideal peer counselors represent the target population served, have previous breastfeeding experience, and have good communication skills.
- Agencies sometimes must set priorities about which characteristics they feel will be most important.



FNS Definition of a Peer Counselor

Loving Support[®] Model: “Appropriate definition of a peer counselor: paraprofessional; recruited and hired from the target population, and, to the extent possible, representing the same racial/ethnic background as the mothers they support; available to WIC clients outside usual clinic hours and outside the WIC clinic environment; and previous experience with breastfeeding, having breastfed at least one baby”

- Peer counselors are women in the community with personal breastfeeding experience who are similar to the population served and provide information and support to other mothers. They serve as role models for new mothers. (Note: Section 2, “Peer Counseling: How and Why it Makes a Difference,” reviews more information about the role of a “peer” in encouraging social behavior change, as well as research on the impact of peer counselors in improving breastfeeding outcomes.)
- FNS funding is specifically allocated for the purpose of paying for “peer” counselors. State agencies accepting FNS peer counseling funds must agree to the definition of a peer counselor as outlined in the *Loving Support[®]* Model, which includes:
 - Paraprofessional.
 - Recruited and hired from WIC’s target population of WIC-eligible women.
 - Available to WIC clients outside the WIC clinic environment.
 - Has previous breastfeeding experience.
- State agencies have the flexibility to develop, implement, or enhance peer counseling programs appropriate to the needs of their local agencies. However, the required components of the *Loving Support[®]* Model must be included.



Paraprofessional

- Paraprofessionals as described in the *Loving Support[®]* Model are: “Those without extended professional training in health, nutrition, or the clinical management of breastfeeding who are selected from the group to be served and are trained and given ongoing supervision to provide a basic service or function. Paraprofessionals provide specific tasks within a defined scope of practice. They assist professionals, but are not licensed or credentialed as healthcare, nutrition, or lactation consultant professionals.”
- Peer support differs from other forms of lactation support in that the source of support is a *peer*, a person who is similar in fundamental ways to the recipient of the support. A peer, by virtue of relevant experience, is in a position to offer support and relate to others who are in a similar situation. This unique mother-to-mother support can improve breastfeeding initiation and duration among low-income women.
- The key is how the *participant* views the peer counselor. The participant needs to feel that the peer counselor is “like her,” sharing similar cultural and social characteristics so that appropriate modeling can occur.



WIC Target Population

- The *Loving Support*® Model also requires peer counselors to be “Recruited and hired from WIC’s target population” of WIC-eligible women.
- When peer counselor positions open, managers should assess the demographics of the populations served, languages spoken, etc. to assure that participants will have access to a peer counselor they can relate to.
- Being a present or past WIC participant also helps peer counselors better relate to other women on the WIC program.
- Peer counselors who are WIC participants or WIC eligible understand the difficulties faced by low-income mothers and can provide realistic and practical guidance as a result of shared personal backgrounds and experiences in a way that most health professionals cannot. For example, low-income mothers often have limited support for breastfeeding at home; might work in low-wage jobs that are not supportive of breastfeeding women at work; and might have limited access to resources. A peer counselor who has experienced these issues and overcome them to successfully breastfeed is in a unique position to empower WIC mothers to follow their example.¹
- Potential peer counselors who have *not* been on WIC but are WIC-eligible bring a similar understanding of what it means to support a family on a limited income. They might have faced similar struggles of WIC participants and can be considered a valid and trusted resource for breastfeeding solutions given the unique hardships they have both faced.
- In some cases, a peer counselor might find she no longer meets WIC income eligibility once she begins receiving compensation as a peer counselor. As a prior WIC participant she still brings a unique understanding of the WIC world and empathy for WIC participants. WIC agencies should never purposely limit a peer counselor’s salary so she remains eligible for WIC. Instead, WIC peer counselors learn job skills that can enable them to move into higher paying positions when they no longer desire to be peer counselors.



Available

- The *Loving Support*® Model requires peer counselors to be “available to WIC clients outside the WIC clinic environment.”
- Breastfeeding challenges do not always occur during business hours or while a mom is at the WIC clinic. Breastfeeding problems can also become much greater problems when a mother does not access quick help. For a peer counselor to provide appropriate assistance, mothers need to be able to easily access information and support when they need it most.
- Accessibility involves many facets, including allowing peer counselors to use texting options, which is often the preferred method of communication among

¹ California WIC Association and UC Davis Human Lactation Center. *Increasing Exclusive Breastfeeding in WIC: The Power of Peer Counseling: A Policy Brief on Preventing Obesity in Early Childhood*, 2009. Available at www.calwic.org/storage/documents/wellness/peercounsel.pdf.

WIC participants (see Section 7, “Practice Settings for Peer Counselors) or social media, including FaceTime™ or Skype™. Other options are to enable peer counselors to receive phone calls outside WIC clinic hours, or to allow peer counselors to make home or hospital visits when mothers are unable to come to the WIC clinic. Research shows that for breastfeeding outcomes to be improved, mothers must be able to access support in a timely manner.^{2,3}

- Agencies should work with policymakers and staff to explore creative solutions for meeting this requirement.
- Section 4, “Policies and Operations,” provides ideas for ways to address some of the barriers to this requirement at the local agency level.



Breastfeeding Experience

- The *Loving Support*® Model requires that peer counselors have personal experience with breastfeeding, having breastfed at least one baby.
- Studies show that the centerpiece of any successful peer counseling program is personal experience in the behavior being promoted. For example, a study on the effectiveness of a peer support initiative at Chicago’s Rush Hospital found that the effectiveness of their peer support initiative with NICU mothers was based on having peer role models who themselves had breastfed a preterm NICU infant.⁴
- Successful breastfeeding peer counselor programs include empathetic peer counselors who have been successful with breastfeeding and have themselves been low-income to help mothers similar to them gain confidence in their ability to breastfeed, as well. The Phase II WIC Breastfeeding Peer Counseling Study found that all of the WIC agencies in the study recommend or require their peer counselors to have current or previous breastfeeding experience.⁵
- Formative research conducted to establish the peer counseling program in 2004 found that most programs require peer counselors to have breastfed their baby a minimum of 6 months to enhance their ability to better model continued breastfeeding for new mothers.⁶ Some agencies also seek peer counselors who have *exclusively* breastfed for 6 months so that peer counselor can authentically serve as a role model for how other WIC mothers can achieve the recommendations of the American Academy of Pediatrics.

² Kervin BE, Kemp L, Pulver LJ. Types and timing of breastfeeding support and its impact on mothers’ behaviours. *J Paediatr Child Health*. 2010 Mar;46(3):85-91.

³ Centers for Disease Control and Prevention. *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*. Atlanta: U.S. Department of Health and Human Services; 2013. Available at www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF.

⁴ Rossman B, Engstrom JL, Meier, PP. Healthcare providers perceptions of breastfeeding peer counselors in the neonatal intensive care unit. *Research in Nursing and Health*. 2012;35(5),460-474.

⁵ Abt Associates, Inc.. *WIC Breastfeeding Peer Counseling Study: Phase II: Follow-Up Implementation Report*. U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 2015. Available at <https://lovingupport.fns.usda.gov/content/about-wic-breastfeeding-peer-counseling>.

⁶ Best Start Social Marketing. *Using Loving Support® to Implement Best Practices in Peer Counseling: Final Research Brief*, 2004. Available at <https://lovingupport.fns.usda.gov/content/about-wic-breastfeeding-peer-counseling>.



Reducing Disparities

- Peer counseling has been shown to help increase breastfeeding rates among vulnerable population groups least likely to breastfeed. Lower breastfeeding rates are associated with poor health outcomes among infants, leading to higher infant mortality rates. Increasing support for vulnerable population groups can help create a culture of support to reduce disparities.
- Breastfeeding rates are significantly lower among African American women than any other ethnic group in the United States.⁷ Peer counseling has been shown to be an effective intervention in improving breastfeeding rates in African American populations.^{8,9}
- To achieve outcomes that address disparities in the population, WIC agencies should consider hiring peer counselors who represent:
 - *Same culture as WIC mothers.* Studies have shown that infant feeding decisions are often made within the context of much broader contextual factors, including social, cultural, and historical perspectives.¹⁰ Peer counseling by women who are part of the culture and the community can be an effective intervention to increase breastfeeding rates as part of a comprehensive program of support.^{11,12}
 - *Same language as WIC mothers served.* The primary focus of a peer counselor's role is being able to communicate with participants. Mothers must be able to feel confident that they can communicate effectively with their peer counselor by speaking the same language. While translators and language help lines can assist, a peer counselor who is from the culture and speaks the language is more likely to convey accurate information and relate to the mother.
 - *Enthusiasm for breastfeeding.* Many agencies believe that if a woman is enthusiastic about breastfeeding, she can be taught what she needs to function well as a peer counselor.
 - *Communication skills.* Because a peer counselor's primary job is talking with other mothers, it is important for them to be able to clearly articulate information and be understood clearly. Although counseling skills can be learned, a basic ability to confidently promote breastfeeding goes a long way toward preparing a peer counselor for her job.

⁷ Centers for Disease Control and Prevention. *Provisional breastfeeding rates by sociodemographic factors, among children born in 2012.* Available at www.cdc.gov/breastfeeding/data/nis_data/index.htm.

⁸ Gross T, Powell R, Anderson A, Hall J, Davis M, Hilyard K. WIC peer counselors' perceptions of breastfeeding in African-American women with lower income. *J Hum Lact.* 2015;31(1):99-110.

⁹ Merewood A, Chamberlain LB, et al. The effect of peer counselors on breastfeeding rates in the neonatal intensive care unit: results of a randomized controlled trial. *Arch Pediatr Adolesc Med.* 2006;160:681-685.

¹⁰ Chapman D, Perez-Escamilla R. Breastfeeding among minority women: moving from risk factors to interventions. *Adv Nutr.* 2012;3(1):95-104.

¹¹ Gross, 2015.

¹² Merewood, 2006.



Who Is a Peer?

- State and local agencies should address questions that commonly arise around what criteria qualify a candidate as a “peer,” and strategies for managing common situations that can arise.



Women Only?

- The definition of peer counselor in the *Loving Support*® Model is based on research demonstrating the benefit of hiring peer counselors from WIC’s target population of WIC-eligible women, which includes hiring peer counselors with breastfeeding experience. Breastfeeding peer counseling funding may only be used to hire peer counselors from WIC’s target population.
- Males are valuable members of breastfeeding promotion and support programs. Programs such as the Texas “Peer Dad” program has been shown to significantly increase breastfeeding rates among WIC participants.¹³ However, these programs are beyond the scope of the *Loving Support*® peer counselor funding and should be paid for through NSA funding or other sources.
- Should agencies have questions about hiring practices that selectively target women, it should be noted that:
 - The definition of a “peer” counselor is someone who shares characteristics of the population served. The WIC program only serves *women*, infants, and children. WIC peer counselors must share the characteristics of WIC participants to be considered a “peer.”
 - Peer counselors are often in a position of viewing a mother’s bare breasts to assist with positioning and latch and potentially to identify breastfeeding problems.
 - Agency personnel department or HR directors with concerns about limiting peer counselor hires to women can address the issue with their agency legal staff to determine appropriate language to be used when hiring peer counselors who meet the FNS definition.



Older Moms?

- Ideally WIC agencies should select peer counselors similar in age to those of the participants being served by WIC.
- In some cases, this may not be possible. WIC agencies have the flexibility to develop criteria as long as the key components of the definition are included.
- Some programs have successfully retained peer counselors for many years until they are technically no longer considered a true peer. Often the peer counselors themselves feel they are no longer “like” the mothers they serve; nonetheless, they remain passionate about supporting families and can continue to be very effective.

¹³ Stremler J, Lovera D. Insight from a breastfeeding peer support pilot program for husbands and fathers of Texas WIC participants. *J Hum Lact*. 2004;20(4):417-422.

- Some programs happily retain these peer counselors and seek to hire younger mothers who represent the target population when additional job openings appear.
- Some programs allow experienced, long-term peer counselors to take on added areas of responsibility to value their knowledge and expertise with the program. Some peer counselors serve as “senior” level peer counselors teaching classes and mentoring/supervising other peer counselors. Some move into peer counselor coordinator or assistant coordinator positions to help provide program management services. Some continue their education, become IBCLCs, and transition to the role of Designated Breastfeeding Expert (DBE) for the agency.



Lactation Consultants?

Handout

Job Description 5: Lactation Consultant

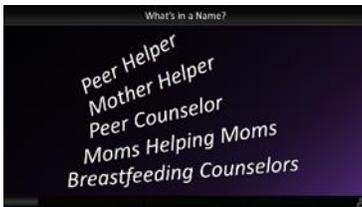
- Lactation consultants, nurses, dietitians, and other health professional lactation experts are critical members of the health care team in supporting new mothers. However, they do not meet the definition of a “paraprofessional” in the *Loving Support*® Model.
- These professionals provide high level support that breastfeeding mothers need, and contribute to successful peer counseling programs in significant ways. For example, they often handle complex breastfeeding challenges, receive referrals from peer counselors, provide breastfeeding training for peer counselors and WIC staff, manage the peer counseling program, and supervise peer counselors.
- Hiring a lactation consultant and a program DBE is an allowable expense for peer counseling funds. However, funds must primarily focus on paying for peer counselors. Refer to Section 6, “Scope of Practice,” for more information about the typical job responsibilities for IBCLCs working for WIC.



Peer Counselors Who Become IBCLCs?

- Some peer counselors desire to further their knowledge and skills and ultimately become certified as International Board Certified Lactation Consultants® (IBCLC®s).
- If a peer counselor becomes certified and starts functioning as an IBCLC (and therefore no longer functions under the more limited scope of practice and job description of a peer counselor) then she can no longer be considered a peer counselor. When this occurs, an agency has several options.
 - A peer counselor who is certified as an IBCLC can be moved into a different position within the program and paid a salary appropriate for that position given the additional expertise her credential represents. In this expanded role (for example, as a DBE for the agency or as the lactation consultant level of a tiered career path) she would operate under her IBCLC Scope of Practice to receive referrals from peer counselors and other WIC staff to manage complex breastfeeding challenges.

- She can move into program management such as a peer counseling coordinator, assistant peer counselor coordinator, breastfeeding coordinator, trainer, peer counselor supervisor, or other position providing program management responsibilities.
- Sometimes peer counselors leave the program to work for a local hospital or other entity that provides them opportunities to function in their new role as a lactation consultant.
- Asking a peer counselor with the IBCLC credential to continue working as a peer counselor can set up a difficult management scenario for State and local agencies, and is discouraged by FNS. It can be demoralizing for a peer counselor who has attained a higher level of expertise to stay within the scope of practice of a peer counselor and continue receiving a lower rate of pay. This can lead to job dissatisfaction and turnover. It is equally hard for agencies to monitor this.
- Agencies should establish realistic expectations with peer counselors who express an interest in expanding their clinical skills. They should always be encouraged to grow their knowledge and skills, with realistic expectations about whether positions will be available.



What's in a Name?

- Some WIC agencies use a different name for their peer counselors. They reason that WIC mothers do not understand the concept of a “peer counselor” and are confused when supervisors call to find out if they have been contacted by their peer counselor.
- Some names that agencies have used include, “Breastfeeding Peer Helpers,” “Breastfeeding Counselors,” “Mother Helpers,” and “Moms Helping Moms.”
- FNS uses the term “peer counselors” and “peer counseling” to describe the program. This is the definition used by researchers and the language used in the federal regulations.
- A State or local agency is free to use whatever name they wish to communicate with WIC mothers.



Hiring Practices: Recruiting Options

Recruiting Peer Counselors in WIC

- One of the best places to find potential peer counselors is within the population of WIC breastfeeding mothers.
- FNS provides promotional brochures that can be used to help recruit peer counselors, available at <https://lovingsupport.fns.usda.gov/wic-staff>.
- Peruse the database of breastfeeding mothers in your system for those who breastfed for long periods. This will help you begin to identify potential peer counselors.
- Asking for local agency staff recommendations is often the best way to identify good peer counselors. Being acquainted with them and having a sense of their personal charisma or communication ability may narrow down the search.

- Post signs in WIC clinics, grocery stores, and other places where WIC mothers and families visit.
- Some agencies host a breastfeeding peer counselor tea or other community gathering where interested WIC moms can learn more about the peer counselor program and whether it might work for them.



Recruiting Peer Counselors in the Community

- When a search in usual WIC channels turns up few leads, consider community sources.
- Social media groups are an ideal venue for identifying potential peer counselors. Consider a Facebook™ group for new moms in the community.
- Community organizations that serve a similar population as WIC; for example, the Healthy Start or Early Head Start programs.
- Local health care providers (such as hospital lactation consultants or pediatric providers) can be another source.
 - Health care providers may be familiar with breastfeeding mothers they believe might be good candidates.
 - Hospital mothers' groups often attract passionate breastfeeding moms who might be a good fit.
 - Confidentiality rules may prohibit you from receiving contact information. However, you can ask providers to distribute information about the program to mothers they feel might be interested.
- La Leche League leaders might be aware of mothers who might be interested in helping other moms.
- Many agencies find that "help wanted" ads may not produce positive responses. It may bring about responses from people who do not fully understand what the job entails.



Hiring Practices: The Application Process

Handouts

Staffing and Supervision 2: Sample Application Peer Counselor

Staffing and Supervision 3: Peer Counselor Equipment and Materials Issued

- An application process provides potential peer counselors with the opportunity to communicate their strengths and weaknesses. It also shows them that this is a real job.
- It gives you the chance to get to know them better and assess how they might fit as part of your health care team.
- The application should be simple and designed as a screening tool to gather basic information. (See "Staffing and Supervision 2: Sample Application Peer Counselor.")
- Avoid trying to find out too much about the candidate's detailed knowledge of breastfeeding. Much of that will be covered in her training.
- The application can identify whether the peer counselor is available, whether

she meets basic eligibility criteria, and whether she has transportation available.

- If your agency does not provide a cell phone you can assess whether she has a phone available. Identify her ability to accept and receive calls from home. Also learn her goals for what she hopes to gain from the position.
- When peer counselors are hired, have them sign a receipt for materials and equipment they receive. (See “Staffing and Supervision 3: Peer Counselor Equipment and Materials Issued.”) Clarify which materials they must return when they leave the program.

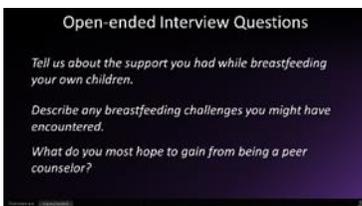


Hiring Practices: The Interview Process

Handout

Staffing and Supervision 4: Sample Interview Guide Peer Counselor

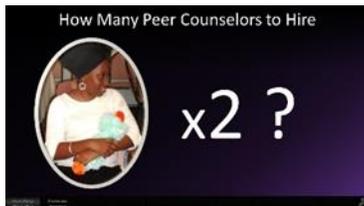
- The interview is designed to learn more about the candidate’s enthusiasm and character. It helps you understand her strengths and weaknesses, and identify her interest in sharing her experiences with mothers.
- Keep in mind that an interview can be a stressful experience for any potential employee. This is the case even more so for a WIC mother who might not have worked before.
- Some tips to keep the interview comfortable:
 - Move from behind your desk to sit face-to-face with her.
 - Avoid large group interviews which may cause her to feel threatened.
- Be affirming with the use of open-ended questions and active listening. If she is not hired, she still has the opportunity to be a peer to mothers within her community. She should leave feeling good about herself and breastfeeding in general.



Open-ended Interview Questions

- The use of open-ended questions creates a safe environment for peer counselor candidates and helps them feel comfortable sharing their stories and their goals.
- You might learn about a candidate’s ability to be a good peer counselor from her answers to targeted questions.
- *Tell us about the support you had while breastfeeding.*
 - Her response to this question will give you insights into support from her network of family and friends. Learn who she turned to for help, and if there was little support, how she responded to that lack of support.
 - It may also tell you what efforts she is making to garner family support for working at home with this job.

- Describe any breastfeeding challenges you had. How did you deal with them?
 - If she experienced problems, you might learn about her commitment to breastfeeding and her work habits in dealing with challenges.
 - For instance, did she struggle alone or did she seek out information? Did she go to the Internet for solutions, or seek out help from a health professional or lactation consultant?
- What do you most hope to gain from being a peer counselor?
 - Her response to this question may reveal her enthusiasm for the.
 - You might also learn whether she views this merely as a job or truly has a passion for helping mothers with breastfeeding.



Hiring Practices: How Many Peer Counselors to Hire

- Many successful programs recruit and train more peer counselors than they think they will need (even as many as twice as many).
- Some women cannot handle the added responsibilities of being a peer counselor.
- Some decide that the job is not a good fit for them, after all.
- It costs little to include extra people in a training event. Another advantage is that you educate more women in the community about breastfeeding. Even if these women do not continue with the program, they will be another voice providing good information with their family and friends.



Showcase: Vermont

- The Vermont WIC program uses Module 1 of the peer counseling training curriculum as part of an introductory meeting with all potential peer counseling candidates who may be interested in working for WIC.
- This section addresses the job description of a peer counselor and includes typical work settings and activities, and scope of practice. A Peer Counselor currently working in the program describes a typical day/week with opportunity for potential peers to ask questions. They feel this is an ideal way to help potential peer counselors understand the job and their expectations.
- Those who continue with the full training have a better understanding of expectations and whether peer counseling will fit with their lives.



Note: Click on the "Example" button to display how Missouri uses this formula to determine caseload.

Hiring Practices: Determining Caseload

- There are no rules for the number of peer counselors a program needs at any one time. The number depends on many factors, including available budget, the number of WIC clients served, numbers of women breastfeeding, community demographics, and job duties of the peer counselors.
 - If the community is rural and spread out, a peer counselor may cover two or three counties.
 - If transportation issues are apparent, a separate peer counselor may be needed in each small area.

- In an urban area with a large pool of potential peer counselors, you might need several peer counselors in key service areas or from various ethnic backgrounds.
- Some agencies hire peer counselors who can provide services to fulfill various client needs, such as experience breastfeeding multiples.
- If peer counselors primarily make home visits you will need more potential peer counselor hours than if their primary role is making telephone calls from home.
- Once you identify the number of peer counselor hours required you can decide how many peer counselors you will need based on their availability.
- Best practices indicate that it is best to give a newly trained peer counselor a very small caseload to begin with. It can be increased as the peer counselor grows in her knowledge, skills, and confidence and becomes more efficient.
 - Georgia begins new peer counselors with 20 clients for a 20-hour work week. They increase it to 80-100 clients as the peer counselor's skills increase. For a 10-hour work week, the peer counselor would begin with around 10 clients and increase to 40-50.
 - For a typical 10-hour work week primarily making phone calls and WIC clinic visits, a peer counselor caseload would be around 50 per month to provide quality care and follow-up. If offsite contacts are provided (e.g., home visits, or hospital visits) then peer counselors would need a smaller caseload.
- Missouri WIC has calculated some general estimates for peer counselors who are primarily making telephone calls or making in-person clinic contacts.
 - They estimate around 20 minutes per contact, realizing that some might be very quick and require little time, while others might be lengthier if a mother needs more information. The 20-minute average tends to be a good rule of thumb.
 - Thus, a caseload of 300 divided by 3 contacts per hour = 100 PC hours needed per month, or 25 PC hours per week. One peer counselor can be hired to work 25 hours/week, or two peer counselors can be hired to each work 12.5 hours.
 - This calculation would not apply when peer counselors serve in other roles that require larger blocks of time such as home visits.
- Local agencies will want to factor in activities that require more time. This may include providing hospital visits, assisting with classes and support groups, and making home visits.
- Another factor is whether the peer counselor has a high number of mothers in her caseload who are delivering in a certain month. It is best to stagger the caseload so they are not overwhelmed with many mothers needing intensive follow-up all at one time. This also keeps their contacts interesting and varied.



Note: Click on any of the buttons indicating type of contact to reveal an estimated amount of time to consider for each.

Tips to Help with Calculations

- Contacts with new mothers are highly variable. Depending on the extent of a mother's questions and concerns, it is difficult to identify hard and fast rules.
- The following time allotments provide a general guide. The specific amount of time needed will depend on the peer counselor's experience and ability, issues she is addressing with the mother, and the type of contact being made.
 - *Telephone contacts:* Including time for documentation, allow approximately 3-5 calls per hour.
 - *Clinic visits:* Including time for documentation, allow around 20-30 minutes per visit.
 - *Home visits:* Including time for travel and documentation, allow around 2 hours per home visit.
 - *Hospital visits:* If she is making rounds, allow around 1 hour per 1-2 visits. If she assists a mother having great difficulty, visits could be much longer. Travel and documentation would also increase the time if she does not live or work near the hospital.
 - *Classes and support group meetings:* Allow around 2 hours (1 hour class plus preparation and class-set up).



Start Small

- Most programs recommend that it is generally best to start small. As your program grows and as peer counselors grow in their comfort with the program, they will become more efficient at handling larger numbers of clients.
- As your program grows, a natural result is more breastfeeding women. You may then need to consider hiring more peer counselors or increasing their hours to accommodate the growing needs within their community. This is a nice problem to have!

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Section 6: Scope of Practice

Overview

This section addresses roles and responsibilities of peer counselors, scope of practice, and referral networks for WIC participants experiencing problems beyond the peer counselor's scope.

Learning Objectives

WIC managers will be able to:

- Identify the general scope of practice for a peer counselor.

Topics Covered

- Scope of practice for peer counselors
- Job description that supports that scope of practice
- Limitations of peer counselors
- Career ladder options

Time: 45 minutes

Materials and Supplies

Handouts

- Assessment and Planning 1: FNS *Loving Support*® Model
- Job Description 3: WIC Breastfeeding Peer Counselor
- Job Description 4: WIC Senior Breastfeeding Peer Counselor
- Job Description 5: WIC Lactation Consultant
- Report Form 1: Peer Counselor Client Contact Form
- Report Form 2: Sample Peer Counselor Weekly Activity Log
- Staffing and Supervision 5: Scope of Practice for WIC Peer Counselors
- Staffing and Supervision 6: Scope of Practice for IBCLCs
- Staffing and Supervision 7: When to Yield
- Staffing and Supervision 20: Peer Counselor Intake Form
- Staffing and Supervision 21: Peer Counselor Career Ladder

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint™
- Computer with Microsoft PowerPoint 2007 or higher
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Training Facilitator Notes



Contact Guidelines: Peer Counselor Role

- Peer counselors are an important adjunct to WIC program services.
- The WIC local agency competent professional authority (CPA) conducts a complete WIC breastfeeding assessment using Value Enhanced Nutrition Assessment principles and techniques. The CPA provides appropriate education and referrals to peer counselors as necessary.
- Peer counselors supplement, but do not replace, the work of CPAs and lactation professionals.
- Peer counselors can help fill gaps in service. They can devote the time to help mothers explore their barriers and concerns, and they are available outside the usual clinic hours.
- A peer counselor provides basic information and support to new moms to support normal breastfeeding. They make referrals when they experience problems beyond their training.



What Mothers Expect in the Early Days

- Mothers, especially first-time mothers, often have unrealistic expectations about what breastfeeding will be like.
- Their information may be based on what friends and family have told them.
- They might have received little information about breastfeeding during pregnancy. When the baby is born, they might be met with hospital practices that do not support breastfeeding.
- New mothers often report feeling overwhelmed. They might also lack support from family members.



Peer Counselors Fill the Gap

- Peer counselors help fill the gap in services. They:
 - Provide prenatal breastfeeding promotion and support to mothers, helping them visualize how breastfeeding can work for them.
 - Connect WIC mothers to other health programs and services that can help during pregnancy and beyond.
 - Prepare mothers for what to expect in the early days of breastfeeding and encourage them to attend prenatal classes.
 - Call or visit mothers in the hospital to help them with early concerns.
 - Follow up when they are home from the hospital and make referrals to the WIC Designated Breastfeeding Expert as needed.
 - Provide ongoing support as the baby grows to help mothers feel confident with breastfeeding as new questions arise.

Activity: Filling the Gap

Purpose: To help managers examine ways peer counselors can fill the gap in WIC services to breastfeeding mothers.

Time Needed: 10 minutes

Instructions:

1. Divide the training attendees into small groups of 4-6 each.
2. *For larger groups:* Divide trainees into as several small groups as needed.
3. *For smaller groups and one-on-one learning:* Conduct as a general group discussion.
4. Assign a different time period to each small group. If there are more than 4 groups, more than one group can discuss the same period.
 - Pregnancy
 - The early days
 - The first month
 - Beyond the first month
5. Ask groups to identify (a) what may be going on emotionally and physically in a mother's life during that period of time that may affect her infant feeding decisions; (b) the role of WIC clinic staff during this period; and (c) how a peer counselor could complement the care of WIC staff as an adjunct to WIC services.
6. Ask groups to report on their findings as you get to each time period on your slides.

Points for Discussion:

- What makes it hard for women to continue breastfeeding when these emotional and physical demands are present?
- What made Stephanie's second breastfeeding experience so different from the first?
- What is the role of the WIC staff? How can a peer counselor provide expanded services?

Take-Away Points:

- For mothers to be successful with breastfeeding it takes an entire team of support.
- WIC staff support the mother, prescribe appropriate food packages, counsel her about breastfeeding, and make referrals. Peer counselors complement that care by delving deeper to explore concerns and needs, and to get mothers the support she needs to continue breastfeeding.

**Contact Guidelines: Pregnancy****How Peer Counselors Help: Pregnancy**

- Research shows that prenatal counseling with WIC participants can have a significant impact on a mother's infant feeding decisions.¹
- Peer counselors help mothers explore their individual barriers to breastfeeding, which often change as the pregnancy unfolds. They help mothers prepare for the hospital experience to get breastfeeding off to a great start, and connect them to sources of support.

¹ Hildebrand D, McCarthy P, Tipton D, Merriman C, Schrank M, Newport M. Innovative use of influential prenatal counseling may improve breastfeeding initiation rates among WIC participants. *J Nutr Edu Beh.* 2014;46(6):458-466.

- Research completed as part of the WIC “Infant and Toddler Feeding Practices Study 2: Intention to Breastfeed” shows major shifts over the last 20 years in WIC women’s beliefs and acceptance about breastfeeding. Pregnant WIC women are more aware today of the important reasons to breastfeed, and are less likely to believe negative aspects of breastfeeding (e.g., that it will tie the mother down or be too embarrassing in public).² This helps explain why the breastfeeding initiation rates are at an all-time high among both the general population (80%) and the WIC population (73.1%).³
- Breastfeeding duration rates decline quickly, and exclusivity rates are far below the recommendations of the American Academy of Pediatrics. Healthy People 2020 goals are to increase exclusive breastfeeding rates at 3 months to 46.2% and 25.5% at 6 months.⁴ The CDC National Immunization Survey shows significant disparities across racial, socioeconomic, and educational lines.⁵
- Studies show that prenatal education is linked to longer breastfeeding duration and exclusivity rates among low-income populations.⁶ This is especially true when education helps prepare mothers for breastfeeding and helps them prevent and manage early concerns.⁷



Timing Contacts During Pregnancy

- Research shows higher breastfeeding rates with high intensity peer support initiatives that include contacts beginning early in pregnancy and more frequent contacts as the due date approaches.⁸
- Most women make their infant feeding decisions during pregnancy⁹ and often before their first contact with a health professional.¹⁰ Decisions are often made during or before their first trimester of pregnancy.^{11,12} However,

² May L et al. *WIC ITFPS-2 Infant Report: Intention to Breastfeed*, 2015. Available at www.fns.usda.gov/special-supplemental-nutrition-program-women-infants-and-children-wic-infant-and-toddler-feeding.

³ Centers for Disease Control and Prevention. *Breastfeeding among U.S. children born 2002-2012, CDC National Immunization Surveys*, 2012. Website: www.cdc.gov/breastfeeding/data/nis_data/index.htm.

⁴ U.S. Department of Health and Human Services. *Healthy People 2020: Maternal, Infant and Child Health*. Available at www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives.

⁵ CDC, 2012.

⁶ Rosen L, Krueger M, Carney L, Graham J. Prenatal breastfeeding education and breastfeeding outcomes. *Am J Mat Child Nurs*. 2008;22(5):315-320.

⁷ Brand E, Kothari C, Stark MA. Factors related to breastfeeding discontinuation between hospital discharge and 2 weeks postpartum. *J Perinat Educ*. 2011 Winter;20(1):36-44.

⁸ Chapman, 2010.

⁹ U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis. *Evaluation of the Birth Month Breastfeeding Changes to the WIC Food Packages*, by Parke Wilde, Anne Wolf, Meena Fernandez, and Ann Collins. Project Officer, Dr. Joseph F. Robare Alexandria, VA, December 2011.

¹⁰ Earle S. Factors affecting the initiation of breastfeeding: implications for breastfeeding promotion. *Health Promotion International*. 2002;17(3):205-214.

¹¹ Bonia K, Twells L, et al. A qualitative study exploring factors associated with mothers’ decisions to formula-feed their infants in Newfoundland and Labrador, Canada. *BMC Public Health*. 2013;13:645.

¹² Arora S, McJunkin C, Wehrer J, Kuhn P. Major factors influencing breastfeeding rates: mother’s perception of father’s attitude and milk supply. *Pediatrics*. 2000;106(5).

women who initially plan to formula feed can change their minds when they receive information and support from a peer counselor.

- Teen mothers, who typically have lower breastfeeding rates, are more likely to make their initial infant feeding decisions much later in the pregnancy or in the early postpartum period.¹³
 - Peer counselors play an important role in helping the teen mother make an informed decision, helping them prepare for a positive hospital experience, and connecting them to sources of support.
 - Peer counselors who were themselves teen mothers can be important role models. Agencies with significant teen mom populations may wish to actively recruit peer counselors among former teen moms who breastfed successfully despite their age.



Relationship Building

- Breastfeeding support begins by establishing a relationship with the mother before her baby is born to help build trust and confidence.
- Peer counselors who make contacts in pregnancy can build relationships to help establish important connections with participants so women feel empowered and confident working through concerns that might arise.
- Peer counselors report it is difficult to build a relationship with someone they have not met and cannot see (e.g., through telephone “cold calls”). A telephone-only peer support program might not be as effective in increasing breastfeeding rates.¹⁴ This is why many WIC agencies encourage peer counselors to use some hours for in-clinic consults with new mothers.
- Section 7, “Practice Settings for Peer Counselors,” provides strategies for effective communication mechanisms with WIC participants, including text messaging and social media.



Contact Guidelines: The Early Days

How Peer Counselors Help: The Early Days

- During the early first few days postpartum, peer counselors are an invaluable link to help and support new mothers.

¹³ Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. Maternity care practices and breastfeeding among adolescent mothers aged 12-19 years – United States, 2009-2011. *Weekly*. 2016 Jan;65(2):17-22. Available at www.cdc.gov/mmwr/volumes/65/wr/mm6502a1.htm?s_cid=mm6502a1_e.

¹⁴ Reeder J, Joyce T, Sibley K, Arnold D, Altindag O. Telephone peer counseling of breastfeeding among WIC participants: a randomized controlled trial. *Pediatrics*. 2014;134(3):e700-e709.

- Too often postpartum women who initially intend to breastfeed return to WIC for formula after delivery. Peer counselors can play a critical role in filling the gap in services a new mother experiences after hospital discharge and before her next WIC appointment.
- The CDC reported in its *Morbidity and Mortality Weekly Report* that 6 out of 10 women do not meet their breastfeeding goals.¹⁵ This can have long-term implications on infant and child health, as longer duration rates are associated with improved health outcomes.¹⁶
- Lactation is a time-sensitive physiologic process that is impacted by experiences in the first hours and days after birth. Research shows that unsupportive hospital practices and policies make it difficult for women to continue.¹⁷ Mothers who deliver in hospitals with unsupportive practices and policies are 8 times more likely to discontinue breastfeeding.¹⁸
- When phone calls and visits to the hospital are allowed, peer counselors help mothers with some of these early concerns. They offer support and make appropriate referrals to the WIC Designated Breastfeeding Expert.
- Peer counselors usually talk with mothers about basic issues such as positioning and latching the baby, how often to feed the baby, tips for success, and helping mothers see what is “normal.”



Timing Contacts during the Early Days

- Research supports frequent contacts with new mothers in the early days:
 - Every 2-3 days in the first week or so.
 - Within 24 hours if the mother reports problems with breastfeeding.
- CDC data from the National Immunization Survey shows that the biggest drop-off in breastfeeding exclusivity occurs within the first week.¹⁹
 - Mothers are recovering from pregnancy and delivery. Their hormones are dramatically shifting, and postpartum depression can set in.
 - Many mothers feel vulnerable and unsure of themselves.
 - Mothers are often fatigued and might be in pain. Family pressure to switch to formula can be intense.

¹⁵ Perinne C, Galuska D, Dohack J, et al. Vital signs: improvements in maternity care policies and practices that support breastfeeding – United States, 2007-2013. *Morbidity and Mortality Weekly Report*. 2015 Oct;64(39):112-117.

¹⁶ Grummer-Strawn L, Li R, Perrine C, Scanlon K, Fein S. Infant feeding and long-term outcomes: results from the year 6 follow-up of children in the infant feeding practices study II. *Pediatrics*. 2014;134:S1. Available at http://pediatrics.aappublications.org/content/134/Supplement_1/S1.full.html.

¹⁷ Grummer-Strawn L, Scanlon K, Fein S. Infant feeding and feeding transitions during the first year of life. *Pediatrics*. 2008;122, Supplement 2. S36-S42.

¹⁸ DiGirolama, Grummer-Strawn L, Fein S. Infant Feeding Practices Survey: Effect of maternity care practices on breastfeeding. *Pediatrics*. 2008;111:S43.

¹⁹ Centers for Disease Control and Prevention. Breastfeeding among U.S. Children Born 2002–2012, CDC National Immunization Surveys, 2016. Available at www.cdc.gov/breastfeeding/data/nis_data/index.htm.

- Many WIC women doubt their ability to make milk, interpreting their baby’s fussy behaviors as a visual sign that they are not making sufficient milk and need to supplement with infant formula.²⁰
- Research among WIC women shows that the demands and stresses are great in the early days. The WIC Infant Feeding Practices Survey reports that one-fourth of new WIC breastfeeding mothers begin supplementing formula before the first week has ended. Half have started supplementing by the end of the second week.²¹ [Note: a follow-up study, “Feeding My Baby,” will be completed in 2018.]
- Peer counselors should be prepared to discuss the most commonly reported issues for supplementing and weaning during this period: concerns about milk production and painful or uncomfortable breasts.
- Peer counselors are a lifeline to new mothers during this critical weaning period. They help mothers know whether their baby is getting enough and yield her immediately if she is struggling. They offer her encouragement and support to continue breastfeeding during this transition period.
- Agencies should consider “scale up” programs (with more phone calls, hospital visits, or home visits) to provide more intensive face-to-face assistance, if funds allow.²²



Contact Guidelines: The First Month

How Peer Counselors Help: The First Month

- Peer counselors continue to offer ongoing help and support during the first month. During this period mothers are establishing milk production and adjusting to the new demands of motherhood and breastfeeding.
- This is an ideal time for peer counselors to promote exclusive breastfeeding and the WIC food packages for fully breastfeeding mothers, and to answer common questions mothers have.
- They help mothers gain confidence in their milk production, and encourage them if family members and friends are not supportive.



Weighing Baby

- Some agencies provide portable baby scales for peer counselors to conduct simple weight checks outside the WIC clinic. This can help reassure new mothers that their baby is doing well. If the mother’s concerns are not alleviated or if weight gain is inadequate, the mother should be referred to the WIC Designated Breastfeeding Expert.

²⁰ DaMota K, Banuelos J, Goldbronn J, Vera-Beccera LE, Heinig J. Maternal request for in-hospital supplementation of healthy breastfed infants among low-income women. *J Hum Lact.* 2012;28(4):476-482.

²¹ Baydar N, et al. *Final Report: WIC Infant Feeding Practices Study*, 1997. Available at http://www.fns.usda.gov/sites/default/files/ifps_0.pdf.

²² Chapman, 2010.

- FNS requires that peer counselors receive adequate training and supervision and access to a WIC Designated Breastfeeding Expert. Policies must be in place surrounding the use of scales and their purpose.
- Use of clinical pre- and post-test weights for mother-infant dyads should be conducted by the WIC Designated Breastfeeding Expert or other lactation experts in the clinic. NSA funds must be used to purchase scales that will be used by staff other than peer counselors.



Timing Contacts during the First Month

- Contacts with new mothers should continue frequently during the first month:
 - Weekly after breastfeeding is going smoothly.
 - Within 24 hours if mothers experience problems.
- Frequent, regular contacts will help mothers gain confidence they are doing well. They also allow peer counselors to address changing situations that may affect the mother's perceptions about how breastfeeding is going.



Contact Guidelines: Beyond the First Month

How Peer Counselors Help: Beyond the First Month

- After the first month as the baby grows, mothers continue to have questions and concerns, including returning to work or school, a primary factor in early weaning.
- Peer counselors continue to offer ongoing help and support. This includes helping mothers work breastfeeding into their lives.
- If mothers are returning to work or school, peer counselors encourage them to continue breastfeeding, help them find creative solutions for expressing milk when they are away from baby, and help them access breast pumps.
- They also help mothers deal with basic challenges such as breastfeeding in public, managing a nursing baby with other activities, and dealing with challenges of older babies such as starting solid foods and teething.
- Peer counselors promote the WIC food packages and make referrals to WIC.
- They also connect mothers to other mothers in the community for support.



Timing Contacts beyond the First Month

- Beyond the first month, peer counselors in most successful programs initiate calls or contacts with new mothers:
 - Monthly, as long as things are going well.
 - Around 1-2 weeks before the mother plans to return to work or school and a day or two after she returns.
- Once breastfeeding is well established, mothers continue to have questions and issues throughout the course of lactation. Without peer support, they often rely on advice from family and friends, or from the Internet.

- Focusing contacts with mothers before and after they return to work allows them to give guidance tailored specifically to the mother's work situation, and to prepare them for their return to the workplace. Research shows that most breastfeeding women wean their baby within the first month after they return to work. This is a critical time period for support.



Note: Scroll your mouse down or click the "down" arrow button on your computer to activate checkmarks beside each item in the list.

Setting Contact Priorities

- Some WIC agencies might find it difficult to follow these ideal contact guidelines if funding is limited. In setting priorities for contacts, WIC programs must have all components of the *Loving Support*® Model in place and seek to target peer counseling services when participants need it most, such as the third trimester and first month after birth.
- FNS advises agencies to use funding to ensure a high quality program, even though the number of women they can reach, or the length of time services are provided, may be smaller.
- When setting priorities:
 - Meet with clinic staff to devise a system to streamline referrals and make the most of peer counselor hours.
 - Assure that the WIC clinic structure has clear referral protocols so that peer counselors focus their hours on basic information and support.
 - Examine the clinic appointment system and determine ways to improve efficiency for peer counselor contacts. For example, consider scheduling pregnant women on the same day(s) so that peer counselors time is more efficient.
 - Explore group education opportunities. Many clinics issue food package checks at the end of these classes to encourage attendance, and peer counselors often assist by providing breastfeeding education.
 - Examine other ways to help peer counselors meet participants. In one clinic, the CPA pages the peer counselor for an initial contact with a pregnant woman or breastfeeding mom who is being certified.
 - Explore text message options, including automated texts timed for certain pregnancy weeks or postpartum periods.
 - Prioritize early postpartum and late pregnancy contacts over early pregnancy contacts.
 - Collaborate with local hospitals to encourage improved hospital practices. When mothers get off to a good start, less time will be needed by peer counselors to address challenges.



Scope of Practice: PC Scope

Peer Counselor Job Description

Loving Support® Model: “Defined job descriptions for peer counselors”

Handouts

Job Description 3: WIC Breastfeeding Peer Counselor

- The sample job description for peer counselors outlines their basic activities.
- Basic job duties include counseling mothers, documenting contacts, making referrals, attending staff meetings, growing her knowledge about breastfeeding, and functioning as a part of the WIC team.



Scope of Practice

Loving Support® Model: “Defined scope of practice that supports normal breastfeeding”

Handouts

Staffing and Supervision 5: Scope of Practice for WIC Peer Counselors

Staffing and Supervision 6: Scope of Practice for IBCLCs

- Medical and allied health care providers and other health professionals all operate within a defined “scope of practice.”
- A scope helps a practitioner know where he or she is going, and what lane to travel in. When each person travels within their appropriate lane of care, everyone can function together more smoothly for the best patient outcomes.
- A scope of practice describes the range of activities practitioners are permitted to perform and is based on their education and training.
- A scope of practice aligns with the terms of professional licensure. This helps protect the provider and the patient, and clarifies referral protocols. This reduces liability risk and helps everyone know what to expect.
- Although a WIC peer counselor is not a licensed medical professional, a defined scope of practice helps everyone know the situations in which peer counselors can provide services and the types of information they give to help reduce liability risk.
- Staffing and Supervision 5, Scope of Practice for WIC Peer Counselors provides this defined scope. Ask peer counselors to review their Scope of Practice and sign to indicate their acceptance. This can be signed again annually as part of the annual performance appraisal process.



WIC Peer Counselor Scope of Practice

- The peer counselor scope of practice is based on the FNS *Loving Support®* training curriculum for peer counselors. The focus of the curriculum is on supporting normal breastfeeding. Peer counselors provide basic information and support, including:
 - Performing in a professional manner in all aspects of her role.
 - Encouraging and supporting mothers to breastfeed.

- Teaching basic breastfeeding to WIC mothers.
 - Supporting mothers when difficulties occur.
 - Yielding to the WIC Designated Breastfeeding Expert (DBE).
- The FNS training program outlines the situations that must be yielded to the WIC DBE.

Teaching Tip

Ask participants to discuss the definition of “normal breastfeeding” and what it might mean in the context of peer counseling support.



Scope of Practice: Designated Expert

Role of the WIC Designated Breastfeeding Expert

Loving Support® Model: “Timely access to a WIC Designated Breastfeeding Expert for assistance with problems outside of peer counselor scope of practice”

Handout

Staffing and Supervision 6: Scope of Practice for IBCLCs

- Peer counselors should not provide services beyond their basic scope of practice. Instead, peer counselors should have access to a WIC Designated Breastfeeding Expert (DBE) to handle complex breastfeeding problems.
- DBEs can be WIC staff who achieved advanced lactation training and experience (such as an IBCLC) or a contract professional in the community. (See Section 3, “Program Planning,” which outlines NSS guidelines.)
- DBEs assist in such situations as:
 - Premature infants recently discharged from the NICU.
 - Infants who are not gaining appropriate weight.
 - Babies who refuse to breastfeed.
 - Mothers recovering their milk supply.
 - Infants transitioning from supplementation to full breastfeeding.
 - Infants who are failing to thrive or who have congenital anomalies.
 - Mothers with hormone conditions.
 - Mothers with previous breast surgery.
 - Mothers with sore nipples that do not resolve.
 - Any breastfeeding situation that does not resolve within 24 hours.
- DBEs operate under a separate scope of practice for their profession (See Staffing and Supervision 6: Scope of Practice IBCLCs). The DBE also makes appropriate referrals to medical professionals, nutritionists, hospital nurses, social workers, etc. for situations beyond their scope of practice.
- DBEs refer mothers to peer counselors for support and basic breastfeeding assistance.

- Peer counselors are part of a full team of support for WIC families who each refer to one another as needed to help mothers meet their goals.



Making Referrals

- Supervisors should work with clinic staff and peer counselors to develop a realistic plan for *how* referrals should be made and when.
- Normally the peer counselor should not simply tell a mother to contact the DBE. A true referral might need a more proactive approach.
 - In the clinic setting, the peer counselor might take the mother to the office of the DBE, dietitian, or other referral source. She can introduce the mother and explain the situation. When appropriate, the peer counselor might remain with the mother to help the mother feel comfortable and to retain the relationship for follow-up support.
 - If a referral resource is not available, the peer counselor can place a phone call or text for urgent referral needs, or electronic or paper referrals for non-urgent situations.
 - Phone, text, or email protocols should be developed for peer counselors working outside the WIC clinic setting and hours.



Note: In this picture story, the trainer can either scroll through each slide in order, or select the picture desired by viewing the thumbnails in the navigation strip along the bottom. Each thumbnail links to the slide with that image.

Picture Story: Miami-Dade Baby

- The Miami-Dade WIC peer counseling program has a team approach with clearly defined scopes of practice for all staff. All peer counselors are supervised by WIC Designated Breastfeeding Experts who are IBCLCs, and referral networks are well established and clearly communicated.
- This strong, clear system made the difference in a recent situation that became “life or death” for one infant.
- The mother of a 10-day-old breastfed infant was seen by a peer counselor at the WIC clinic. As part of the initial intake screening, the peer counselor learned that while most things seemed normal, the baby was eating nonstop at day 10 and had not had a bowel movement for 24 hours. An immediate referral was made to the IBCLC.
- The IBCLC saw the mother and baby (whose pediatric visit was not due for another two weeks). She undressed the baby for a weight check using a digital scale accurate to 2 gm. She recognized visible signs of dehydration and was alarmed that the baby’s weight loss was 30% - a drop from 7 lb/14 ozs at birth to 5 lbs/8.8 ozs at day 11.
- The IBCLC phoned the pediatrician and made arrangements to have the baby seen immediately. The baby was hospitalized with sodium levels that put the infant at risk of seizures, kidney damage, and death.
- The baby was hospitalized and began hydration therapy, and was discharged 8 days later back at birth weight with all levels back to normal.





- The IBCLC helped the mother increase her milk production, which had declined due to inefficient feeding. The peer counselor provided emotional support, assuring the mother she was not at fault for not recognizing that the baby was in trouble, and affirming her decision to breastfeed.
- The team approach at Miami-Dade is the ideal model to bring about the best outcomes for WIC mothers and infants. Staff know and practice within their scope of practice and know when to refer to someone else. In this situation, it resulted in a happy and positive outcome for this WIC family.



Scope of Practice: Preventing Scope Creep

Handout

Staffing and Supervision 20: Peer Counselor Participant Intake Form

- Program managers can help prevent “scope creep” from occurring among peer counselors. Scope creep can occur as a natural process of growing skills, when peers do not have access to a qualified expert, when scope of practice is not discussed, when they are not well supervised, and when clinic staff make inappropriate referrals to peer counselors for lactation issues that are beyond the peer counselor scope of practice.
- It is the responsibility of supervisors to mentor peer counselors in the early days of their job and to monitor their contacts to help them stay within their scope.
 - Train peer counselors before allowing them to contact WIC participants. Share examples of situations that should be referred.
 - Determine a systematic approach for making referrals.
 - Provide peer counselors with names of referral sources and appropriate situations when referrals should be made.
 - Review expectations frequently and at monthly staff meetings.
 - Review and discuss the peer counselor’s documentation of contacts.
 - Praise peer counselors when appropriate referrals are made.
 - Share case examples during staff meetings.
 - Maintain ongoing communication with peer counselors.
- Miami-Dade WIC peer counselors use an intake form to assess possible issues that need to be referred. This puts their scope of practice front and center. Red flag issues are highlighted in red to serve as a reminder for referrals. An adapted version of this intake form is available with the handout, “Staffing and Supervision 20: Peer Counselor Client Intake Form.”



Scope of Practice: When to Yield

Handout

Staffing and Supervision 7: When to Yield

- Peer counselors should refer situations that are beyond their training. This includes common problems that do not begin improving within

24 hours of the intervention, or when there are medical situations for the mother or infant. Referring these situations is imperative in reducing liability risk.

- The referral concept used in the peer counselor training is called “Yielding.”
 - Some situations require a peer counselor to smoothly “hand off” or “yield” a mother to more experienced professionals.
 - Merriam-Webster defines “yield” as “to give place or precedence, acknowledge the superiority of someone else; to give way to become succeeded by someone or something else.”²³
- To “yield” does not mean the peer counselor tells the mother to call the DBE. The peer counselor should make an immediate, direct referral for help.
- Peer counselors continue to travel alongside the mother to support and encourage her while others assist her.
- “Staffing and Supervision 7: When to Yield” lists general situations addressed in the peer counseling curriculum that normally should be yielded to the DBE or health care providers. This is not an exhaustive list. A situation that a peer counselor finds uncomfortable, or one that lies outside her scope of basic information and support, should be yielded.
- Suggest that peer counselors ask themselves the following questions:



1. Did I learn how to manage this in my peer counselor training program?
2. Is this skill listed in my job description and scope of practice?
3. Is this situation listed in the “When to Yield” document?

²³ Merriam-Webster. <http://www.merriam-webster.com/dictionary/yield>.



- One local agency suggests peer counselors ask these additional questions, and if the answer to either is yes, these situations should be referred to the DBE:
 1. Will I need to touch the mother's breasts to help her with this situation?
 2. Will I need to examine the baby or the baby's mouth?

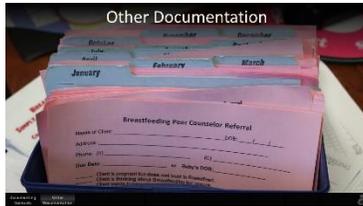
Scope of Practice: Documentation

Documenting Contacts

Handout

Report Form 1: Peer Counselor Contact Log

- Documenting all contacts with mothers is an integral part of the peer counselor's job duties. Documentation provides:
 - Record of the advice given.
 - Method to refer problems to appropriate WIC staff.
 - Measurement for effectiveness.
 - Plan for follow-up care for the mother and baby.
 - Method to monitor peer counselor activities.
- Peer counselors usually keep an electronic or hard copy contact log for each mother they follow. They document all contacts, information covered, and referrals made. In many agencies contact logs become part of the WIC participant's permanent record or are filed in the clinic or with the supervisor.
- Peer counselors usually file hard copy documents in a notebook organized alphabetically or by the month of the mother's due date or baby's birth date. The supervisor then reviews the notebook on a monthly basis.
- For electronic documentation, supervisors spot check participant contacts to review education provided and referrals made.
- Peer counselors are responsible for securing all documentation they record away from the WIC clinic. Agencies should discuss with peer counselors the methods required by their agency to keep the mother's information confidential and protected.
- Some agencies provide locked file boxes to store documentation. If a computer is provided, peer counselors should be trained to close down the computer so that a mother's information is not readily visible to other family members or individuals.



Other Documentation

Handout

Report Form 2: Sample Peer Counselor Weekly Activity Log

- Many peer counselors create tickler cards organized by due date or age of the baby. These serve as reminders of when mothers need to be contacted. Ticklers can be created electronically or manually using index cards.
- Most agencies require peer counselors to complete a weekly activity sheet to note the contacts made and the amount of time charged. This is helpful to document contacts made outside the WIC clinic environment.
- Many agencies require that supervisors conduct spot checks of names recorded on the weekly activity sheets of peer counselors who work from home. This verifies the contact and assures that mothers are receiving appropriate assistance. Reviewing electronic records on a period basis is also a way to spot check the work of peer counselors.



Career Ladder

Handout

Staffing and Supervision 21: Career Ladder Roles

- As peer counselors grow their knowledge, skills, and experience beyond the basics, many WIC agencies provide career path options to keep peer counselors engaged and to allow them to expand into other realms of service that benefit from their expertise.
- Research shows that career ladders help increase retention of peer counselors and give them positive goals to work toward.



Showcase: Texas WIC 3-Level Tiers

- Texas WIC has a successful career ladder with three levels: (1) basic entry-level peer counselor; (2) senior peer counselor; and (3) lactation consultant (IBCLC). Each level has different qualifications, job tasks, and pay rate.
- Staffing and Supervision 21, "Peer Counselor Career Ladder Roles," compares the roles and responsibilities of three levels based on the sample job descriptions provided in the curriculum.



Criteria for Advancement

- Local agencies should determine the minimum criteria required to advance to another level.
- Indiana WIC requires that their level 1 entry-level peer counselors complete a minimum of 500 hours of experience before being eligible to advance to the senior peer counselor level. This is equivalent to around a year working 10 hours a week.
- Programs typically require the IBCLC credential before senior peer counselors can advance to level 3 or the lactation consultant level.



Career Ladder: Senior Peer Counselors

Handout

Job Description 4: WIC Senior Breastfeeding Peer Counselor

- In some agencies senior level peer counselors have worked as entry-level peer counselors for at least six months, have received additional training, and have recognized skills in breastfeeding support.
- Each agency will need to determine policies for advancing a peer counselor to a senior position. Job duties can include:
 - Assisting with training new peer counselors.
 - Assisting with mentoring new peer counselors.
 - Teaching classes and support group meetings with WIC mothers.
 - Receiving referrals of situations that do not require yielding to the WIC designated breastfeeding expert.
 - Issuing electric or manual breast pumps.
 - Maintaining breast pump inventory.
 - Making home visits.
 - Providing hospital visits with new mothers.
- Agencies with a senior or level 2 position for experienced peer counselors should consider fair compensation appropriate to that level of knowledge and experience. See Section 3, *Program Planning*, for more information.
- Training requirements vary, and can involve formal training beyond the *Loving Support*® training, such as earning CEUs through conferences and self-study, or completing a lactation course.



Career Ladder: IBCLCs

Job Duties for Lactation Consultants

Handouts

Job Description 5: WIC Lactation Consultant

Staffing and Supervision 6: Scope of Practice for IBCLCs

- Some agencies have a third tier in their career path for peer counselors who become certified as an International Board Certified Lactation Consultant® (IBCLC®). In some agencies the person in this tier becomes the WIC Designated Breastfeeding Expert (DBE) for the agency.
- IBCLCs are allied health professionals who are credentialed in lactation care by the International Board of Lactation Consultant Examiners® (IBLCE®). The IBCLC credential is accredited by the National Commission for Certifying Agencies (NCCA).
- IBCLC requirements for certification:
 - Completion of 8 health science academic courses (anatomy, physiology, biology, child development, research, nutrition, psychology, and sociology). If the candidate is already a health

professional (such as a nurse, dietitian, or physician) then these courses are not required.

- Completion of 6 continuing education courses (basic life support, medical documentation, medical terminology, occupational safety, ethics, and universal safety precautions).
 - 90 hours of lactation specific education.
 - Up to 1,000 hours of clinical experience assisting with breastfeeding (depending on the pathway selected).
- IBCLCs must successfully complete the certification exam and must recertify every 5 years by continuing education and every 10 years by exam.
 - A credentialed lactation consultant working in the WIC peer counseling program provides high-risk assistance to mothers experiencing complex breastfeeding problems.
 - IBCLCs follow the professional Scope of Practice developed by IBLCE.
 - IBCLCs typically serve in the following roles:
 - Referral source for mothers experiencing complex breastfeeding problems with breastfeeding beyond the scope of peer counselors.
 - Making rounds at local hospitals.
 - Making home visits with new mothers experiencing difficulties.
 - Issuing breastfeeding devices for complex breastfeeding situations.
 - Training, mentoring, and supervising peer counselors.
 - Providing breastfeeding inservices for local health care providers.
 - Teaching classes and leading support group meetings.
 - Coordinating breastfeeding activities in the local agency.

Teaching Tip

Invite participants to work in pairs or small groups to compare the scope of practice for a peer counselor with the scope of practice for the IBCLC.

Discuss:

How are these scopes different?



Developing a Career Ladder

Recommendations for Career Path Program

- Many states have implemented tiered career opportunities for peer counselors. To ensure success, they recommend:



Realistic Expectations

- Provide realistic expectations for opportunities for advancement. Encourage forward movement only when you can provide positions.
- Hire peer counselors as entry level staff before moving them into senior peer counselor positions so they are familiar with the program.



Job Description and Scope

- Establish a defined job description and scope of practice and pay rate for each level. It isn't fair to ask a peer counselor to take on more areas of responsibility without compensating her appropriately.
- Consider titles that acknowledge the expanded role and allow them to become integrated into the State personnel system (ex: Level 2 Peer counselor, Lactation Educator, Assistant Breastfeeding Coordinator, Local Agency Assistant Peer Counselor Coordinator, etc.). This can help make positions more permanent and help take the workload off other staff positions.



Avoid Becoming Top-Heavy

- Be careful not to become too "top heavy" with advanced level peer counselors and lactation consultants or the program will lose the important paraprofessional nature of mother-to-mother support.



A WIC Peer Counselor Says...

"I love my job! Breastfeeding support here at this clinic is great. The more I'm here, the more I learn. I am so fortunate to have a senior peer counselor to help show me the ropes, and the DBE here is fantastic. I turn to them all the time and I learn so much from them."

Section 7: Practice Settings for Peer Counselors

Overview

This section will address common practice settings for peer counselors and policies to consider in moving them beyond the WIC clinic into the community.

Learning Objectives

WIC managers will be able to:

- Identify at least two strategies for using peer counselors effectively in settings beyond the WIC clinic.

Topics Covered

- Managing telephone availability outside of regular clinic hours
- Placing peer counselors in hospitals
- Implementing successful support groups and classes
- Conducting home visits
- Options for social media

Time: 45 minutes

Materials and Supplies

Handouts

- Assessment and Planning 1: FNS *Loving Support*® Model
- Job Description 6: WIC Peer Counselor in the Hospital
- Policies 1: Sample Cell Phone Policy
- Policies 2: Sample Social Media Policy
- Policies 3: Sample Memorandum of Understanding with Hospitals
- Report Form 1: Peer Counselor Client Contact Form

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint™
- Computer with Microsoft PowerPoint 2007 or higher
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Training Facilitator Notes



Practice Settings for Peer Counselors

Loving Support® Model: “Available to WIC clients outside usual clinic hours and outside the WIC clinic environment”

- Peer counselors work in a variety of locations to serve the needs of the WIC community.
- This includes work within and beyond the WIC clinic and usual WIC clinic hours. It involves work in hospitals and private clinics, in community sites for classes and support group meetings, by telephone from the peer counselor’s home, and in mothers’ homes.
- Social media and text messaging are preferred methods of communication among young mothers and peer counselors. It has become a quick and easy way to connect.
- Each agency should determine the unique needs of their WIC participants to identify the settings and strategies that will best reach them. Policies can then be structured to address the identified strategies so that expectations are clear for everyone involved.
- This section provides options to consider, and best practices being used by State and local agencies.



Communication Methods: Lifeline Beyond WIC Walls

- Research with WIC agencies, peer counselors, and participants reveals that the key to success with peer counseling is being available to mothers when they need it most.
- Breastfeeding problems often occur outside usual business hours, and peer counselors provide important support beyond usual WIC services.
- Peer counselors help fill the gap in breastfeeding services. This is true particularly in areas where there are limited WIC health professional support resources outside regular working hours.
- Being available to WIC mothers beyond the WIC clinic hours and environment is a key component of the *Loving Support®* Model for peer counseling programs. Each agency should determine strategies that best enables them to facilitate that access.



Communication Methods: Telephone Access

- Telephone contacts are considered the centerpiece of many peer counseling programs in WIC. Telephone contacts enable peer counselors to be available to clients at times of crisis, when mothers are most vulnerable and likely to discontinue breastfeeding.
- Research shows that a WIC mother is most likely to begin supplementing or wean in the first few days after the baby is born. One study found that 92%

of new mothers experience breastfeeding challenges during the first 3 days postpartum.¹ If a mother doubts her milk production and her family is pressuring her to begin using formula, breastfeeding can come to a quick halt in the absence of correct information and support. Often these worries can rise during evenings and weekends when families are visiting and mothers are fatigued.

- Being available outside of regular clinic hours gives mothers a lifeline to support and help when other health services may not be accessible.



Beyond Regular Clinic Hours

- Being available to WIC participants beyond clinic hours can be workable with thoughtful planning.
- Some mothers will phone at inconvenient times if they are worried and feeling overwhelmed. However, most mothers do *not* phone, even when they are experiencing problems.
 - Many WIC staff believe when mothers feel vulnerable they consider calling for help as an admission of failure.
 - Family members are nearby and are trusted sources of information.
 - It is extremely important for peer counselors to initiate contacts with new mothers, especially in the early days when many things can change within hours.
- The most likely time when a mother might call at an inconvenient time tends to be in the early days postpartum, a limited window of time.
 - Mothers who are sleep deprived with wildly fluctuating hormones often are unaware of days and nights and other happenings.
 - When things settle down, they are less likely to call at inopportune times.
- WIC agencies have recommended several best practices to consider in helping peer counselors manage availability in a way that does not compromise their personal needs. Setting boundaries helps peer counselors make their job more manageable outside the WIC clinic.
 - Let WIC moms know the best times to call. Remind them they are mothers with children, too. Tell them which hours are best for taking calls. Some peer counselors tell mothers they prefer not to receive calls at dinner time or after 8 p.m. Or they might let moms know they will return calls or texts within a certain period of time.
 - If a call comes at an inopportune time, let the mother know her call will be returned later. Return the call promptly when it is convenient.
 - Never give out personal information such as their home address. Some programs do not allow peer counselors to give their telephone number, and protect their privacy by providing a cell phone.

¹ Wagner E, Chantry C, Dewey K, Nommsen-Rivers L. Breastfeeding concerns at 3 and 7 days postpartum and feeding status at 2 months. *Pediatrics*. 2013;132(4).

- Turn off the phone during inconvenient times. When the phone is on again, check for messages and return calls as soon as possible. Missed calls, identified on the caller ID, are an indication that help is needed.
 - Some agencies that provide cell phones ask that peer counselors share the phones when others are unavailable. That way someone else can accept calls when mothers have concerns.
 - Some agencies provide a 24-hour hotline that is staffed by peer counselors who rotate being on call. Or the line is staffed by the local hospital or the State WIC office.
- Local Agency 34-01, Abilene-Taylor County WIC, in Abilene, TX staffs a 24-hour hotline staffed by peer counselors. They provide support and information to mothers beyond the WIC clinic setting and hours. The phone is rotated each month among peer counselors, and can receive either calls or texts. The peer counselor records calls and texts in a log book, including the client's name, needs, time and length of the call or text, and information provided. Referrals and follow-up are provided within 12 hours.



Cell Phones

Handout

Policies 1: Sample Cell Phone Policy

- Many WIC agencies that once provided pagers now provide cell phones with voicemail and texting options.
 - More cost effective overall as it increases accessibility to mothers.
 - Enhanced safety for the peer counselor.
 - Eliminates long-distance charges.
 - Eliminates the need for itemized reporting of personal cell phone charges used for business.
 - More ways to connect with new moms via texting and social media.
- Because confidentiality is a concern of many agencies, peer counselors must be taught the appropriate use of the cell phone.
 - Not easily accessed by other family members.
 - Turned off when peer counselors are not accepting calls.
 - Kept with the peer counselor or locked up when not in use.
- In Iowa WIC, before peer counselors are issued their cell phone they must sign the confidentiality agreement and submit a written plan of how they will maintain confidentiality with the phone. They are issued a cell phone and a locked file box for storing documentation at graduation.
- Many cell phones have a feature requiring a passcode to be able to use it. Peer counselors are encouraged to put a signature on their phone so moms will know who is calling. It may cost a mother to call the voice mail.



Phone Challenges

Handout

Report Form 1: Peer Counselor Contact Log

- Peer counselors often report frustrations making phone calls to WIC participants. Phones are often disconnected or mothers give the wrong number, do not return calls, or simply do not answer the phone.
- The reasons are varied, including: lack of time by WIC participants, lack of financial resources to pay for the phone, or reluctance to answer the phone from someone they do not know.
- Most peer counselors report that this is not the preferred method of communication for young mothers today.
- Many peer counselors report that mothers do not reach out to them even when they have established a relationship. Mothers often say they are concerned they will bother the peer counselor.



Communication Methods: Texting

- Abundant research today shows that women of childbearing age overwhelmingly prefer to communicate by text or through social media.
- Text messaging was shown in one study to increase exclusive breastfeeding rates.² The study provided focus groups with automated text messages on solutions for common early challenges, affirming statements, contact information, and links for further help and support.
- Feedback from both State and local WIC agencies confirms that many WIC mothers prefer to communicate by text. They are more likely to respond to texts and like knowing who is contacting them before taking a phone call.

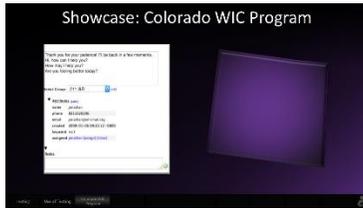


Peer Counselor Use of Texting

- Although not all local agencies allow texting, growing numbers of WIC agencies do permit peer counselors to use this important means of communication. Some agencies provide unlimited texting plans for their peer counselors, citing nominal costs. One state found that annual costs for unlimited texting for 8-10 peer counselors is approximately \$1,500.
- Some agencies that allow texting ask peer counselors to limit it to quick messages such as checking in, appointment reminders, class invitations, etc. Others allow it to be used for basic breastfeeding education.
- Many peer counselors use text messaging for this quick check-in and then follow up by phone if the mother is willing. Texting can also be used to send links to reputable online resources for information and support.
- “Report Form 1: Peer Counselor Contact Log” includes a place for peer counselors to note contacts through text messages.
- Some agencies ask peer counselors to report text messages the same way

² Gallegos D, Russell-Bennett R, Previte J, Parkinson J. Can a text message a week improve breastfeeding? *BMC Pregnancy Childbirth*. 2014;14(374).

they document bulk or volume calls (such as class invitations). Another option is to document the text message with the follow-up phone call.



Showcase: Colorado WIC Program

- The Colorado WIC Program has implemented a Breastfeeding Peer Counselor Texting Program (BF PC Texting Program).
- This model provides peer counseling support to WIC participants in rural and under-served areas of the state. One local WIC agency, Pueblo WIC, provides peer counseling text support to participants in 15 local WIC agencies throughout Colorado via a secure, online text messaging platform. The program provides weekly automated educational messages and peer support via two-way text communications and phone calls.
 - Peer counselors use the phone to establish a relationship and build rapport with the mom. The texting program is discussed on the call and moms are informed they can opt in or out at any time.
 - Weekly texts are generated from the automated message platform using prepared and tested messages for the WIC population.
 - The peer counselor can also use her computer to send the messages which the mother receives as text on her mobile phone.
 - The peer counselor continues to use her telephone for follow-up conversations, especially if the mother has a breastfeeding problem.
 - The supervisor monitors all texts that are delivered and answered.
- The BF PC Texting model meets the communication needs of today's WIC participants and has increased breastfeeding support throughout Colorado in a cost-efficient manner.
- An evaluation completed in 2015 found that 97% of WIC mothers would use a texting service with another baby and would refer other mothers to use it.
- Colorado WIC also continues to operate a traditional breastfeeding peer counseling model providing peer support in person and by phone to their local agency participants in higher volume, urban WIC agencies.



Communication Methods: Web

- Some peer counselors use electronic communications to stay connected if the participant has access to email via computer, tablet, or mobile phone.
- Many excellent websites with breastfeeding information are now available.
- Peer counselors who email new mothers should be given the agency's email policy and instructed on how to keep messages short and simple.
- Some agencies provide iPads™ or other tablet type devices to peer counselors. They enable them to document contacts with mothers quickly and easily and to quickly access information. Peer counselors may store and access information on a personal tablet as well.
- The FNS *Loving Support*® training for peer counselors provides guidelines for using email, texting, and social media.



Note: Click the “Open Website” button, if desired, to open the website for the New York WIC Breastfeeding Partners. Remember you must be connected to the Internet for the link to work.

Showcase: New York Breastfeeding Partners

- The New York WIC Program operates a website with breastfeeding resources for parents and peer counselors at: <http://www.breastfeedingpartners.org>.
- Their “Breastfeeding Partners” site began in 2004 when FNS launched the national peer counseling initiative. The site was designed to support local agency peer counseling efforts and to provide support and resources for those that did not yet have a peer support program in place.
- The site provides a peer-to-peer sharing network and an opportunity for peer counselors to continue their journey of learning through reinforcement of basic skills taught in their initial training.
- The website was designed to provide breastfeeding information and support to mothers and peer counselors. There is a general site for mothers and a log-in for more in-depth information for peer counselors.



Communication Methods: Social Media

- Social media is a dominant form of communication, especially for pregnant and new mothers.³ Three out of every four of the “Millennial generation” (those born after 1982) use social networking sites.⁴ Time spent on social media sites increases dramatically among new young mothers.⁵ Social media creates a strong and powerful sense of community among users.
- Social media platforms are used by WIC peer counselors in many states:
 - Facebook™ connects individuals and groups for social conversations.
 - Twitter™ blasts short messages to people who “follow” each other.
 - YouTube™ videos provide visual images.
 - Pinterest™ allows “pinning” photos, documents, and other resources.
 - Skype™ or FaceTime™ allows connecting through a live video feed.
 - LinkedIn™, Snapchat™, Instagram™, and other emerging venues facilitate connections.
- Social media has enlarged the world. It creates a sense of community where relationships reign and ideas are freely shared.⁶

³ McCann A, McCulloch J. Establishing an online and social media presence for your IBCLC practice. *J Hum Lact.* 2012;28(4):450-454.

⁴ Lenhart A, Purcell K, Smith A, Zickuhr K. *Social media and mobile Internet use among teens and young adults.* Pew Internet and the American Life Project, 2010.

⁵ Bartholomew M, Schoppe-Sullivan S, Glassman M, Kamp Dush, Sullivan J. New parents’ Facebook use at the transition to parenthood. *Fam Relat.* 2012;61:455-469.

⁶Hovis A & Shores S, Producers. *WIC and Social Media.* Available through YouTube™ online at: www.youtube.com/watch?v=8s91jPlbDgs.



WIC and Social Media

- WIC mothers prefer communication through social media. A 2010 wichealth.org survey of 71,000 WIC participants found that :
 - 89.2% use Facebook™.
 - 80.4% use text messaging.
 - 78.3% use their cell phone.
- Texas WIC data has found that among WIC clients:⁷
 - 66% have access to the Internet.
 - 77% use text messages to communicate.
 - 54% use email.
 - 45% regularly use Facebook™.
 - 35% view online videos.
- Many peer counselors have a personal Facebook™ page.
 - Some WIC programs have agency pages or groups for WIC moms (ex: Shasta Mom’s Circle in California, WIC Mommies in Ohio).
- A “secret” group allows for privacy of group members with posts that can be viewed only by the group. This is a popular option for many WIC agencies.



Showcase: La Leche League of Metro Jackson

- A private Facebook™ group was established in Jackson, MS for breastfeeding mothers by La Leche League of Metro Jackson and Vicksburg-Clinton, MS.
- The group has grown dramatically to over 3,000 members. The link is distributed by local hospitals and WIC clinics to new mothers as a way of connecting them to legitimate support. Mothers post questions, share their journey, ask for advice, and post photos of their children. La Leche League leaders monitor the posts and provide corrected information or advice when needed.
- The group is followed by area lactation consultants, WIC staff, hospital nurses, physicians, and other health professionals.
- Many new mothers post comments attributing their breastfeeding success to having had access to this important resource for support.
- WIC agencies that are unable to host a group like this could consider a similar type of partnership with a hospital, La Leche League group, Healthy Start organization, or similar group.

Teaching Tip

Click on the **VIDEO** icon or visit the video section of the presentation platform to access a video, “WIC and Social Media” produced by Texas WIC.

⁷ Texas Department of State Health Services, Nutrition Services Section. *Texas WIC Nutrition Education Survey*. Statewide Report, 2010. Available at www.dshs.state.tx.us/wichd/nut/nesurveyresults.shtm.



Developing Social Media Guidelines

Handout

Policies 2: Sample Social Media Policy

- Most agencies have social media guidelines.
- Clear guidelines to peer counselors on appropriate use of these technologies are important. The FNS *Loving Support*® peer counseling curriculum provides basic instruction that can be shared.
- When formulating guidance for social media use by peer counselors, include:
 - Terms of use.
 - Oversight and upkeep of the site.
 - Site monitoring.
 - Purpose of using social media.
 - Content that falls outside that purpose (ex: commercial endorsements, profanity, illegal activities, content not related to WIC).
 - How to handle inappropriate posts.
 - Copyright issues.
 - Confidentiality.
 - Records management.
- In addition to agency guidelines, there should be guidelines for those using the sites. For example, the Shasta Mom's Circle in California (www.facebook.com/pages/Shasta-Moms-Circle/132384316813487) includes the following guidelines for users:
 - Respect one another.
 - Avoid "hot button" issues.
 - Use no foul language.
 - Refrain from bashing of hospitals, doctors, or other moms.
 - Include no advertising.
- The Centers for Disease Control and Prevention have published model guidelines and best practices for social media, available at: <http://www.cdc.gov/SocialMedia/Tools/guidelines/>.



Showcase: Utah Virtual Peer Counseling Program

- The Utah WIC Program has partnered with wichealth.org (Western Michigan University collaboration) to develop an Online Peer Counseling (OPC) monitoring and tracking application which is secure and maintains confidentiality.
- Any state WIC agency subscribing to wichealth.org may subscribe to OPC. It allows peer counselors to connect with WIC participants via phone or chat, with texting a possibility in the future.

- The OPC tracking and monitoring roles provide reports of number of contacts, content of contacts, and participant satisfaction with contacts.



Settings: Hospital

Hospital Collaboration

Handout

Job Description 6: WIC Peer Counselor in the Hospital

- Many WIC agencies place peer counselors in hospitals to provide direct one-on-one assistance to mothers in the critical first few days postpartum.
 - Some visit the hospital as “friends” or “visitors” to greet new mothers and make a WIC referral.
 - Others visit the hospital under more formal guidelines through the hospital volunteer office or other arrangements. They provide direct assistance with positioning and latch, to answer common questions, and to issue a WIC breast pump when needed.
- Peer counselors visit some hospitals only when contacted for a mother who needs assistance.
- In some communities, the hospital faxes a list of WIC mothers who have delivered to the WIC office following confidentiality agreements established between the hospital and WIC. Peer counselors then check the list and conduct follow-up.
- Setting up a relationship with the hospital to facilitate seamless follow-up of new mothers after discharge helps get mothers quick support in the critical early days of breastfeeding.



Benefits of Hospital Collaboration

- Benefits of collaboration to WIC mothers:
 - Reinforces education given prenatally.
 - Allows a mother to meet her peer counselor if she has not done so already to build a relationship.
 - Establishes intimate relationships at a sensitive and important time.
 - Helps mothers gain confidence with breastfeeding in the critical first days and to know who they contact with questions later.
 - Education can include the entire family to encourage ongoing support.
- Benefits of collaboration to the hospital:
 - Improves quality care.
 - Frees up busy nursing staff for other duties.
 - Improves patient satisfaction with their hospital experience.
 - Better recognition in the community.



Promoting Peer Counseling to the Hospital

Handout

Policies 3: Sample Memorandum of Understanding with Hospitals

- Begin by contacting the hospital lactation consultant. In addition, the local breastfeeding coalition may have members with a “foot in the door” to the appropriate people at the hospital.
- Set a formal meeting between the WIC director and peer counseling coordinator with the hospital director of nursing, lactation consultant, and other key staff where you can share:
 - WIC’s goals and services, mission, and desire to raise exclusive breastfeeding rates.
 - The role of peer counselors as an adjunct to care and an accessory to the usual hospital breastfeeding services.
 - Examples of hospitals successfully using peer counselors.
 - Curriculum used to train peer counselors.
 - Scope of practice for peer counselors.
 - Breastfeeding rates of WIC mothers in the community.
 - Liability coverage under the agency insurance umbrella, if provided.
- Follow the hospital’s lead and offer to provide more information if needed.
- A formal agreement can be used to clarify roles of the peer counselors, communication, and referrals.



The Circle of Care for New Moms

- While in the hospital the peer counselor respects the entire team caring for the mother. Her role should be clearly identified with the hospital team so that she does not overstep her bounds.
- In many hospitals, peer counselors do not offer hands-on assistance.
 - They meet the mother, provide encouragement, and arrange for follow-up telephone calls after the mother leaves the hospital.
 - A new mother who feels stressed or overwhelmed to meet a supportive “friend” may be more comfortable calling later with her questions and concerns.
- In some cases peer counselors help mothers position and latch the baby.
- Peer counselors working in the hospital report any concerns the mother may have to the lactation team leader or designated contact in the hospital.



Training Peer Counselors to Work in the Hospital

- Many WIC agencies do not place peer counselors in the hospital until they have been a peer counselor for at least six months.
 - This helps them gain confidence in their skills with breastfeeding and counseling.

- Experience will be important when they interface with hospital staff.
- Most peer counselors go through the hospital volunteer training to learn protocols for providing services in the hospital setting.
- Peer counselors should receive training from supervisors on appropriate practices such as:
 - Wearing an official nametag provided by WIC or the hospital.
 - Respecting patient privacy.
 - Respecting mothers of different cultural backgrounds and beliefs, especially since family members may be in the room.
 - Practicing within their scope of practice as defined for their work in the hospital.
 - Being a team player with hospital staff so they support their care.
 - Making referrals and working through the hospital chain of command.
 - Documentation of hospital visits.



Settings: WIC Clinic Contacts

- The WIC clinic provides an important venue for face-to-face contacts with WIC mothers.
- Peer counselors believe that in-person consults help mothers feel more comfortable with them. This makes follow-up text and telephone contacts more productive.
- Peer counselors are used in a variety of ways in the WIC clinic setting. They model breastfeeding in the waiting room by nursing their own infant, conduct group education, talk about their breastfeeding experiences, and see mothers routinely as part of the normal clinic flow. They also make appointments with mothers who need assistance with breastfeeding and provide onsite support group meetings.



Balancing Clinic vs. Home Contacts

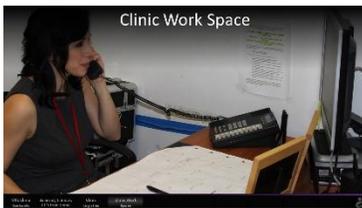
- Local WIC agencies will need to determine the appropriate balance for peer counselor contacts both within and beyond the WIC clinic environment.
- In-clinic contacts can be a valuable way for peer counselors to build relationships with WIC participants and to integrate services as part of the WIC clinic flow. Peer counselors can use “down time” to initiate calls/texts with pregnant or breastfeeding mothers.
- When limited hours are available, it might not always be efficient for peer counselors to spend large amounts of time in the clinic.
- Some agencies ask peer counselors to be in the clinic on busy certification days to conduct in-person visits. Often classes and support group meetings are scheduled on peak days, which helps peer counselors consolidate their time in the clinic.

- Agencies should allocate time beyond the WIC clinic hours for peer counselors to be available to moms who have questions and concerns. Each agency will determine what will best meet the needs of the greatest number of WIC participants



Clinic Logistics

- Some peer counselors work during peak hours rather than a full day.
- If multiple peer counselors are available, set schedules to provide for as much staff coverage as possible, to accommodate both scheduled and walk-in participants who need breastfeeding help.
- Multiple peers working in the clinic at the same time can divide responsibilities such as checking new deliveries and conducting follow-up, handling consultations of mothers in the clinic, following up on referrals, making hospital visits, making calls to mothers due to deliver soon, sending class invitations, or preparing for group education. Some clinics designate a “senior” peer counselor to coordinate activities.
- If limited peer counselor hours results in reduced coverage, prioritize clinic time based on peak caseload days. Instruct clerks and CPAs to make immediate referrals to peer counselors so they can follow up by phone.



Clinic Work Space

- Identify work space(s) in the clinic for peer counselors to see mothers one-on-one when needed.
- Respect mothers’ privacy, as they might not be comfortable talking about breastfeeding with a peer counselor in a public venue.
- If space is limited, consider:
 - Inviting peer counselors to conduct counseling sessions in the clinic lactation room or conference room.
 - Provide a colorful screen to enclose a corner of a room and provide privacy.
 - Provide peer counselors with a laptop computer to enable them to document from offsite locations and upload to the main system.
 - Allow peer counselors to work from home during non-office hours.
 - Work with clerks to consolidate WIC appointments on the same day so peer counselors can periodically meet mothers in unused space.
 - Invite peer counselors to conduct group education in the waiting room on busy maternity days.



Settings: Home Visits

- In the early days of breastfeeding, a telephone call may not fully reveal incorrect positioning and latch of an infant. Positioning and latch are the primary cause of many breastfeeding problems.
- Ideally, a mother visits the WIC clinic or another location in the community

for one-on-one assessment. However, this might not always be possible.

- Often mothers have transportation problems or are physically unable to get away from the home to be seen.
 - For some mothers, just leaving the house in the early days can seem an overwhelming task while recovering from childbirth.
- State and local WIC agencies should discuss the needs in the community and set contact guidelines that follow agency policies. If home visits are being considered, address issues of:
 - Safety. In many agencies it is unsafe for peer counselors to visit homes of WIC participants.
 - Liability. Agency liability policies might not cover home visits for paraprofessional staff.
 - Time. A home visit might require 1-2 hours, including drive time. This can be expensive on a limited peer counseling budget.
 - Inexperience. New peer counselors may not be trained or experienced enough to address the more complex problems encountered in a home situation.



Options for Home Visits

- Some agencies do not use their limited peer counseling funds for home visits. Instead, they train home visiting nurses to meet with new mothers in the home. The home visitors then make referrals back to the peer counselor for follow-up support or to the WIC Designated Breastfeeding Expert if more intensive lactation care is needed.
- In some agencies, peer counselors accompany home visiting nurses or other staff who are already making home visits. While the health professional handles health and nutrition issues, the peer counselor addresses basic breastfeeding technique.
- Collaborate with home visiting agencies in your community. This can include home visiting nurses through home health agencies, hospitals, or public health clinics, home visiting programs through Healthy Start, and paraprofessional home visiting programs.
- Refer to other health professionals in the community who make home visits with new mothers.



Showcase: Michigan State University Extension

- The Michigan State University Extension Program has provided an extensive home visiting program as part of its community-based educational model. MSU provides day-to-day supervision of the WIC peer counselors in Michigan. All peer counselors were involved in making home visits with new mothers.
 - Peer counselors provided at least three home visits to enrolled participants. During these visits they educated the mother, her partner, and other relatives.

- The program resulted in a very high rate of breastfeeding. More than 90% of enrolled participants breastfed, and over 40% exclusively breastfed to 3 months.
- Recommendations in MSU’s home visiting policies and protocols can be replicated easily. They include:
 - Start small by offering home visits only on an “as needed” basis. Work out the kinks before expanding home visiting options as a standard or core peer counseling program service.
 - Mothers need to know that someone can see them at home if needed, but they don’t necessarily require a home visit.
 - Allow 1 hour for prenatal home visits and 2 hours for postpartum home visits.
 - When home visits require more than 2 hours, refer to the WIC Designated Breastfeeding Expert.
- Follow standard safety precautions. Always inform the clinic staff of their plans so someone knows where they are.



Model Practices for Home Visits

- Make contact with the mother beforehand.
- Dress appropriately and carry as little as possible.
- Leave jewelry and other valuables at home.
- Always notify WIC clinic staff of the destination and return time.
- Carry a fully charged cell phone for emergencies.
- Plan the route carefully to avoid getting lost.
- Ask about pets and any precautions or arrangements which may be necessary, such as kenneling.
- Guard against illness and infectious diseases.
- Leave immediately if the peer counselor feels uncomfortable at any time during the visit.
- MSU provides more detailed safety practices.



Settings: Mothers’ Groups

- Connecting mothers to one another through group meetings at the WIC office or in the community is an important aspect of mother-to-mother support.
- Support groups enable WIC staff to answer questions for new moms. The group also gains confidence as they see other mothers working through challenges.
- WIC agencies often find that for these groups to be successful they need to be called something other than “support groups.” Many mothers may not feel they need support. Other names used include “Mother’s Group,” “Mommy & Me,” “New Mom Group,” and “Just Between Us Moms.”

- Peer counselors often lead the support group meetings and present a variety of topics.
- Group meetings cannot be counted as second nutrition education contacts unless a CPA is providing education.
- Careful planning can help address challenge such as getting mothers to come to meetings and sustaining meetings with limited staff.



Showcase: California Riverside “Sistah” Program

- The California-Riverside County Local WIC Agency is one of California’s “star” agencies. They have mentored other agencies beginning peer counseling programs, and help them set up a group program similar to theirs.
- Their support group program for African American mothers, the “Sistah Connection,” and Women Returning to Work or School, the “WIC@Work” is a model for other agencies to consider.
- The “Sistah Connection” has 25 active groups that meet monthly and serve clients in 10 WIC clinics.
- Six “WIC@Work” active groups meet monthly and serve clients in 18 WIC clinics.
- The group has increased breastfeeding rates dramatically among African American mothers. In 2015, 59% of African American mothers enrolled in the Peer Counseling program were exclusively breastfeeding at 2 months. Nearly 35% continue to breastfeed exclusively to 6 months. This is far higher than the national WIC rate.



Why It Works

- The secret to the group’s success is keeping mothers together each month.
- After certification, mothers meet with other women for group education. Peer counselors facilitate the groups to begin building relationships and trust.
- Mothers receive monthly vouchers at the end of the group meeting. The next appointment in the following month is on the same day and time with the same group of women.
- After the mother delivers, she continues to meet with the same group of other exclusively breastfeeding moms. Mothers with older breastfeeding babies serve as role models for mothers with younger babies.
- If a mother chooses to formula feed and receives formula vouchers from WIC, her participation in the group is discontinued. Many mothers who learn this from their peer counselor continue to exclusively breastfeed to preserve the relationships they have formed and continue to participate in the group.
- Many women who meet at WIC form their own social networks of special interest and support, such as cooking clubs, child-care co-ops, play dates, and other social gatherings. WIC gets it started and the moms keep it going!



Group Education

- Peer counselors often assist with prenatal and postpartum group education events to help mothers prepare for breastfeeding and handle early challenges.
- Most agencies find that informal structures that facilitate discussion are more effective with WIC mothers than classes with formal agendas.



Showcase: Miami-Dade WIC Program

- The Miami-Dade County, Florida is the largest county in the state of Florida. Miami-Dade County WIC Program serves approximately 72,000 women, infants and children monthly.
- The Miami-Dade WIC Program has 15 units which are divided into North, Central and South areas. Each area is assigned an IBCLC supervisor and 5 breastfeeding peer counselors. The program is led by the Breastfeeding Coordinator who is also an IBCLC. There are 4 IBCLCs and 15 breastfeeding peer counselors on staff.
- Miami-Dade WIC instituted a policy that breastfeeding peer counselors are built into unit processes and flow to ensure clients receive breastfeeding education and support.
 - This enables them to provide nutrition staff support in determining breastfeeding status.
 - Peer counselors are trained to assess mothers' lactation risk and refer to IBCLCs for individualized lactation consultations.
- Prenatal clients are scheduled for a special breastfeeding class during their third trimester to ensure they are prepared in what to expect with breastfeeding after their baby is born and in first few weeks after birth, and what to do when issues arise.

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Section 8: Training Peer Counselors

Overview

Effective peer counselor training has a powerful impact on confidence and skills. It enables peer counselors to accurately and sensitively represent the WIC program with mothers. Trainings for peer counselors should be provided in an engaging, interactive manner. Training does not end with the formal training. It continues for as long as the peer counselor is working. This section examines effective strategies for training peer counselors using the FNS *Loving Support*[®] peer counseling curricula.

Learning Objectives

WIC managers will be able to:

- Identify at least two strategies for training effective peer counselors in WIC.

Topics Covered

- Importance of training peer counselors
- Who should train peer counselors
- Loving Support[®] Through Peer Counseling: A Journey Together
- Training options
- Shadowing programs
- Ongoing training

Time: 45 minutes

Materials and Supplies

Handouts

- Assessment and Planning 1: FNS *Loving Support*[®] Model
- Staffing and Supervision 8: Shadowing Breastfeeding Experts – Peer Counselor Log
- Staffing and Supervision 9: Shadowing Breastfeeding Experts – Debriefing
- Training 1: Before the Training Checklist
- Training 2: Peer Counselor Training Checklist
- Training 3: Certificate

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint™
- Computer with Microsoft PowerPoint 2007 or higher
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Training Facilitator Notes



Training Peer Counselors

Loving Support® Model: “Adequate training and continuing education of peer counselors using FNS *Loving Support®* peer counseling curriculum)”

- Effective training is critical to the success of a peer counseling program.
- Peer counselors represent the WIC program. It is critical that they give mothers accurate information, learn the information that helps them support normal breastfeeding as part of their scope of practice, and use active listening skills that are sensitive and participant-focused.
- Training content will vary from agency to agency. Research is clear that certain key elements must be taught.
- The FNS *Loving Support®* peer counseling training curriculum is based on research findings with WIC peer counseling programs in all regions. It includes the latest evidence in lactation management.



Initial Training: How Peer Counselors Learn

- No two peer counselors are alike. They each come to the job with different perspectives and experiences. Often much of their breastfeeding knowledge is based on their own personal experiences and those of their friends and family. These experiences may not always be grounded in current evidence-based practices. Training is an opportunity to bring everyone onto the same page with the current evidence.
- Peer counselor training helps:
 - Broaden their knowledge base.
 - Provide a scientific base to their understanding of breastfeeding.
 - Build skills that help them gain confidence.
 - Correct misconceptions they may have about breastfeeding.
 - Increase confidence in answering questions.
 - Improve their counseling skills.
 - Enhance referrals to WIC.



Face-to-Face Learning

Research with peer counselors has found that they highly value their training experience and believe it helps them become comfortable with their job. They especially value having other peer counselors present to learn from their experiences.

- Sometimes WIC agencies feel it would be easier for peer counselors to do their training independently through self-study. However, initial formative research (as well as ongoing program feedback) shows that peer counselors prefer in-person, interactive training opportunities where they can ask

questions, practice skills, and learn from one another.¹

- Face-to-face learning helps trainers assess each peer counselor's progress and address strengths and areas to improve. This is important in reducing liability risk and assuring that peer counselors are as effective as possible.



Ongoing Learning

- Continued learning after the initial training is also important and helps build excitement as peer counselors increase their knowledge about breastfeeding.
- Peer counselors learn from observations and shadowing opportunities with another peer counselor or lactation consultant.
- Often they are given appropriate resources for independent study.
- Continuing education is often included as part of monthly staff meetings.
- Peer counselors also enjoy attending breastfeeding conferences and training workshops, and usually have valuable perspectives to share when attending training activities with other WIC staff.



FNS Loving Support® Training

- FNS provides a standard training program for peer counselors that focuses on their appropriate scope of practice and role within the WIC clinic setting. The FNS *Loving Support*® peer counseling curriculum is based on adult learning principles and research on effective strategies for training peer counselors.
- The content is evidence-based and includes the scientific basis for breastfeeding technique and management.
- The approach is highly interactive and includes innovative teaching approaches that have been tested with peer counselors, including:
 - Use of picture stories with audio to provide real-life teaching examples.
 - Digital storytelling using video to tell stories that are meaningful.
 - Animations to help describe key teaching points.
 - Interactive PowerPoint navigation that enables presenters to freely move throughout the presentation in response to questions and to facilitate discussion.
 - Limited text on slides.
 - Visuals which are captivating and engaging.
 - Numerous options for activities and teaching demonstrations.
- The curriculum is available at the USDA FNS website at <https://lovingupport.fns.usda.gov/content/peer-counseling-training>.
- Complete instructions on downloading and using the curriculum are available with the Training Facilitator's Guide. Trainers are strongly urged to view the instructional video tutorials to learn more about using the materials.

¹ Best Start, 2004.



Initial Training: Training Logistics

Who Should Attend?

- Many WIC agencies keep training events limited to peer counselors to help them feel safer in sharing their experiences.
- Some agencies include other State and local agency clinic staff. This helps others to learn the same information, to understand the scope of practice for peer counselors, and to be aware of their role in supporting them.



Who Should Train Peer Counselors?

- Potential trainers from among **State** staff could include:
 - Breastfeeding coordinator.
 - Peer counselor coordinator.
 - Breastfeeding educator.
- Some states have a lactation training *team* of lactation consultants who provide breastfeeding training in regional locations around the state.
- Potential trainers from among **local agency** staff could include:
 - WIC Designated Breastfeeding Expert.
 - IBCLC on staff at the clinic or agency.
 - Breastfeeding coordinator.
 - Peer counselor coordinator.
 - Peer counselor supervisor.
- Some programs use IBCLCs on contract from the community such as hospital or private practice IBCLCs, La Leche League leaders, physicians, or nurses.
- Many WIC agencies invite experienced peer counselors to assist with the training. Practicing peer counselors have unique perspectives to share about what to expect with the job and successful strategies for talking with moms.



Community Training Partners

- Some agencies collaborate with other community organizations to host training events such as county extension programs, Healthy Start, or home visiting programs.
- Consider partnering with diverse cultural organizations in your community who serve the same population served by WIC.
 - *Reaching Our Sisters Everywhere (ROSE)* trains “Community Transformers” in various communities using WIC peer counseling training materials. These women often lead “Breastfeeding Clubs” for new moms and advocate for community changes to support breastfeeding families.
 - *Health Connect One* trains community health workers, agency staff, and other individuals from the community to serve as peer counselors. They also assist with placing peers in hospitals and other community settings.



Training Considerations

- When determining the best training approach for peer counselors, consider:
 - Number of peer counselors to train.
 - Personal situation of the peer counselors (e.g., whether they have transportation, older babies who will become restless, or older children to pick up from school).
 - Number of qualified trainers available.
 - Distance to the training site.
 - Whether the peer counselor needs to be trained immediately (requiring one-on-one training) or whether she can wait until a regularly scheduled training event might be held.
- Many WIC agencies offer the training program to a larger number of potential peer counselors than they intend to hire. This gives them the opportunity to have a pool of potential peer counselors, and allows more women in the community to be educated about breastfeeding.



Showcase: Vermont WIC Program

- Vermont WIC established an effective training program for peer counselors.
 - Potential applicants are invited to an introductory meeting to learn about the WIC peer counseling program. Module 1 of the FNS *Loving Support*® peer counseling curriculum is presented without the usual activities to outline the role of peer counselors, job duties, and expectations. An active peer counselor attends to describe her typical day/week with opportunities for potential applicants to ask questions and dialog with the peer counselor and trainer. This allows attendees to more fully understand the role and job expectations before submitting an application.
 - Applicants are interviewed, and those who are accepted receive a copy of the FNS *Loving Support*® *Peer Counselor Handbook* (available at <https://loving-support.fns.usda.gov/content/instructional-tools-and-support-materials>), Amy Spangler's, *Breastfeeding: A Parent's Guide*, and the New York WIC website for Breastfeeding Partners at www.breastfeedingpartners.org to review before the training begins.
 - Trainings are scheduled on three consecutive Saturdays. This spaces out the information and allows peer counselors a full week to think about the new information and continue self-study before another day of training.
 - Trainees are paid for an additional 10 hours of self-study, which includes reading the provided resources.
 - Having training on Saturdays increases the likelihood that a partner or family member can care for children, and trainings can go later in the day since school times are not a factor. Infants in arms are welcomed at the training events.



Initial Training: Options

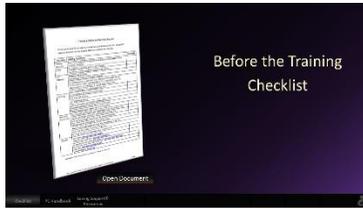
Group Training

- Peer counselors prefer group training experiences so they can learn not only from the instructor but from one another. Involve other peer counselors in training events, when possible. Training options include:
 - Quarterly training events held in the State office when there are enough peer counselors to make it in a meaningful experience. In some states the training is led by a State office trainer or the lactation trainer. In larger agencies a local agency training team might conduct the events.
 - Regional training events hosted in centralized regions of the state.
 - Full-day training events that end in time for peer counselors to retrieve school-aged children.
 - Series of shorter, half-day training events spaced out weekly. This could allow peer counselors to better absorb the information and reflect on what they learned. Remember: some adult learners need more time to absorb information before feeling ready to move on and learn more.



One-on-One Training

- Often managers find they must train a peer counselor one-on-one when new positions must be filled. One-on-one training might also be needed while awaiting a scheduled regional training event.
- One-on-one training can be effective because it allows for ample discussion time with the peer counselor.
- Some options to consider for one-on-one training:
 - Involve other peer counselors to participate in the training and share their experiences and perspectives.
 - Review the training content in the presentation platform from a computer in your office instead of projecting slides.
 - Review the background speaker notes with the FNS curriculum and consider suggestions provided for adapting group learning activities to one-on-one learning experiences.
 - Ask peer counselors to review the “Peer Counselor Handbook” that accompanies the FNS *Loving Support*® peer counseling curriculum, available at the FNS website at <https://lovingsupport.fns.usda.gov/content/instructional-tools-and-support-materials>. This handbook is a narrative of the key content written in a lower reading level. Once a peer counselor reviews certain sections of the handbook, the trainer could schedule one-on-one meetings to discuss the content.



Initial Training: Before the Training

Before the Training Checklist

Handouts

Training 1: Before the Training Checklist

Training 2: Peer Counselor Training Checklist

- There are many things a peer counselor can do to prepare prior to a formal peer counseling training event, especially if there will be a few weeks before a structured event is planned.
- “Training 1: Before the Training Checklist” is based on a document prepared by Indiana WIC that identifies options for keeping peer counselors engaged until the training event occurs. Among these ideas are:
 - Attend breastfeeding classes and support group meetings in WIC and the community.
 - Visit peer counselor programs in other clinics or counties.
 - Read resources provided by WIC.
 - Watch videos on breastfeeding provided by WIC.
 - Shadow peer counselors making phone calls with new moms.
 - Visit relevant websites on breastfeeding.



Peer Counselor Handbook

- Ask peer counselors to review the FNS training resource, “Peer Counselor Handbook,” which covers the key content in the training curriculum. Small group meetings can be held to discuss questions and to provide more information. Preparing beforehand can make for a richer discussion.



Loving Support® Resources

- FNS provides many additional resources that can be used for educating peer counselors about WIC and supporting them with breastfeeding as they prepare for their training event. These resources are available at <https://lovingsupport.fns.usda.gov/wic-staff>.
- Resources include the *Loving Support®* Makes Breastfeeding Work brochures and campaign materials, “Fathers Supporting Breastfeeding” resources targeting African American fathers, and the “Magical Bond of Love” materials for Hispanic participants.



Initial Training: During Formal Training

- Peer counselors overwhelmingly report they prefer interactive, fun, lively training programs that allow them to have hands-on experience interacting with one another and practicing skills.
- Teaching peer counselors at a comfortable, unhurried pace accommodates those who need more time to absorb information, and creates an environment that encourages learning through sharing.

- Small-group, interactive instructional approaches are most effective in teaching peer counselors. Select the activities that you feel will be most helpful.
- Be sensitive to peer counselors with low literacy skills or who may associate classroom learning with previous negative educational experiences. Discussion and group activities help them feel more engaged.
- Training should help peer counselors gain confidence by offering opportunities for practicing skills and demonstrating progressive successes in their learning.



Ongoing Learning: Independent Study

WIC Works

- After the initial training, peer counselors can continue to build their breastfeeding knowledge base. Home study and learning at their own pace will further their ability to help when questions and situations arise.
- Independent study is meant to reinforce, not replace, formal training programs that provide a multitude of skills-building opportunities.
- See the FNS website, as well as the WIC Works Resource System at the FNS website at <https://wicworks.fns.usda.gov/>. WIC Works provides numerous Federal and State resources and materials, some of which would be appropriate for independent learning for peer counselors.



Study Resources

- The curriculum text, *Breastfeeding: A Parent's Guide* by Amy Spangler, provides short, simple reading that can be done as homework after each day of training. The curriculum provides details on passages that relate to each module.
- Peer counselors could also review approved websites such as the New York WIC's Breastfeeding Partners site at: www.breastfeedingpartners.org or the Texas WIC's site at www.breastmilkcounts.org.
- To assess independent study and justify associated expenditures:
 - Have peer counselors write short summaries of the material covered.
 - Have the WIC supervisor discuss the studied materials with the peer counselor as part of their routine update meetings.
- Provide peer counselors with open-book worksheets they can complete as they study. For example, Michigan WIC has created a study sheet for *The Womanly Art of Breastfeeding*.



Ongoing Learning: Observations

Handouts

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

Staffing and Supervision 9: Shadowing Breastfeeding Experts – Debriefing

- Regular and multiple opportunities for observational learning help build peer counselors' confidence and skills by providing real-life learning situations.
- Research with peer counselors has revealed that they value opportunities to learn breastfeeding techniques by shadowing others involved in supporting mothers with breastfeeding.
- They could shadow or observe experienced WIC peer counselors, WIC breastfeeding coordinators, DBEs, IBCLCs, other breastfeeding experts, and WIC nutrition staff. Observing a home visitor could also be helpful.
- “Staffing and Supervision 8: Shadowing Breastfeeding Experts – Peer Counselor Log” can be used by a peer counselor to document and note what she is learning from those she is shadowing. “Staffing and Supervision 9: Shadowing Breastfeeding Experts – Debriefing,” provides discussion questions that can be used by the trainer to have a meaningful conversation about what she learned from these experiences.



Options for Shadowing

- Observational learning experiences should reinforce and build on the formal training content so peer counselors can apply what they learned.
- Supervisors should establish observational learning opportunities based on the needs of the peer counselor and the availability of trained experts to observe.
- Shadowing opportunities could include observing:
 - Experienced peer counselor conducting telephone calls with pregnant women and postpartum breastfeeding mothers. If a program is new, suggest that new peer counselors observe peer counselors in other clinics or agencies, WIC clinic staff counseling mothers with breastfeeding, or their supervisor making calls with new mothers.
 - Breastfeeding expert in the clinic, hospital, or home visit assisting a mother with positioning and latching her infant.
 - Prenatal class and/or postpartum support group meeting.
 - WIC CPA counseling a mother about breastfeeding and issuing a food package to her.
 - Public health nurse, nutritionist, or breastfeeding expert making a home visit with a new mother.



Logistics for Shadowing

Handouts

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

Staffing and Supervision 9: Shadowing Breastfeeding Experts – Debriefing

- Scheduling observational learning experiences should be handled by the WIC peer counselor supervisor or training leader and tailored to fit the learning needs of the peer counselor.
- The person being shadowed should introduce the peer counselor to the woman as a breastfeeding mother who is learning more about helping other mothers with breastfeeding.
- The peer counselor should not participate in the counseling session initially. She should quietly take notes while using “Staffing and Supervision 8: Shadowing Breastfeeding Experts – Peer Counselor Log.”
- After the shadowing is completed, the supervisor should hold a debriefing with the peer counselor to review her understanding of what she observed, and to determine if additional observations are needed.
- Supervisors can use “Staffing and Supervision 9: Shadowing Breastfeeding Experts – Debriefing” or develop open-ended questions to determine the peer counselor’s perceptions of the observational experience.



Ongoing Learning: Meetings

Monthly Staff Meetings

Loving Support® Model: “Opportunities for continuing education and to meet regularly with other peer counselors”

- Monthly staff meetings for WIC peer counseling staff are a helpful way to retain peer counselors and improve job satisfaction. Some States also provide monthly or quarterly peer counselor conference calls or web meetings to enable peer counselors to stay connected and discuss topics of interest.
- Peer counselors value these meetings as a time to:
 - Network with other peer counselors.
 - Learn from more experienced staff.
 - Share common concerns they face in their jobs.
 - Brainstorm solutions to help mothers overcome breastfeeding barriers.
 - Hear program updates.
 - Learn new techniques for managing breastfeeding.
 - Continue building a relationship with supervisors and other WIC staff.
- Monthly meetings allow supervisors/ mentors and peer counselors to:
 - Assess their strengths and areas to improve.
 - Address the common feelings of isolation that can occur when peer counselors work alone outside the WIC clinic setting.



Monthly Meeting Logistics

- Consider meeting locations where peer counselors can be comfortable bringing their small children, such as a recreation center, library, WIC office, community center, or other central location. If in-person meetings are not possible, monthly telephone conference or web calls can also be helpful.
- Allow time and opportunity for peer counselors to build and nurture relationships with one another.
- Occasionally have a social gathering with potluck meals or meet in an informal location such as a community park.
- During the monthly staff meetings, WIC peer counselor supervisors should review the peer counselors' contact logs and discuss case studies that have come up since the last meeting.



Counseling Refresher

- Most agencies provide a short (30 minute) educational session during each staff meeting that deals with ongoing topics related to common problem areas peer counselors might be seeing.
- Topics might include:
 - Gaining support from fathers
 - Engaging grandmothers in breastfeeding support
 - Counseling practice
 - Dealing with tough counseling situations
 - Addressing barriers
 - Working with teen mothers
 - Cultural humility
 - Breastfeeding multiples
 - Breast pumps used by the agency
 - Tips for making breastfeeding easier in public
- Often peer counselors are asked to take a topic and present it at the meetings.
- Staff meetings can be used to view helpful videos not shown during the training. Allow for a discussion time afterwards to continue learning together.
- Many WIC agencies schedule monthly or quarterly group phone or web-based meetings to keep peer counselors connected.
- These meetings can be scheduled at the State or regional level for all peer counselors in the area, or as individual agency meetings if there are a large number of peer counselors.
- While face-to-face meetings are preferable to provide in-person connections between peer counselors, electronic meetings can enable peer counselors to engage with others around the state.





Ongoing Learning: Continuing Education

Loving Support® Model: “Opportunities for continuing education and to meet regularly with other peer counselors”

- Peer counselors are more likely to remain engaged with the WIC program when they receive continuing education to keep their skills sharp, when they hear outside speakers who bring different perspectives, and when they are able to meet with other breastfeeding advocates.
- Options include:
 - Include peer counselors in pertinent trainings offered to WIC staff.
 - Hold an annual peer counselor conference with motivational speakers and continuing education specific to peer counselors.
 - Reimburse peer counselors to attend breastfeeding conferences.
 - Bring peer counselors to WIC state conferences and events, and include them in local agency monthly staff meetings so they continue to feel a part of the WIC team and to increase referrals from clinic staff.
 - State, regional, or local breastfeeding inservices that may be available. Attend La Leche League local group meetings.



Ongoing Learning: Graduation

Handout

Training 3: Certificate

- Celebrate successes by staging a graduation event for peer counselors.
- Graduation events at the conclusion of the peer counselor’s formal and observational training journey recognize her accomplishments and provide a confident start to her new job.
- Graduations help build a sense of pride and enthusiasm.
- They communicate a sense of importance to the peer counselors, their families, local WIC staff, and the community and help generate support for them in their new job.

Section 9: Mentoring and Supervising Peer Counselors

Overview

Peer counselors function best in an environment where they are mentored for a period after their initial training, and supervised by caring staff who are sensitive to their needs while assuring that the goals of the program are being met. While this section does not provide detailed supervisory management training, it does provide options for mentoring peer counselors, and key issues to consider when supervising peer counselors.

Learning Objectives

WIC managers will be able to:

- Name two ways peer counselors can be supported in their job.

Topics Covered

- Mentoring new peer counselors
- Building supervisory skills
- Addressing common supervision situations
- Helping peer counselors grow in their job

Time: 1.5 hours

Materials and Supplies

Handouts

- Assessment and Planning 1: FNS *Loving Support*® Model
- Activity Worksheet 4: Building Supervisory Skills
- Activity Worksheet 5: Words from Peer Counselors
- Report Form 1: PC Client Contact Form
- Report Form 2: PC Weekly Activity Log
- Staffing and Supervision 3: Peer Counselor Equipment and Materials Issued
- Staffing and Supervision 8: Shadowing Breastfeeding Experts – Peer Counselor Log
- Staffing and Supervision 10: Peer Counselor Observation Tool
- Staffing and Supervision 11: Questions for Mentors
- Staffing and Supervision 12: Peer Counselor Mentoring Tool
- Staffing and Supervision 13: Supervision Case Studies
- Staffing and Supervision 14: Peer Counselor Phone Feedback Form
- Staffing and Supervision 15: Peer Counselor Exit Survey (for Peer Counselors)
- Staffing and Supervision 16: Peer Counselor Exit Survey (for Peer Counselor Supervisor)

- Staffing and Supervision 17: Peer Counselor Self-Assessment
- Staffing and Supervision 18: Peer Counselor Performance Review
- Staffing and Supervision 19: Participant Feedback Form

Training Materials by Activity

Supervisory Sense

- Activity Worksheet 5: Words from Peer Counselors (cut apart each quote from a peer counselor)
- Flip chart paper
- Flip chart marker

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint™
- Computer with Microsoft PowerPoint 2007 or higher
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Training Facilitator Notes



Mentoring and Supervising Peer Counselors

FNS *Loving Support*® Model: “Adequate supervision and monitoring of peer counselors”

- WIC agencies through the years have found that mentoring and ongoing supervision of peer counselors is integral to sustaining a successful peer counseling program.
- Supervision requires careful attention and guidance, continual availability to peer counselors, and ongoing support.



Supervisor Responsibilities: Qualifications

Dedicated Supervisors

FNS *Loving Support*® Model: “Designated breastfeeding peer counseling program managers and/or coordinators at State and/or local level.

- Formative research for the national breastfeeding peer counseling program found that successful programs have designated coordinators/managers and supervisors with dedicated time to supervise peer counselors.¹
- Most programs are managed at the local level, with statewide standards issued for supervising and monitoring the program. Supervisors tend to be:
 - Local agency breastfeeding coordinators.
 - Regional or local peer counselor coordinators.
 - WIC Designated Breastfeeding Experts (DBEs)
 - Local agency nutritionists.
 - Staff or contract lactation consultants.



Time Commitment

- The time commitment involved in supervising the work of peer counselors can vary depending on the number of peer counselors hired, agency caseload, and degree of paperwork required by the State.
- Some States have reported that at least .25 FTE is required for managing a local program of 3-5 peer counselors. Others say that a full-time FTE is required for supervising 5-7 peer counselors due to training, mentoring, monitoring, follow-up, referrals, spot checks, etc.

¹ Best Start Social Marketing. *Using Loving Support® to Implement Best Practices in Peer Counseling: Final Research Brief*, 2004. Available at <https://lovingsupport.fns.usda.gov/content/about-wic-breastfeeding-peer-counseling>.



Building Skills

Handouts

Activity Worksheet 4: Building Supervisory Skills

Activity Worksheet 5: Words from Peer Counselors

- Clinic staff who are hired into peer counselor supervisor positions sometimes feel uneasy if they lack experience.
- Very few people have inborn supervisory skills. They are usually learned.
 - New supervisors should always receive supervisor training.
 - *Note:* It is beyond the scope of this curriculum to provide supervisory skills training. There are many resources that local agencies can explore for general leadership and supervisory skills training.
 - Most States provide online or in-person supervisor training for new supervisors. Staff who move into supervisory roles with peer counselors should complete required State leadership training programs.

Reflect and Discuss

Use “Activity Worksheet 4: Building Supervisory Skills” to reflect on supervisory qualities. Circle the three words that describe the best supervisor you remember having. Circle an additional three words you feel are important in supervising peer counselors. Note any that you feel are personal weaknesses, along with possible solutions for improving those skills. Discuss common supervisory skills that are most important.

Activity: Supervisory Sense

Purpose: To help managers identify qualities that are most useful in mentoring and supervising peer counselors.

Materials Needed:

- "Activity Worksheet 5: Words from Peer Counselors" (cut apart each quote from a peer counselor)
- Flip chart paper and marker

Time Needed: 10 minutes

Instructions:

- Provide a sheet of flip chart paper and a marker. Give attendee(s) one of the quotes from peer counselors.
- For larger groups: ask attendees to work in small groups of 4-6 to maximize discussion.
- For smaller groups or one-on-one learning: conduct as a general discussion.
- Ask training attendees to read the quote and circle the key words in the quote that best tell the story of peer counseling. This could be words that seem to motivate the peer counselor or words that explain what peer counselors do in making a difference for new moms.

Points for Discussion:

- Which words were common in describing what motivates peer counselors?
- As supervisors, what can be done to maximize those motivators so they occur more often?
- What can be done to minimize frustration when the opposite occurs?

Take-away Points:

- Peer counselors often bring passion, enthusiasm, and a desire to help other mothers.
- Qualities such as listening and praise will help bring out that passion and help them stay engaged.



Supervisor Responsibilities: Mentoring

Mentoring Peer Counselors

Handout

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

- Once a new peer counselor completes her training, she should go through a process of shadowing and observing other peer counselors and lactation experts working with mothers and babies.
- This helps see the practical application of what was just learned. It also helps her build confidence by seeing positive practices modeled.
- Section 8, “Training,” provides more details on how to facilitate observational learning opportunities. “Staffing and Supervision 8: Shadowing Breastfeeding Experts – Peer Counselor Log” can be used to document and track these shadowing opportunities.



First 6 Months: Mentoring

- The first 6 months of her job are considered a period of mentoring as the peer counselor practices and grows her new skills.
- Mentoring can be provided by the supervisor, the WIC Designated Breastfeeding Expert (DBE), clinic staff, and even senior level peer counselors. Each provides valuable perspectives in helping the peer counselor grow her confidence and ability to function effectively in her job.
- A mentor serves as a coach, providing guidance, resources, training, and support.
- A mentor makes allowances in the beginning as the peer counselor is learning the job.
 - Peer counselors are WIC moms who may not have been employed before.
 - Treating peer counselors with respect through mentoring guidance will help them gain confidence as they build skills.
- A good mentor:
 - Maintains frequent contact to give peer counselors many opportunities to debrief on their contacts with mothers and to address early challenges.
 - Listens and asks questions to help the peer counselor explore feelings about the job.
 - Encourages the peer counselor to problem solve by asking her to formulate good solutions to problems she is encountering.
 - Challenges the peer counselor to try new things and use her skills in new ways.
 - Provides information, guidance, and support.



Who Mentors

- A supervisor guides the peer counselor in understanding her job, making initial contacts with mothers, and completing her required paperwork.
- A senior peer counselor might mentor by listening in on participant contacts and offering suggestions for handling situations that might arise.
- A DBE mentors by reminding the peer counselor about her scope of practice and by correcting breastfeeding information that may not be evidence-based.
- A clinic CPA mentors by helping the peer counselor navigate the clinic flow.



Supervisor Responsibilities: Mentoring in the Early Days

Early Contacts with Moms

Handout

Staffing and Supervision 10: Peer Counselor Observation Tool

- Peer counselors are more likely to be motivated when they learn new skills and progress in the job. Mentor feedback will help assure them of that and show them how they can improve their skills to continue that growth.
- Supervisors or other mentors should sit in on a peer counselor's early contacts with WIC participants to praise them and offer initial feedback.
- "Staffing and Supervision 10: Peer Counselor Observation Tool" can be used as a guide for providing that feedback.



Step 1: Shadow

- A systematic approach can be used for this initial feedback, beginning with initial shadowing so the peer counselor can SEE how the job is done.
- Consider a two-person consultation in which the peer counselor observes the mentor talking with the mother.



Step 2: Let Her Take the Lead

- When she is comfortable, allow her to take the lead on a consult.
- This can be easier as an in-person visit rather than making a cold call by phone. In-person consultations enable the peer counselor to see the mother and benefit from body language clues and visual feedback. The mentor can then assist more easily, if that becomes necessary.
- If doing a phone consult first, encourage the peer counselor to imagine that the mother is sitting in front of her. Smile and the mother will hear the positive approach in her tone of voice.



Step 3: Give Feedback

- Observe her performance and give her helpful feedback.
- Ask her what she thinks went well, and what she wishes had gone better.
- Model affirmation skills by letting her know that most peer counselors feel a little nervous making their first contacts, and that practice will build confidence. Soon she'll feel like a pro!



Ongoing Praise

- Praise her progress. Show her what she is doing right. Let her know you think she will be a great peer counselor and that she will have the WIC team there to support her.



Ongoing Mentoring

Loving Support® Model: “Regular, systematic contact with supervisor”

Handout

Staffing and Supervision 11: Questions for Mentors

- Continue to observe the peer counselor during early contacts with mothers in the clinic to praise what she is doing well and to provide guidance.
- When a peer counselor demonstrates she can manage calls well, she can begin handling contacts on her own.
- Maintain weekly contacts by phone or clinic visits. Continue to be available between meetings as the need arises.
- “Staffing and Supervision 11: Questions for Mentors” can be used for weekly contacts. It gives ideas for discussion questions and areas to explore when mentoring the peer counselor. Explore her progress and any concerns she has. Help her troubleshoot any challenges of working the job into her personal life.
- Be patient and gentle when peer counselors do not perform as expected initially. New job skills take time to learn and some take longer than others.
- Model effective counseling skills by using open-ended questions and affirmation in your conversations with her.
- Offer additional training and shadowing opportunities as needed.

Note: Click on the button labeled “Ways to Mentor” to reveal various ways to conduct ongoing mentoring of peer counselors. Each click of the button will reveal a separate idea.



Supervisor Responsibilities: Transition to Supervisor

Ongoing Direction

Handout

Staffing and Supervision 12: Peer Counselor Mentoring Tool

- Setting goals:
 - Goals are a roadmap to assure peer counselors they are headed in the right direction.
 - Goals help peer counselors see when changes or improvements need to be made, and feel pride when those goals are reached.
 - Good supervisors communicate the expectations of the program clearly. They encourage peer counselors to take ownership by setting their own goals for personal and professional growth.
- Feedback:
 - Peer counselors need continuous feedback from the supervisor, especially in the early days.

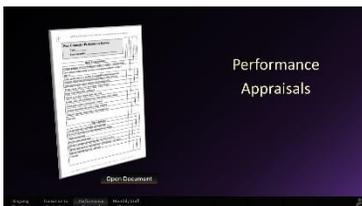
Note: Click on any of the three words on the arrow to highlight that part of the arrow. This enables the presenter to discuss one focused topic at a time. Click on the word again to remove the highlighting.

- Contacts in the clinic or on the phone will help them realize they are not alone.
 - Being available as a resource as they encounter new situations they may be unsure about will help them grow as peer counselors.
 - Providing a performance review to check in with peer counselors periodically can be another effective way to provide feedback, revisit the peer counselor’s goals, and assess strengths and areas for improvement.
- Praise:
 - Peer counselors need praise for both the big accomplishments and small victories along the way to the big accomplishments.
 - Celebrating successes will help peer counselors feel proud and motivated to continue growing.



Transition to Supervisor

- After around six months, when the peer counselor has demonstrated that she is functioning well, your relationship with the peer counselor can shift to more of a supervisory role.
- Discuss this changing relationship with her. Allow her to set new goals for where she would like to be, and identify what support will help her get there.
- Let her know that she is responsible for doing paperwork properly, attending staff meetings without being reminded, and following appropriate procedures.
- Regular contacts remain important, particularly when peer counselors are working beyond the WIC clinic environment.
- Peer counselors will continue to grow when they are allowed to learn more and to stretch their potential with new challenges. For example, allow them to:
 - Mentor new peer counselors.
 - Help with a training event.
 - Assist in a prenatal class.
- Research a breastfeeding challenge to present at a staff meeting.



Performance Appraisals

Handouts

- Staffing and Supervision 17: Peer Counselor Self-Assessment
- Staffing and Supervision 18: Peer Counselor Performance Appraisal
- Staffing and Supervision 19: Peer Counselor Feedback Form

Note: Click on the “Open Document” button, if desired, to display the handout in its entirety.

- Peer counselors hired as agency staff often need to be included in the agency’s standard performance appraisal system. Managers and supervisors should follow their agency’s guidelines for conducting performance appraisals.

- Even if peer counselors are not part of the agency’s personnel appraisal system, it is helpful to provide annual feedback in a more structured way.
- “Staffing and Supervision 17: Peer Counselor Self-Appraisal” can be used to enable the peer counselor to conduct a personal assessment of her job performance, noting areas of strength and areas she feels can be improved.
- The supervisor can review this with her and conduct a performance appraisal that aligns with the key job duties for the peer counselor position.
- “Staffing and Supervision 18: Peer Counselor Performance Appraisal” can be used as a model in developing your agency-specific appraisal tools.
- “Staffing and Supervision 19: Peer Counselor Feedback Form” can be used to receive feedback from WIC participants following peer counselor encounters.



Monthly Staff Meetings

Loving Support® Model: “Opportunities for continuing education and to meet regularly with other peer counselors”

- Monthly staff meetings help peer counselors keep their training skills sharp.
- These meetings are widely used by nearly all successful programs to:
 - Touch base with peer counselors and discuss their work.
 - Assure that accurate information is given.
 - Provide opportunity to brainstorm creative solutions for dealing with challenges.
 - Keep peer counselors engaged and interested in the program.
 - Provide social interaction so peer counselors feel excited about the program.
- Consider ways to ease the financial burden to peer counselors, especially for those working outside the clinic setting.
 - Allow peer counselors to bring their baby to meetings to reduce the burden of child care costs.
 - Consider holding meetings in areas that are close to public transportation.
 - Select meeting times that do not conflict with picking up older children from school.
- Consider ways to make meetings meaningful and fun.
- Review procedures and policies, and provide breastfeeding update information. Allow peer counselors to share their experiences and discuss strategies.



Note: Click on any or all of the buttons one at a time to highlight the text. This enables you to focus attention on one scenario at a time. To remove the highlighting, click on the button again.

Supervisor Responsibilities: Case Examples

Handout

Staffing and Supervision 13: Supervision Case Studies

Activity: Case Scenarios

Purpose: To help managers and supervisors identify practical strategies for addressing common supervisory issues that can arise with peer counselors.

Materials Needed:

- “Staffing and Supervision 13: Supervision Case Studies”

Time Needed: 10-15 minutes

Case Scenarios:

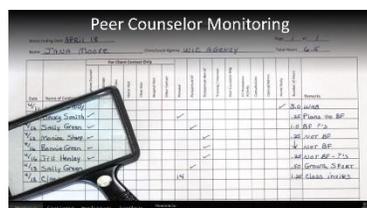
- #1: Christy – inappropriate attire in the clinic.
- #2: Keisha – operating outside her scope of practice.
- #3: Jeanette – disconnecting from the program.
- #4: Amber – offended a participant.
- #5: Mandy – violated confidentiality policies.
- #6: Jana – did not contact a client she reported she did.

Points for Discussion:

- What made this situation tough?
- Based on what you have learned in this training so far, what solutions could be effective?

Take-away Points:

- Sometimes it takes a team to help us identify workable solutions.



Supervisor Responsibilities: Peer Counselor Monitoring

Handouts

Report Form 1: PC Client Contact Form

Report Form 2: PC Weekly Activity Log

Staffing and Supervision 14: Peer Counselor Phone Feedback Form

- Supervisors are responsible for monitoring the work of peer counselors.
- Weekly contacts help keep on top of day-to-day activities of peer counselors.
- All peer counselor contacts should be documented and reviewed by the supervisor.



Client Contact Form

Handout

Report Form 1: PC Client Contact Form

- “Report Form 1: Sample PC Client Contact Form” can be used by peer counselors to quickly and efficiently document contacts made with each mother.
- Contact forms can be filed alphabetically in the peer counselor’s notebook, or recorded electronically following the agency’s documentation protocols.
- Contact forms should be reviewed periodically by supervisors to assure that WIC participants are receiving timely contacts, follow-up, and appropriate referrals.
 - Supervisors can randomly pull client contact forms, or select names from the weekly contact log. Supervisors could also ask peer counselors to identify three or four mothers they dealt with in the past week that they would like to discuss, and examine those contact forms to discuss her thoughts about how things went.
 - Some supervisors review these forms during the monthly staff meetings to ask questions and provide immediate feedback.
 - This review will alert supervisors if appropriate information is being shared with WIC moms and whether peer counselors need any additional training.



Weekly Activity Log

Handouts

Report Form 2: Sample PC Weekly Activity Log

- Many programs ask peer counselors to keep a weekly activity log to record the names of WIC participants they contact each week.
- This can be especially useful if the peer counselor conducts some of her work outside the WIC clinic setting. It can also provide a mechanism for justifying paying peer counselors for off-site work.
- “Report Form 2: Sample PC Weekly Activity Log” can be used to track these weekly contacts.



Spot Checks

Handout

Staffing and Supervision 14: Peer Counselor Phone Feedback Form

- Spot checks are an important part of program monitoring to assure that participants are satisfied with the care they receive. This is important when monitoring peer counselors who work outside the WIC clinic setting.
 - Peer counselors should be told from the outset that program policies require weekly spot checks to justify their being paid.

- Spot checks could be done by randomly selecting one or two WIC client names from the weekly contact log, often focusing on a client who received more follow-up phone contacts.
- Supervisors could pull names from the client contact forms or charts.
- The spot check should never be framed with the mother as “checking up” on the peer counselor. It is important to preserve the relationship between the mother and her peer counselor.
- Instead, supervisors should use the check-ups as a way to assure that the mother is doing well, has received the help she needs to resolve her concerns, and to identify further resources she might need.
- “Staffing and Supervision 14: Peer Counselor Phone Feedback Form” can be used as a guide when conducting spot checks with WIC participants.
- Remember that WIC mothers often do not recall their peer counselor phoning them, or do not understand the term “peer counselor.”
- If spot checks reveal concerns that client contacts are not being made as reported, conduct additional checks and follow up with the peer counselor as needed.



Reasons to Dismiss a Peer Counselor

- Although it is not common, supervisors occasionally must release a peer counselor from her duties.
- Some reasons might be:
 - Fraudulently reporting activity that never occurred for payment.
 - Failing to perform job duties. Always explore the reasons to determine if the peer counselor needs a “temporary leave” until her personal life becomes more manageable.
 - Conflicts between peer counselors or conflicts between a peer counselor and WIC clinic staff that cannot be resolved.
 - Breaking confidentiality, as determined by your State’s policies.



Supervisor Responsibilities: Ongoing Support

Respect Life Situations

- Supporting peer counselors should be an integral part of the program.
 - Peer counselors are often in difficult life circumstances themselves.
 - Providing support for WIC clients can be emotionally draining.
 - Peer counselors who work outside the WIC clinic setting may experience isolation.
- Ensure payment is always processed in a timely way.
- Be sensitive to transportation challenges and financial issues, and explore ways to reduce the financial burden. As current or former WIC participants, peer counselors often share similar financial concerns. Transportation to the

clinic might be a challenge. Personal phones might be disconnected. Child care can be costly.

- Respect family needs. If peer counselors have infants and/or older children, look for ways to make the job easier by allowing them to bring young infants in arms to the clinic. Hold peer counselor meetings in locations where children will be welcomed (ex: a local library, a church nursery, or WIC clinic).



Offer Support

- Keep peer counselors connected to one another and to the supervisor. This helps them remain motivated and feeling good about their role.
- Thank them for making referrals, and show them how their quick follow-up results in positive outcomes for mothers.
- Assure that they have ongoing access to the WIC Designated Breastfeeding Expert for situations beyond their scope of practice.
- Maintain ongoing communication.
- Affirm peer counselors continually as important members of the WIC team. Peer counselors thrive on praise, which shows them they are valuable contributors to the important work of WIC.



Supervisor Responsibilities: Exiting a Peer Counselor

When Peer Counselors Leave

Handouts

Staffing and Supervision 15: Peer Counselor Exit Survey (for Peer Counselors)

Staffing and Supervision 16: Peer Counselor Exit Survey (for Peer Counselor Supervisor)

Staffing and Supervision 3: Peer Counselor Equipment and Materials Issued

- When a peer counselor leaves her position, always conduct an exit interview.
 - Learn the factors involved in her decision.
 - Identify recommendations that can improve the program.
 - Ask what could have been done to better support her.
 - Encourage constructive criticism to improve supervision for future peer counselors.
- “Staffing and Supervision 16: Peer Counselor Exit Survey (for Peer Counselor Supervisor)” provides sample questions that can be asked in an exit interview.
- “Staffing and Supervision 15: Peer Counselor Exit Survey (for Peer Counselors)” should be completed by the peer counselor. This helps program managers reflect on potential improvements to the program.
- In addition to the exit interview, require that peer counselors return all WIC items used in the course of their job. (See “Staffing and Supervision 3: Peer Counselor Equipment and Materials Issued.”) This includes documentation forms and records, and any equipment or supplies issued to her.

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Section 10: Retaining Peer Counselors

Overview

Hiring, training, mentoring, and supervising peer counselors are time consuming for program managers. When that investment results in peer counselors leaving the program, it can be frustrating and costly. This section examines reasons peer counselors leave, and best practices for retaining them.

Learning Objectives

WIC managers will be able to:

- Identify at least three strategies for retaining peer counselors.

Topics Covered

- Why peer counselors leave the program
- Addressing issues of burnout, isolation, and feeling overwhelmed
- Strategies that build retention
- Dealing with turnover
- Celebrating successes

Time: 15 minutes

Materials and Supplies

Training Materials by Activity

Handouts

- Activity Worksheet 6: Words from Peer Counselors: Glenny

Why Peer Counselors Leave

- Flip chart easel
- Flip chart paper
- Flip chart markers

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint™
- Computer with Microsoft PowerPoint 2007 or higher
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Training Facilitator Notes



Retaining Peer Counselors

- Peer counselors typically love their jobs and feel their work is a true labor of love. Many peer counselors report they would be happy if nothing about the program changed. However, the reality is that many do not stay with the program after a time. This can pose frustrations for program managers.
- This section will examine some key reasons peer counselors leave, and strategies to build retention so that peer counselors can continue to contribute to the program.



Retaining Peer Counselors: Turnover

Expect *Some* Turnover

- It is realistic to expect that a certain degree of staff turnover is to be expected.
- Peer counselors who remain with the program for a very long time may no longer be viewed as peers by WIC participants. In these cases, it is important to consider advancing peer counselors into management or other roles where their skills and expertise can continue to be used in WIC.
- Turnover will also occur as peer counselors gain new job skills or decide to launch a new career, as their children grow, and as family needs change.



Turnover Is Not Always Negative

Handout

Activity Worksheet 6: Words from Peer Counselors: Glenny

- Although dealing with staff turnover can be frustrating, it is helpful to see the positive aspects, which often indicate program success.
- Peer counselors often grow professionally in many ways through their work with WIC.
- Learning new job skills empowers them as members of the health care team, and develops them professionally in ways that ready them for new job challenges.
- Many peer counselors go on to become full-time WIC staff, attend nursing school, enroll in dietetic programs, or pursue other service occupations.
- Peer counselors who leave the WIC program often continue to provide breastfeeding information and support within their community to neighbors, family, and friends.
- Because they have been educated and trained, they are now in the community providing accurate information and support.
- “Activity Worksheet 6: Words from Peer Counselors: Glenny” describes the appreciation of one peer counselor who left the WIC program to take a community level position.



Minimizing Turnover

- Despite the reality of natural turnover, it is important for program managers to do all they can to minimize turnover by creating an environment where peer counselors are valued and are able to continue growing their skills.
- This is an important management issue when funds are limited. Replacing and retraining new peer counselors is costly for programs and can leave a program with gaps in service.



Retaining Peer Counselors: Reasons PCs Leave

Why Peer Counselors Leave

- Many WIC peer counselors love their job and believe it is a “dream job” for them.
- If the WIC peer counseling job is such an ideal job, why do they leave?

Activity: Why Peer Counselors Leave

Purpose: To help managers identify solutions to retain peer counselors.

Materials Needed:

- Flip chart easel
- Flip chart paper
- Flip chart markers

Time Needed: 5 minutes

Instructions:

1. Conduct as a group discussion.
2. Ask the group for reasons why a peer counselor might not stay with the program.
3. Draw a line down the middle of a flip chart page and on one side, record the reasons given.
4. Discuss research-based reasons peer counselors give for leaving their positions.
5. Ask the group to work in pairs to define at least one solution that could address the challenges given.
6. Discuss their solutions and write them on the other side of the page.

Points for Discussion:

- What are the common themes you heard?
- What solutions could make a difference?

Take-Away Points:

- It can be very frustrating and costly to lose peer counselors that have to be replaced.



Job-Related Reasons for Leaving

- *Low wages:* Peer counselors may cite low wages as a factor making it difficult to continue. This is a special equity concern for WIC agencies. Agencies should do all they can to compensate peer counselors adequately.
- *Burnout:* The demands of the job can lead to burnout if peer counselors:
 - Do not feel they can contribute as a member of the WIC team.

- Find their work monotonous (e.g., they are only following pregnant women or only making cold calls by telephone).
 - Do not feel valued.
 - Become discouraged when mothers do not choose to breastfeed.
 - Have no opportunity for personal growth.
- *Isolation*: When peer counselors work from home or are not in the clinic regularly, it is easy to feel as though they are working in a vacuum, disconnected from the program.
 - When several of these factors are combined with the challenge of balancing work with the needs of family, peer counselors can easily feel discouraged. This is why face-to-face networking opportunities are important to help peers remain involved.



Personal Reasons for Leaving

- Some peer counselors leave for reasons beyond WIC's control.
- *Stressful, personal life*: Some peer counselors say their own stressful personal lives make working as a peer counselor difficult.
 - They may lack family support for the job.
 - Financial pressure may force them to get a second job to supplement their hours, or seek employment elsewhere.
 - Child care and transportation costs might make it difficult for them to come to the clinic regularly.
- *The job is not a good fit*: Some peer counselors will come into the job with unrealistic expectations of what the job will be like. Some are passionate about breastfeeding but find that it is more difficult than they expected to talk with women they do not know.
- *Seek other opportunities*: Often peer counselors leave because they are returning to school or want to take a job in another capacity.



Retaining Peer Counselors: Solutions for Retention

WIC Clinic Support

Loving Support® Model: "Participation in clinic staff meetings as part of the WIC team"

- Successful programs find that a solid base of support within both WIC and the community are crucial to retaining peer counselors.
- A WIC clinic environment that openly promotes and supports breastfeeding and the peer counseling program speaks volumes to mothers and reinforces peer counseling support.
- Staff should work with peer counselors to identify clinic improvements that can improve the perception of support among new mothers.

- The PowerPoint™ presentation, “Peer Counseling: Making a Difference for WIC Families,” found on the “Program Planning” dashboard, provides helpful strategies for ways WIC staff can provide needed support.



WIC team

Loving Support® Model: “Participation in clinic staff meetings as part of the WIC team”

- Peer counselors should attend regular WIC staff meetings as a member of the WIC circle of care serving new families.
- This helps peer counselors remain connected to the clinic staff and reminds them of their role as part of the team.
- It also helps them stay abreast of clinic activities and events so they can support the work of the team.
- Some agencies ask peer counselors to present information on breastfeeding at staff meetings.



Supervision

Loving Support® Model: “Regular, systematic contact with supervisor”

- Contact with supervisors:
 - Supervisors who stay in touch with peer counselors are more likely to pick up on issues that might arise before peer counselors get frustrated and feel they need to leave the program.
 - Regular contact between supervisors and peer counselors maintains connections and strengthens relationships that build retention.
- Job satisfaction:
 - Supervisors should keep in mind an employee’s need for job satisfaction. Jobs that are monotonous (e.g., only making cold calls by telephone) leave little opportunity for professional growth and can lead to job dissatisfaction.
 - Overwhelming a peer counselor with *too* many responsibilities can also be frustrating and stressful.
 - Systematic contact with peer counselors helps identify their thoughts and feelings about the job and ways to make it more satisfying.
- Sensitivity to personal issues:
 - Peer counselors say they are more likely to remain with their WIC job when their supervisors are sensitive to their personal situations and allow them the opportunity to work a flexible schedule that respects family needs.
 - Sensitivity to personal situations includes provisions for child care in trainings, staff meetings, and work situations, providing a pumping room at breastfeeding workshops, etc.
 - Peer counselors appreciate supervisors who help them make their job more manageable.



Note: Scroll the mouse down or click the “down” arrow button on your computer to reveal the red arrow demonstrating higher salary and advancement opportunities.

Compensation and Advancement

Loving Support® Model: “Adequate compensation and reimbursement of peer counselors”

- Programs that pay peer counselors adequately are more likely to retain them.
- Adding “benefits” and regular cost-of-living raises are perceived as positive benefits for peer counselors.
- Having a career ladder program with different roles and responsibilities and higher salaries have been found to improve buy-in and retention. (See Section 6, “Scope of Practice.”)
- Programs might also consider transitioning experienced peer counselors into areas of service that require additional skills such as assistant peer counselor coordinators, peer counselor trainers, etc.
- Be honest and realistic with peer counselors about these advancement opportunities. If job advancement opportunities are limited, let them know what to expect.



Professional Growth

Loving Support® Model: “Opportunities for continuing education and to meet regularly with other peer counselors”

- Opportunities for personal and professional growth are critical elements of any job satisfaction program.
- Continuing education:
 - Peer counselors are passionate about breastfeeding and often want to learn more.
 - Give them opportunities to grow their knowledge and skills to keep them excited and to help them keep their skills evidence-based.
 - Set realistic expectations with peer counselors. Remind them that as they increase their knowledge and skills through continued learning, they must still remain within their basic scope of practice even if their job role shifts to greater areas of responsibility.
- Breastfeeding promotion activities:
 - Peer counselors often assist with World Breastfeeding Week activities.
 - They assist with local clinic breastfeeding promotional activities such as baby showers, setting up a breastfeeding room in the WIC office, creating breastfeeding themed bulletin boards, and other activities.
 - They often participate in local breastfeeding coalitions to assist with special community projects and to network with other advocates.
 - These activities provide variety to their job, help strengthen the bond between peer counselors and their clinic team, and give them a sense of common purpose.



Social Interaction

Loving Support® Model: “Opportunities for continuing education and to meet regularly with other peer counselors”

- Just as new mothers value having a “peer” to help them with breastfeeding, peer counselors also value having access to other peers working in the same role.
- Consider group meetings and social activities that allow peer counselors to get to know one another and share experiences and job tips.
- Peer counselors often build lifetime friendships with other peer counselors. When strong relationships are built, it helps keep peer counselors engaged with the program.



Celebrate Successes!

- WIC agencies that celebrate successes are able to maintain a positive environment and energy for moving forward.
- Keep track of breastfeeding data to share with peer counselors and colleagues. Use this data to praise peer counselors and show them how they are making a difference.
- Have a party periodically when new milestones are accomplished, at peer counseling graduations, when peer counselors are ready to move into a more advanced position, or when positive feedback is received from WIC mothers about the program.
- Give peer counselor awards! Being recognized in front of peers is gratifying and helps peer counselors feel valued.
- Some agencies plan annual conferences for peer counselors in the State. This allows for learning opportunities that inspire peer counselors, social interaction that can re-energize and re-engage peer counselors who are feeling weary, and public recognition before peers.

Teaching Tip

Consider concluding your management curriculum training by sharing notes of thanks from peer counselors to administrators for providing the program. Or click on the video icon on this dashboard to play the music video, “In Their Words: Advice from Peer Counselors,” with words and music to display peer counselor reflections and advice.

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