

K. BREASTFEEDING PROMOTION AND SUPPORT

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K.1. Breastfeeding Promotion and Support

Policy

Breastfeeding promotion and support is integrated into the continuum of prenatal and postpartum nutrition education (Public Law 101-147). All pregnant and breastfeeding WIC participants will be provided with breastfeeding education and support. Positive breastfeeding messages must be incorporated into all relevant educational activities, materials and outreach efforts where infant feeding is addressed. Formula manufacturer influence cannot be present in the local clinics.

Procedure

- I. All pregnant WIC participants must be encouraged to breastfeed unless contraindicated for health reasons (e.g. HIV positive, illegal drug use, use of contraindicated drugs and/or medications, etc.).
- II. All WIC prenatal and postpartum participants will receive counseling/education which:
 - a. Integrates breastfeeding promotion into the continuum of prenatal care and postpartum care.
 - b. Includes an assessment of participant's knowledge, concerns and attitudes related to breastfeeding at the earliest opportunity in the prenatal period.
 - c. Provides prenatal and postpartum education based on this assessment.
- III. Prenatal counseling/education should include helping the mother to communicate effectively with hospital staff, physician and/or her health care provider about her decision to breastfeed.
 - a. The participant's family and friends should be included in breastfeeding education and support sessions, whenever possible.
 - b. Clinics must have a referral list of lactation and breastfeeding services and resources available in their community that they can refer clients to for promoting and extending breastfeeding duration rates.
- IV. A mechanism must be implemented in each WIC clinic to incorporate a method of positive peer influence into breastfeeding education (e.g. peer support counselors, bulletin boards of successful breastfeeding WIC participants, peer testimonials in classes, peer discussion groups, etc.).

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- V. Local agencies are required to obtain permission from the State Breastfeeding Coordinator, State Nutrition Coordinator or State WIC Program Manager before allowing formula representatives to provide education at local clinics.
 - a. Formula manufacturer representatives are authorized to provide product specific education in the form of research articles, scientific and evidenced based fact sheets and nutritional content tables. They are not authorized to give out incentives or gifts to local WIC Staffs.
 - b. Formula manufacturers/distributors may be invited to sponsor or exhibit at WIC conferences provided that they agree not to:
 - i. Display standard infant formulas.
 - ii. Hand out sample formula products to staff.
 - iii. Hand out promotional items with formula manufacturer names, brands, logos or product images.
 - d. Formula manufacturers/distributors that sponsor or exhibit at WIC conferences may:
 - i. Provide information and education to WIC staff on special formulas including items listed in part V, a (above).
 - ii. Use signs and banners with the company name and logo.
 - e. The following businesses may not sponsor or exhibit at WIC Conferences:
 - i. Businesses who resell infant formula obtained from sources not approved by the State agency.
 - ii. Businesses convicted of violations of business integrity.
 - iii. Businesses having a conflict of interest with Utah WIC Program Policy.

New Food Rule Breastfeeding Policies

Staff Role

WIC's goal is to encourage every mother to initiate breastfeeding, breastfeed exclusively to six months, and to continue breastfeeding through the first and second years of life (or until mutually desired). Nationally, WIC is making strides towards promoting exclusive breastfeeding as the normal and expected way to feed all infants and moving away from the current pattern of routine issuance of artificial baby milk (infant formula) to breastfed infants.

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VENA

Because the food packages for the breastfeeding mother/infant dyad are by design closely tied, it is important to ensure each breastfeeding pair receives a complete breastfeeding assessment. Value Enhanced Nutrition Assessment (VENA) encompasses and supports the breastfeeding assessment. A WIC nutrition assessment is the process of obtaining and synthesizing relevant and accurate information in order to assess nutritional status and risk, tailor the food package to address nutritional needs, design appropriate nutrition education, and make appropriate referrals.

Anticipatory Guidance during the Prenatal Period

Providing anticipatory guidance educates women of their choices and how they can be successfully breastfeed. Every contact (group or one-on-one, phone or in clinic) should be an interactive exchange between WIC staff and the participant regarding her breastfeeding concerns and should provide anticipatory guidance that addresses potential future breastfeeding issues.

Among the best predictors of breastfeeding success is a woman receiving breastfeeding information during her prenatal months. Effective breastfeeding promotion should include anticipatory guidance during the prenatal period on the effects of providing artificial baby milk, especially in the early weeks/months, on both the baby and on the mother's supply of milk. Pregnant women should be made aware WIC does not routinely provide infant formula to partially breastfed infants less than one month of age.

WIC staff should also help mothers anticipate the barriers they may experience in the early postpartum period (ie in the hospital, first days home) and offer practical strategies to combat these potential obstacles.

Continuum of Care

WIC staff can play an important role in helping mothers during the transition from pregnancy to motherhood. During the critical early weeks postpartum, when mothers are most likely to wean, WIC staff can provide valuable breastfeeding support. It is important for WIC staff to determine where gaps may occur in a pregnant woman's continuum of care during WIC pregnancy visits, early postpartum, and throughout her breastfeeding experience. WIC staffs must address these gaps by providing appropriate breastfeeding education, management and support. Too often postpartum women who initially intend to breastfeed return to WIC and their requests for formula are honored without a thorough breastfeeding assessment. Mothers who have made this decision to breastfeed, are now less confident to breastfeeding because they have been given artificial baby milk. Staff actions in providing artificial baby milk have reinforced the mother's insecurity about breastfeeding. It is imperative that staff actions

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are consistent with their verbal support and that they not issue artificial baby milk upon participant request.

Breastfeeding Peer Counselors

Peer counselors can improve the continuity of care provided to participants throughout the prenatal and postpartum period. Peer Counselors can play a critical role in filling the gap in services a new mother needs after hospital discharge and before her next WIC appointment. With increases in breastfeeding initiation and duration, there must be an increase in Peer Counselor to participant staffing ratios.

Policy

WIC staff will provide information about breastfeeding (unless medically contraindicated), encourage women to exclusively breastfeed for six months and as long as mutually desired by mom and baby, and provide appropriate support for the breastfeeding dyad, especially at time periods critical to breastfeeding success.

Procedure

- I. Local agencies will
 - a. review existing policies and procedures to ensure they support breastfeeding women and infants through minimum supplementation with infant formula (artificial baby milk)
 - b. ensure staff are adequately trained to provide anticipatory guidance to pregnant women
 - c. conduct complete breastfeeding assessments, provide counseling and support for the breastfeeding dyad using VENA
 - d. inform her of the additional food benefits as an incentive and assign appropriate food packages
- II. CPA staff core competencies for pregnant and breastfeeding certifications will include the discussion of the basics of breastfeeding with participants such as:
 - a. research based health benefits for both infant and mother
 - b. routine breastfeeding questions and problems
 - c. how breast milk is produced

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- d. what is expected in the hospital and the first two weeks after birth
- e. signs that breastfeeding is going well
- f. support for working mothers
- g. referral to support (Peer Counselors, IBCLCs)

Early Breastfeeding Support 0 – 1 Month

There are three definitions of mother-infant dyads; exclusive or “fully” breastfeeding, “partially breastfeeding” and “fully formula” feeding. To support the first goal for the successful establishment of exclusive (fully) breastfeeding during the first month after birth, artificial baby milk will not be provided for fully breastfeeding infants and only rarely, if medically needed, for partially breastfeeding infants. Providing supplemental artificial baby milk to a new breastfeeding mother may interfere with her milk production and success at continued breastfeeding; the amount of milk a breastfeeding woman produces is directly related to how often and how long she nurses. Human physiology also provides a strong basis for avoiding supplemental artificial baby milk in the first month of life.

In the effort to support exclusive breastfeeding and to temporarily assist breastfeeding mothers who may otherwise choose to artificial baby milk feed, WIC will allow the rare issuance of one can of powdered artificial baby milk (104 fluid ounces of reconstituted powder infant artificial baby milk or the equivalent of a concentrate or RTF sterile artificial baby milk for premature or high risk breastfeeding infants.) with medical documentation (See Section H, pg 28). This exception practice, based on medical documentation, should be reserved for supporting mothers in returning to exclusive (fully) breastfeeding in the following months.

Policy

Artificial Baby Milk (formula) will not be issued to fully and partially breastfeeding mothers and infants under one month of age. If medically indicated, the rare issuance of one can of powdered artificial baby milk (104 fluid ounces of reconstituted powder infant artificial baby milk or the equivalent of a concentrate or RTF sterile artificial baby milk for premature or high risk breastfeeding infants) is allowed.

Procedure

- I. Fully breastfeeding infants will not be issued artificial baby milk
- II. Partially breastfeeding infants will not be issued artificial baby milk

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III. In the first month of life, partially breastfed infants may receive 1 can of powder infant formula, or the sterile liquid equivalent, following a thorough nutrition assessment when one or more of the following medical and/or nutrition related conditions are determined and documented in the participant's care plan.

a. Food and Formula Authorization Form /Medical prescription from a state licensed prescriptive authority

b. Weight Assessment

i. Infant had excessive weight loss after birth (>8% lost from birth)

ii. Infant not returning to birth weight by two weeks of age

c. Mother's self report of medications and/or medical intervention that is contraindicated during breastfeeding

IV. Upon determining and documenting the medical need for the issuance of 1 can of powder formula, the harms of supplemental infant formula to the establishment and duration of breastfeeding must be provided to the participant and documented in the care plan.

Example of Application:

If the first certification of a newborn is within 30 days of birth, issuance is allowed for the initial month of vouchers (FIs) of only 1 can of formula. If the mother states that she has received 1 can from another source, enter food package code L0000 and do not issue 1 can of formula. If the first certification of a newborn is after 30 days of birth, the policy of 1 can of formula does not apply.

Policy

Offer only the amount of artificial baby milk needed to support breastfeeding and optimally return to fully breastfeeding

Procedure

I. When issuing artificial baby milk to breastfeeding dyads

a. an individual assessment must be made by a lactation educator

b. upon issuing artificial baby milk, a lactation educator must:

i. provide information on the risks (ie compromises breastfeeding, increased potential risks of illnesses, etc.)

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- ii. provide information on how to support her decision to breastfeed and overcoming her barriers or concerns
 - iii. inform the mother how to produce more breast milk
 - iv. not routinely issue formula packages with maximum amounts
 - v. offer partially breastfeeding packages – “in range” as an incentive or option to receiving additional artificial baby milk “out of range” packages
- c. Future months’ food packages cannot contain greater amounts of artificial baby milk based on projection.
- d. To preserve breastfeeding, a mother must return to receive new food instruments (FIs) and be assessed for any need for greater formula amounts to be issued (from current months’ packages). (ie mother reports not having enough breastmilk or baby is hungry and requests more artificial baby milk)
- e. WIC will not issue future months’ FIs containing artificial baby milk for future plans to return to work or school
- f. FIs may be issued as partially breastfeeding and then projected to be fully breastfeeding for future issuing of FIs
- g. Refer all breastfeeding women to a Peer Counselor (for applicable clinics)
- h. WIC staff must not provide artificial baby milk in anticipation of mom’s fear of not having enough breastmilk (“just in case”).

Policy

Fully Breastfeeding

Fully breastfeeding dyads are mothers that are exclusively or “fully” breastfeeding their infants and are not giving infant artificial baby milk or are not receiving infant artificial baby milk from WIC.

Procedure

- I. These mothers will be advised of the following benefits they will receive:
 - a. Enhanced Food Package VII for fully breastfeeding women, provides the largest quantity and variety of foods than any other package (ie non breastfeeding woman)
 - b. These enhanced food package benefits are provided up to one year postpartum versus 6 months for the non breastfeeding woman.
 - c. Food Package Numbers: Fully Breastfeeding Women – B0790 series

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- II. These mothers will be advised of the benefits their “fully” breastfeeding infants will receive:
 - a. No supplemental artificial baby milk (ie increased health risks)
 - b. Starting at six months of age, an enhanced food package containing the largest quantity and variety of foods than other infant packages
 - c. Food Package Numbers: Fully Breastfeeding Infants – L0000 (0 through 5 months, no FI issued), L1200 series (6 through 11 months for complementary foods)

Policy

Breastfeeding Multiples

Fully breastfeeding mothers of multiples are those that are fully breastfeeding more than one infant from the same pregnancy.

Partially breastfeeding mothers of multiple are those that are partially breastfeeding infants from the same pregnancy and whose infants receive artificial baby milk from WIC in amounts that do not exceed the maximum allowed for partially breastfed infants.

Procedure

- I. Fully breastfeeding mothers of multiples will receive 1.5 times the enhanced food package VII benefits.
 - a. Packages containing 2 times the amount of food should be issued in alternating months from the regular packages for fully breastfeeding women. These packages must be issued as pairs since both have the \$15 CVV; they are located in the food package template at the bottom of the fully breastfeeding packages B0790 series.
 - b. Although this will be a small population served, caution should be taken to not over issue with these double packages, particularly at returning visits after the third month vouchering period.
- II. Partially breastfeeding mothers of multiples will receive the enhanced food package VII benefits B0790 series.
- III. Note: women that are pregnant with two or more fetuses also receive Food Package VII B0790 series.

Partially Breastfeeding

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Partially breastfeeding dyads are those that are offering a defined amount of artificial baby milk to their infant. To determine how much is considered “partial”, the CPA must individually assess the dyad based on the amount of breastfeeding that is occurring versus the amount of artificial baby milk they are *using* or by how much artificial baby milk they are *requesting*. This assessment should include probing questions to identify a clear representation of how much breastfeeding is occurring and of how much artificial baby milk she is giving to her baby. Using the assessment parameters of frequency of breastfeeding, hours between breastfeeding, number of wet and messy diapers, weight gain, etc. will better help the CPA identify how to provide anticipatory guidance to better support breastfeeding. An inaccurate assessment and over issuance may occur if the assessment is based solely on the amount of artificial baby milk being reported as used.

Women frequently report concerns of insufficient (perceived or real) breastmilk production and report concerns that their baby is not getting enough breastmilk. Thus it is important to counsel her on basic breast physiology of breastmilk production. In addition, it is critical to assess her breastfeeding status and to counsel her on her concerns so that she can continue to successfully breastfeed.

The intent of this new food rule is to encourage continued breastfeeding, to limit use of artificial baby milk, and to have food packages that may be used as incentives over providing additional artificial baby milk food packages.

Staff is required to educate mothers on the increased food benefits they would receive by continuing as “partially breastfeeding” participants. In- and Out-of Ranges (as described below) food packages were designed with the strategy to offer more food benefits to those “partially breastfeeding” dyads. “Partially breastfeeding” packages provide more food benefits to women and less artificial baby milk to infants. .

It is important for the partially breastfeeding mother to be informed of her options. By receiving less artificial baby milk from WIC, she can receive more food dollar benefits and the many evidence- based health benefits provided by breastfeeding. It is staff’s responsibility to take make this information available so participants can make an informed decision based on objective research. Breastfeeding is “normal nutrition”; artificial baby milk is not.

Staff should in no way feel they are withholding services by providing less artificial baby milk. Instead staff can offer more food benefits for mother in place of artificial baby milk. Staff actions should not be based on negative personal or emotional opinion or influenced by the marketing of artificial baby milk manufacturers but instead should understand that services are based on health research.

Policy

Partially Breastfeeding “In- Range”, Out- of Range”

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Partially breastfeeding dyads include all women and infants accomplishing breastfeeding on an average of 1 time per day. To support the goal of encouraging women that are partially breastfeeding to limit formula use with their infant, “partially breastfeeding” dyads are divided into two sub categories: “in range” and “out of range”.

Dyads that receive the number of cans of artificial baby milk from WIC within the allowed range will be defined as “partially breastfeeding – *in-range*”. Women will be a category “B”; infants are “I”.

Dyads that receive the number of cans of artificial baby milk from WIC that are more than the amount of formula allowed for their age range, will be defined as “partially breastfeeding – *out-of range*”.

The intent of this new food rule is to encourage continued breastfeeding, limit use of artificial baby milk, stay “in-range” versus “out-of range” and to have food packages that may be used as incentives over providing additional artificial baby milk food packages.

Procedure

- I. To determine how much is considered “partial”, the CPA must individually assess the dyad based on the amount of breastfeeding that is occurring versus the amount of artificial baby milk they are *using* or by how much artificial baby milk they are *requesting*.
- II. All dyads need to be individually assessed by a Lactation Educator to determine appropriate food packages and follow the above policy on offering only the amount of artificial baby milk needed to support breastfeeding and optimally return to fully breastfeeding
- III. Partially breastfeeding infants can receive any number of cans of artificial baby milk from the range offered in these packages. They should not be routinely provided the maximum package amounts of artificial baby milk.
- IV. Staff must make every effort to maintain the participants “partially breastfeeding in-range” status versus issuing additional artificial baby milk and moving to “out-of range”.
- V. If partially breastfeeding mother request additional artificial baby milk *outside* what the packages offer, the lactation educator should counsel and assess their needs individually before issuing additional artificial baby milk.
- VI. It is appropriate for breastfeeding dyads to vacillate between in and out of ranges based on the age of the infant, age range for the infant, and amount of breastfeeding being done.

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- VII. The lactation educator is required to educate mothers on the increased food benefits they would receive by continuing as a partially breastfeeding – in range versus moving to a out-of Range food package VI which contains less food (equal to the post partum/non breastfeeding package).
- VIII. When applicable, offer option to move the mother to fully breastfeeding in order to receive more benefits.
- IX. Partially Breastfeeding mothers must be advised of the following benefits they will receive:
- a. Food Package V – In Range provides larger quantity and variety of foods than women that are fully formula feeding (non breastfeeding women)
 - b. In Range food package benefits are provided up to one year postpartum versus 6 months for the non breastfeeding woman.
 - c. For those under 6 months post-partum that are “in range” mothers will receive food benefits that are greater than the partially breastfeeding out-of range women (which is equivalent to the post partum package when under six months post partum).
 - d. For those over 6 months post-partum that are “out-of-range” mothers will not receive food benefits (FIs) but will continue to stay on the WIC Program as a participant up to one year postpartum and receive WIC services of nutrition education, counseling, Peer Counselors, pumps, etc.
 - e. Food Package Numbers: Partially Breastfeeding Women – In Range – P0706 series. Partially Breastfeeding Women – Out-of-Range – P0000
- X. Mothers must be advised of the Partially Breastfeeding In- Range infants benefits they will receive:
- a. Food Package I for 0 through 5 months and Food Package II for 6 through 11 months of age provides approximately half the maximum amounts of artificial baby milk provided to fully formula (non breastfeeding) infants.
 - b. Infant complementary food benefits at six months are less than the full breastfeeding infant and equivalent to the full formula fed infant
 - c. Food Package Numbers: Partially Breastfeeding Infants- In Range – L0000 series (0 through 5 months), L6000 (6 through 11 months for complimentary foods) Partially Breastfeeding Infants- Out-of- Range – I0000 series

Example of Application: If a Partially Breastfeeding In-Range infant is getting 4 cans of artificial baby milk at 1-3 months range, assess to determine amount of artificial baby milk for the food package. DO NOT AUTOMATICALLY OFFER THE 5 CANS MAXIMUM IN THE NEXT 4-5 MOTNH AGE RANGE.

Example of Application: If a Partially Breastfeeding Out-of Range infant is using 5 cans at 1-3 months age range, she may be able to move “in-range” at 4-5

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months. These food packages issued to the mother will always be tied to the infant and vice versa.

- XI. Partially Breastfeeding “Out- of range” women remain categorized as a “B” and would still be on the program until one year postpartum, but without food benefits after 6 months postpartum. Food package numbers: women “P0000” – no FI issued; infants I0000 series (fully formula packages).

1 through 3 Months:

- Fully Breastfeeding Dyad - no artificial baby milk provided by WIC
Food Package Numbers: L0000 infants, B0706 series women
- Partially Breastfeeding In-Range Dyad - **Up to 435** oz reconstituted powder (up to approximately **4** cans) of artificial baby milk provided by WIC
Food Package Numbers: L0000 series infants, P0706 series women
- Partially Breastfeeding Out-of-Range Dyad - **Over 435** oz reconstituted powder of artificial baby milk provided by WIC
Food Package Numbers: I0000 series infants, N0000 series women
- Fully Formula Dyad - No breastfeeding
Food Package Numbers: I0000 series infants, N0000 series women

4 through 5 Months:

- Fully Breastfeeding Dyad - no artificial baby milk provided by WIC
Food Package Numbers: L0000 infants, B0706 series women
- Partially Breastfeeding In-Range Dyad - **Up to 522** oz reconstituted powder (up to approximately **5** cans) of artificial baby milk provided by WIC
Food Package Numbers: L0000 series infants, P0706 series women
- Partially Breastfeeding Out-of-Range Dyad - **Over 522** oz reconstituted powder of artificial baby milk provided by WIC
Food Package Numbers: I0000 series infants, N0000 series women
- Fully Formula Dyad - No breastfeeding
Food Package Numbers: I0000 series infants, N0000 series women

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6 through 11 Months:
<ul style="list-style-type: none">• Fully Breastfeeding Dyad - no artificial baby milk provided by WIC Food Package Numbers: L0000 infants, B0706 series women
<ul style="list-style-type: none">• Partially Breastfeeding In-Range Dyad - <i>Up to 384</i> oz reconstituted powder (up to approximately 4 cans) of artificial baby milk provided by WIC Food Package Numbers: L0000 series infants, P0706 series women
<ul style="list-style-type: none">• Partially Breastfeeding Out-of-Range Dyad - Over 384 oz reconstituted powder of artificial baby milk provided by WIC Food Package Numbers: I0000 series infants, P0000 women (no FIs issued)
<ul style="list-style-type: none">• Fully Formula Dyad - No breastfeeding Food Package Numbers: I0000 series infants

K.2. Minimum Staffing Required for Breastfeeding Activities

Policy

Each local agency must designate a Breastfeeding Coordinator. All clinics are encouraged to have a designated breastfeeding contact person. **Each local agency must have Peer Counselors as part of the agency's staffing pattern.** All CPA staff is required to attend a 45 hour lactation training course as part of a minimum requirement.

Procedure

- I. The Breastfeeding Coordinator and all CPA staff must attend a 45 hour lactation course. Those that have completed a 45 hour lactation training course may be referred to as a Lactation Educator. It is recommended that any individual who completes a 45 hour lactation training course, sit for the international Board Certified Lactation Consultant (IBCLC) exam within three years of completing this training.
- II. Those that have attended a 45 Hour Lactation Course must complete a minimum of 30 hours of professional continuing education within three years of course completion. This requirement must be maintained every three years.

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- III. The Breastfeeding Coordinator is responsible for coordinating breastfeeding promotion and support activities. The Breastfeeding Coordinator should be interested in breastfeeding, be knowledgeable about breastfeeding and must have supervisory support.
- IV. Minimum requirements for the Breastfeeding Coordinator:
 - a. Must be a Competent Professional Authority.
 - b. Must have attended a 45 Hour Lactation Course.
 - c. Have 6 months of experience in counseling women about how to breastfeed successfully.
- V. The local agency Breastfeeding Coordinator works directly with the local agency WIC Administrator to prepare and manage the local agency breastfeeding policy and program.

Responsibilities of this position include:

- a. Preparing the breastfeeding portion of the local Nutrition Education Plan.
- b. Ensuring local agency compliance with all Utah WIC Program breastfeeding policies.
- c. Overseeing the planning, implementation and evaluation of breastfeeding promotion and support activities and staff training.
- d. Ensuring that all local agency staff who work with pregnant or breastfeeding participants receive the required training and understand the State's Breastfeeding Policy and their roles and responsibilities pertaining to the WIC Breastfeeding Program.
- e. Coordinating the ordering, inventorying, maintaining and distribution of breastfeeding aids.
- f. Preparing the peer counseling grant and grant evaluations, and coordinating the agency's peer counseling program.
- g. Distribution of breastfeeding materials in a timely manner to their local agencies (i.e. World Breastfeeding Week materials.)
- h. Keeping current with the latest breastfeeding information and informing staff of new recommendations.

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- i. Identifying, coordinating and collaborating with community breastfeeding resources (i.e. local hospital NICU, lactation services department, labor and delivery departments, private physician's office (OB/GYN) and community health centers).
- j. Monitoring local agency breastfeeding rates.

VI. The Peer Counselor to pregnant/breastfeeding participant ratio should be 1:200 to achieve optimal support

a. Refer to K.6 for Peer Counselor for responsibilities.

VII. A breastfeeding clinic contact who is a CPA may be designated to assist the Breastfeeding Coordinator with handling breastfeeding related activities including receiving breast pump supplies, completing inventories for submission to the Breastfeeding Coordinator, etc.

VIII. Other staff who may help to promote and support breastfeeding are lactation educators, peer counselors, clerical and administrative staff, and all other WIC staff.

IX. WIC clinics can develop their own breastfeeding support teams. All WIC staff and any non-WIC staff can be trained to provide breastfeeding promotion and support in the WIC clinics.

K.3. Breastfeeding Training and In-services

Policy

Ongoing training and in-services on breastfeeding management and promotion is required for all staff in order to provide an accurate, consistent, and positive message to participants. All Lactation Educators or CPA staff who issue breastfeeding equipment and aids, must be trained appropriately; documentation must be recorded. Lactation Educators who are also designated as Breastfeeding Coordinators must complete a minimum of 30 hours of professional continuing education every three years. CPA staff must complete 18 hours of professional continuing education every three years.

Procedure

- I. All staff members who promote breastfeeding must receive training. A minimum **required staff training and in-service schedule is:**

Staff Members	Frequency	Training/In-services Provided
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All WIC employees	Within first month of hiring	<ul style="list-style-type: none">• Read the breastfeeding section K, of the Policy and Procedure Manual, pages 1-16 (through K.8.2)• Read any local agency guidelines for breastfeeding promotion and support with their local agency Breastfeeding Coordinator• Read roles and responsibilities for breastfeeding promotion and support based on job position
All WIC employees	Yearly	<ul style="list-style-type: none">• Participate in a minimum of one breastfeeding in-service trainings per year. This may include workshops, conferences, in-services, etc.
All CPA's	Within first 3 months of hiring	<ul style="list-style-type: none">• Complete the breastfeeding training modules• The local breastfeeding coordinator should orient them to:<ol style="list-style-type: none">1. Culturally appropriate breastfeeding promotion strategies2. Current breastfeeding management techniques to encourage and support the breastfeeding mother and infant3. Appropriate use of breastfeeding education materials4. Identification of individual needs and concerns about breastfeeding.5. Respect a mother's informed decision as to choice of infant feeding method
All CPA's	Upon availability	<ul style="list-style-type: none">• Attend and complete a 45 hour lactation training course.• After completing the 45 hour lactation training course, all CPA's must maintain 18 hours of professional continuing education every three years.

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Lactation Educator	Upon designation	<ul style="list-style-type: none"> • Completion of the WIC Breastfeeding Modules • Completion of a state approved lactation educator course (approximately 45 hour course with exam and/or required coursework) • Attendance required at Utah WIC Program sponsored breastfeeding conferences or meetings • Lactation Educators who are also designated as Breastfeeding Coordinators must complete a minimum of 30 hours of professional continuing education every three years.
Breastfeeding Peer Counselor	After they have completed the Peer Counselor Training Program	<ul style="list-style-type: none"> • Routine weekly/monthly meetings with their breastfeeding coordinator. The frequency should be designated by the local agency in their peer counselor plan.

- II. All staff members who provide or issue breastfeeding equipment or aids must receive training prior to issuance or serving a WIC participant. A minimum **required staff training is:**

Staff Members	Frequency	Training/In-services Provided
Lactation Educators	Prior to issuance of equipment or aids to participant, and updating as warranted by products	<ul style="list-style-type: none"> • Receive training by the representative of the company designated by the State WIC Office, by the local Breastfeeding Coordinator or their designated training coordinator, or by the State Breastfeeding Coordinator • Training may include: <ul style="list-style-type: none"> • reading manufacturer instructional information • viewing manufacturer's instructional video
CPAs	Prior to issuance of equipment or aids to participant, and updating as warranted by products	<ul style="list-style-type: none"> • Receive training by the representative of the company designated by the State WIC Office, by the local Breastfeeding Coordinator or their designated training coordinator, or by the State Breastfeeding Coordinator • Training may include: <ul style="list-style-type: none"> • reading manufacturer instructional information • viewing manufacturer's instructional video

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- III. All training documentation must be kept on file.
- IV. Sponsorships for trainings, lunches and other free items from a breast pump manufacturer must be authorized by the State Breastfeeding Coordinator.

K.4. Positive Breastfeeding Clinic Environment

Policy

All WIC clinics will create a positive clinic environment that clearly endorses breastfeeding as the preferred method of infant feeding. Positive breastfeeding messages must be incorporated into all relevant educational activities, materials and outreach efforts where infant feeding is addressed.

Procedure

- I. Education materials available to participants will portray breastfeeding as the preferred infant feeding method in a manner that is culturally and aesthetically appropriate to the population groups being served.
 - a. All printed and audiovisual materials will be free of formula product names. (Except for materials used to educate participants on the use of “sole source” formula.)
 - b. All office supplies such as cups, pens, note-pads, posters etc., will be free of formula product names.
- II. All local agency staff (clerical and CPA) will demonstrate a positive attitude toward breastfeeding.
 - a. This demonstration of positive attitude may include but is not limited to:
 - ii. Appropriate words of encouragement for all women.
 - iii. Avoiding overt or subtle endorsements of formula.
 - iiii. Appropriate issuance of formula and breastfeeding food instruments.
 - iiv. Appropriate referrals to health professionals, i.e. dietitians, lactation educators, physicians, etc.
- III. Positive breastfeeding messages, pictures/images or text will be incorporated into all relevant education activities, materials, client information forms and outreach efforts where infant feeding is addressed.

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- a. Positive breastfeeding message, pictures/images or text will be included in the following, but not limited to:
 - i. participant orientation programs and/or materials.
 - ii. materials for professional audiences including printed, audio-visual, and display.
 - iii. materials for clients including printed, audio-visual, and display.
 - b. Use of wording or images conveying an association or connotation with infant formula (i.e. bottles) will not be used on any promotional materials or forms representing WIC.
 - c. All words and images (i.e. pacifiers) should be carefully assessed and should not conflict with promoting or endorsing long exclusivity duration rates.
 - d. Bottle/formula wording and images should be limited to individual instruction, as appropriate.
- IV. The visibility of infant formula and bottle feeding equipment will be minimized.
- a. Formula and formula boxes will be stored out of view of the participants.
 - b. Baby bottles and nipples will be stored out of view of participants.
 - c. Staff is encouraged not to accept free formula from formula manufacturer representatives for personal use.
- V. Formula vouchers will be provided only when specifically requested by the mother of the breastfed infant. A WIC CPA (a Lactation Educator is recommended) must authorize all distribution of infant formula to the breastfed infant.
- a. If a mother requests formula, the CPA must individually assess her situation and discuss possible options to continue exclusively breastfeeding (i.e. use pump, alter feeding schedule, etc.) as a researched and evidenced based preferred option.
 - b. The use of supplemental formula will be minimized for breastfeeding infants by providing only the amount of formula that the infant is consuming at the time of voucher issuance.
 - c. All breastfeeding women will receive information about the potential impact of formula on lactation and breastfeeding before additional formula

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vouchers are given. Counseling and appropriate educational materials must be provided to women requesting formula.

- d. If a mother requests formula, she will be encouraged to supplement with iron fortified powdered formula rather than concentrated fluid formula.
 - e. Formula vouchers will not be issued to exclusively breastfed infants.
- VI. A supportive environment where women feel comfortable *in any location of the clinic* to breastfeed their infants will be provided.
- a. Women will be welcome to breastfeed while in the clinic, e.g. provide an area away from the entrance, a private room if possible; a comfortable chair with arms if possible.
 - b. A private room should also be available for mothers to pump.
- VII. The clinic should post signs and/or posters in prominent areas endorsing breastfeeding as supported and promoted in WIC clinics. These posters should be framed to show permanence and commitment, not taped or thumb tacked to walls.

K.5. Breastfeeding Education for WIC Participants

Policy

Breastfeeding education will be provided at each prenatal visit/contact and breastfeeding assessment will be completed at a pregnant woman's initial certification and initial postpartum certification. Breastfeeding anticipatory guidance will be provided at each postpartum visit/contact while the participant is breastfeeding. Breastfeeding content must be included in all infant feeding classes and in child nutrition classes up to the minimum age of two years.

Procedure

- I. At a pregnant woman's initial certification visit, the CPA will complete a breastfeeding assessment by collecting the breastfeeding data and by following VENA guidelines.
- II. 3 Step Counseling, VENA or similar client based counseling skills should be used by:
 - a. First, elicit the pregnant participant's attitudes, concerns, and knowledge related to breastfeeding
 - b. Second, acknowledge her concerns and what she has reported.

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- c. Third, provide applicable breastfeeding education.
- III. At least one breastfeeding class/individual contact must be offered to each pregnant woman enrolled in WIC.
- IV. The following content must be assessed, and prioritized with subsequent individually tailored education being provided in a VENA participant centered approach during this individual/class contact. This contact must be documented in a consistent manner by the local agency.
 - a. Encouragement to breastfeed
 - b. Benefits of breastfeeding for mother and infant
 - c. Basics of breastfeeding including the principles of breast milk production
 - d. Common concerns
 - e. Utah Breastfeeding Peer Counselors
 - f. Anticipatory guidance/avoiding problems
 - i. early breastfeeding (immediately after delivery)
 - ii. frequent breastfeeds (8-12 times/day)
 - iii. rooming-in
 - iv. avoiding artificial nipples (bottles and pacifiers)
- V. At all prenatal contacts, breastfeeding education must be provided. In an effort to increase breastfeeding durations, education should reinforce the above information as well as focus on individual breastfeeding planning to meet the participant's circumstances. Additional information may be provided on other topics such as embarrassment and work/school.
- VI. At a postpartum woman's breastfeeding certification visit, the CPA will complete a breastfeeding assessment by collecting the breastfeeding data and by following VENA guidelines. 3 Step Counseling or similar client based counseling skills should be used to provide breastfeeding education.
- VII. At all postpartum visits in which the participant is breastfeeding, anticipatory guidance and information on avoiding problems will be provided.
- VIII. One breastfeeding class/individual contact must also be offered to each breastfeeding woman in all WIC clinics to encourage the continuation of breastfeeding. The following content must be covered in this class/individual contact:

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- a. Support/encouragement to continue breastfeeding
 - b. Problem solving
 - c. Anticipatory guidance for breastfeeding
 - i. adequate milk supply
 - ii. growth spurts/feeding problems
 - iii. working/school and breastfeeding
 - d. Feeding cues
 - e. The above information may be covered during certification counseling, follow-up counseling, group classes, or breastfeeding support groups. Additional state-approved breastfeeding class outlines are available from the State WIC Office.
- IX. Breastfeeding content must be included in all child feeding and nutrition classes covering up to the age of two years.

K.6. Breastfeeding Positive Peer Influence

The new food packages and the additional food benefits provide incentives that will result in increased initiation and duration rates of breastfeeding. With a greater number of women choosing to initiate and continue breastfeeding, there will be a higher demand for Peer Counselors who can provide support for normal breastfeeding.

Policy

To establish a standard for breastfeeding promotion and support which include, at a minimum, all local WIC agencies will have a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods federal regulation 246.11(c)(7). Thus, to meet this federal regulation, all WIC agencies are required to provide a Peer Counseling Program.

Procedure

- I. FNS has contracted with Best Start Social Marketing for the development of a comprehensive Peer Counseling Program that builds on other USDA works as well as the *Loving Support Makes Breastfeeding Work* campaign. Utah will follow this FNS model and the training curriculums that are designed for the management and implementation of a **required** Peer Counselor Program.

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- a. General nutrition funds must be used to support the salaries of Peer Counselors and their Supervisors if Peer Counseling funding is not available.
 - b. Peer Counselor dollars must be used to support the following:
 - I. Training
 - II. Education
 - III. Travel
 - IV. Materials
 - V. Networking opportunities
- II. Each local agency to have the Breastfeeding Coordinator or a designated lactation educator to supervise the Peer Counseling Program and follow guidelines provided.
- III. A Breastfeeding Peer Counselor is a mother who:
- a. has breastfed one or more infants,
 - b. has successfully completed the required breastfeeding peer counselor training program, and
 - c. is competent to provide breastfeeding advice and information to WIC participants.
- IV. The role of a Breastfeeding Peer Counselor includes:
- a. Working within their scope of practice and job description.
 - b. Providing guidance and support and up-to-date information on breastfeeding to interested pregnant and lactating participants. Peer Counselors may facilitate breastfeeding support groups using the following criteria.
 - i. support group format or facilitated group discussion
 - ii. peer counselors must have demonstrated competence
 - iii. peer counselors must observe a group contact and be evaluated on first support group session
 - iv. peer counselors shall create a nurturing and informative environment
 - v. peer counselors shall enhance the sharing of ideas and experiences, as well as provide local resource information
 - c. Pregnant participants should be contacted or seen by a Peer Counselor early after their certification. (Optimally, this would occur during the first trimester and effectiveness is decreased with contacts late in pregnancy, i.e. at the third trimester.)

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- d. Being familiar with common problems encountered by breastfeeding women.
 - e. Being trained to anticipate problems to help prevent their occurrence.
 - f. Referring more difficult problems to a trained Lactation Educator/Breastfeeding Coordinator.
- V. All peer counselors hired into the Utah WIC Program must successfully complete the required breastfeeding peer counselor training program prior to working as a peer counselor. The State Breastfeeding Coordinator is available to assist local agencies in starting and maintaining these programs. All Peer Counselors will be required to be trained in the *2005 -2006 Loving Support Makes Breastfeeding Work curriculum*.
- VI. Peer Counselors must be staffed to meet basic program services (ie prenatal contacts for all pregnant women and postpartum contacts for all breastfeeding women)
- VII. Each local agency is required to include a minimum of one Peer Counseling support meeting per year. This must be for all Peer Counselors in their agency to meet in-person in order to share ideas, concerns and challenges. The meeting will be facilitated by the Breastfeeding Coordinator to maintain a positive tone, direct discussions, maintain participant confidentiality, and work within the PC scope of practice. Telephone conference meetings are also encouraged two times a year.
- VIII. The State agency has provided yearly grants to local agencies requesting monies to begin or maintain peer counseling programs. Each year the State agency will notify the local agencies of the availability of these monies and will send out a request for proposals. The intent is for the agencies to become self-sufficient in funding their own peer counseling programs.
- IX. An annual Peer Counseling Program evaluation will be provided to all local agencies to complete and submit to the State WIC Breastfeeding Coordinator.

K.7. Breastfeeding Program Evaluation

Policy

Public Law 101-147 requires that states evaluate their breastfeeding programs.

Procedure

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- I. Local agency evaluation of their breastfeeding programs is conducted on an annual basis. This plan requires a review of breastfeeding statistics, a needs assessment, and a plan of action.
- II. The State agency's goals and objectives are evaluated and included in the State Agency Goals and Objectives submitted to USDA annually.

K.8. Use of Breastfeeding Aids

This sub-section includes the following information.

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K.8.1. Use of Breastfeeding Aids

Policy

Breast pumps and other aids, determined to be helpful or supportive to pregnant and breastfeeding participants, may be provided free of charge by a trained CPA or Lactation Educator.

Procedure

- I. Local agencies are responsible for providing breastfeeding aids in accordance with this policy.
- II. Breastfeeding aids:
 - a. Are not a direct program benefit.
 - b. Are not to be used as breastfeeding incentives.
 - c. Must be issued with professional discretion.
- III. All local agency staff who works with breastfeeding participants must comply with policy guidelines. This written policy:
 - a. Supports breastfeeding participants and staff
 - b. Promotes consistency in education, counseling, and documentation
 - c. Reduces liability
 - d. Ensures accountability for funds spent on breastfeeding aids
- IV. When funds permit, the following breastfeeding aids are available:
 - a. Manual breast pumps
 - b. Single pumping kits (for use with pedal pumps and electric breast pumps)
 - c. Double pumping kits (for use with pedal pumps and electric breast pumps)
 - d. Adapter kits (for use with the above kits)
 - e. Breast shells
 - f. Infant feeding tube devices (regular, and disposable - for short-term use)

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- g. Electric breast pumps
- h. Pedal pumps

WIC staff may purchase breastfeeding aids for their own use, at cost (plus tax). A limited number of supplies are available.

K.8.2. General Guidelines

Policy

Breastfeeding aids are not a direct program benefit. Breastfeeding aids are for WIC participants and staff only. Only a subset of women may need these aids and these aids must be issued with discretion.

Procedure

- I. Breastfeeding supplies are not a direct program benefit that WIC agencies are required to provide. They are aids that qualified staff members may provide to certain WIC participants in need, in order to facilitate breastfeeding. If funds do not allow the state to provide breastfeeding aids free of charge to participants, they may be offered at cost, or at a reduced cost, to WIC participants.
- II. Breastfeeding aids can only be given to pregnant or breastfeeding participants of the Utah WIC Program. They are currently provided free of charge to participants.
- III. WIC employees who are pregnant or breastfeeding and are not WIC participants may purchase equipment from the State WIC Office, at cost (plus sales tax, and estimated shipping and handling) for their own use. Payment should be made directly to the state WIC office. For a list of current prices, contact the State Breastfeeding Coordinator.
- IV. If non-WIC members of the community, or non-WIC local agency staff members inquire about breastfeeding aids, refer them to a local breast pump rental business where supplies can be purchased. Local agencies should develop their own lists of local suppliers. The Utah Breastfeeding Resource Guide lists suppliers of equipment statewide. If there is no supplier in the area, contact the State Breastfeeding Coordinator or the manufacturer/supplier representatives listed in the above Resource Guide.
- V. Breastfeeding aids are not needed by all breastfeeding mothers. Most women, in normal circumstances, can establish and maintain lactation without

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using breastfeeding aids. For some women, hand expression meets their needs to maintain comfort or express milk for later feedings. For other women, use of breastfeeding aids is necessary to establish or maintain lactation during extended periods of separation between mother and baby. Additionally, other special needs may also exist.

- VI. Breastfeeding aids are only issued when a Lactation Educator or CPA, has documented a need. To ensure cost effectiveness, local agencies must:
 - a. Provide instruction on hand expression to all lactating mothers (written materials and instructional video are available).
 - b. Instruct mothers to maintain equipment provided to them for future use.

K.8.3. Distribution of Breastfeeding Aids

Policy

Staff requires training to issue breastfeeding aids.

Procedure

- I. Formal training is required for all staff that distributes breastfeeding equipment and aids or assists participants with their use.
 - a. Appropriate staff includes Lactation Educators and CPAs.
 - b. This training must be provided by the representative of the company designated by the State WIC Office, by the local Breastfeeding Coordinator or their designated training coordinator, or by the State Breastfeeding Coordinator.
 - c. Training may include:
 - i. Reading manufacturer instructional information.
 - ii. Viewing manufacturer's instructional video.
- II. A training form must be completed and signed for each staff member trained. Training objectives are listed on the form. Completion of the form indicates objectives have been met. This training form must be kept in the staff/peer counselor's training/module file.
- III. Staff qualified to issue breastfeeding aids are summarized in the table below.

Job category	May issue	Additional requirements
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Lactation Educator	All breastfeeding equipment and aids	<ul style="list-style-type: none">• Completed required training and demonstrate competency with all breastfeeding aids including the infant feeding tube device• Component of job description/plan/evaluation
Competent Professional Authority (CPA)	<ul style="list-style-type: none">• Hand pumps• Breast shells• Electric pumps• Single and double pumping kits• Adapter kits• Pedal pump• Small electric breast pump	<ul style="list-style-type: none">• Completed required training• Authorized by Breastfeeding Coordinator• Component of job description/plan/evaluation

- IV. The Peer Counselor must always perform within their job description. Peer Counselors role does not include issuance of supplies. Peer Counselors should refer participants who may benefit from supplies, or may need assistance with using supplies, to appropriate staff.

K.8.4. Reducing Liability

Policy

Only trained staff may issue equipment to participants as per policy indicates. Participants must sign a release form upon receiving written and verbal instruction with issuance.

Procedure

- I. Breastfeeding aids are not exchanged or returned
 - a. Except for the multi-user electric breast pump (motor and multiuser parts), participants receive only new breastfeeding aids.
 - b. Breastfeeding aids are not to be exchanged between mothers or returned to the clinic.
 - c. Mothers must be encouraged to keep their supplies in a safe place when they are no longer needed, so that they will be available for future use (i.e., a subsequent pregnancy or separation from infant).

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- II. Only trained, qualified staff may issue equipment. Manufacturer's instructions must be followed for all aids. For all staff who issue equipment, this responsibility must be included in their job description, performance plan, or evaluation.

- III. Every participant who receives any supply must sign a written release form specific for that supply. Her signature verifies the following:
 - a. She is informed of her rights and responsibilities
 - b. The WIC program is not responsible for any personal damage caused by the use of the supply
 - c. The local agency may release or request medical information from the participant's health care providers (listed on the form)
 - d. She consents to be touched when necessary for instruction or use of the breastfeeding aid;
 - e. She has received written guidelines for pumping and storing breast milk (printed on the back of the participant's copy of the release form).
 - f. For the electric pumps and pedal pumps, she also assumes responsibility to return the pump in good condition.

- IV. All release forms are completed in duplicate. File the original in the participant's chart, and give the carbon copy to the participant.

- V. Appropriate written materials and verbal instructions must be given to every mother who receives breastfeeding equipment.
 - a. Provide written "Guidelines for Pumping and Storing Breast Milk "
 - b. Provide manufacturer's instructions provided with pump kit or aid
 - c. Instructions provided must be clearly documented on the release form, which is filed in the participant's WIC chart

K.8.5. Required Documentation

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Policy

To ensure accountability and avoid liability, all local agencies must comply with documentation requirements in this policy.

Procedure

- I. Each agency must maintain a log documenting issuance of all breastfeeding aids, including:
 - a. Participant name and WIC ID number
 - b. Supply issued
 - c. Date issued
 - d. Initials of staff member issuing supply
- II. Record issuance of all electric pumps and pedal pumps on an Electric Breast Pump Tracking and Maintenance form. Only use the state provided forms.
- III. Document issuance of all other breastfeeding aids on the Monthly Breastfeeding Supply Log and Inventory.
- IV. The following information must be documented in the participant's record:
 - a. Supply issued
 - b. Date issued
 - c. Reason
 - d. Instructions given
 - e. Plan for follow-up, if needed
 - f. Signed release form

Note: all of the required information is included on the release form.

- V. All required data fields in computer, related to breastfeeding aids, must be completed for each participant.
- VI. Staff authorized to issue aids and pumps must be trained appropriately on all items. The training documentation must be kept in the staff/peer counselor's training/module file.

K.8.6. Inventorying, Orders and Storing Breastfeeding Aids and Equipment

Policy

Local agencies will complete monthly inventories and complete biannual orders for breastfeeding aids/supplies and equipment. All breastfeeding aids must be stored in a secure location and any broken, lost, or missing electric pumps must be reported to the Utah State WIC Office.

Procedure

- I. Local Breastfeeding Coordinators must inventory each agency's breastfeeding aids and supplies (i.e. breast pump kits) and breastfeeding equipment (i.e. electric breast pumps) at the end of each month and submit to Utah State Breastfeeding Coordinator biannually upon request.
 - a. Monthly Breastfeeding Supply Logs and Inventory forms to be used. Use only state forms.
 - b. Local Breastfeeding Coordinator is responsible for collection of all inventories and for submission. (Agency specific forms provided for biannual inventory submission.)
 - c. Record of the inventories must be kept at the clinic.
 - d. Local Breastfeeding Coordinator is responsible for these inventory activities for their clinics.
- II. Local Breastfeeding Coordinators are responsible for completing or confirming orders for breastfeeding aids/supplies and equipment for all of their clinics.
 - a. State Breastfeeding Coordinator may assist in projection of order
 - b. Orders should be projected and based on utilization and inventory balances
 - c. State Breastfeeding Coordinator will provide spread sheet ordering form for agencies to order amounts for aids/supplies and equipment for agency
 - d. Aids/supplies and equipment orders will be sent to the designated districts and clinics biannually, January and July.

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- e. State Breastfeeding Coordinator will be notified by the local agency that orders were received and verified in a timely manner.
- III. All breastfeeding aids/supplies must be stored in a secure location: a locked cabinet, closet, or room. Report missing supplies to the State Breastfeeding Coordinator immediately.
- IV. Any broken, lost, or missing electric pumps must be reported to the State WIC Office immediately. The State Breastfeeding Coordinator may assist in replacing damaged pumps or helping retrieve missing pumps through phone calls and letters to the client or to transferring out-of-state WIC clinics.

K.8.7. Guidelines for Hand Breast Pumps

Policy

Hand or manual breast pumps are provided to breastfeeding participants that would benefit from use of pump, and at the discretion of the local Lactation Educator or CPA. Appropriate issuance includes providing instruction to the participant and completing required documentation.

Procedure

- I. Hand or manual breast pumps are provided to breastfeeding women at the discretion of the local Lactation Educator or CPA.
 - a. A Lactation Educator or CPA may issue a manual pump if she determines a woman would benefit from the pump, if it may enhance her breastfeeding experience or help her continue successful breastfeeding.
 - b. Women who express an interest in pumping and who are motivated to provide their infants with expressed breast milk may be issued a manual pump.
 - c. Hand pumps may be given for the following reasons:
 - i. Women for whom an electric breast pump is indicated, but have no access to an electric pump or electricity.
 - ii. Women who are working or going to school.
 - iii. Women who are frequently or occasionally separated from their infants.
 - iv. Women who would like to pump for any reason that would help make breastfeeding more successful.

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- II. A hand pump may not be needed if the mother can meet her needs through hand expression. All mothers should be instructed in hand expression, prior to issuing a breast pump.
- III. Lactation Educators or CPAs must be trained on the use and issuance of the manual pumps in order to provide issuance. Training includes reading the manufacturer's instruction information and demonstrates assembly. Documentation must be kept on file.
- IV. Appropriate instruction must be provided to the participant at the time of issuance. Verbal and written instructions must be provided. Instruct the participant on the Guidelines for Pumping and Storing Breast Milk, printed on the back of the release form, and the manufacturer's instructional material provided in the pump package.
- V. Appropriate documentation for issuance of a manual breast pump must be completed. This includes:
 - a. Document each hand pump on the Monthly Breastfeeding Supply Log and Inventory Form. Include participant name and WIC ID number.
 - b. Enter required pump issuance data in computer under participant's name
 - c. Complete the Breastfeeding Aid Release Form in duplicate. Original to be filed in the participant's WIC chart, and copy given to the participant.
- VI. The value of the manual hand pumps to the WIC Program is approximately \$13.60 - \$22.00.

K.8.8. Guidelines for Single and Double Breast Pump Kits and Adapter Kits

Policy

Single and double pump kits and adapter kits may be issued by the local Lactation Educator or CPA to breastfeeding participants who are pumping with an electric pump or a pedal pump. Appropriate issuance includes providing instruction to the participant and completing required documentation.

Procedure

- I. Single and double pump kits and adapter kits are available for both the Medela and Ameda-Egnell electric breast pumps and for Medela pedal pumps. Double pump kits are available for Bailey Nurture III electric breast pumps.

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- II. The brand manufacturer kit must be used with the corresponding pump. Kits can not be interchanged between different manufacturer pumps (i.e., only use Medela kits with Medela pumps.)
- III. Pump kits can be issued to women who are pumping with an electric pump or a pedal pump. They are issued for the following reasons:
 - a. Women who are separated from their infants due to prematurity, illness, or other reasons (see also indications for electric pumps).
 - b. Women pumping to increase their breast milk production.
 - c. Women with severe engorgement.
 - d. Women who are renting an electric pump while they are working or going to school.
 - e. Women who are using a pedal pump.
 - f. Other appropriate reasons (approved by Lactation Educator).
- IV. Adapter kits are available to issue to participants who already have a pump kit. The following kits are available:
 - a. Double pumping adapter kits: to upgrade a single pumping system or a hand pump to a double pumping system.
 - b. Electric adapter kits: to convert the hand pump to a single electric kit.
 - c. Manual adapter kits: to provide the needed parts for hand pumping, if mother used an economy kit at the hospital designed for electric pumping only.
 - d. Spare parts: call the State WIC Office regarding the availability of spare parts.
- V. Lactation Educators or CPAs must be trained on the use and issuance of the pump kits in order to provide issuance. Training includes reading the manufacturer's instruction information and demonstrates assembly. Documentation must be kept on file.
- VI. Appropriate instructions must be provided to the participant at the time of issuance. Verbal and written instructions must be provided. Review Guidelines for Pumping and Storing Breast Milk (on back of the participant's copy of the release form), and the instruction materials accompanying the kit.

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- VII. Appropriate documentation for issuance must be completed. This includes:
- a. Complete the Breastfeeding Aid Release Form for pump kit or any other aid equipment issued. The participant receives the carbon copy, and the original is filed in her WIC chart.
 - b. If participant is receiving a pump kit and an electric pump, or a pedal pump – complete the Electric Pump Loan Agreement and Release form, and proceed with instructions for loaning the electric pump. This form includes a space to document issuance of a pump kit.
 - c. Document type of kit on the Monthly Breastfeeding Supply Log and Inventory Form. Complete the form and include participant name and WIC ID number.
- VIII. The approximate value of the pump kits to the WIC Program is summarized below:

Single Pumping Kits	\$19.00
Double Pumping Kits	\$25.00
Double Pumping Adapter Kits	\$17.00
Electric Conversion Kit	\$5.00
Manual Conversion Kit	\$6.00

K.8.9. Guidelines for Breast Shells

Policy

Breast shells are provided to breastfeeding participants at the discretion of the local Lactation Educator or CPA. Issuance includes providing instruction to the participant and completing proper documentation.

Procedure

- I. Breast shells may be provided to women, during the prenatal and postpartum period, who have flat, inverted or sore nipples.
- II. Breast shell kits may include two styles of shell backs: one for inverted nipples (prenatal or postpartum use,) and one for sore nipples (postpartum use) and must be provided appropriately.
- III. Lactation Educators or CPAs must be trained on the use and issuance of the breast shells in order to provide issuance. Training includes reading the manufacturer's instruction information and demonstrates assembly. Documentation must be kept on file.
- IV. Appropriate instructions must be provided to the participant at the time of issuance. Verbal and written instructions must be provided. Review and provide the instruction materials accompanying the shells. Written instructions are included in the Form section.
- V. Complete the Breastfeeding Aid Release Form, in duplicate. Original to be filed in the participant's WIC chart, and copy given to the participant.
- VI. The value of the breast shell to the WIC Program is approximately \$6.00.

K.8.10. Guidelines for Infant Feeding Tube Devices

Policy

Infant feeding tube devices are to be used for infants and mothers with special needs and are provided to breastfeeding participants at the discretion of the local Lactation Educator or CPA. Appropriate issuance includes providing instruction to the participant, completing required documentation and providing appropriate required follow up.

Procedure

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- I. Infant feeding tube devices are to be used for infants and mothers with special needs. Appropriate circumstances for the use of the infant feeding tube device include:
 - a. Babies with sucking problems,
 - b. Babies who have difficulty latching on,
 - c. Mothers with low milk supply, or re-lactating mothers,
 - d. Babies who are reluctant to nurse,
 - e. Premature babies, especially when adapting to feeding at the breast,
 - f. Infants with inadequate weight gain,
 - g. Infants with cleft palate,
 - h. Adopted babies, and
 - i. Other special situations (call State Lactation Educator for approval).
- II. Infant feeding tube devices are available in both a regular system, designed for long-term or repeated use, and in a “starter” system, designed for short-term use (up to 2 weeks.)
- III. Only Lactation Educators or CPAs trained on the use and issuance of the infant feeding tube devices may provide issuance. The LE must demonstrate competency and receive authorization from the local Breastfeeding Coordinator prior to issuing infant feeding tube devices. Training includes reading the manufacturer’s instruction information and demonstrates assembly; instructional video should also be reviewed. Documentation must be kept on file.
- IV. High-risk infants must be followed by a RD. The Lactation Educator issuing the infant feeding tube device must consult with the RD (if she is not a RD.) The infant’s high risk care plan must note the use of the infant feeding tube. Use of this device requires specialized assessment skills and diligent follow up.
- VII. Appropriate instructions must be provided to the participant at the time of issuance. Verbal and written instructions must be provided. Intensive instruction, both verbal and hands-on, must be given to participants using an infant feeding tube device. Instructional booklet included in the product package to be provided to participant. An instructional video (English only) is

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available. It is recommended that the participant view the video in clinic; video may be loaned for a short term.

- VIII. Complete the Breastfeeding Aid Release Form, in duplicate. File the original in the participant's WIC chart, and give the copy to the participant. The release form also includes permission to release information to the participant's health care provider. The infant's physician must be notified, within three days, when an infant feeding tube device is issued.
- IX. Follow up is required and must be in a timely manner. The following protocol must be followed:
- a. Weight of infant done prior to set-up (nude or dry diaper - document and follow consistent procedure).
 - b. Phone follow-up within 24 hours.
 - c. Mother returns to clinic within 72 hours for follow-up weight of infant (nude or dry diaper - same as in number a).
 - d. In some situations, a baby-weigh scale can provide useful information on volume of feedings provided when using the infant feeding tube device.
- X. If the instruction and follow-up are provided by another health care provider (e.g., physician, nurse practitioner, nurse-midwife, lactation consultant), this must be documented on the release form, and an appropriate plan for follow-up agreed to by the WIC LE and the participant.
- XI. The value of the infant feeding tube device to the WIC Program is approximately \$9.00 (starter) - \$26.00 (regular).

K.8.11. Guidelines for Electric Breast Pumps

Policy

Hospital grade electric breast pumps are provided on a loan basis to breastfeeding participants and breastfeeding WIC employees that meet criteria and that would benefit from use of the pump. Staff must be trained on issuance. Issuance includes providing instruction to the participant, completing proper documentation, complete appropriate cleaning, and providing appropriate required follow up.

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Procedure

- I. The Utah WIC Program has Medela Lactina Plus, and Medela Lactina Select pumps in all clinics. Medela Symphony pumps and Ameda-Egnell Lact-E pumps may be available in some selected clinics.
- II. The purpose of providing electric pumps is two-fold:
 - a. To encourage employees to provide their infants with breast milk. One pump must be available for breastfeeding WIC employees to use while at the worksite. If more than one staff member in a clinic is using the pump, a cooperative arrangement must be instituted for sharing the pump.
 - b. To help lactating WIC participants to provide their infants with breast milk when special circumstances, situations, separation or medical problems would not enable mothers to establish lactation or continue breastfeeding under normal conditions. Loaning a hospital grade electric breast pump is not limited to high risk or medical situations; other circumstances or situations may include poor latch, low milk production, or increasing milk production as well as other concerns expressed by the mother as indicated in section V below.
- III. An electric breast pump should be available in the clinic for participants who may need assistance on site. It is strongly recommended that a woman in such a situation would also require issuance of an electric breast pump for home use.
- IV. An electric breast pump should be available for WIC staff who may need to pump their breast milk while at work.
- V. Clinics needing additional electric breast pumps may contact the Utah State Breastfeeding Coordinator. Clinics need to have sufficient electric breast pumps to serve their population.
- VI. Electric pumps may be loaned to participants for the following reasons:
 - a. Mother or infant hospitalized
 - b. Premature infant unable to nurse adequately
 - c. Infant with severe feeding problem (e.g., cleft lip or palate, insufficient suck)
 - d. Infant sick and unable to nurse adequately
 - e. Mother is sick and/or on contraindicated medication short-term

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- f. Separation of mother and infant for more than 24 hours
 - g. Mother of twins or triplets (or multiples)
 - h. Mother or infant having difficulties with breastfeeding and unable to nurse effectively or successfully
 - i. Mother has low milk supply and/or wants to exclusively breastfeed, increase milk production, increase feedings at the breast, or decrease bottle or formula use.
 - j. Other reasons (requires state Lactation Educator approval)
- VII. Small Electric Breast Pumps
- VIII. Electric Breast Pumps prescribed by prescription by a physician or prescriptive authority for any infant or child, including a high risk infant (FTT, prematurity and/or low birth weight) must be issued within two working days.
- IX. Lactation Educators or CPAs must be trained on the use and issuance of the electric breast pumps in order to provide issuance. Documentation must be kept on file.
- X. Follow the required procedures for loaning an electric pump, as described below.
- a. Mother must be an active WIC participant or WIC staff member
 - b. Determine if the mother needs a pump kit or adaptor kit. Issue appropriately.
 - c. Complete the Electric Breast Pump Loan Agreement and Release Form, in duplicate.
 - i. It is mandatory to complete contact information on the participant and a proxy or other responsible party if present. The information should include name, physical address and phone number. It is optional to obtain information on an additional contact or an alternate residence but it is recommended, if feasible, to ensure the ability to retrieve the pump when no longer used by the participant.
 - 1. This contact information should not include PO Boxes. Information should be collected and asked of the participant as to a realistic and current point of contact for follow up assistance and for tracking of pump.

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- ii. If the participant cannot be present, the pump may be issued to a proxy or a responsible party for the participant. The loan release form must be signed by this individual and two forms of identification are required. Forms of acceptable proof of identification are consistent with those allowed with "Proof of Identity" for certification including, but not limited to driver's license, military ID, birth certificate, passport, work or school ID, Utah identification card, pay check stub, voter registration card, and permanent resident card.
 - iii. The participant, and/or the proxy/responsible party and the WIC staff member loaning the pump must sign the loan form.
 - d. Demonstrate use of the pump and kit to the participant.
 - e. Provide verbal and written instructions for pumping and storing breast milk; provide printed instruction from the back of the participant's copy of the loan form.
 - f. Establish a plan for follow-up with the participant, and document on the loan form.
 - g. Pumps on loan must be tracked weekly. According to Federal Policy (1995), the participant must also receive one contact within the first 24-72 hours following issuance. Documentation must be provided for all contacts.
 - h. File the loan form original in the clinic's pump log book, and give the copy to the participant.
 - i. Enter required pump issuance data in computer under participant's name.
 - j. Upon pump being returned by participant, file the original loan form in the participant's WIC chart.
 - k. Document pump loan on the Electric Breast Pump Tracking and Maintenance Form (see Form Section of this manual). The Form section includes different versions of this form. The local agency breastfeeding coordinator must choose one version for use in their clinic(s).
- XI. The value of hospital grade electric breast pumps to the WIC Program is approximately \$500.00 - \$1800.00.

Policy: Health Department Staff Use of Electric Pumps

- I. Health department staff who are not WIC employees may use a clinic pump if:

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- a. a breastfeeding WIC staff member who is using the pump agrees to share use of the pump,
- b. their use does not inconvenience WIC staff or participants who are eligible to use the pump, and
- c. the local Breastfeeding Coordinator approves.

Policy: Breast Pump Security

- I. Security for electric breast pump and pedal pump includes:
 - a. Pumps must be secured in a locked room or cabinet when not in use.
 - b. Pumps on loan must be tracked weekly.
 - c. All pumps must be inventoried monthly. The local agency breastfeeding coordinator must maintain all inventories on file.
 - d. Upkeep and repair of owned pumps
 - e. It is the local agency's responsibility to notify and send in pumps to the State agency for repair. These pumps are under manufacturer's warranty for one year.
 - f. Document on local agency inventory all electric pumps that are sent to the State agency (i.e. for repair).
 - g. WIC pumps that are part of a rental program are covered by an insurance policy with the manufacturer.
 - h. Any electric pumps lost or stolen must be reported to the state WIC office immediately.

Policy: Breast Pump Tracking & Cleaning

- I. WIC benefits cannot be denied to a participant for failing to return a pump or participate in tracking efforts.
- II. If the participant becomes lost to follow-up, or the pump is suspected lost or stolen, the clinic may take the following actions:
 - a. Contact any or all parties listed on the pump Loan Agreement and Release Form, including the participant's partner, friend, physician, and hospital listed.
 - b. Mail certified letter to contacts listed on Loan Agreement and Release Form.

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- c. Contact the state WIC office regarding filing a police report or in obtaining assistance.
- III. The local Breastfeeding Coordinator must designate a staff procedure or person responsible for pump cleaning and maintenance.
- a. Electric pumps must be cleaned:
 - i. when returned to the clinic after loan to a participant
 - ii. after each use, when used by more than one staff member
 - iii. after use in the clinic by a participant
 - b. Clean electric pumps as described:
 - i. Use appropriate cleaning solution
 - 1. Use prepared 10% Clorox brand solution by mixing 1 part Clorox with 9 parts water. You must use the brand name "Clorox". This solution is not stable, and must be mixed fresh each day.
 - 2. Use prepared commercial antimicrobial cleaner specified for breast pumps, such as "Cavicide" or other approved germicidal solution
 - ii. Wear gloves when cleaning electric breast pumps
 - iii. Apply the cleaning solution to the pump (spray or wipe)
 - iv. Leave the solution on for 30-60 seconds
 - v. Rinse thoroughly with clean water
 - vi. Document date cleaned and staff initials on the electric breast pump inventory
 - c. Caution: Breast milk is a body fluid. Follow local health department precautions or see OSHA guidelines on handling of body fluids when in contact with breast milk. (Note: Universal Precautions do not apply to breast milk, but caution is recommended. Reference information is from CDC.)

K.8.12. Guidelines for Pedal Pumps

Policy

Pedal pump breast pumps are provided on a loan basis to breastfeeding participants and breastfeeding WIC employees that meet criteria and that would benefit from use of the pump. Staff must be trained on issuance. Issuance includes providing instruction to the participant, completing proper documentation, complete appropriate cleaning, and providing appropriate required follow up.

Procedure

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- I. Pedal breast pumps are provided to breastfeeding women at the discretion of the local Lactation Educator or CPA.
 - a. A Lactation Educator or CPA may issue a pedal pump if she determines a woman would benefit from the pump, if it may enhance her breastfeeding experience or help her continue successful breastfeeding.
 - b. Women who express an interest in pumping and who are motivated to provide their infants with expressed breast milk may be issued a pedal pump.
 - c. The pedal pump is an ideal low cost alternative to support breastfeeding durations for women who work or go to school.
- II. Pedal pumps may be given for the following reasons:
 - a. WIC staff members who are working and breastfeeding
 - b. Women for whom an electric breast pump is indicated, but have no access to an electric pump or electricity
 - c. Women who are working or going to school
 - d. Women who are frequently or occasionally separated from their infants
 - e. Women who would like to pump for any reason that would help make breastfeeding more successful
- III. Single or double pumping kits can be issued to be used with the pedal pump.
- IV. Lactation Educators or CPAs must be trained on the use and issuance of the pedal pumps in order to provide issuance. Training includes reading the manufacturer's instruction information and demonstrates assembly of kit to pedal pump. Documentation must be kept on file.
- V. Appropriate instruction must be provided to the participant at the time of issuance. Verbal and written instructions must be provided. Instruct the participant on the Guidelines for Pumping and Storing Breast Milk, printed on the back of the release form, and the manufacturer's instructional material if provided. Instruction includes demonstration of assembly of the kit to the pedal pump.
- VI. Appropriate documentation for issuance of a pedal breast pump must be completed. This includes:

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- a. Document each pedal pump on the Electric Breast Pump Tracking and Maintenance Form. Include participant name and WIC ID number.
- b. Enter required pump issuance data in computer under participant's name
- c. Complete the Electric Breast Pump Loan Agreement and Release Form in duplicate. Original to be filed in the participant's WIC chart, and copy given to the participant.
- d. Follow the loaning procedures for electric breast pumps found in this section. Exception: for follow-up and tracking, see below.
- e. Establish a plan for follow-up with the participant and document on the loan form. At a minimum, the participant must receive one contact within the first week and monthly thereafter.

VII. Follow the electric pump procedures for:

- a. Use of electric breast pumps and pedal pumps by non-WIC staff
- b. Electric breast pump and pedal pump security
- c. Guidelines for pump recovery
- d. Cleaning and maintenance

VIII. The value of the pedal pumps to the WIC Program is approximately \$30.00.

K.8.13. Guidelines for Small Electric Breast Pump

Policy

Small sized electric breast pumps, such as the Bailey Nurture III, are provided on a loan basis to breastfeeding participants at the discretion of the local lactation educator or CPA for partial separation such as work or school, non-medical reasons. Trained staff will provide issuance. Issuance includes providing instruction to the participant, completing proper documentation, complete appropriate cleaning, and providing appropriate required follow up.

Procedure

- I. Small sized electric breast pumps, such as the Bailey Nurture III, may be provided to breastfeeding women with an infant being greater than six weeks of age that has been assessed to be growing adequately on breast milk.

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- a. Small electric pumps should not be issued to breastfeeding women who are separated from their infants for medical reasons, have premature infants, have high risk infants, have twins or multiples or for other reasons listed that would warrant issuance of a hospital grade electric breast pump.
 - b. It is appropriate to provide pumps for women who express an interest in pumping and who are motivated to provide their infants with expressed breast milk.
 - c. The Lactation Educator should believe that the pump will enhance the breastfeeding experience or will help the mother continue successful breastfeeding.
 - d. Separation of greater than 6-8 consecutive hours would require pumping a minimum average of 2 times a day. The goal is to maintain adequate breast milk production so that no or less formula is needed for the infant.
 - e. Breastfeeding category “token” for participant would not likely be appropriate for issuance of this pump.
- II. Small electric breast pumps may be given for the following reasons:
- a. Breastfeeding participant is working
 - b. Breastfeeding participant is going to school
 - c. Breastfeeding dyads are separated for short periods of time (i.e. than 6 - 8 hours) during the day/night
 - d. Breastfeeding dyads would not meet the criteria or require the use of a hospital electric breast pump.
- III. Double pumping kits are to be issued with the pump. Participant may keep the pump as long as she is consistently using it on a regular basis (i.e. daily or several days a week.)
- V. Lactation Educators or CPAs must be trained on the use and issuance of the small electric breast pumps in order to provide issuance. Training includes viewing the manufacturer’s video tape, reading the manufacturer’s instruction information and demonstrates assembly of the kit (and tote) and use of the pump and finger-valve. Documentation must be kept on file.
- VI. Appropriate instruction must be provided to the participant at the time of issuance. Verbal and written instructions must be provided. Instruct the

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participant on the Guidelines for Pumping and Storing Breast Milk, printed on the back of the release form, and the manufacturer's instructional material if provided. Instruction includes demonstration of assembly of the kit to pump.

- VII. Appropriate documentation for issuance of breast pump must be completed. This includes:
- a. Document each pump on the Electric Breast Pump Tracking and Maintenance Form. Include participant name and WIC ID number.
 - b. Enter required pump issuance data in computer under participant's name
 - c. Complete the Electric Breast Pump Loan Agreement and Release Form in duplicate. Original to be filed in the participant's WIC chart, and copy given to the participant.
 - d. Follow the loaning procedures for electric breast pumps found in this section. Exception: for follow-up and tracking, see below.
- VIII. Establish a plan for follow-up with the participant and document on the loan form. At a minimum, the participant must receive one contact within the first week and biweekly thereafter.
- IX. Follow the electric pump procedures for:
- a. Use of electric breast pumps and pedal pumps by non-WIC staff.
 - b. Electric breast pump and pedal pump security.
 - c. Electric breast pump inventory and ordering.
 - d. Guidelines for pump recovery.
 - e. Cleaning and maintenance.
- X. Loaned pumps are to be returned to WIC clinic by participant after use.
- a. Electric pump motor, tote and ice block must be returned by the participant when finished using for her work or school separation.
 - b. Kit and extra storage bottle should be kept by the participant.
 - c. If tote and/or ice block are in poor condition, replacement should be used for the next loan.

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- XI. The value of the small electric breast pumps to the WIC Program is approximately \$80.00.