

## 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 staff including clerical, reception, administrative, and nutrition staff are encouraged to promote and support breastfeeding throughout the course of their daily tasks during interaction with WIC participants. (Refer to FNS Grow and Glow curriculum.)
- III. 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.
- IV. 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.

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- V. 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.).
- VI. Local agencies are required to obtain permission from the State Breastfeeding Coordinator, State Nutrition Coordinator or State WIC Program Manager before allowing formula manufacturer 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.
  - c. 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.
  - d. 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.

### **K.1.1 Breastfeeding Description**

#### **Policy**

Breastfeeding is described as Fully or Exclusively Breastfeeding, Partially Breastfeeding or Not Breastfeeding. The amount of breastfeeding that is occurring determines the food packages provided.

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### Procedure

Use the following to describe the amount of breastfeeding that is occurring:

<b>Breastfeeding Descriptions</b>	
<b>Fully or Exclusive Breastfeeding</b>	
Exclusively Breastfeeding	Has been fed <u>only</u> human milk, vitamins, minerals, and/or medications.
Primarily Exclusive/ No Formula Package	Has been fed something other than human milk, vitamins, minerals and/or medications on <u>rare occasion</u> or one time feeding of infant formula, human milk fortifier, cow's milk, juice, sugar water, rehydration solution, water, baby food, or anything else. This identifies an infant whose exclusively breastfeeding is <u>interrupted</u> because of special circumstances (e.g., acute illness, hospitalization, caregiver misinformation).
Primarily Exclusive/ Complementary Foods	Has been fed any complementary <u>foods</u> (e.g. cereal, baby food, table foods) <u>in addition</u> to only being fed human milk, vitamins, minerals and/or medications. These foods are provided on a routine or <u>ongoing basis</u> regardless of the amount.*
<b>Partially Breastfeeding</b>	
Partially Breastfeeding	Breastfeeding and receiving formula (WIC or non WIC supplied formula). May also be fed complementary foods.
<b>Not Breastfeeding</b>	
No Longer Breastfeeding	Was breastfeeding at some point in time but has now discontinued.
Never Breastfed	Was never breastfed.
<b>Breastfeeding Child</b>	
	Greater than or equal to 12 months of age and continuing to breastfeed.

\*This description can be used for infants aged four months or older. Younger infants, less than four months of age, being fed complementary foods and breast milk will be described as Primarily Exclusive/Complimentary.

I. Use the following to describe the amount of breastfeeding that is occurring and to determine the food packages for mothers breastfeeding multiples:

### Food Package for Mothers Breastfeeding Multiples

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### Exclusively Breastfeeding Definition

The federal regulations state that food package VII (exclusively BF) is for three categories of WIC participants:

- 1) Fully breastfeeding women whose infants do not receive formula from WIC,
- 2) Women pregnant with two or more fetuses, and
- 3) Women fully or partially breastfeeding multiple infants.

### Breastfeeding Multiples

Women fully breastfeeding multiple infants are prescribed 1.5 times the maximum allowances.

### Food Rule Allows:

Ex Bf twins, no ABM = 1.5 BF food package (VII)

1 Ex BF infant and 1 Part BF infant (in range) = full BF package (VII)

1 Ex BF infant and 1 Part BF infant (out of range) = full BF package (VII)

1 Part BF infant (in range) and 1 Part BF infant (out of range) = partial BF package (V - same as for pregnant women)

2 Part BF infants (in range) = full BF package (VII)

2 Part BF infants (out of range) = postpartum package (VI)

### Multiple Infants

The same rule that applies to twins (as above) would apply for families with "multiples" (more than 2 infants) regardless of how much breastfeeding the additional infant(s) are doing, except for the following scenario:

2 part BF infant (in range), 1 part BF infant (out of range) = full BF package (VII)

### Pregnant and Breastfeeding

If the pregnant certifying woman is also exclusively breastfeeding an infant, issue her the exclusively BF food package (VII) until the infant is one year of age or until her breastfeeding description changes.

If she is partially breastfeeding and pregnant, she would get the "pregnant/partially BF food package" (V)

## **K.1.2 Breastfeeding Interview**

### **Policy**

Breastfeeding information should be collected and updated at every WIC contact in an interactive manner that promotes facilitated discussion.

### **Procedure**

- I. The interview process should be interactive between the staff person and the participant

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- a. The interview should incorporate VENA and the 3 – Step Counseling method (listen, affirm, and then educate) in providing breastfeeding counseling, support and education.
  - b. As information is obtained at the WIC contact through dialogue and conversation, fields can be completed in the applicable panels and screens
  - c. Use “starters/prompts” under each section to help start conversation
- II. The *Nutrition Interview*, as part of a comprehensive nutrition assessment, must be completed at every certification and recertification visit for all categories, and at the mid-certification visit for infants. Breastfeeding information should be updated at these visits as well as when infant breastfeeding status changes
- III. Complete all questions under each section of Assessment, Nutrition Interview.
- IV. Use the list below on the conversion of months to weeks, when completing breastfeeding frequency fields.

*To convert months to weeks:*

1 month = 04 weeks	13 months = 56 weeks
2 months = 09 weeks	14 months = 61 weeks
3 months = 13 weeks	15 months = 65 weeks
4 months = 17 weeks	16 months = 69 weeks
5 months = 22 weeks	17 months = 74 weeks
6 months = 26 weeks	18 months = 78 weeks
7 months = 30 weeks	19 months = 82 weeks
8 months = 35 weeks	20 months = 87 weeks
9 months = 39 weeks	21 months = 91 weeks
10 months = 43 weeks	22 months+ = 96 weeks+
11 months = 48 weeks	
12 months = 52 weeks	

- V. The Change BF Info button is used when the infant changes from breastfeeding to not breastfeeding, or vice versa.
- VI. In the situation when a mother and infant are certified as not breastfeeding and return at a subsequent visit as fully breastfeeding or partially breastfeeding (in-range), their category and breastfeeding description must be changed.
- a. When a mother and infant breastfeeding description has changed, or has been identified as incorrectly entered into VISION, use the Change BF Info button, following these steps:
    - i. If the same day, edit the infant’s nutrition interview and click on Change BF Info.
    - ii. If a different day, create a new nutrition interview for the infant and change the breastfeeding description field
  - b. The display questions will change between Nutrition Practices (Not Breastfeeding) and Nutrition Practices (Breastfeeding).
  - c. If the change occurs more than 30 days after a certification, a new certification is required for the mother.

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- i. It is important to terminate the current certification and then follow the steps listed below.
  1. Create a new application
  2. Enter new breastfeeding category
  3. Enter anthropometric data (Data that are newer than 60 days can be used in the new certification; data older than 60 days must be taken again.)
  4. Complete Identity, income and residency records (records are only valid for 30 days.)

VII When changing breastfeeding descriptions for infants who are less than 6 months of age or for infants who are more than 6 months of age (7 months up to 12 months), follow the steps below.

a. To change an infant's breastfeeding description from full to partial breastfeeding or not breastfeeding when the infant is less than 6 months of age:

- i. Access the Nutrition Interview panel and create a new nutrition interview record for the infant
- ii. Update the BF Description field in the Nutrition Practices section of the Nutrition Interview panel
- iii. Update all other applicable areas such as nutrition education, care plan and food packages
- iv. Refer the mother to a Peer Counselor and update the BF PC Documentation panel as necessary.
- v. By changing the infant's breastfeeding description first, the mother's category and certification end date will automatically update.

b. To change an infant's breastfeeding description from full to partial breastfeeding out-of-range when the infant is more than 6 months of age (7 months up to 12 months):

- i. Access the Food Package panel for the mother, create a New food package record and select one of the following model food packages that is most appropriate according to the mother's breastfeeding category:  
"15 day FBF Pkg – Postpartum Women w/Infant > 6 mos" or "15 day Part BF – Postpartum Women w/Infant > 6 mos".
- ii. These model food packages contain low fat cow's milk, canned beans, and all other appropriate foods for the particular category and are set-

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up to reflect the amount of foods contained in a 1/3 food package. If tailoring of these packages is required, the tailored foods will need to be manually calculated to a 1/3 food package amount. This amount should be same in the Full, 2/3, and 1/3 food package grids.

- iii Select one month next to FB Issuance in Food Package panel and print.
- iv Open infant interview, change breastfeeding description.
- v Assign and print infant food package.
- vi. Notification of Termination for the mother needs to be printed from the printouts menu and should be documented in the comments.

c. If the infant is more than 6 months of age and breastfeeding description has changed to 'no longer breastfeeding', the mother's category will not automatically update.

i. The future termination date and reason will automatically populate in the Certification/Termination panel.

ii It is important to open the Participant Category panel and change to "Not Breastfeeding."

### VIII Pregnant to Breastfeeding or Not Breastfeeding/Postpartum and vice versa:

- ii. Access the Certification panel and terminate the participant's certification with a certification end date of today's date.
- iii. Access the Application panel and create a new application for the participant.
- iv. Access the Participant Category panel and create a new category record for the participant
- v. **Important Note:** For New Pregnancies add a new application before selecting the category.

### IX **Terminating Breastfeeding Status for a Woman with an Infant > 6 Months -**

Access the Food Package panel for the mother, create a New food package record and select one of the following model food packages that is most appropriate according to the mother's breastfeeding category: "15 day FBF Pkg – Postpartum Women w/Infant > 6 mos" or "15 day Part BF – Postpartum Women w/Infant > 6 mos".

- a. These model food packages contain low fat cow's milk, canned beans, and all other appropriate foods for the particular category and are set-up to reflect the amount of foods contained in a 1/3 food package. If tailoring of these packages is required, the

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tailored foods will need to be manually calculated to a 1/3 food package amount. This amount should be same in the Full, 2/3, and 1/3 food package grids.

- b. Select one month next to FB Issuance in Food Package panel and print.
- c. Open infant interview, change breastfeeding description.
- d. Assign and print infant food package.
- e. When issuing a 15 day package for a woman terminating, that has already been issued future months checks, void those future months' checks and select the 15 day package. Next to FB Issuance, select "one month". Under Food Benefits, de-select check marks for all checks in future months' packages (so they do not get printed). Print before making changes to the infant's package.

### K.1.3 "New Food Rule" Breastfeeding Policies

#### 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 mother 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) if needed
  - 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

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- c. how breast milk is produced
  - 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)
- III. Artificial Baby Milk (formula) will not be issued to fully and partially breastfeeding mothers and infants under one month of age.
- a. Fully breastfeeding infants will not be issued artificial baby milk
  - b. Partially breastfeeding infants may be issued artificial baby milk (but it is not recommended), in order to support mothers whose goal is to fully breastfeed.
  - c. One can of powder artificial baby milk in the first month is not recommended for partially breastfeeding infants. If breastfeeding women receive not more than one can in the first month of life, then this breastfeeding dyad is considered “partially breastfeeding, in-range”.
  - d. If the first certification of a newborn is after 30 days of birth, the policy of one can of artificial baby milk or formula does not apply.
- IV. Offer only the amount of artificial baby milk needed to support breastfeeding and optimally return to fully breastfeeding
- a. Any time participants request artificial baby milk, the following steps need to be taken and documented. Issuance of artificial baby milk should not be based on meeting the total nutritional needs of the infant when combined with some breastfeeding or solely on the amount of formula use that is reported.
    - i. Trouble shoot the reason the mother is requesting artificial baby milk
    - ii. An individual assessment must be made by a lactation educator
    - iii. Upon issuing artificial baby milk, a lactation educator must:
      - 1. provide information on the risks (ie compromises breastfeeding, increased potential risks of illnesses, etc.) appropriate to each situation
      - 2. provide information on how to support her decision to breastfeed and overcoming her barriers or concerns
      - 3. inform the mother how to produce more breast milk
      - 4. not routinely issue formula packages with maximum amounts
      - 5. offer partially breastfeeding packages – “in range” as an incentive or option to receiving additional artificial baby milk “out of range” packages
    - iv. Ensure the mother receives support from WIC staff with breastfeeding training, a peer counselor, lactation specialist, or other health care professional who can adequately address the mother’s concerns and help her continue to breastfeed.
    - v. Future months’ food packages cannot contain greater amounts of artificial baby milk based on projection.

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- vi. 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). (i.e. mother reports not having enough breastmilk or baby is hungry and requests more artificial baby milk).
  - vii. WIC will not issue future months' FIs containing artificial baby milk for future plans to return to work or school.
  - viii. FIs may be issued as partially breastfeeding and then projected to be fully breastfeeding for future issuing of FIs.
  - ix. Refer all breastfeeding women to a Peer Counselor
  - x. WIC staff must not provide artificial baby milk in anticipation of mother's fear of not having enough breastmilk ("just in case").
  - xi. In the rare or uncommon situations when breastfeeding is contraindicated (i.e. women with HIV/AIDS, women with active tuberculosis and who have not been medically treated, women using contraindicated illicit drugs such as cocaine or amphetamines, baby/child with galactosemia, unmanaged phenylketonuria (PKU), etc.), not all steps in this process need to be completed. Some contraindicated drugs (i.e. cancer or radioactive compounds) may be used temporarily and breastfeeding may resume.
- V. Fully breastfeeding dyads are mothers that are exclusively or "fully" breastfeeding their infants and are not giving artificial baby milk and are not receiving artificial baby milk from WIC.
- a. These mothers will be advised of the following benefits they will receive:
    - i. Enhanced Food Package VII for fully breastfeeding women, provides the largest quantity and variety of foods than any other package.
    - ii. These enhanced food package benefits are provided up to one year postpartum versus 6 months for the non-breastfeeding woman.
  - b. These mothers will be advised of the benefits their "fully" breastfeeding infants will receive:
    - i. No supplemental artificial baby milk (which increase health risks)
    - ii. Starting at six months of age, an enhanced food package containing the largest quantity and variety of foods compared to other infant packages
- VI. 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.
- a. Fully breastfeeding mothers of multiples will receive 1.5 times the enhanced food package VII benefits.
  - b. Partially breastfeeding mothers of multiples will receive the enhanced food package VII benefits.

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- c. Note: women that are pregnant with two or more fetuses also receive Food Package VII.

VII Partially breastfeeding dyads are those that are offering a defined amount of artificial baby milk to their infant.

- a. 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 are requesting*.
- b. 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.
- c. Staff is required to educate mothers on the increased food benefits they would receive by continuing as “partially breastfeeding” participants.
- d. It is important for the partially breastfeeding mother to be informed of her options to increase her breastfeeding, and to assist her in the process of not using artificial baby milk.
- e. Staff should in no way feel they are withholding services by providing less artificial baby milk. Instead staff can focus on offering more food benefits for mother in place of artificial baby milk.
- f. 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 provide services that are based on health research.

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

- a. 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”.
- b. 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***”.
- c. 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.

**VIII.** All dyads need to be individually assessed by a CPA or 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.

- a. 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.

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- b. 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”.
  - c. If “partially breastfeeding” mothers request additional artificial baby milk (or “*out of range*” packages), the lactation educator should counsel and assess their needs individually before issuing additional artificial baby milk.
  - d. 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.
  - e. 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 an out-of range food package VI which contains less food (equal to the postpartum/non breastfeeding package).
  - f. 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 postpartum package when under six months postpartum).
  - 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.
- X. Mothers must be advised of the “Partially Breastfeeding In- Range” infant 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.
- 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.

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Food Package Rule Guidance

<b>0 through 1 Month:</b>
<ul style="list-style-type: none"><li>• <u>Fully Breastfeeding Dyad</u> - no artificial baby milk provided by WIC</li></ul>
<ul style="list-style-type: none"><li>• <u>Partially Breastfeeding In-Range Dyad</u> The amount of artificial baby milk provided by WIC, <b>Up to</b> - <b>104 fl oz</b> reconstituted powder (up to 1 can) * Powder form is the recommended form</li></ul>
<ul style="list-style-type: none"><li>• <u>Partially Breastfeeding Out-of-Range Dyad</u> The amount of artificial baby milk provided by WIC, <b>Over</b> - <b>104 fl oz</b> reconstituted powder * Powder form is the recommended form</li></ul>

<b>1 through 3 Months:</b>
<ul style="list-style-type: none"><li>• <u>Fully Breastfeeding Dyad</u> - no artificial baby milk provided by WIC</li></ul>
<ul style="list-style-type: none"><li>• <u>Partially Breastfeeding In-Range Dyad</u> of The amount of artificial baby milk provided by WIC, <b>Up to</b> - <b>435 fl oz</b> reconstituted powder (up to approximately 4 cans), or - 384 fl oz RTF, or - 364 fl oz reconstituted liquid concentrate * Powder form is the recommended form</li></ul>
<ul style="list-style-type: none"><li>• <u>Partially Breastfeeding Out-of-Range Dyad</u> <b>The amount</b> of artificial baby milk provided by WIC <b>Over</b> - <b>435 fl oz</b> reconstituted powder, or - 384 fl oz RTF, or - 364 fl oz reconstituted liquid concentrate * Powder form is the recommended form</li></ul>
<ul style="list-style-type: none"><li>• <u>Fully Formula Dyad</u> - No breastfeeding The amount of artificial baby milk provided by WIC, <b>Up to</b> - <b>870 fl oz</b> reconstituted powder, or - 832 fl oz RTF, or - 806 fl oz reconstituted liquid concentrate * Powder form is the recommended form</li></ul>

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### 4 through 5 Months:

- Fully Breastfeeding Dyad - no artificial baby milk provided by WIC

- Partially Breastfeeding In-Range Dyad

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The amount of artificial baby milk provided by WIC, *Up to*  
- 522 fl oz reconstituted powder (up to approximately 5 cans), or  
- 448 fl oz RTF, or  
- 442 fl oz reconstituted liquid concentrate

- Partially Breastfeeding Out-of-Range Dyad - The amount of artificial baby milk provided by WIC *Over*

- 522 fl oz reconstituted powder, or  
- 448 fl oz RTF, or  
- 442 fl oz reconstituted liquid concentrate

- Fully Formula Dyad - No breastfeeding

The amount of artificial baby milk provided by WIC, *Up to*  
- 960 fl oz reconstituted powder, or  
- 896 fl oz RTF, or  
- 884 fl oz reconstituted liquid concentrate

### 6 through 11 Months:

- Fully Breastfeeding Dyad - no artificial baby milk provided by WIC

- Partially Breastfeeding In-Range Dyad -

The amount of artificial baby milk provided by WIC, *Up to*  
- 384 fl oz reconstituted powder (up to approximately 5 cans), or  
- 320 fl oz RTF, or  
- 312 fl oz reconstituted liquid concentrate

- Partially Breastfeeding Out-of-Range The amount of artificial baby milk provided by WIC *Over*

- 384 fl oz reconstituted powder, or

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- 320 fl oz RTF, or
- 312 fl oz reconstituted liquid concentrate

- Fully Formula Dyad - No breastfeeding  
The amount of artificial baby milk provided by WIC, *Up to*
  - **696** fl oz reconstituted powder, or
  - 640 fl oz RTF, or
  - 624 fl oz reconstituted liquid concentrate

### **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 at least one Peer Counselor 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 within 2 years of their hire date. 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.
- 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.

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- 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. Ensuring new staff members (clerical, CPAs, etc.) are oriented to their role of supporting breastfeeding, understand all breastfeeding policies, and receive the "Grow and Glow" training.
  - f. Coordinating the ordering, inventorying, maintaining and distribution of breastfeeding aids.
  - g. Preparing the peer counseling grant, budget and grant evaluations, and coordinating the agency's peer counseling program.
  - h. Distribution of breastfeeding materials in a timely manner to their local agencies (i.e. World Breastfeeding Week materials.)
  - i. In conjunction with the local Nutrition Preceptor, ensure the agency's breastfeeding educational materials are appropriate (i.e. evidenced based, up to date/current, reading level appropriate).
  - j. Keeping current with the latest breastfeeding information and informing staff of new recommendations. Serving as a breastfeeding resource person for staff.
  - k. 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).
  - l. Monitoring local agency breastfeeding rates.
- VI. A breastfeeding clinic contact person (preferably 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.

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## Section K: Breastfeeding Promotion and Support

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

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### 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. All staff need to complete training on USDA's *Using Loving Support to Grow and Glow in WIC Breastfeeding Training for WIC Staff*.

#### Procedure

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

<b>Staff Members</b>	<b>Frequency</b>	<b>Training/In-services Provided</b>
All WIC employees	Within first month of hiring	<ul style="list-style-type: none"><li>• Read the breastfeeding section K, of the Policy and Procedure Manual (through K.8.2)</li><li>• Read and discuss local agency guidelines for breastfeeding promotion and support with their local agency Breastfeeding Coordinator</li><li>• Read roles and responsibilities for breastfeeding promotion and support based on job position</li></ul>
ALL WIC employees	Within first 3 months of hiring	<ul style="list-style-type: none"><li>• Complete curriculum: <i>Using Loving Support to Grow and Glow in WIC Breastfeeding Training for Local WIC Staff</i> by video tapes and self-paced modules.</li></ul>
Breastfeeding Coordinators, Peer Counselor Supervisor, or Staff Managing Peer Counseling Program	Within first 3 months of hiring	<ul style="list-style-type: none"><li>• Using Loving Support to Manage Peer Counseling Programs</li></ul>

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All WIC employees	Yearly	<ul style="list-style-type: none"> <li>Participate in a minimum of one breastfeeding in-service trainings per year. This may include workshops, conferences, in-services, etc.</li> </ul>
All CPA's	Within first 3 months of hiring	<ul style="list-style-type: none"> <li>The local breastfeeding coordinator should orient them to:               <ol style="list-style-type: none"> <li>Culturally appropriate breastfeeding promotion strategies</li> <li>Current breastfeeding management techniques to encourage and support the breastfeeding mother and infant</li> <li>Appropriate use of breastfeeding education materials</li> <li>Identification of individual needs and concerns about breastfeeding.</li> <li>Respect a mother's informed decision as to choice of infant feeding method</li> </ol> </li> </ul>
All CPA's	Upon availability by the State Office or approved by the State Office	<ul style="list-style-type: none"> <li>Attend and complete a 45 hour lactation training course.</li> <li>After completing the 45 hour lactation training course, all CPA's must maintain 18 hours of professional continuing education every three years.</li> </ul>
Lactation Educator	Upon designation	<ul style="list-style-type: none"> <li>Completion of a state approved lactation educator course (approximately 45 hour course with exam and/or required coursework)</li> <li>Attendance required at Utah WIC Program sponsored breastfeeding conferences or meetings</li> <li>Lactation Educators who are also designated as Breastfeeding Coordinators must complete a minimum of 30 hours of professional continuing education every three years.</li> </ul>
Breastfeeding Peer Counselor	After they have completed the Peer Counselor Training Program	<ul style="list-style-type: none"> <li>Routine weekly/monthly meetings with their Breastfeeding Coordinator. The frequency should be documented by the local agency in their peer counselor plan.</li> </ul>

### II. Training of Staff on *Using Loving Support to Grow and Glow in WIC Breastfeeding Training for Local WIC Staff*

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- a. All staff must successfully complete training on the USDA's *Using Loving Support to Grow and Glow in WIC Breastfeeding Training for Local WIC Staff* ten modules within three months of hire date.
  - b. Staff may accomplish training by one of the following:
    - I. attending the state offered training
    - II. attending local agency training
    - III. reviewing the *Using Loving Support to Grow and Glow in WIC Breastfeeding Training for Local WIC Staff* curriculum of ten modules as self-paced lessons in conjunction with the available video-taped modules. This must be accomplished under the supervision of the Local Agency Breastfeeding Coordinator
  - c. It is the responsibility of the local agency to make requests for state training i.e. when new staff are hired. This training is offered at the state office as needed and requested by local agencies.
  - d. The State Breastfeeding Coordinator may provide technical training assistance to ensure that the newly hired staff complete this USDA training.
- III. 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:**

<b>Staff Members</b>	<b>Frequency</b>	<b>Training/In-services Provided</b>
Lactation Educators	Prior to issuance of equipment or aids to participant, and updating as warranted by products	<ul style="list-style-type: none"><li>• 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</li><li>• Training may include:<ul style="list-style-type: none"><li>• reading manufacturer instructional information</li><li>• viewing manufacturer's instructional video</li></ul></li></ul>

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CPAs	Prior to issuance of equipment or aids to participant, and updating as warranted by products	<ul style="list-style-type: none"><li>• 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</li><li>• Training may include:<ul style="list-style-type: none"><li>• reading manufacturer instructional information</li><li>• viewing manufacturer's instructional video</li></ul></li></ul>
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IV. All training documentation must be kept on file.

V. 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.
  - 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.

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- 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 food instruments 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 food instruments 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 food instruments will not be issued to exclusively breastfed infants.

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- 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 in any area of the clinic. If possible, provide a private room (with a comfortable chair) for mother's to receive counseling and personal assistance with latch and breastfeeding issues.
  - 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 core content information should be provided during the pregnancy 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.
  - c. Third, provide applicable breastfeeding education.
- III. At least one breastfeeding class/individual contact must be offered to each pregnant woman enrolled in WIC. The following breastfeeding core content must be covered in this class/individual contact:
  - a. Benefits of breastfeeding/risks of using ABM
  - b. Basics of milk production, maintaining production
  - c. Exclusivity and frequency of breastfeeding
  - d. How to determine baby is getting enough
  - e. Latch, positioning, transfer of milk, management of colostrum transition to next milk
  - f. Hospital experience, breastfeeding birth plan

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- g. First days at home, incorporation of breastfeeding in lifestyle
  - h. Support (family, lactation educator, Peer Counselors, etc.)
- 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 breastfeeding core content must be covered in this class/individual contact:
- a. Support/encouragement to continue breastfeeding

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- 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.

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

#### 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 sustainable Peer Counselor Program and use the current 2011 curriculum *Loving Support Through Peer Counseling: A Journey Together*.
  - a. Nutrition Services Administration (NSA) funds must be used, according to USDA policy, 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 will have a Breastfeeding Coordinator, a Peer Counselor Supervisor/Coordinator, or a designated lactation educator to supervise the Peer Counseling Program and follow guidelines provided. Responsibilities include:
  - a. Assists in establishing program goals and objectives.
  - b. Determines peer counselor staffing needs.
  - c. Recruits and interviews potential peer counselors in alignment with program policies and standards.
  - d. Arranges for training of peer counselors.

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- e. Mentors new Peer Counselors during the first three months, providing routine follow-up and guidance in the early days of the job.
  - f. Provides ongoing supervision.
  - g. Holds regular meetings with peer counselors (at least quarterly).
  - h. Collects documentation records and data as appropriate.
  - i. Monitors the program, including review of Peer Counselor documentation.
  - j. Routinely reports on the program to supervisor
  - k. Works with other peer counselor supervisors (if available) to assess for ongoing improvements to the program that may be needed.
- III. Senior Peer Counselors can be designated for those that have demonstrated expertise in breastfeeding counseling and management through previous experience as a WIC Breastfeeding Peer Counselor and through additional lactation training and experience and preferably has attended a 45 hour comprehensive lactation course. A Senior Peer Counselor provides advanced breastfeeding information and encouragement to WIC participants, has demonstrated advanced breastfeeding counseling skills and knowledge, and may have additional responsibilities such as:
- a. Attends breastfeeding training classes in lactation management.
  - b. Teaches prenatal classes through facilitated discussion and leads breastfeeding support groups. These classes are additional classes which are provided above and beyond the core classes taught by the CPA/CA staff.
  - c. Mentors new peer counselors through ongoing guidance.
  - d. Accepting referrals of mothers who need follow-up care.
  - e. Can issue hand pumps if the Senior Peer Counselor has attended a 45 hour course, and has received training on pump issuance. Supervision and oversight is strongly encouraged as to assuring issuance is appropriate.
  - f. Report program information to supervisors.
  - g. Attends monthly staff meetings and breastfeeding conferences/workshops, as appropriate.

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- h. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.
- IV. 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.
- V. The role of a Breastfeeding Peer Counselor includes:
- a. Working within her scope of practice and job description.
  - b. Providing guidance, 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.)
  - d. Being familiar with common problems encountered by breastfeeding women.
  - e. Having the local agency option to bring in her nursing infant/child into the WIC clinic environment and to model successful nursing while working.
  - f. Being trained to anticipate problems to help prevent their occurrence.
  - g. Referring more difficult problems to a trained Lactation Educator/Breastfeeding Coordinator.

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- h. The Advanced or Senior level Peer Counselor may teach breastfeeding topics at prenatal and/or breastfeeding classes. It is important that a peer-to-peer participant centered approach be used, rather than a traditional, didactic method.
- VI. Training of the Breastfeeding Peer Counselors
- a. All Peer Counselors hired into the Utah WIC Program must successfully complete training on the USDA's 2011 curriculum *Loving Support Through Peer Counseling: A Journey Together* within three months of hire date. The State Breastfeeding Coordinator will offer Peer Counselor training twice a year (March/September) depending on state schedule, available funds and participation (10 or more participants).
  - b. Peer Counselors may accomplish this by one of the following:
    - i. attending the state offered training
    - ii. attending local agency training
    - iii. reviewing the Loving Support through Peer Counseling curriculum of twelve modules as self-paced lessons; this must be accomplished under the supervision of the Local Agency Breastfeeding Coordinator.
  - c. This training process should start immediately at time of hire and Peer Counselors should be closely supervised by the Local Agency Breastfeeding Coordinator and/or Peer Counselor Supervisor when performing Peer Counselor duties i.e. counseling WIC participants.
  - d. It is the responsibility of the local agency to make requests for state training as needed i.e. when new Peer Counselors are hired.
  - e. The State Breastfeeding Coordinator may provide technical training assistance to ensure that the newly hired Peer Counselors complete this USDA training.
- VII. Peer Counselors must be staffed at a minimum of one per local agency to meet basic program services (i.e. prenatal contacts for all pregnant women and postpartum contacts for all breastfeeding women)
- a. Peer Counselors will be assigned to participants:
    - i. In the Nutrition Interview, selecting "yes" to question 4f. for Pregnant woman (under the BF Preparation) and 1g. for Breastfeeding women (under Breastfeeding Support)
    - ii. In the Family panel, selecting the appropriate Peer Counselor in the drop down list under BF PC

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- VIII. Peer Counselors, which have access to the Vision system, may document participant contacts under the BF PC Documentation panel. Other staff (non BF Peer Counselors) should not complete documentation here.
- a. Peer Counselors have access to the following panels:
    - i. BF PC Documentation
    - ii. Family
    - iii. Care Plan Participant
    - iv. Comments/Alerts
  - b. Peer Counselors have read only access to the following panels:
    - i. Assessment
    - ii. Nutrition Education
    - iii. BF Equipment
    - iv. Identity
    - v. Referrals
    - vi. BF PC Caseload
    - vii. BF PC Assignment
    - viii. Contact Address
- IX. BF PC Caseload panel can be used by managing staff to search a Peer Counselor's caseload by using any of the display search criteria.
- X. BF PC Assignment panel may also be used to search for participants that have either been or not been assigned a BF Peer Counselor.
- XI. Each local agency is required to include a minimum of one Peer Counselor 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 or based on the needs of the clinic. Other methods of communication are encouraged such as through emailing or texting.
- XII. 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.
- XIII. 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**

- I. Local agency evaluation of their breastfeeding programs is conducted on an annual basis. This plan requires a review of breastfeeding statistics (when data is available), 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. Breastfeeding Aids

This sub-section includes the following information.

Topic	See Page
K.8.1. Use of Breastfeeding Aids	36
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K.8.3. Distribution of Breastfeeding Aids	39
K.8.4. Reducing Liability	40
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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.

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- 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)
  - g. Electric breast pumps
  - h. Pedal pumps

### **K.8.2. General Guidelines**

#### **Policy**

Breastfeeding aids are not a direct program benefit. Breastfeeding aids are for WIC participants 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

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- 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. 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.
  - IV. Breastfeeding aids are not needed by all breastfeeding mothers. Most women, in normal circumstances, can establish and maintain lactation without 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.
  - V. 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.
  - VI. Women who breastfeeding infants that they did not give birth to, may be certified to participate in the WIC Program as breastfeeding women and maybe may receive benefits and breastfeeding aids until the infant is one year of age. The postpartum birth mother who meets eligibility criteria is eligible to receive postpartum benefits even if her infant is being breastfed by a certified non-birth mother. Under this scenario, only one woman can be classified in a breastfeeding status.
  - VII. Women who are incarcerated, may be allowed to participate in the WIC Program and receive benefits, excluding food benefits. It is the discretion of the local WIC agency to allow breastfeeding aids to be loaned to this participant. The local agency would be expected to investigate the situation as to if the institution would allow the WIC participant to utilize the breastfeeding aid.

### 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.

<b>Job category</b>	<b>May issue</b>	<b>Additional requirements</b>
Lactation Educator	All breastfeeding equipment and aids	<ul style="list-style-type: none"><li>• Complete required training and demonstrate competency with all breastfeeding aids including the infant feeding tube device</li><li>• Component of job description/plan/evaluation</li></ul>

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Competent Professional Authority (CPA)	<ul style="list-style-type: none"><li>• Hand pumps</li><li>• Breast shells</li><li>• Electric pumps</li><li>• Single and double pumping kits</li><li>• Adapter kits</li><li>• Pedal pump</li><li>• Small electric breast pump</li></ul>	<ul style="list-style-type: none"><li>• Complete required training</li><li>• Authorized by Breastfeeding Coordinator</li><li>• Component of job description/plan/evaluation</li></ul>
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- 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. Hard cases are encouraged to be used with hospital grade electric breast pumps; soft tote bags, which cannot be sanitized, may be given to the participant and will not be returned for reuse with other participants.
  - c. Breastfeeding aids are not to be exchanged between mothers or returned to the clinic.
  - d. 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).
- II. Only trained, qualified staff may issue equipment. Manufacturer's instructions must be followed for all aids. For all staff who issue equipment, this

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- 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 along with 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. If not filed in the participant's chart, documentation of the pump/aid issuance must be in the participant's chart or computer record. 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.

### **K.8.5. Required Documentation**

#### **Policy**

To ensure accountability and avoid liability, all local agencies must comply with documentation requirements in this policy regarding issuance of breastfeeding aids and equipment.

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### 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
    - i. If it is serialized inventory, the system will show who had received the returned equipment.
  
- II. Appropriate verbal and written instructions must be provided to the participant at the time of issuance. Instruct on and provide Expressing and Storing Breast Milk, provide the Breast Pump / Aid Loan Agreement Form, and the manufacturer's instructional material provided in the pump package.
  
- III. Appropriate documentation for issuance of this item must be completed. This includes:
  - a. Document issuance of the breastfeeding aid on the Monthly Breastfeeding Supply Inventory Form. Include participant name and WIC ID number.
  - b. Complete the BF Equipment panel under the participant's record for non serialized or serialized item(s) provided.
  - c. Upon return of the serialized item, complete information under Serialized Inventory Item Disposition
  - d. Document additional information such as instructions provided or plan or follow up may be included in the care plan.
  - e. The participant must provide an electronic signature.
  
- IV. 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.

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V. The Breastfeeding Equipment Due report (found under Vision Reports, Clinic Services Reports, Breastfeeding Reports) displays the serialized equipment issued to participants. This report may be helpful in making follow up counseling calls and for verifying inventories.

VI. The Breastfeeding Equipment Issued report (found under Vision Reports, Clinic Services Reports, Breastfeeding Reports) displays the total number of equipment issued to participants. This report may be helpful in determining a utilization rate and for projecting supply orders through the state office.

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

#### **Policy**

Local agencies will complete monthly inventories and complete state 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 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 to the state within the specified deadline. (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

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- 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 by the specified deadline.
  - d. Aids/supplies and equipment orders will be sent to the designated districts and clinics.
  - 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, **demonstrating assembly and use**, 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.
  - f. 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.
  - g. 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.

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- h. 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.
- 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.

### **K.8.8. Guidelines for Single and Double Breast Pump Kits**

#### **Policy**

Single and double pump 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, **demonstrating assembly and use**, 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. One kit per participant issuance is allowed.
- II. The brand manufacturer kit must be used with the corresponding pump. Kits cannot 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).

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- 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).
  - g. Spare parts: call the State WIC Office regarding the availability of spare parts.
- IV. 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.

### **K.8.9. Guidelines for Breast Shells**

#### **Policy**

Breast shells maybe provided to breastfeeding participants with sore or damaged nipples at the discretion of the local Lactation Educator or CPA. Current data show that the use of shells may or may not be effective and thus should not be used for use with flat or inverted nipples. Issuance includes providing instruction to the participant, **demonstrating assembly and use,** and completing proper documentation.

#### **Procedure**

- I. Breast shells may be provided to women, during the postpartum period, who have sore or damaged nipples.
- II. 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.

### **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

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Lactation Educator or CPA. Appropriate issuance includes providing instruction to the participant, **demonstrating assembly and use**, completing required documentation and providing appropriate required follow up.

### Procedure

- 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 (24 hours).
- 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.

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- V. Appropriate verbal and written instructions must be provided to the participant at the time of issuance. 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 available. It is recommended that the participant view the video in clinic; video may be loaned for a short term.
- VI. The infant's physician must be notified, within three days, when an infant feeding tube device is issued.
- VII. 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.
- VIII. If the instruction and follow-up are provided by another health care provider (e.g., physician, nurse practitioner, nurse-midwife, lactation consultant), this and an appropriate plan for follow-up agreed to by the WIC LE and the participant must be documented.

### **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, **demonstrating assembly and use**, completing proper documentation, complete appropriate cleaning, and providing appropriate required follow up.

#### **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.

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- 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 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, inducement, relactation, increasing milk production, or other concerns expressed by the mother as indicated in section VI 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
  - f. Separation of mother and infant for more than 24 hours
  - g. Mother of twins or triplets (or multiples)

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- 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. 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.
- VIII. 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.
- IX. 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. Under Contact, provide contact information on one other responsible individual that may be contacted for follow up counseling or in tracking the issued item. The information should include name, physical address and phone number. It is recommended but optional to obtain information on additional contacts or alternate residences; this can be documented under Contact 2 and Contact 3. The address should not include PO Boxes.
  - d. In the Family Panel, a "BP" will be displayed as an alert to indicate that participant has been issued a breast pump. If the pump is not returned by the Contact/Return Date entered on the participant's BF Equipment panel, this "BP" alert will turn red.
  - e. If the participant cannot be present, the pump may be issued to a proxy or a responsible party for the participant.
  - f. Establish a plan for follow-up with the participant, and document on the loan form.
  - g. According to Federal Policy (1995), the participant must also receive one contact within the first 24-72 hours following issuance and within the agency's business week. Participants with a hospital grade electric breast

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pump must be followed weekly for the first month in order to provide lactation education and support, to promote transition to the breast, and to track the pump loaned. Thereafter, follow up calls need to be made every 2 weeks. Documentation must be provided for all contacts.

- i. Exception for weekly follow up calls includes:
  1. Women pumping for work or school separation and do not have a medical reason and who are assessed to be successfully pumping (ie not using ABM)
  2. Women (or infant) with medical reasons that are receiving appropriate medical support by her hospital/health care provider, and women who are also assessed by the Lactation Educator to be successfully pumping and providing breast milk to their infant/child (ie cleft palate baby exclusively receiving breast milk).

### **Policy: Health Department Staff Use of Electric Pumps**

- I. Health department staff who are not WIC employees may use a clinic pump if:
  - 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.
- II. Upkeep and repair of owned pumps
  - a. 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.

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- b. Document on local agency inventory all electric pumps that are sent to the State agency (i.e. for repair).
- c. WIC pumps that are part of a rental program are covered by an insurance policy with the manufacturer.
- d. 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. The participant may be recruited in the effort of receiving follow up information; however, it is the clinic's responsibility to provide follow up counseling and tracking.
- III. 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 Breast Pump/Aid Loan Agreement Form, including the participant's partner, friend, physician, and hospital listed.
  - b. Mail certified letter to contacts listed on Breast Pump/Aid Loan Agreement Form.
  - c. Contact the state WIC office regarding filing a police report or in obtaining assistance.
- IV. 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

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- 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. Wipe off remaining solution and rinse thoroughly with clean water
- vi. Document date cleaned and staff initials on the electric breast pump inventory

**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.)

### **Policy: State Electric Breast Pump Issuance**

The State WIC office will serve active WIC participants that are in need of an electric breast pump due to being away from their local WIC agency (i.e. baby transferred out of county to PCMC or other hospital for care), or who cannot get into a local WIC agency (i.e. clinic is closed).

- I. Confirm the participant is an active WIC participant
- II. Follow guidelines for electric breast pump issuance procedures
- III. Arrange for participant to pick up pump at the state office; obtain a specific time if possible. Provide address and directions.
- IV. Provide pump, kit, and verbal and written instructions.
- V. Complete and sign electric pump issuance form. Fax a copy to their local WIC clinic; obtain fax confirmation. A copy will be filed in the state office and original mailed to the local clinic. Confirm (i.e. call) the local agency received the fax. The local agency will follow this participant.
- VI. The state pump will be added in the local agency clinic's inventory. This pump can either be returned to the state office or kept at the local agency when the participant is finished using it.

## **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, **demonstrating assembly and use**, completing proper

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documentation, complete appropriate cleaning, and providing appropriate required follow up.

### Procedure

- 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. Establish a plan for follow-up with the participant and document. Follow the loaning procedures for electric breast pumps found in this section with the exception: at a minimum, the participant must receive one contact within the first week and monthly thereafter.
- VI. 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

### **K.8.13. Guidelines for Small Electric Multi-User 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.
  - 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 assess 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.
- II. Small electric breast pumps may be given for the following reasons:

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- 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.)
- IV. 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.
- V. Establish a plan for follow-up with the participant and document. Follow the loaning procedures for electric breast pumps found in this section with the exception: at a minimum, the participant must receive one contact within the first week and biweekly thereafter.
- VI. 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.
- VII. 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. Tote and/or ice block must be sanitized before issuance and if they are in poor condition, replacement should be used for the next loan.

### **K.8.14. Guidelines for Single-User Electric Breast Pump**

#### **Policy**

Single-user electric breast pumps may be provided judiciously to breastfeeding mothers that are “fully” or exclusively breastfeeding their infants and are not receiving infant ABM. The infant needs to be at least 4-6 weeks of age with breastfeeding well established with direct breastfeeding (at breast). The purpose of this type of pump issuance is to help breastfeeding participants maintain their established milk supply while continuing to exclusively breastfeed upon return to work and/or school. Participants who receive these pumps must sign a release form indicating that they plan to exclusively breastfeed for at least the first 6 months of their infant’s life and that they will not use ABM.

#### **Procedure**

- I. Single-user electric breast pumps, may be provided to breastfeeding women with an infant who is at least 4-6 weeks of age that has been assessed to be growing adequately on breast milk.
  - a. Single-user pumps should not be issued to:
    - i. 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.
    - ii. infants who have breastfeeding problems such as issues with latch, milk transfer, sore nipples, use of shields or other problems.
    - iii. women that are exclusively pumping and not direct breastfeeding.
  - b. Near term infants (34 – 36 weeks gestation) who were not born at a low birth weight, are gaining weight and breastfeeding without problems and have no medical conditions may be issued a single-user pump.
- II. Lactation Educators or CPAs must be trained on the use and issuance of the single-user electric breast pumps in order to provide issuance. Training includes viewing the manufacturer’s video tape, reading the manufacturer’s instruction information and demonstrating assembly of the kit (and tote). Documentation must be kept on file.
- III. Issuance includes providing instruction to the participant, signing of the Single-User Electric Breast Pump Release Form by the participant, completing proper

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documentation, and providing appropriate assistance when participants indicate that they are having problems with the pump.

- IV. Use only double pumping kits that come with the pump.
- V. Initial follow up calls need to be made within two weeks of issuance by the local WIC Staff and thereafter as deemed necessary to provide anticipatory guidance and support.
- VI. The single-user pump should never be reissued to multiple participants. It is deemed by FDA as a product that is to be used by only one user. In order to prevent cross contamination or infant health risks, participants should not share or sell the single-user pump.
- VII. A participant should never receive a single-user pump and a hospital grade pump at the same point in time. At a later point if the criteria warrant issuance of a hospital grade pump, it may be issued.
- VIII. Should the single-user pump not work properly or if a participant experiences a problem with the pump before the warranty expires, the participant should be instructed to contact the WIC clinic, or if outside clinic hours, to call the manufacturer's toll free phone number and speak to a customer service representative. If the manufacturer denies the participant a replacement, the participant should inform the local agency breastfeeding coordinator who can intervene with the manufacturer to resolve the issue.
- IX. Single-user pumps should be stored in a secured area.
- X. Criteria for purchasing single-user breast pumps.
  - a. Vacuum-generating membrane
  - b. Must have ability to cycle for 120 cycles per minute (cpm) for stimulation mode and 50/60 cpm during expression mode
  - c. Should offer option of flexible, collapsible breast shield and the flexible shield shall not compress more than 25% in a one to two second cycle
- XI. Examples of types of single-user pumps that may be purchased by the local agency.
  - a. Ameda Purely Yours
  - b. Medela Personal Pump-In-Style
  - c. Medela Pump-In-Style Advanced

# Utah WIC Policy and Procedures Manual

## Section K: Breastfeeding Promotion and Support

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- XII. There will be no replacement of single-user pumps lost by participants. Only one pump per participant issuance will be allowed. If a participant changes her decision to exclusively breastfeed or for other reasons wishes to return the pump, pumps may not be accepted or reissued to another participant.
- XIII. ABM/infant formula cannot be denied to participants when there is a change in the exclusive breastfeeding frequency.