

Breastfeeding Counseling/Education for WIC Participants

I. Breastfeeding counseling/education and assessment requirements

- a. Breastfeeding counseling/education will be provided at each prenatal visit./contact and b
- b. A breastfeeding assessment will be completed at a pregnant woman's initial certification and initial postpartum certification.
- c. Breastfeeding core content information should be provided during the pregnancy certification or during a breastfeeding class-
- d. Breastfeeding anticipatory guidance will be provided at each postpartum visit/contact while the participant is breastfeeding. Assess a pregnant participant's knowledge, attitude and concerns related to breastfeeding, and identifies the factors that may affect her success with breastfeeding.

II. Contraindications to breastfeeding

- a. It is rare in the rare or uncommon to have situations when breastfeeding is contraindicated. Not all counseling procedures need to be completed for the following contraindications:
 - i. (e.g., i. Women with HIV/AIDS (unless on HIV treatment— antiretroviral therapy or ART—and have discussed CDC guidelines with their healthcare provider).
 - ii. Women with active tuberculosis (TB) and/or who have not been medically treated for TB.
 - iii. Women using contraindicated illicit drugs such as cocaine or amphetamines.
 - iv. Women with unmanaged phenylketonuria (PKU), etc.
 - v. Baby or child with galactosemia or other inborn errors of metabolism, unmanaged phenylketonuria (PKU), etc.), not all steps in this process need to be completed.
 - vi. Use of Some contraindicated drugs (i.e. cancer medications or radioactive compounds). Note: some drugs may be used temporarily and breastfeeding may resume once discontinued.

III. Counseling for pregnant women

- a. 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.

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~~a.i. VENA counseling~~Counseling skills ~~should will~~ be used ~~to by~~:

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~~i.1. First, e~~Elicit the pregnant participant's attitudes, concerns, and knowledge related to breastfeeding ~~and identify the factors that may affect her success with breastfeeding.~~

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~~ii.i. Second, acknowledge her concerns and what she has reported.~~

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~~2. Second, a~~Acknowledge her concerns and what she has reported~~shared.~~

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~~3. Third, P~~provide applicable breastfeeding education.

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b. 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:

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i. Benefits of breastfeeding ~~for mother and infant.~~

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ii. Basics of milk production ~~and,~~ maintaining production.

iii. Exclusivity and frequency of breastfeeding.

iv. How to determine baby is getting enough.

v. Latch, position~~ing~~, transfer of milk, stages of milk (colostrum, transitional milk, mature milk).

vi. Hospital experience ~~and,~~ breastfeeding birth plan.

vii. First days at home ~~and,~~ incorporation of breastfeeding ~~into~~ lifestyle.

viii. Support (family, Designated Breastfeeding Expert ~~(DBE)~~, Peer Counselors, etc.).

c. The following content must be ~~assessed~~~~prioritized and discussed.~~~~r. Subsequent education should be tailored to the participants' needs, 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:

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i. Encouragement to breastfeed.

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~~ii. Benefits of breastfeeding for mother and infant.~~

- ~~iii. Basics of breastfeeding including the principles of breast milk production.~~
- ~~iv. ii. Common concerns.~~
- ~~v. iii. Explanation of Utah Breastfeeding Peer Counselors program.~~
- ~~vi. iv. Anticipatory guidance. /avoiding problems.~~
- ~~vii. v. Early breastfeeding (immediately after delivery).~~
- ~~viii. vi. Frequent breastfeeds (8-12 times/day).~~
- ~~ix. vii. Rooming in.~~
- ~~x. viii. How to avoid Avoiding artificial nipples (bottles and pacifiers).~~

~~d. At all prenatal contacts, breastfeeding education must be provided.~~ In an effort to increase breastfeeding durations, education ~~should will~~ reinforce the above information. ~~as well as Breastfeeding education will include a tailored plan to meet the participant's unique needs, focus on individual breastfeeding planning a to meet the participant's circumstances.~~ Additional information may be provided on other topics such as embarrassment and work ~~or~~ school.

~~d.~~

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IV. Counseling for breastfeeding women

~~iii. a.~~ At the postpartum woman's breastfeeding certification visit, the CPA will ~~complete conduct~~ a breastfeeding assessment by completing the Breastfeeding Panel, Nutrition Interview, and by following VENA guidelines.

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~~i. The following breastfeeding core content must be covered in this class/individual contact visit:~~

- ~~1. Support and encouragement to continue breastfeeding.~~
- ~~2. Problem solving.~~
- ~~3. Anticipatory guidance. for breastfeeding.~~
- ~~4. Adequate milk supply.~~
- ~~5. Growth spurts. /feeding problems.~~
- ~~6. Work oring/school. and breastfeeding.~~
- ~~7. Feeding cues.~~

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~~a. ii. At every all postpartum visits in which visit the participant is breastfeeding, staff must will discuss with the participant here evaluate breastfeeding status, update the Bbreastfeeding Ppanel, in order to provideprovide anticipatory guidance and information on avoiding problems and on how to continuestrategies for continued breastfeeding success.~~

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~~iv. b. One breastfeeding class/individual contact must also be offered to each breastfeeding woman in all WIC clinics to encourage the continuation of breastfeeding.~~

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~~a. i. The following breastfeeding core content must be covered in this class/individual contact:~~

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~~i. 1. Support/encouragement to continue breastfeeding.~~

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~~ii. 1. Problem solving.~~

~~iii. 1. Anticipatory guidance for breastfeeding.~~

~~iv. 1. Adequate milk supply.~~

~~v. 1. Growth spurts/feeding problems.~~

~~vi. 1. Working/school and breastfeeding.~~

~~vii. 1. Feeding cues.~~

~~b. c. 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.~~

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~~e. Include a participant's family and friends in breastfeeding education and support sessions, as appropriate.~~

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~~iv. iii. At every breastfeeding infant and child visit, staff will provide education and anticipatory guidance tailored to the participant's current breastfeeding frequency and concerns. Breastfeeding topics need to be discussed at all infant and child ages, as applicable based on the breastfeeding frequency and/or concerns and using anticipatory guidance.~~

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Include a participant's family, partner, and friends in breastfeeding education and support sessions, as appropriate.

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V. Food Packages/Food Rule Related and Breastfeeding Education Counseling Procedures.

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VI. a. Breastfed Infants:

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i. Formula will not be provided to exclusively breastfed infants.

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ii. Formula may be issued to partially breastfed infants; however, education should be provided on limiting formula use to protect milk supply. As appropriate, encourage participants to return to exclusive breastfeeding.

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Partially breastfeeding infants may be issued formula (but it is not recommended), in order to support mothers whose goal is to fully breastfeed.

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e. Formula may be provided to a breastfed infant only after a thorough assessment of the mother and infant dyad. All formula issued to a breastfed infant must be authorized by a CPA.

a. The use of supplemental formula should be minimized for breastfeeding infants by providing only the amount of formula that the infant is consuming at the time of benefit issuance. Formula should not be given to exclusively breastfed infants.

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b.a. Formula may be provided to a breastfed infant only after a thorough assessment of the mother and infant dyad. All formula issued to a breastfed infant must be authorized by a CPA.

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Mothers who are requesting formula for the first time or who are requesting an increase in formula should be provided education and support on establishing milk supply for continued breastfeeding, if appropriate for their situation.

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~~d. Powder, rather than concentrate or RTF formula, should be recommended to mothers of breastfed infants who request formula with the exception of premature and/or immunocompromised infants who may require sterile liquid~~

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iii. Infant formula requests should must be evaluated on a case-by-case basis. Many low income or single mothers must return to work early or have other situations which may necessitate the use of formula. WIC staff working with WIC participants should be sensitive to a mother's needs and ~~should~~ work with her to optimize the health of both the mother and the infant and support breastfeeding for as long as possible.

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iv. The use of supplemental formula will be minimized by providing only the amount of formula that the infant is consuming at the time of benefit issuance. Offer only the amount of formula needed to support breastfeeding and optimally return to fully breastfeeding.

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~~e.~~

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~~f. Formula is not recommended to fully and partially breastfeeding mothers and infants under one month of age.~~

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~~g. Fully breastfeeding infants will not be issued formula.~~

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~~h.a. Partially breastfeeding infants may be issued formula (but it is not recommended), in order to support mothers whose goal is to fully breastfeed.~~

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~~i.a. Offer only the amount of formula needed to support breastfeeding and optimally return to fully breastfeeding.~~

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~~j.~~ v. Any time a breastfeeding participants requests formula or a change in formula amount, the following steps need to be taken and documented. ~~Issuance of formula 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.~~ Trouble-shoot the reason the mother is requesting formula. An individual assessment must be made by a CPA or Designated Breastfeeding Expert (DBE). As appropriate, upon issuing formula, the staff member must:

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i. 1. Provide information on the benefits of breastfeeding (i.e., cost-effectiveness, convenience, immune support, health benefits) etc..

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ii. 2. Provide information on how to support her decision to breastfeed and overcoming her barriers or concerns.

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iii. 3. ~~Inform the mother how to produce more~~ Discuss strategies on how to increase breast-milk supply.

iv. ~~Not routinely issue formula packages with maximum amounts.~~

v. 4. Offer partially breastfeeding packages: in-range food packages allow mothers to receive benefits for up to 1-year postpartum.

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vi. 5. Document the completed breastfeeding assessment in the Food Package screen's "Comments" field. Document additional details in the care plan if needed.

vi. Ensure the mother receives lactation support from WIC staff with breastfeeding training (a peer counselor, CPA, or DBE), or other health care professional who can adequately address the mother's concerns and help her continue to breastfeed achieve her breastfeeding goals. Criteria may include, but not limited to, when a mother may need additional support, such as Factors that identify a need for increased breastfeeding support include, but are not limited to:

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i. 1. Mother expresses concerns about breastfeeding.

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ii. 2. Mother reports pain or discomfort with breastfeeding.

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iii. 3. Mother expresses ~~statements that are not indicating a lack of confidence in her ability to~~ confidence with breastfeeding.

iv. Mother is asking for formula.

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v. 4. Mother expresses concerns regarding perceived insufficient milk supply or inadequate infant intake ~~does not think her baby is getting enough breast milk or that she is producing enough breast milk~~

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5. Mother requests formula

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To preserve breastfeeding, it is important for clinic staff to conduct a timely breastfeeding assessment during every clinic visit to ensure that

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~~breastfeeding is being optimized and the issuance of formula remains appropriate.~~

~~m. Benefits may be issued as partially breastfeeding and then projected to be fully breastfeeding for future issuing of benefits.~~

~~vii. Refer all breastfeeding women to a Peer Counselor.~~

~~e. WIC staff must not provide formula in anticipation of mother's fear of not having enough breastmilk ("just in case").~~

~~p.a. In the rare or uncommon situations when breastfeeding is contraindicated (e.g., 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.~~

b. Breastfeeding women

~~VII. j. Fully breastfeeding dyads are mothers that are exclusively or "fully" breastfeeding their infants and are not giving formula and are not receiving formula from WIC or providing formula to their baby from any other source.~~

~~a. ii. These mothers participants will be informed of the following food benefits they will receive:~~

~~i. 1. Enhanced Food Package VII for fully breastfeeding women provides the largest quantity and variety of foods than any other food package.~~

~~ii. 2. This enhanced food package benefits are provided up to one year postpartum, versus 6 months for not the non-breastfeeding woman.~~

~~b. These mothers will be informed of the benefits their "fully" breastfeeding infants will receive:~~

~~i. No supplemental formula.~~

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ii. ~~iii.~~ Starting at ~~six-6~~ months of age, ~~an enhanced food package~~ their infant receives the ~~-containing the-~~ largest quantity and variety of foods compared to other infant packages.

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~~VIII. iv~~ Fully breastfeeding mothers of multiples are those that are fully breastfeeding more than one infant from the same pregnancy. Partially breastfeeding mothers of multiples are those that are partially breastfeeding infants from the same pregnancy and whose infants receive formula from WIC in amounts that do not exceed the maximum allowed for partially breastfed infants.

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a. Fully breastfeeding mothers of multiples will receive 1.5 times the FBF package.

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b. Partially breastfeeding mothers of multiples in range will receive the FBF package.

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c. Note: women that are pregnant with two or more fetuses also receive the partially breastfeeding package.

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~~IX.~~ Partially breastfeeding dyads are those that are offering a defined amount of formula to their infant.

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a. The CPA must individually assess the dyad based on the amount of breastfeeding that is occurring versus the amount of formula they are using or are requesting.

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b. The intent of the food rule is to encourage continued breastfeeding, to limit use of formula, and to have food packages that may be used as incentives over providing additional formula food packages.

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~~c.~~ ~~iv.~~ Staff ~~are required to~~ must educate mothers on the increased food package duration benefits they would receive by continuing as a "partially breastfeeding in-range" participants.

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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 formula.

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e. It is important for staff to promote breastfeeding by educating on the benefits of more food rather than offering more formula.

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f. v. Staff actions need to be based on scientific evidence and health research rather than marketing literature from formula manufacturers.

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vi. Women who are partially breastfeeding at a minimum of 1 time per day should remain in the breastfeeding category. These mother-baby dyads are divided into two subcategories: partially breastfeeding "in-range" and partially breastfeeding "out-of-range". Partially breastfeeding dyads include all women and infants 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".

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a. 1. Dyads/Infants that receive the number of cans of formula from WIC within the allowed range (see Appendix A in Food Packages policy) will be defined as "partially breastfeeding— in-range".

b. 2. Dyads/Infants that receive the number of cans of formula from WIC that are is more than the amount of formula allowed for their age range (see Appendix A in Food Packages policy), will be defined as "partially breastfeeding— out-of-range".

c. The intent of the food rule is to encourage continued breastfeeding, limit use of formula, stay "in-range" versus "out-of-range" and to have food packages that may be used as incentives over providing additional formula food packages.

d. All dyads need to be individually assessed by a CPA or DBE to determine appropriate food packages and follow the above policy on offering only the amount of formula needed to support breastfeeding and optimally return to fully breastfeeding.

e. 3. Partially breastfeeding infants (in-range or out-of-range) can receive any number of cans of formula from the range offered in these packages. They should not be routinely provided the maximum package amounts of formula.

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f. ~~Staff must make every effort to maintain the participants "partially breastfeeding in range" status versus issuing additional formula and moving to "out of range", while respecting the mother's choice.~~

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g. ~~If "partially breastfeeding" mothers request additional formula (or "out of range" packages), the CPA or DBE should counsel and assess their needs individually before issuing additional formula.~~

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h. ~~4. It is appropriate for bB~~ Breastfeeding dyads ~~to may~~ change between in-range and out-of-ranges based on the age of the infant, ~~age range for the infant,~~ and the amount of breastfeeding ~~being done.~~ Note: Non-formula food packages may only be changed in the current month if family benefits have not been purchased for the current month. Formula food packages may be changed in the current month when there are changes to formula, even if family benefits have been purchased. See details in the Tailoring Food Packages policy.

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i. ~~The CPA or DBE is required to educate mothers on the increased food benefits they would receive by continuing as 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).~~

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j. ~~When applicable, offer the option to move the mother to fully breastfeeding in order to receive more benefits.~~

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XI. ~~Partially Breastfeeding mothers must be advised of the following benefits they will receive:~~

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5. Food Package VII, Full BF package, provides a larger quantity of food for the mother. This package may continue for 1-year postpartum. The infant cannot receive formula from WIC when the mother receives this package.

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6. Food Package VI, Postpartum package, provides less quantity of food for the mother. This package may continue for 6-months postpartum. The infant can receive the most formula (up to the maximum for full formula amount) when the mother receives this package.

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7. Food Package V, Part BF package, provides a moderate quantity of food for the mother. This package may continue for 1-year postpartum. The infant

can receive some formula (up to the maximum in-range amount) when the mother receives this package.

8. When an infant receives an out-of-range amount of formula, the mother receives Food Package VI, Postpartum package. If the infant continues out-of-range beyond 6 months of age, the mother no longer receives food benefits (see detailed instructions for correct food package assignment, termination steps, and required documentation in Food Packages policy.).

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9. When infants are active participants, their breastfeeding mother may still receive WIC services (nutrition education, counseling, peer counselor support, breastfeeding aids, etc.).

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a. In-range provides larger quantity of foods than women that are fully formula feeding (non-breastfeeding women).

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b. In-range food package benefits are provided up to one year postpartum versus 6 months for the non-breastfeeding woman.

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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).

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a. For those over 6 months postpartum that are "out-of-range" mothers will need to be terminated with notification (See Termination and Food Packages policy sections).

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d. As their infant is still an active participant, the mother may still receive WIC services of nutrition education, counseling, Peer Counselors, pumps, etc. Documentation needs to be made in the infant's record.

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XII. Mothers must be informed of the "Partially Breastfeeding In-Range" infant benefits they will receive:

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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 formula provided to fully formula (non-breastfeeding) infants.

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~~b. Infant complementary food benefits at six months are less than the full breastfeeding infant and equivalent to the full formula fed infant.~~

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