

Breastfeeding Counseling for WIC Participants

- I. Breastfeeding counseling and assessment requirements
 - a. Breastfeeding counseling will be provided at each prenatal visit.
 - 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 while the participant is breastfeeding.
- II. Contraindications to breastfeeding
 - a. It is rare to have situations when breastfeeding is contraindicated. Not all counseling procedures need to be completed for the following contraindications:
 - 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) 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.
 - vi. Use of 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 breastfeeding data and following VENA guidelines.
 - b. Counseling skills will be used to:
 - i. Elicit the pregnant participant's attitudes, concerns, and knowledge related to breastfeeding and identify the factors that may affect her success with breastfeeding.
 - ii. Acknowledge her concerns and what she has shared.
 - iii. Provide applicable breastfeeding education.
 - c. 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:

- i. Benefits of breastfeeding for mother and infant.
 - ii. Basics of milk production and maintaining production.
 - iii. Exclusivity and frequency of breastfeeding.
 - iv. How to determine baby is getting enough.
 - v. Latch, positions, 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.).
- d. The following content must be prioritized and discussed. Subsequent education should be tailored to the participants' needs. This contact must be documented in a consistent manner by the local agency:
 - i. Encouragement to breastfeed.
 - ii. Common concerns.
 - iii. Explanation of the Breastfeeding Peer Counselors program.
 - iv. Anticipatory guidance.
 - v. Early breastfeeding (immediately after delivery).
 - vi. Frequent breastfeeds (8-12 times/day).
 - vii. Rooming in.
 - viii. How to avoid artificial nipples (bottles and pacifiers).
- e. In an effort to increase breastfeeding durations, education will reinforce the above information. Breastfeeding education will include a tailored plan to meet the participant's unique needs. Additional information may be provided on other topics such as embarrassment and work or school.

IV. Counseling for breastfeeding women

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

- i. The following breastfeeding core content must be covered in this visit:
 - 1. Support and encouragement to continue breastfeeding.
 - 2. Problem solving.
 - 3. Anticipatory guidance.
 - 4. Adequate milk supply.
 - 5. Growth spurts.
 - 6. Work or school.
 - 7. Feeding cues.
- ii. At every postpartum visit, staff will evaluate breastfeeding status, update the Breastfeeding Panel, provide anticipatory guidance and strategies for continued breastfeeding success.
- 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.
- iv. Include a participant's family, partner, and friends in breastfeeding education and support sessions, as appropriate.

V. Food Packages and Breastfeeding Counseling Procedures

- a. Breastfed infants
 - i. Formula will not be provided to exclusively breastfed infants.
 - 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.
 - iii. Infant formula requests 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 work with her to optimize the health of both the mother and the infant and support breastfeeding for as long as possible.
 - 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.
 - v. Any time a breastfeeding participant requests formula or a change in formula amount, the following steps need to be taken and documented. Troubleshoot the reason the mother is requesting formula. An individual assessment must be made by a CPA or DBE. As appropriate, upon issuing formula, the staff member must:
 - 1. Provide information on the benefits of breastfeeding (i.e., cost-effectiveness, convenience, immune support, health benefits).

2. Provide information on how to support her decision to breastfeed and overcoming her barriers or concerns.
 3. Discuss strategies on how to increase milk supply.
 4. Offer partially breastfeeding packages; in-range food packages allow mothers to receive benefits for up to 1 year postpartum.
 5. Document the completed breastfeeding assessment in the Food Package screen's "Comments" field. Document additional details in the care plan if needed.
 - v. Ensure the mother receives lactation support from WIC staff with breastfeeding training (a peer counselor, CPA, or DBE) who can adequately address the mother's concerns and help her achieve her breastfeeding goals. Factors that identify a need for increased breastfeeding support include, but are not limited to:
 1. Mother expresses concerns about breastfeeding.
 2. Mother reports pain or discomfort with breastfeeding.
 3. Mother expresses a lack of confidence in her ability to breastfeed.
 4. Mother expresses concerns regarding perceived insufficient milk supply or inadequate infant intake.
 5. Mother requests formula.
 - vi. Refer all breastfeeding women to a Peer Counselor.
- b. Breastfeeding women
- i. Fully breastfeeding dyads are mothers that are breastfeeding their infants and are not receiving formula from WIC.
 - ii. These participants will be informed of the food benefits they will receive:
 1. Food Package VII for fully breastfeeding women provides the largest quantity and variety of foods than any other food package.
 2. This food package is provided up to 1-year postpartum, versus 6 months for not breastfeeding women.
 3. Starting at 6 months of age, their infant receives the largest quantity and variety of foods compared to other infant packages.
 - iii. Staff must educate mothers on the increased food package duration they would receive by continuing as a partially breastfeeding in-range participant.
 - iv. Staff actions need to be based on scientific evidence and health research rather than marketing literature from formula manufacturers.
 - v. 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.

1. 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.
 2. Infants that receive the number of cans of formula from WIC that 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.
- vi. 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.
 - vii. Breastfeeding dyads may change between in-range and out-of-range based on the age of the infant and the amount of breastfeeding.
 1. 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.
 - viii. 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.
 - ix. 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.
 - x. 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.
 - xi. 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.).
 - xii. When infants are active participants, their breastfeeding mother may still receive WIC services (nutrition education, counseling, peer counselor support, breastfeeding aids, etc.).