

Breastfeeding Promotion and Support

- 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 WIC Breastfeeding 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 an electronic and/or paper referral list of lactation and breastfeeding services and resources available in their community. Refer clients to the list to promote and extend breastfeeding duration rates.
- 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 featuring successful breastfeeding WIC participants, peer testimonials in classes, peer discussion groups, etc.).
- VI. Peer Counselor Contacts

- a. Acceptable Contacts
 - i. In clinic (in person)
 - ii. Phone call
 - iii. Text
 - iv. Email
 - 1. Not allowed as the only form of contact 1 month before expected delivery date (EDD) and 1 month after EDD.
- b. Responses from participant, or no response, will be documented under the Type of Contact, Prenatal Topics and Postpartum Topics sections.
 - i. Participants should be asked to respond to verify they received communication by text or email.
 - ii. No response should be documented as follows regardless of the method used to contact the participant;
 - 1. Type of Contact: No Answer
 - 2. Prenatal/Postpartum Topics:
 - a. Text
 - b. Left phone message
 - c. Unable to Contact
 - d. Email
 - iii. When a contact is made with no answer and no actual delivery date (ADD) or no infant date of birth (DOB) has been entered after the EDD has passed, document this contact under the Postpartum Topics.
 - iv. If no topics are selected it will not count as a contact on the BFPC Counts Ad Hoc report.
 - v. If documenting contacts initially outside of VISION, documentation should be added to the BF PC Documentation screen within 10 business days.
- c. Reasonable efforts for contacts should be made when there is no response from participants. Peer counselors should make at least 2 attempts with a variety of methods.

Minimum Requirements

Prenatal

- 1. Within 30 days of their EDD

Breastfeeding

- 1. Within 1 week after their EDD or DOB
- 2. A second contact within 30 days of DOB/EDD

- a. Exit date should be added in the BF PC Documentation screen if not actively planning to contact the participant again, regardless of breastfeeding status
3. Every other month until baby weans or PC services are no longer desired (Exit date should be added in the BF PC Documentation screen).

Best Practices

Prenatal

1. Within 7 days of enrollment or by the start of the 3rd trimester whichever comes first
2. Monthly
3. 2 weeks before EDD
4. 1 Week before EDD

Breastfeeding

1. Every 2-3 days postpartum or 2-3 days after EDD for the first week
2. Weekly after first week for the first month (3 contacts)
3. Monthly until baby weans or PC services are no longer desired.

- VII. 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 VII, 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.