

Breastfeeding Counseling/Education for WIC Participants

- I. 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.~~ Assesses a pregnant participant's knowledge, attitude and concerns related to breastfeeding, and identifies the factors that may affect her success with breastfeeding.

- II. 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.
 - a. 3 Step Counseling, VENA or similar client based counseling skills should be used by:
 - i. First, elicit the pregnant participant's attitudes, concerns, and knowledge related to breastfeeding.
 - ii. Second, acknowledge her concerns and what she has reported.
 - iii. Third, provide applicable breastfeeding education.

 - 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:
 - i. Benefits of breastfeeding/~~risks of using ABM~~
 - ii. Basics of milk production, maintaining production.
 - iii. Exclusivity and frequency of breastfeeding.
 - iv. How to determine baby is getting enough.
 - v. Latch, positioning, transfer of milk, management of colostrum, transition to next milk.
 - vi. Hospital experience, breastfeeding birth plan.
 - vii. First days at home, incorporation of breastfeeding in lifestyle.
 - viii. Support (family, lactation educator, Peer Counselors, etc.)

 - c. 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:

- i. Encouragement to breastfeed.
 - ii. Benefits of breastfeeding for mother and infant.
 - iii. Basics of breastfeeding including the principles of breast milk production.
 - iv. Common concerns.
 - v. Utah Breastfeeding Peer Counselors.
 - vi. Anticipatory guidance/avoiding problems.
 - vii. Early breastfeeding (immediately after delivery).
 - viii. Frequent breastfeeds (8-12 times/day).
 - ix. Rooming-in.
 - x. 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 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.
- III. 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.
 - a. 3 Step Counseling or similar client based counseling skills should be used to provide breastfeeding education.
 - b. At all postpartum visits in which the participant is breastfeeding, staff must discuss with the participant her breastfeeding status in order to provide anticipatory guidance and information on avoiding problems and on how to continue breastfeeding.
- IV. One breastfeeding class/individual contact must also be offered to each breastfeeding woman in all WIC clinics to encourage the continuation of breastfeeding.
 - a. The following breastfeeding core content must be covered in this class/individual contact:
 - i. Support/encouragement to continue breastfeeding.
 - ii. Problem solving.
 - iii. Anticipatory guidance for breastfeeding.
 - iv. Adequate milk supply.

- v. Growth spurts/feeding problems.
 - vi. Working/school and breastfeeding.
 - vii. Feeding cues.
 - b. 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.
 - c. Invites or includes a participant's family and friends in breastfeeding education and support sessions, as appropriate.
- V. 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.
- VI. Food Package/Food Rule Related Breastfeeding Education Procedures.
 - a. Local agencies will:
 - i. Review existing policies and procedures to ensure they support breastfeeding women and infants through minimum supplementation with infant formula (~~artificial baby milk~~) if needed.
 - ii. Ensure staff is adequately trained to provide anticipatory guidance to pregnant women.
 - iii. Conduct complete breastfeeding assessments, provide counseling and support for the breastfeeding dyad using VENA.
 - iv. Inform her of the additional food benefits as an incentive and assign appropriate food packages.
 - v. Ensure food package quantities are issued based on assessment of each participant's individual breastfeeding and nutritional needs.
 - b. CPA staff core competencies for pregnant and breastfeeding certifications will include the discussion of the basics of breastfeeding with participants such as:
 - i. Research based health benefits for both infant and mother.
 - ii. Routine breastfeeding questions and problems.
 - iii. How breast milk is produced.
 - iv. What is expected in the hospital and the first two weeks after birth.
 - v. Signs that breastfeeding is going well.
 - vi. Support for working mothers.

- vii. Referral to support (Peer Counselors, IBCLCs)
- c. **Artificial Baby Milk (ABM) Formula** is not recommended to fully and partially breastfeeding mothers and infants under one month of age.
- d. Fully breastfeeding infants will not be issued **formula artificial baby milk**.
- e. Partially breastfeeding infants may be issued **formula artificial baby milk** (but it is not recommended), in order to support mothers whose goal is to fully breastfeed.
- f. One can of powdered **formula 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”.
- g. Food packages should not be standardized to issue formula to partially (mostly) breastfed infants in the first month after birth.
- h. 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.
- i. Offer only the amount of **formula artificial baby milk** needed to support breastfeeding and optimally return to fully breastfeeding.
- j. Any time participants request **formula artificial baby milk**, the following steps need to be taken and documented. Issuance of **formula 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. Troubleshoot the reason the mother is requesting **artificial baby milk formula**. An individual assessment must be made by a lactation educator. **As appropriate**, upon issuing **formula artificial baby milk**, a lactation educator must:
 - i. **Provide information on the risks (ie compromises breastfeeding, increased potential risks of illnesses, etc.) appropriate to each situation.** Provide information on the benefits of breastfeeding (i.e. cost-effectiveness, convenience, immune support, health benefits etc.)
 - ii. Provide information on how to support her decision to breastfeed and overcoming her barriers or concerns.

- iii. Inform the mother how to produce more breast milk.
 - iv. Not routinely issue formula packages with maximum amounts.
 - v. Offer partially breastfeeding packages – “in range” as an incentive or option to receiving additional formula ~~artificial baby milk~~ “out of range” packages.
- k. 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.

Criteria may include, but not limited to, when a mother may need additional support, such as:

- i. Mother expresses concerns about breastfeeding
 - ii. Mother reports pain or discomfort with breastfeeding
 - iii. Mother expresses statements that are not indicating confidence with breastfeeding
 - iv. Mother is asking for **formula artificial baby milk**
 - v. Mother does not think her baby is getting enough breast milk or that she is producing enough breast milk
- l. Future months’ food packages generally cannot contain greater amounts of **formula artificial baby milk** based on projection. If this is done, the CPA must document the reason for doing so.
- m. To preserve breastfeeding, it is important for clinic staff to conduct a timely breastfeeding assessment during every clinic visit to ensure that **breastfeeding is being optimized and the issuance of formula remains appropriate. unnecessary amounts of formula ABM are not issued.**
- n. WIC will not routinely issue future months’ FIs containing **formula artificial baby milk** for future plans to return to work or school.
- o. FIs may be issued as partially breastfeeding and then projected to be fully breastfeeding for future issuing of FIs.
- p. Refer all breastfeeding women to a Peer Counselor.
- q. WIC staff must not provide **formula artificial baby milk** in anticipation of mother’s fear of not having enough breastmilk (“just in case”).

- r. 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.
- VII. Fully breastfeeding dyads are mothers that are exclusively or “fully” breastfeeding their infants and are not giving formula artificial baby milk and are not receiving formula 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 formula 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.
- VIII. 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 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 FBF package enhanced food package VII benefits.

- b. Partially breastfeeding mothers of multiples will receive the **FBF package enhanced food package VII benefits.**
 - c. Note: women that are pregnant with two or more fetuses also receive the **FBF package Food Package VII.**
- IX. Partially breastfeeding dyads are those that are offering a defined amount of **formula 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 **formula artificial baby milk** they are using or are requesting.
 - b. The intent of the food rule is to encourage continued breastfeeding, to limit use of **formula artificial baby milk**, and to have food packages that may be used as incentives over providing additional **formula 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 **formula artificial baby milk**.
 - e. It is important for staff to promote breastfeeding by educating on the benefits of more food rather than offering more **formula ABM**.
 - f. Staff actions need to be based on scientific evidence and health research rather than marketing literature from **formula ABM** manufacturers.
- X. 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 **formula artificial baby milk** from WIC within the allowed range will be defined as “partially breastfeeding – in- range”.

- b. Dyads that receive the number of cans of formula 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 the food rule is to encourage continued breastfeeding, limit use of formula artificial baby milk, stay “in-range” versus “out-of range” and to have food packages that may be used as incentives over providing additional formula artificial baby milk food packages.
- d. 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 formula artificial baby milk needed to support breastfeeding and optimally return to fully breastfeeding.
- e. Partially breastfeeding infants can receive any number of cans of formula artificial baby milk from the range offered in these packages. They should not be routinely provided the maximum package amounts of formula artificial baby milk.
- f. Staff must make every effort to maintain the participants “partially breastfeeding in-range” status versus issuing additional formula artificial baby milk and moving to “out-of range”, while respecting the mother’s choice.
- g. If “partially breastfeeding” mothers request additional formula artificial baby milk (or “out of range” packages), the lactation educator should counsel and assess their needs individually before issuing additional formula artificial baby milk.
- h. 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.
- i. 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).

- j. When applicable, offer the option to move the mother to fully breastfeeding in order to receive more benefits.
- XI. 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 postpartum that are “out-of-range” mothers will need to be terminated with notification. ~~and appropriate amounts of food issued.~~ 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.
- XII. 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 ~~formula~~ ~~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.