

CONNECTICUT WIC PROGRAM: GUIDELINES FOR BREASTFEEDING PROMOTION & SUPPORT

Overview:

The Connecticut WIC Program Guidelines for Breastfeeding Promotion and Support consist of five (5) focus areas and outline local agency expectations and best practices for WIC breastfeeding services. The five (5) areas include:

1. Breastfeeding Linkages
2. Clinic Environment-Comfort and Safety
3. Learning Environment (Participant and Support People)
4. Staff Education on Breastfeeding
5. Food Package Policies that Support Breastfeeding

The Guidelines were adapted from the Iowa WIC Program and developed and approved by a joint workgroup of State and local agency staff in the late 1990's. Since that time, updates to these Guidelines were made, most notably in 2009 with the implementation of the Interim WIC Food Package Rule, which included major changes to the WIC Food Packages. The 2015 version includes additional updates required by the implementation Final WIC Food Package Rule, and also includes changes to some of the focus areas in order to reflect current recommendations and/or resources.

It is expected that all local agencies are aware of and incorporate these guidelines into WIC daily operations related to nutrition and breastfeeding services. Compliance in each area will be evaluated during State agency monitoring and should also be included in the Local agency conducted Off-Year Self Assessment. At a minimum, these Guidelines will be reviewed every other year by the State and Local Agency Breastfeeding Coordinators' workgroup to ensure accuracy and to update with current recommendations or evidenced-based information.

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Breastfeeding Linkages

Introduction:	WIC local agencies are expected to form linkages with public and private health care providers, the educational system, and community organizations to promote breastfeeding and to provide needed support for breastfeeding women.
Benefit of Linkages:	A collaborative approach to breastfeeding promotion and support can create a strong, supportive network of individuals and agencies providing accurate and consistent information to women and helping to ensure efficient and effective use of available resources.
Potential Linkages:	<p>These linkages can be formed through local networks, task forces or steering committees, and may include:</p> <ul style="list-style-type: none"> • Physicians • Lactation Consultants • Public Health Nurses • Home health workers • Local Health Director, health educators • Shelters/ Homes for unwed mothers • Fathers and other family members • Mothers who have breastfed • Obstetric nurses from the community hospital • La Leche League (LLL) leaders and other lay educators • Extension Service staff • Family planning providers • Public school teachers involved with family life education courses • Representatives from school health curriculum committees • Leaders from business and industry (e.g., Chamber of Commerce, small business association) • Judicial system – agencies serving women in transition from prison; law enforcement officers • Public libraries
Establishing <u>and Maintaining</u> Partnerships:	<ol style="list-style-type: none"> 1. Contact <u>and keep updated information on</u> potential partners breastfeeding educators, other community health care providers and other stakeholders. 2. Meet to discuss specific interests and needs of partners. 3. Establish frequency and mode of communication (e.g., quarterly meetings)
Activities:	<p>Possible activities for local partners include:</p> <ul style="list-style-type: none"> • Update partners on program or organization’s breastfeeding activities • Invite partner(s) to participate in Breastfeeding Awareness Month

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	<p>event</p> <ul style="list-style-type: none"> • Conduct surveys/questionnaires of health care providers and participants (separately) to identify support systems/resources in community, pump availability, insurance coverage, workplace support/barriers • Develop a community breastfeeding resource list • Update partners on current breastfeeding laws • Conduct local breastfeeding promotion campaigns • Contact local media to publish articles and air public service announcements, • Co-sponsor professional education, including conferences, on-line resources public education, including telephone hotlines, brochures, posters, school presentations, and on-line resources. • Develop model guidelines in collaboration with hospitals and worksites, • Collect and tabulate local data on incidence and duration of breastfeeding • Provide/develop posters or handouts describing benefits of breastfeeding to the community • Provide information to law enforcement officers on breastfeeding laws • In-service agencies that serve women in transition about available resources
<p>Performance Standards:</p>	<ul style="list-style-type: none"> • The local <u>agency</u> WIC Breastfeeding Coordinator(s) actively participates in the Connecticut WIC Breastfeeding Committee. • The local WIC Program conducts special activities during <u>the year, to promote breastfeeding in the community. Events held during Breastfeeding Awareness Month (August)-should provide return on investment and include a plan for sustainability. each year.</u>
<p>Best practices:</p>	<ul style="list-style-type: none"> • The local WIC Breastfeeding Coordinator actively participates in a local network of professionals who work with breastfeeding mothers. • The local WIC Breastfeeding Coordinator actively participates in the CT Breastfeeding Coalition (CBC). <p>Note: Active participation in the CBC may include but is not limited to:</p> <ul style="list-style-type: none"> • attendance at monthly meetings • review of meeting minutes • CBC list serve membership

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Clinic Environment-Comfort & Safety

Introduction:	WIC local agencies are expected to create a safe and comfortable clinic environment that will promote the goals and objectives of the WIC Program.
Provide a breastfeeding friendly environment:	Local WIC agencies provide a place for WIC mothers to breastfeed their Infants such as: <ul style="list-style-type: none"> • A private room with a comfortable chair or • A partitioned area in the waiting room designated for breastfeeding or • A vacant office or other available space that is conducive to breastfeeding. • Display posters, flyers, La Leche League leader contact and meeting information.
Provide a safe environment:	Childproof the clinic area to the extent possible.
Limit distractions:	Suggestions to limit the distractions and noise level of the clinic: <ul style="list-style-type: none"> • Select clinic sites with carpeted floor areas. • Keep room temperatures as comfortable as possible. • Designate a play area for children.
Performance Standards:	<ul style="list-style-type: none"> • Pregnant women will be informed in the education sessions and classes during the prenatal period that they are welcome to breastfeed anywhere at the local WIC site, but that a private location is available if preferred • Educate all staff on breastfeeding; let them know breastfeeding is acceptable anywhere within the WIC facilities. • The local office or satellite site will be "childproof" to the extent possible. • A space will be available at all times for women who need to breastfeed their infants while visiting the office or satellite.
Best Practices:	A private room will be designated for breastfeeding mothers who visit the WIC office or satellite and need to breastfeed their infants. It will include: <ol style="list-style-type: none"> 1. a comfortable chair 2. educational material on breastfeeding 3. access or close proximity to a sink and baby changing area

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Learning Environment

Introduction:	WIC local agencies are expected to create a positive environment for nutrition education and breastfeeding promotion and support.
Create a Positive Learning Environment:	<p>To create a positive environment:</p> <ul style="list-style-type: none"> • Assess each woman and her family's attitude and beliefs regarding breastfeeding. Consider cultural attitudes, beliefs and practices. • Encourage participant and significant other to express her/his breastfeeding experiences to enhance discussion on breastfeeding. • Allow the participant to speak honestly by providing privacy for interviews. Ask Open-ended questions, avoid "leading questions" • Lessen physical barriers between you and the participant and promote rapport by sitting beside the participant. • Make use of waiting time between stations by providing a variety of nutrition education materials/methods throughout the clinic, including posters, bulletin boards, educational displays, and newsletters.
Promote breastfeeding as the preferred/normal infant feeding method:	<p>To promote breastfeeding as normal infant nutrition:</p> <ul style="list-style-type: none"> • Know when to promote breastfeeding to an individual and when to stop. • Respect a woman's decision to not breastfeed or discontinue breastfeeding. • Select educational materials that portray breastfeeding as normal infant feeding method. • Use print and audiovisual materials and office supplies that are free of formula product names. • Communicate clear endorsements of breastfeeding. • Integrate breastfeeding promotion into each prenatal nutrition education contact. • Include participant's family and friends in breastfeeding education and support sessions. • Store formula samples out of view. • Establish a policy that encourages staff to decline formula and marketing products offered by formula manufacturers for personal use. • Encourage mothers to decline products offered by formula manufacturers.
Promote breastfeeding in the clinic or waiting room	<p>Use the clinic waiting area to help women recognize breastfeeding as the norm Rather than the exception. Follow these suggestions to provide an environment where women feel comfortable breastfeeding their infants:</p> <ul style="list-style-type: none"> • Display posters, pins, and buttons that promote breastfeeding.

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areas:	<ul style="list-style-type: none">• Create a Breastfed Babies wall or bulletin board featuring breastfeeding moms and babies.• Provide comfortable chairs• Locate the breastfeeding area away from the clinic entrance.• Have list of reputable website links, handouts and books on breastfeeding available in the waiting area.
Performance Standards:	<ul style="list-style-type: none">• No formula samples or formula logos will be displayed in the WIC office• Educational breastfeeding materials, posters, and resource phone numbers will be available in waiting areas and upon request.• Encourage staff and participants to decline formula products and promotional items from formula manufacturers.
Best Practices:	<p>Maintain a breastfeeding resource center with materials appropriate to the learning level of the participants. This resource center may include but is not limited to:</p> <ul style="list-style-type: none">• a book lending library• videos/DVDs• website listings/resources• handouts

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Staff Education on Breastfeeding

Introduction:	WIC local agency staff are aware of the benefits of breastfeeding, the barriers facing low income women, and understand their role in breastfeeding promotion and support.
Breastfeeding is everyone's business:	<p>In coordination with program management, the local agency breastfeeding coordinator:</p> <ul style="list-style-type: none"> • Assess each staff member's attitudes, beliefs and knowledge of <u>benefits</u>^[L1]. • <u>Teach staff sensitivity to breastfeeding moms, including mothers practicing extended breastfeeding.</u> • <u>Educate all and other staff on answering local policy telephone to promote and support breastfeeding while answering the telephone. in breastfeeding friendly manner.</u> • Provide staff with <u>access to</u> information on national and state policy. • All staff members must buy into the importance of breastfeeding in order to present a unified message.
Performance Standards:	<ul style="list-style-type: none"> • Orientation of each staff member on benefits through state approved training resources, including but not limited to: <ul style="list-style-type: none"> ✓ WIC Works self-study module on breastfeeding ✓ Project ReNEW Breastfeeding modules and other materials ✓ CT WIC Breastfeeding Resource page materials ✓ CT WIC Breastfeeding Content Sheets ✓ Website reference lists, see Breastfeeding Peer Counseling Program <u>protocols</u>^[L2]. • Provide each staff member with <u>breastfeeding BF support resource list:</u> including but not limited to LLL, Breastfeeding USA, local lactation consultants (IBCLC), local hospital labor and delivery floor, <u>available HUSKY DME providers for local hospital grade/ rental breast pumps rental agency.</u> • When scheduling pregnant women, adequate time must be allotted to allow for breastfeeding education. Pregnant women should be scheduled for an appointment 1-2 months prior to Estimated Due Date (EDD), again to discuss breastfeeding <u>goals</u> and procedure to add new infant to program after delivery. • Educate staff on State breastfeeding <u>F</u>ood <u>P</u>ackage guidelines. Education should include the difference in foods offered to breastfeeding vs. non-breastfeeding women, the length of time a breastfeeding vs. non-breastfeeding woman can stay on the program, and the various options a

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	<p>woman has who is breastfeeding and supplementing with formula.</p> <ul style="list-style-type: none"> • Maintain current educational resources (e.g., The Breastfeeding Answer Book; Medications and Mother’s Milk; the Womanly Art of Breastfeeding). • BF coordinator presents to site staff a minimum of three updates a year on breastfeeding. These updates may include but are not limited to: <ul style="list-style-type: none"> • report from Local agency Breastfeeding Coordinators meeting(s) • updated clinical information on breastfeeding • case studies of challenging breastfeeding situations • role-playing of counseling for challenging breastfeeding situations. • Nutrition staff attend state-sponsored breastfeeding conferences, seminars, or in-services. <u>Local agencies should plan to allocate some funding for on-going continuing education in breastfeeding.</u>
<p>Best Practices:</p>	<ul style="list-style-type: none"> • At monthly staff meetings, current topics in Breastfeeding will be presented. • Non-nutrition staff attend a breastfeeding conference, seminar or in-service at least yearly. • Nutritionists successfully complete the Certified Lactation Counselor (CLC) certificate training course and maintain certification by participating in a minimum of 18 hours of continuing education in each 3-year period.

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Food Package Policies

Introduction:	WIC local agency staff are expected to follow these guidelines for the issuance of food packages that promote and support breastfeeding. The local WIC Breastfeeding Coordinator, assisted by local agency management, is responsible for ensuring that breastfeeding policies are carried out, for providing ongoing informal training of staff members, for coordinating local agency breastfeeding activities and for monitoring WIC breastfeeding data.
Policy Areas:	<p>The following policies shall be adopted by all local programs:</p> <ul style="list-style-type: none">• WIC recognizes breastfeeding as the normal and optimal method for feeding infants and supports the American Academy of Pediatrics Policy Statement on Breastfeeding and the Use of Human Milk.¹ All local staff will encourage women to breastfeed their infants exclusively for the first 6 months of life, to add complementary foods at approximately 6 months of age, and to continue breastfeeding for at least the first year of life and beyond for as long as mutually desired by mother and child.• Each local agency will develop protocols for a Nutritionist or other Certified Lactation Counselor (CLC) to handle phone calls from breastfeeding mothers and other issues related to breastfeeding promotion and support. These protocols will be discussed at staff meetings, as appropriate, to ensure that the needs of breastfeeding women are met in a timely manner.• As defined by USDA for the purpose of WIC certification and food package issuance, breastfeeding is the practice of feeding a mother's milk to her infant(s) on the average of at least once per day. Breastfeeding women are eligible for WIC services up to one year postpartum. At the time of the infant's certification and certification/recertification of the infant's mother, a WIC staff person will identify and document the "base category" in SWIS screen 102. A Competent Professional will verify the base category and assign the participant's subcategory in SWIS screen 106. (Refer to the attached SWIS Participant Category Table and the USDA document titled, Breastfeeding Definition and Food Package Issuance)

¹[American Academy of Pediatrics, Section on Breastfeeding: Breastfeeding and the Use of Human Milk. Pediatrics Vol. 129 No. 3 March 1, 2012 pp. e827 -e841 \(doi: 10.1542/peds.2011-3552\)](#)

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	<ul style="list-style-type: none">• It is a woman’s personal decision to breastfeed (or not), to supplement with formula (or not) and when to wean her baby. It is the WIC Program’s responsibility to assist her in making an informed decision. Therefore, all pregnant women will be encouraged to breastfeed exclusively and infant formula checks shall only be issued to a breastfeeding woman after:<ul style="list-style-type: none">✓ her intent to continue breastfeeding is assessed and discussed,✓ education is provided regarding the potential impact of formula on breast milk production,✓ alternatives to formula supplementation are discussed and;✓ she is informed that <i>her</i> food package will be reduced• If formula is provided to a <u>breastfeeding</u> infant in the first month of life, only one-month worth of infant formula benefits may be issued.• If formula is provided beyond the infant’s first month, the amount provided will be based on the mother’s intention to continue breastfeeding i.e. mother’s identified breastfeeding goal and on the amount of formula currently consumed by the infant up to the maximum allowed by Federal regulations. <i>However, the maximum allowed should not be the standard or default issuance. (See Table 1: Food Package Issuance Guidelines for Mother and Baby Receiving a Mostly Breastfeeding/Some Formula Feeding Package)</i>• When an infant formula package is issued to a breastfeeding infant, the mother’s subcategory and food package prescription must be adjusted accordingly in SWIS screen 106. If she has already used her checks for the current month, adjust her package for the subsequent month. Breastfeeding data should be updated in SWIS screen 105 and the rationale for providing formula should be documented. If the breastfeeding data fields are not accessible, update them at the next certification opportunity. For a child of any age, be sure that the “Ever Breastfed” field is accurately completed. <u>In order to ensure breastfeeding duration data quality, staff should validate breastfeeding status of infant at the mother’s 6 week post-partum visit and at the infant’s 3 month, 6 month, 9 month and 12 month visits.</u>• Women will be informed that they will continue to receive a breastfeeding food package if formula issuance does not exceed the federally allowed maximum amount (See Table 1, Part 1). Provide guidance regarding the value of her food package vs. the cost of formula
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	<p>(i.e., if she needs more than 1 can of powder formula in her baby's first month, the value of her food package is greater than the cost of 1 or 2 extra cans of formula).</p> <ul style="list-style-type: none"> • When a woman decides to accept formula in an amount that exceeds the federally allowed maximum (see Table 1, Part 1), she will continue to be considered a breastfeeding women if she meets the USDA definition. She will also be informed that if she decides to accept formula in an amount lower than the allowed maximum in a subsequent month, her food package will be increased accordingly. • If she is no longer breastfeeding, the woman's base category must be changed from B (Breastfeeding) to N (Postpartum). If it is within 6 months of delivery, she should be issued a postpartum food package. • Medications - Refer to and collaborate with the mother or infant's physician. All local WIC Programs should maintain resources regarding drugs and BF (e.g., Hale's <i>Medications and Mothers' Milk</i>, phone #'s of lactation resource centers). • Contraindications to Breastfeeding - All local WIC nutrition staff should be familiar with the medical contraindications to breastfeeding, and all local WIC Programs should maintain a current copy of <u>Breastfeeding and the Use of Human Milk (AAP)</u> or other reference document.
Performance Standards:	<ul style="list-style-type: none"> • All pregnant women will be informed that breast milk is the best choice for feeding an infant, unless medically contraindicated. • Local agency breastfeeding protocols will be on file and in practice. • Breastfeeding goals and need for supplementation will be discussed with the mother and re-evaluated as needed. • Individual counseling on breastfeeding will be provided to each pregnant and breastfeeding woman enrolled in the program. • Group breastfeeding education and support will be available to all pregnant and breastfeeding women enrolled in the program. • Appropriate Incentives are provided to breastfeeding women when available.
Best Practices:	<ul style="list-style-type: none"> • Pregnant women are scheduled 1-2 months prior to delivery to discuss breastfeeding. • Breastfeeding women are contacted after hospital discharge to provide support and information. • Local WIC agencies collaborate with key hospitals to coordinate

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	breastfeeding messages.
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*Table 1: Food Package Issuance Guidelines for Mother and Baby Receiving
Some Breastfeeding/Some Formula Feeding Packages*

- a. The maximum monthly allowance of formula by age is listed in Part 1 below.
- b. Determine the amount of formula currently consumed by the infant in a 24-hour period.
- c. Identify the number of cans of formula to issue based on the preferred form in Part 2 below.

Part 1 : Maximum Monthly Allowance of Formula*					
		Age	Powder	Concentrate	RTF
		Birth to 1 m	104 oz.	96 oz.**	96 oz.**
		1- 3 m	435 oz.	384 oz.**	384 oz.**
		4 - 5 m	522 oz.	480 oz.	480 oz.
		6 - 11 m	348 oz.	384 oz.	336 oz.
Part 2: Number of Cans to Issue**					
Applicable ages	Amount consumed in 24 hours	Powder Milk based	Powder Soy based	Concentrate	RTU
0 - 11 m	1 - 3 oz.	1 can 3 oz per day	1 can 3.1 oz per day	1 box 3.2 oz per day	1 box 1.6 oz per day
1 – 11 m	4 - 5 oz.	1 can 3 oz per day	1 can 3.1 oz per day	1 box 3.2 oz per day	3 boxes 4.8 oz per day
1 - 11 m	6 - 8 oz.	2 cans 6 oz per day	2 cans 6.1 oz per day	2 boxes 6.4 oz per day	4 boxes 6.4 oz per day
1 - 11 m	9 - 11 oz.	3 cans 9 oz per day	3 cans 9.2 oz per day	3 boxes 9.6 oz per day	6 boxes 9.6 oz per day
1- 3 m 6-11 m	12 - 14 oz.	4 cans 12 oz per day	4 cans 12.3 oz per day	4 boxes 12.8 oz per day	8 boxes 12.8 oz per day
4 - 5 m	14 - 17 oz.	5 cans 15 oz per day	5 cans 15.3 oz per day	5 boxes 16 oz per day	10 boxes 16 oz per day
			Milk-Based: 1 can = 90oz* Soy-based: 1 can = 92oz*	1 box = 96 oz* formula (6-8oz bottles per box)	1 box = 48 oz (6-8oz bottles per box)

* Reconstituted

**Powder form is recommended from 0-3 months.

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