

## **Breastfeeding Peer Counselors Scope of Practice and When to Yield**

### **Policy**

**USDA WIC Breastfeeding Policy and Guidance:** 4.5 Scope of Practice. The peer counselor's scope of practice is limited to supporting normal breastfeeding. This means providing basic information and support, including encouraging and supporting mothers to breastfeed; teaching basic breastfeeding to WIC mothers; supporting mothers when difficulties occur; and yielding to the WIC-Designated Breastfeeding Expert. It also includes making referrals when problems beyond their training arise.

The BFPC program training *Loving Support through Peer Counseling: A Journey Together – for Training Peer Counselors*, summarizes typical situations for which peer counselors can provide services, as well as the types of information they can provide, addresses the basic information and support role for peer counselors, and shows peer counselors situations for which they must yield to breastfeeding experts. In addition to the training, supervisors should continue to discuss a peer counselor's scope of practice throughout her employment. Local WIC agencies should not expect peer counselors to provide services beyond their basic scope of practice. Instead, WIC staff who are health professionals should be trained in breastfeeding management to assist with problem management and/or breastfeeding experts should be identified within the local clinic/agency and community.

### **USDA WIC Breastfeeding Model Components for Peer Counseling:**

Support from State and Local Management includes:

- defined scope of practice for peer counselors limited to supporting normal breastfeeding.

Support of Peer Counselors includes:

- timely access to a WIC Designated Breastfeeding Expert for assistance with problems outside of peer counselor scope of practice.

### **Authority**

USDA WIC Breastfeeding Policy and Guidance. Food Nutrition Services. July ed.; 2016:22, *excerpt*

USDA WIC Breastfeeding Model Components for Peer Counseling, *excerpt*

## Procedures

A Peer Counselor provides basic breastfeeding information, encouragement and support to WIC participants and performs within the Peer Counselor scope of practice.

1. Perform in a professional manner in all aspects of the Peer Counselor role.

- Respect the participant's privacy, dignity and confidentiality.
- Respect and respond sensitively to cultural attitudes and practices of participants and the community.
- Work within the policies and procedures of the WIC program.
- Maintain records according to legal requirements and ethical practices.
- Recognize when assistance is needed and consult with the supervisor, Breastfeeding Peer Counseling (BFPC) Coordinator and/or Breastfeeding Coordinator, or WIC Designated Breastfeeding Expert (DBE).
- Identify situations outside the Scope of Practice and refer as appropriate in a timely manner.
- Yield to the WIC DBE for situations out of Breastfeeding Peer Counselor Scope of Practice.
- Acquire ongoing breastfeeding education to maintain and build knowledge and skills.

2. Encourage and support participants to breastfeed.

- Use participant-focused communication techniques to best meet participant needs.
- Help participants identify the support available to them and educate family members.
- Help women identify their breastfeeding concerns, barriers, and solutions.
- Promote the reasons to breastfeed and the risks of not breastfeeding.
- Counsel mothers about the importance of exclusive breastfeeding in the early weeks and ways to continue breastfeeding.
- Assist in infant feeding classes and peer support groups.
- Be available to WIC participants outside of usual clinic hours and outside of the clinic environment.
- Refer mothers to resources for support.
- Promote breastfeeding in the community, workplace and health care system.
- Support breastfeeding participants from pregnancy through growth spurts, introducing solid foods and weaning.

3. Teach basic breastfeeding to participants and help them when difficulties occur.

- Teach basic, evidence-based techniques that help ensure a successful start in breastfeeding, including milk production, skin-to-skin care, positioning and latch, milk expression and storage.
- Identify signs of the normal course of breastfeeding, including breastfeeding frequency and duration, infant feeding cues, and normal infant weight gain and stooling patterns.

- Provide anticipatory guidance to help prevent the occurrence of problems.
- Provide guidance to mothers regarding non-evidence-based breastfeeding information they receive.
- Help mothers plan for a return to work/school that supports the continuation of breastfeeding.
- Provide basic and timely problem-solving and support.
- Yield mothers experiencing difficulties to the WIC DBE.

Local agencies should ensure that peer counselors have timely access to the local agency Breastfeeding Peer Counseling (BFPC) Coordinator and WIC DBE for assistance with problems outside their scope of practice.

Problems or situations when the Peer Counselor must immediately consult their WIC DBE to discuss the best plan for supporting the mother and infant include, but are not limited to the following:

### **Baby Issues**

1. Baby is born preterm or low birth weight.
2. Baby is sick and breastfeeding is impacted.
3. Baby has fewer than 6 wet diapers and 3 stools per 24 hours in the first month after the baby is 4 days old.
4. Baby fails to gain weight or gains weight slowly:
  - Baby loses more than 7% of birth weight.
  - Birth weight is not regained by 2 weeks postpartum.
  - Weight gain is less than 4.5 ounces per week.
5. Baby has difficulty latching or remaining latched after several attempts.
6. Baby appears unhappy at the breast or refuses to breastfeed.
7. Baby is still hungry after feedings despite increased frequency and duration of breastfeeding.
8. Feedings at the breast typically last more than 45 minutes.
9. Baby has signs of jaundice.
10. Baby has a congenital defect such as cleft lip/palate or Down Syndrome.
11. Baby has restricted tongue movement from a tight frenulum/tongue tie.

### **Mother Concerns**

1. Mother has engorgement or plugged ducts that do not resolve with basic suggestions after 24 hours.
2. Mother has a fever (suggesting possible mastitis or abscess).
3. Mother has nipple discomfort that does not improve with basic suggestions after 24 hours.
4. Mother is supplementing with formula before the baby is 1 month old and wants to increase her milk production or reduce/eliminate formula supplements.

5. Mother has been formula feeding the baby since birth and now wants to start breastfeeding.
6. Mother is exclusively pumping her milk and now wants to put her baby to breast.
7. Mother wants to induce lactation or relactate after discontinuing breastfeeding (e.g., she desires to breastfeed an adopted baby).
8. Mother is breastfeeding more than one baby.
9. Mother wants to breastfeed but has been advised NOT to by her health care provider.
10. Mother finds a lump in her breast.

**Illness in Mother or Baby**

1. Mother and/or baby have symptoms of thrush/yeast infection.
2. Mother or baby are vomiting or have diarrhea.
3. Mother or baby are hospitalized.
4. Mother has symptoms of a breast infection (such as mastitis or abscess).
5. Mother has a physical disability impacting breastfeeding.
6. Mother or baby has a chronic or acute illness such as:
  - Hepatitis B or C, tuberculosis, cytomegalovirus (CMV), or chicken pox.
  - Renal, liver, intestinal, heart problems, or cystic fibrosis.
  - Metabolic disorder such as diabetes mellitus.
  - Hormonal concerns such as Polycystic Ovary Syndrome or thyroid dysfunctions.
7. Mother has been diagnosed with HIV/AIDS.

**Other Medical Situations**

1. Mother has been prescribed medications that have not been approved for breastfeeding by current established authorities such as the American Academy of Pediatrics (AAP) or Lactmed.
2. Mother had prior breast surgery (breast implants, breast reduction, biopsy, breast cancer), chest surgery, or trauma.
3. Mother has had gastric bypass surgery.

**Nutrition**

Peer counselors can yield to a WIC CPA for nutrition questions or concerns.

1. Mother has nutrition questions.
2. Mother is nutritionally at risk for underweight, has bulimia or anorexia.
3. Family is experiencing food insecurity.

**Social**

1. Mother reports concerns of depression.
2. Physical abuse of the mother or another family member is reported or suspected.
3. Mother reports use of alcohol or street drugs (such as heroin, marijuana, meth, cocaine, etc.).

**Other**

1. Mother or baby have any other medical problems that are beyond the normal course of breastfeeding and therefore are outside the peer counselor scope of practice.
2. Mother feels there is a problem that needs a referral.
3. Peer counselor feels there is a situation that needs to be addressed by a lactation expert.
4. Mother is not following suggestions given by the peer counselor.

**Pregnancy Issues the Mother Reports**

When working with pregnant women, Peer Counselors should encourage the mother to contact their health care provider for the following situations.

1. Spotting or bleeding
2. Excessive vomiting or nausea
3. Swelling
4. Contractions, suggesting premature labor
5. Baby stops moving
6. Other troublesome medical situations

The Peer Counselor will continue to provide support while the DBE or medical expert is addressing the issue, unless the BFPC Coordinator or Peer Counselor determines that it is best to discontinue peer support.

Peer Counselors must document when situations are yielded in the WIC electronic data system in the Notes section of the BF PC Documentation panel, specifying both the reason for the yield and the individual/role to whom it was referred. Peer Counselors should also check the appropriate Prenatal Topic(s) or Postpartum Topic(s) that indicate Y/R (yield/referral) in the BF PC Documentation Panel. If the reason for the yield is not listed among the available Y/R options, the “Other Y/R” should be checked.

**Best Practices**

Local agencies are encouraged to establish a protocol that describes how Peer Counselors refer mothers to the DBE as part of normal clinic operations, during both the prenatal and postpartum periods. The protocol should ensure consistency, clarity, and timely support for participants. It is recommended that the following elements be included:

- DBE name(s) and contact information.
- Process for the yield (email, text, call, etc.).
- Outline how the DBE will communicate back with the Peer Counselor to share the participant’s care plan or any relevant updates.

- Describe procedure for referring mothers to a DBE outside of regular clinic hours. Indicate whether DBEs are available during evenings and weekends and outline how peer counselors should contact them during these times. Agencies may differentiate contact methods based on urgency (for example, urgent situations should be referred via phone call or text, and non-urgent situations may be referred via email).
- Process for when a mother declines a yield (for example with a situation that needs to be yielded, the BFPC offers the yield and the mother states they do not want to be contacted by the DBE). In these situations, BFPCs should still complete the yield and indicate that the participant does not want to be contacted. Completing the yield, even when declined, allows the DBE to review the situation, verify that the information shared was appropriate and within scope, and provide oversight as needed.
- Process for when the DBE is unavailable (vacation, illness, etc.). Local agencies are strongly encouraged to have at least two DBEs to ensure continuous coverage.