

Breastfeeding Promotion and Support

Policy

USDA Federal Regulations: 246.3(e) State staffing standards. Each State agency shall ensure that sufficient staff is available to administer an efficient and effective Program including, but not limited to, the functions of nutrition education, breastfeeding promotion and support, certification, food delivery, fiscal reporting, monitoring, and training. Based on the June participation of the previous fiscal year, each State agency, as a minimum, shall employ the following staff:

246.3(e)(4) A designated breastfeeding promotion coordinator, to coordinate breastfeeding promotion efforts identified in the State plan in accordance with the requirement of §246.4(a)(9) of this part. The person to whom the State agency assigns this responsibility may perform other duties as well.

246.6 Agreements with local agencies

246.6(b) Provisions of agreement. The agreement between the State agency and each local agency shall ensure that the local agency-

246.6(b)(6) Provides nutrition education services, including breastfeeding promotion and support, to participants, in compliance with §246.11 and FNS guidelines and instructions.

246.11(a)(1-2)(1) Nutrition education including breastfeeding promotion and support, shall be considered a benefit of the Program, and shall be made available at no cost to the participant. Nutrition education including breastfeeding promotion and support, shall be designed to be easily understood by participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families as well as the maximum monthly allowances of authorized supplemental foods to which they are entitled as a Program participant.(2) The State agency shall ensure that nutrition education, including breastfeeding promotion and support, as appropriate, is made available to all participants. Nutrition education may be provided through the local agencies directly, or through arrangements made with other agencies. At the time of certification, the local agency shall stress the positive, long-term benefits of nutrition education and encourage the participant to attend and participate in nutrition education activities. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities.

246.11(c) State agency responsibilities. The State agency shall perform the following activities in carrying out nutrition education responsibilities, including breastfeeding promotion and support.

246.11(c)(2) The State agency shall also provide training on the promotion and management of breastfeeding to staff at local agencies who will provide information and assistance on this subject to participants. (3) Identify or develop resources and educational materials for use in

local agencies, including breastfeeding promotion and instruction materials, taking reasonable steps to include materials in languages other than English.

246.11(c)(7)(i-iv) Establish standards for breastfeeding promotion and support which include, at a minimum, the following:

- (i) A policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding;
- (ii) A requirement that each local agency designate a staff person to coordinate breastfeeding promotion and support activities;
- (iii) A requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients; and
- (iv) A plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.

246.11(d)(1-2) Local agency responsibilities. Local agencies shall perform the following activities in carrying out their nutrition education responsibilities, including breastfeeding promotion and support:

- (1) Make nutrition education, including breastfeeding promotion and support, available or enter into an agreement with another agency to make nutrition education available to all adult participants, and to parents or caretakers of infant and child participants, and whenever possible and appropriate, to child participants. Nutrition education may be provided through the use of individual or group sessions. Educational materials designed for Program participants may be utilized to provide education to pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in local agency services other than the program.
- (2) Develop an annual local agency nutrition education plan, including breastfeeding promotion and support, consistent with the State agency's nutrition education component of Program operations and in accordance with this part and FNS guidelines. The local agency shall submit its nutrition education plan to the State agency by a date specified by the State agency.

246.11(e)(1) Participant contacts. (1) The nutrition education including breastfeeding promotion and support, contacts shall be made available through individual or group sessions which are appropriate to the individual participant's nutritional needs. All pregnant participants shall be encouraged to breastfeed unless contraindicated for health reasons.

Authority

- 7 CFR Part 246.3(e)
- 7 CFR Part 246.3(e)(4)
- 7 CFR Part 246.6(b)(6)
- 7 CFR Part 246.11(a)(1-2)
- 7 CFR Part 246.11(c)(2-3) *excerpt*

7 CFR Part 246.11(c)(7)(i-iv)

7 CFR Part 246.11(d)(1-2)

7 CFR Part 246.11(e)(1)

Procedures

WIC staff time spent doing breastfeeding promotion and support activities should be recorded as breastfeeding expenditures.

A conversation will be initiated about breastfeeding during the certification appointments with every pregnant participant. The breastfeeding goals of this appointment include the following:

- Determine the mother's breastfeeding intentions.
- Address concerns, offer solutions and explore options.
- Describe the ways WIC supports breastfeeding.
- For those interested in breastfeeding, describe the Breastfeeding Peer Counseling program and ask if they would like to be contacted by a peer counselor.
- Recommend that all mothers know their HIV status so that they can make an informed infant feeding decision.

Nutrition education appointments during pregnancy will include:

- Follow-up on the previous discussion about breastfeeding.
- Identifying additional questions or concerns.
- Provide anticipatory guidance about establishing a good milk supply.
- Find out the mother's support network for breastfeeding (the infant's father, friends, family, co-workers, etc.). Give her a list of phone numbers of where to get breastfeeding help after discharge from the hospital.
- Provide information about breastfeeding classes, support groups and peer counselors.
- Discuss strategies for getting breastfeeding off to the right start at the hospital or birthing center.

Promoting and supporting breastfeeding is the responsibility of all WIC staff. Encouragement should be provided to mothers to exclusively breastfeed for six months and continue to breastfeed for at least the first year of life and thereafter as long as desired. Breastfeeding through two years or longer is recommended by multiple health organizations. To ensure a mother's milk supply is fully established and to support exclusive breastfeeding, infant formula will not be routinely offered or provided to breastfed infants.

All pregnant and breastfeeding participants will be made aware of these policies as a part of a broader effort to educate mothers throughout pregnancy and provide support and follow-up after delivery.

Some mothers will choose not to breastfeed, and they will continue to be treated with respect.

When a mother requests formula for her breastfed infant, an assessment must be completed by a WIC health professional to determine the need for supplementation. If, after counseling and education, the mother insists that her infant receive formula:

- Issue a food package that provides the minimum amount of formula needed by the infant. The full nutrition benefit of formula should not be used as the standard issuance **for any infant** unless the mother is not breastfeeding at all. The food package quantities are to be issued based on assessment of each participant's individual breastfeeding and nutritional needs.
 - Provide the food package for the mother that corresponds to the formula package issued to the infant.
 - When formula is issued to breastfeeding infants **for the first time**, a nutrition care plan is required. This plan must, at a minimum, identify the reason for issuing formula.
 - When the amount of formula issued increases for a **breastfeeding** infant of any age, a care plan is required and this plan, at a minimum, must identify the reason for issuing the larger food package.
- Schedule a follow-up appointment to assess breastfeeding and adjust the mother's and infant's food packages as needed.

There are a small number of health conditions of the mother or infant that may justify recommending that she does not breastfeed temporarily or permanently. These conditions affect a very small number of mothers and infants. **Participants should seek guidance from their health care provider regarding the following:**

Maternal conditions:

- HIV infection (**depending on treatment and viral suppression**)
- Untreated, active tuberculosis
- HTLV infection
- Illegal drug use
- Herpes simplex virus type 1 (HSV-1) lesions on the breast (direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved)
- Maternal medications -
 - Radioactive iodine-131
 - Cytotoxic chemotherapy
 - There are very few medications that require avoidance of breastfeeding. In many cases, there are safer medication alternatives available that do not require mothers to interrupt breastfeeding. The medications listed above and a few others may require a mother to stop breastfeeding during treatment and resume breastfeeding afterwards.

Infant conditions:

- Galactosemia (a special galactose-free formula is needed)
- Maple syrup urine disease (a special formula free of leucine, isoleucine and valine is needed)

- Phenylketonuria (some breastfeeding is possible under careful monitoring, a special phenylalanine-free formula will also be needed)

Best Practices

All WIC staff members have a role in promoting and supporting breastfeeding with participants and community partners. Whenever possible, mothers will be assisted with breastfeeding issues in person.

The local agency WIC coordinator:

- Know and implement the breastfeeding policies and procedures.
- Sets the tone and the expectation for local agency breastfeeding promotion and support.
- Maintains breastfeeding-friendly clinic sites.
- Allocates funding and resources for breastfeeding promotion and support.

The local agency breastfeeding coordinator:

- Know and implement the breastfeeding policies and procedures.
- Mentors staff and coordinates activities.
- Oversee planning, implementation, evaluation, and training for breastfeeding activities.
- Keeps current with breastfeeding knowledge.
- Identifies, coordinates and collaborates with community breastfeeding resources.
- Monitors and evaluates local agency breastfeeding rates and activities.

The local agency CPAs:

- Know and implement the breastfeeding policies and procedures.
- Conduct breastfeeding assessments using value enhanced nutrition assessment (VENA) principles and techniques.
- Provides appropriate education, assistance and referrals to participants.
- Encourages exclusive breastfeeding.
- Provides formula food packages to breastfed infants only after careful assessment and counseling.

The local agency support staff:

- Know and implement the breastfeeding policies and procedures.
- Provide front line support for breastfeeding promotion and support.
- Use breastfeeding-friendly language in conversations with participants.

Conversations about breastfeeding during the certification of a pregnant participant will include:

- The use of the 3-Step Counseling Technique.
- The use of techniques such as extending, clarifying and reflecting to develop conversation.

- When mothers state their plan is to breastfeed and formula-feed, provide education about the risks of early supplementation on establishing an adequate milk supply.
 - It is not necessary or required to discuss the benefits of breastfeeding unless the mother is unfamiliar with them.
- The ways in which WIC supports breastfeeding are
 - Breastfeeding mothers and older breastfeeding infants receive more foods.
 - Breastfeeding mothers and their infants are certified through the first year.
 - Breastfeeding information and/or classes are available from WIC staff.
 - Breast pumps can be provided.
 - Breastfeeding peer counselors are available.
 - Infant formula is not routinely provided in order to protect the maternal milk supply. When formula is provided, the amount is carefully tailored to protect breastfeeding.

Conversations about breastfeeding during nutrition appointments of a pregnant participant will include:

- Tips for establishing a good milk supply.
 - The key to successful breastfeeding is establishing a good milk supply. This can take 4-6 weeks.
 - Exclusive breastfeeding in the first month is crucial to establishing milk supply. The more milk the infant takes, the more milk the mother makes.
 - Feeding formula in the early weeks has a negative effect on milk supply.
 - During growth spurts, mothers need to nurse more often for a few days to build a supply that meets the infant's increased needs.
 - For these reasons, supplemental formula should only be used for medical reasons. WIC supports exclusive breastfeeding by not providing routine supplemental formula.
- Strategies for getting breastfeeding off to the right start at the hospital.
 - Breastfeed in the first hour after birth or as soon as possible.
 - Request 24-hour rooming in with her infant.
 - Provide only breastmilk to her infant; request that no supplementation be given unless medically indicated.
 - Ask for help.
 - Practice breastfeeding in the hospital.
- Additional education topics like
 - How to know if the infant is getting enough milk
 - Availability of breast pumps from WIC
 - Hand expression

If a breastfeeding mother requests formula for her infant, an assessment will be done that includes:

- Completing the breastfeeding questions in the WIC data system.

- Determining why formula is being requested.
- Providing information about the impact of formula on breastfeeding.
- Suggesting strategies for continued breastfeeding to address the stated concerns and to meet the mother's goal.

If there is no medical indication for supplementation try the following:

- Describe alternatives to formula such as expressing breast milk by hand or with a pump.
- Explain how the mother's food package depends on her infant's food package; point out the differences in quantity and kinds of foods.
- Build the mother's confidence in her ability to breastfeed and provide education about how to increase milk supply.

If the mother insists that she receive formula, the WIC health professionals should:

- Encourage continued breastfeeding,
- Provide additional breastfeeding education and support as needed,
- Work with the mother to determine the minimum amount of formula needed to protect breastfeeding and meet the infant's needs
- Document in the care plan how the amount of formula issued was determined,
- Explain how the infant's food package affects the package the mother will receive and create the appropriate food package,
- Encourage powder formula because it can be mixed and fed as needed,
- Provide education about safe use of infant formula,
- Encourage mothers to call if they decide they no longer need as much formula or if they resume full breastfeeding (this will affect the mother's food package), and
- Determine how many months of FIs are to be issued and when to schedule a return appointment.

A collaborative approach to breastfeeding promotion and support can create a strong supportive climate, provide consistent breastfeeding information and help ensure more effective use of all available resources. WIC contract agencies are encouraged to form linkages with private and public health care providers, the educational system, and community organizations to promote breastfeeding and to provide needed support for breastfeeding women. These linkages can be formed through local networks, task forces or steering committees.

The state WIC office works to form linkages with the same groups of providers and organizations as WIC contract agencies do, but at the state level. The primary means for forming linkages is active participation in the Iowa Breastfeeding Coalition. The state WIC office also:

- participates in grant-funded opportunities to extend breastfeeding promotion and support activities to the general population,
- guides breastfeeding peer counseling activities and
- co-sponsors a statewide breastfeeding conference every year with UnityPoint Health and the Iowa Breastfeeding Coalition