

Minimum Client Contact Schedule for Breastfeeding Peer Counselors

Policy

WIC Nutrition Services Standards: Standard 9.C - The State agency establishes and the local agency implements standardized breastfeeding peer counseling program policies and procedures. These policies and procedures ensure that the local agency:

6. Has **an** established protocol in place for timely participant contacts by breastfeeding peer counselors, especially during the prenatal and early postpartum periods.

Authority

WIC Nutrition and Services Standards: Standard 9.C.6, Breastfeeding Peer Counseling, *excerpt*

Procedures

All WIC Breastfeeding Peer Counseling (BFPC) Programs in Iowa use the schedule of contacts in this policy in order to provide a common baseline of service to mothers. Additional contacts may be added based on the client's needs.

Client contacts may occur **via phone, text message, in-person or via email**. In person contacts **may be** in the WIC agency, at a neutral location, in a hospital **(if permitted by local agency policy)**, or in the client's home under special circumstances with approval of the state office **(if permitted by local agency policy)**.

The table below indicates the minimum schedule of contacts for Breastfeeding Peer Counselors.

If the WIC participant is...	Then contact the mother...
Pregnant	Monthly during pregnancy, switching to weekly two weeks prior to expected delivery date. More frequently as indicated.
0-7 days old	Every two or three days during the first week. Within 24 hours if a problem occurs.
1-4 weeks old	Weekly Within 24 hours if a problem occurs.
1-6 months old	Monthly Within 24 hours if a problem occurs. Two weeks before the breastfeeding mother returns to work or school and within three days after she starts back to work or school. Around the time the baby's appetite spurt occurs: six

	weeks, three months and six months.
7-12 months old	Monthly Within 24 hours if a problem occurs.

All contacts with the client made by the Peer Counselor will be documented in the WIC electronic data system within 48 hours of the contact. Documentation must include the “Next Contact Date” that aligns with the schedule listed above.

To ensure timely and supportive communication, Peer Counselors should respond to client-initiated contacts in a reasonable timeframe. Urgent breastfeeding concerns should be responded to within 24 hours. Less urgent concerns such as responding to a routine check-in or general questions should be responded to in a reasonable amount of time. Local agencies should establish a policy that defines response time expectations based on the urgency of the situation.

Best Practices

Peer Counselors should initiate contact with new clients soon after they are added to their caseload, ideally within 24 to 48 hours for breastfeeding clients and within one week for pregnant clients. Early contact is important for building rapport, identifying immediate breastfeeding concerns and providing timely support during critical periods in breastfeeding. Prompt contact also reinforces the availability of support and helps establish trust between the Peer Counselor and client. Local agencies should establish a policy that defines expectations for when new clients are contacted after they are added to the BFPC caseload.

Efforts should be made by the Peer Counselor to contact clients as soon as possible after delivery to provide timely breastfeeding support during the early postpartum period. Providing early assessment and follow-up for the breastfeeding dyad soon after birth supports positive breastfeeding outcomes.

Best practice is for Peer Counselors to document simultaneously or immediately following the contact to ensure accuracy. Note: All staff must be out of the WIC data system between the hours of 8:00pm and 6:00am.

Contact notes may be recorded on hardcopy at the time of the contact but must be entered into the WIC electronic system within 48 hours of the contact.

Peer Counselors should be respectful and welcoming when contacting the client, using the client’s first name (mother and baby). Peer Counselor contacts with clients should be individualized and tailored to address the participant’s concerns and needs.

Peer Counselors should take into consideration the client’s primary language and culture when making contacts.

Clients should be asked for their preferred method of contact (call, text, email, etc.), day of the week, and the time of day that they prefer to be contacted. Reasonable efforts should be made to use the preferred method, day and time, when contacting the client.