United States Department of Agriculture

Food and Nutrition Service

JULY 2016

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Breastfeeding Policy and Guidance

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Supersedes the following:

2009 FNS Guidance "Providing Quality Nutrition Services in Implementing the Breastfeeding Promotion and Support Requirements of the New WIC Food Packages"

Policy Memorandum #99-1: Contraindications to Breastfeeding

Policy Memorandum #98-10: Food Package VII and Multiple Births

Policy Memorandum #94-7: Direct/Indirect Breastfeeding Aids

Policy Memorandum #95-18: Providing Breast Pumps to WIC Participants

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Chapter 1

Introduction

1.0 Purpose of Document

This document provides guidance related to implementing certain provisions of WIC regulations related to breastfeeding. The Food and Nutrition Service (FNS) Regional Offices and WIC State and local agencies should refer to the complete provisions and requirements for breastfeeding at 7 CFR Parts 246.10 and 246.11. Federal WIC regulations are put forth to implement the legislative provisions contained in the Child Nutrition Act of 1966, as amended. FNS develops and issues policy memoranda (numbered and un-numbered) and other guidance documents to provide clarification and further interpretation of Program regulations, as necessary or appropriate. Regulations, policy, and guidance are equally binding and, unless specifically identified as an option, State agencies must adhere to requirements contained in these documents.

In addition, the WIC Nutrition Service Standards (NSS) describe quality standards of practice for nutrition services, including breastfeeding promotion and support, in the WIC Program. The standards are designed to help State and local WIC agencies assess and improve the delivery and quality of nutrition services. They are intended to assist State and local agencies in their continual efforts to improve the services they provide by focusing on core elements that are essential to providing high quality nutrition services and setting expectations for WIC Program performance that are reasonable, achievable, and measurable.

1.1 Overview

Breastfeeding and human milk are the normative standards for infant feeding and nutrition. In its policy statement *Breastfeeding and the Use of Human Milk*[1], the American Academy of Pediatrics (AAP) states "Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice." The authorizing legislation for WIC provides a strong basis for WIC's role in breastfeeding promotion and support. WIC Program regulations require WIC State and local agencies to create policies and procedures to ensure (1) breastfed infants receive a food package consistent with their nutritional needs; and (2) breastfeeding support and assistance is provided throughout the prenatal and postpartum period, particularly when the mother is most likely to need assistance. A major goal of WIC is to improve the nutritional status of infants; therefore, unless medically contraindicated, WIC staff must provide education and anticipatory guidance to pregnant and postpartum women about breastfeeding,

[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. Available at http://pediatrics.aappublications.org/content/129/3/e827.full?sid=8ce9104b-3c05-4680-8cc1-6137a5223934

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encourage women to breastfeed for as long as possible, and provide appropriate support for the breastfeeding dyad, especially at time periods critical to breastfeeding success. To this end, the U.S. Department of Agriculture (USDA) established the *Loving Support Makes Breastfeeding Work* campaign.

1.2 Loving Support Makes Breastfeeding Work Campaign

Loving Support Makes Breastfeeding Work (Loving Support), USDA's national breastfeeding promotion and support campaign, serves as the foundation for breastfeeding education, counseling, and promotion efforts in the WIC Program. Public Law 102-342, the Homeless Children Nutrition Improvement Act of 1992, required the Secretary of Agriculture to establish a national breastfeeding promotion program to promote breastfeeding as the best method of infant nutrition and foster wider public acceptance of breastfeeding in the United States. Based on a social marketing approach, this project is a national effort to promote breastfeeding to WIC participants and their families by emphasizing the concept that the support of family and friends, the health care system, and the community are all essential for a breastfeeding mother to be successful.

The goals of the campaign are to encourage WIC participants to initiate and continue exclusive breastfeeding; increase referrals to WIC for breastfeeding support; increase general public acceptance and support of breastfeeding; and provide technical assistance to WIC State and local agency professionals in the promotion of breastfeeding. These goals are addressed through various components of the campaign which include consumer research, an extensive media campaign, and implementation resources for WIC staff. Materials developed during the initial launch of the campaign as well as subsequent projects, such as staff training resources and participant education brochures, continue to meet the critical goals of this campaign.

Additional information about the *Loving Support* campaign and related materials can be found at https://lovingsupport.fns.usda.gov.

1.3 Promotion and Support of Exclusive Breastfeeding

AAP and other health and professional medical organizations recommend that infants be breastfed for at least 12 months, unless medically contraindicated. These organizations also recommend that infants exclusively breastfeed for about the first 6 months, meaning they should not be given any foods or liquids other than human milk. The value of promoting exclusive breastfeeding has been recognized by the U.S. Department of Health and Human Services and has been incorporated into national health policy. The intent of the WIC Program is that all breastfeeding women be supported to exclusively breastfeed their infants and to choose the fully breastfeeding food package without infant formula (7 CFR 246.10(e)).

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1.4 When Mothers Should Avoid Breastfeeding

Health professionals agree that human milk provides the most complete form of nutrition for infants, including premature and sick newborns. However, there are rare exceptions when human milk is not recommended.

Breastfeeding is NOT advisable if one or more of the following conditions is true:
1. An infant diagnosed with galactosemia, a rare genetic metabolic disorder 2. An infant whose mother: • Is infected with the human immunodeficiency virus (HIV) • Has untreated, active tuberculosis or brucellosis • Is infected with human T-cell lymphotropic virus type I or type II • Has an active herpes lesion or open sore on her breast (mother may breastfeed from the unaffected side) • Is receiving prescription medication from the following classes of substances: chemotherapy agents; amphetamines; ergotamines; statins
From 2012 AAP Policy Statement *Breastfeeding and the Use of Human Milk.*

Breastfeeding in situations in which the mother is undergoing pharmacologic therapy must balance the benefits to infant and mother against the potential risk of substance exposure to the infant. Many women are inappropriately advised to discontinue breastfeeding or avoid taking essential medications because of fears of adverse effects in their infants. However, while some drugs may not harm the breastfed infant, they may have a detrimental effect on the mother's ability to produce or secrete milk[2]. Under certain circumstances, a health care provider will need to make a case-by-case assessment to determine whether the medical condition of a woman or her infant warrants interrupting or stopping breastfeeding. A valuable resource from the National Institutes of Health National Library of Medicine is LactMed, an online database of drugs to which breastfeeding mothers may be exposed (http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm).

[2] American Academy of Pediatrics, Committee on Drugs. Clinical Report. "The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics." Pediatrics Vol. 132 No. 3, September 2013. Available at http://pediatrics.aappublications.org/content/pediatrics/early/2013/08/20/peds.2013-1985.full.pdf

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A. Blood Lead Levels (BLL)

Maternal feeding decisions in the face of lead exposure require careful consideration on a case-by-case basis. If a breastfeeding mother's BLL is found to be elevated, she should follow the care plan determined by her physician. (This may or may not result in pumping/discarding her milk for a brief period of time until her lead levels return to an acceptable range). See Risk Criteria 211: Elevated Blood Lead Levels for further information.

B. Maternal Substance Abuse

In its policy statement *Breastfeeding and the Use of Human Milk,* AAP concludes that maternal substance abuse is not a categorical contraindication to breastfeeding. In general, it is best for the breastfeeding mother to avoid alcohol, tobacco, and illegal drugs since most maternally ingested substances are transmitted to human breast milk, though the concentration and potential danger to the breastfed baby is affected by interactions among a variety of factors. Conversely, street drugs such as PCP, cocaine, and marijuana can be detected in human milk, and their use by breastfeeding mothers is of concern, particularly with regard to the infant's long-term neurobehavioral development, and thus is contraindicated.

Additional information on substance use during breastfeeding can be found in the FNS document *Substance Use Prevention: Screening, Education, and Referral Resource Guide for Local WIC Agencies*.

C. Women infected with HIV

HIV is the virus that can lead to acquired immune deficiency syndrome (AIDS). Perinatal transmission (HIV transmission from mother to child during pregnancy, labor and delivery, or breastfeeding) is the most common route of HIV infection in children and is the source of almost all AIDS cases in children in the United States. At the end of 2010, an estimated 25% of adults and adolescents aged 13 years or older living with a diagnosis of HIV in the United States were women. Approximately 15% of women who are infected with HIV are unaware of their status. CDC recommends that HIV-infected women do not breastfeed. This is consistent with recommendations of other professional health and breastfeeding policies such as the AAP in its statement *Breastfeeding and the Use of Human Milk*.[3]

Mother-to-child HIV transmission can occur if HIV-infected women breastfeed. This chance is even higher if an uninfected woman becomes HIV-infected during the time she is breastfeeding. HIV is known to be present in the liquid and cellular components of the human milk of HIV-infected women. Concentrations of HIV are highest immediately after birth in the colostrum and remain high during the first weeks of milk production. The virus can be detected at some level

[3] 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. Available at http://pediatrics.aappublications.org/content/129/3/e827.full?sid=8ce9104b-3c05-4680-8cc1-6137a5223934

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for the entire period of milk production. In the United States, the safest way of feeding infants of HIV-infected mothers is to give replacement feedings, most often by infant formula feeding.

CDC recommends routine HIV testing for all pregnant women. If women are tested early in their pregnancy, those who are infected can be given therapy to improve their own health and reduce the risk of transmitting HIV to the baby. An HIV-infected woman should be referred to local HIV medical treatment services to (1) protect her health, i.e., delay disease progression, and (2) prevent/reduce transmission of HIV to the child.

FNS strongly recommends that WIC staff:

1. advise pregnant women to know their HIV status;
2. provide local referrals to HIV counseling and testing services; and
3. **advise women not to breastfeed if they are infected with HIV**. This is especially important to convey to recent immigrants and refugees from developing nations, as the recommendations are different in developing countries due to the lack of available clean water to prepare infant formula and other sanitation problems.

WIC State agencies should work with their health departments or tribal health administrations to develop or strengthen individual State policies and procedures that address HIV infection prevention and control. This will permit WIC to continue to operate within the larger context of State health department protocols and policies. It will also reinforce messages consistently across State programs, and accommodate a significant range of differing State laws and regulations on HIV counseling, testing, referral sources, treatment, and follow-up services.

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Chapter 2

Breastfeeding Promotion and Counseling

2.0 Overview

WIC regulations at 7 CFR 246.11 require that breastfeeding promotion and support be made available to all participants, as appropriate, with a minimum of two education contacts within a six-month certification period. (For participants certified for a period in excess of 6 months, nutrition contacts shall be available at a quarterly rate, but not necessarily taking place within each quarter.) Every contact (whether communication is one-on-one, within a group, over the telephone, or electronically) should be an interactive exchange between WIC staff and the participant. This interaction should provide an opportunity to build rapport and discuss the issues and concerns of importance to the participant. Providing comprehensive, up-to-date, and culturally appropriate breastfeeding information is an important aspect of a nutrition education contact for pregnant and breastfeeding participants. See also WIC Nutrition Education Guidance.

2.1 WIC Staff Roles in Breastfeeding Promotion and Support

WIC regulations at 7 CFR 246.3(e) require the roles and responsibilities be defined for all staff in the support and promotion of breastfeeding. WIC directors and managers at both the State and local level set the tone for breastfeeding promotion and support, maintain breastfeeding friendly clinics, and allocate adequate funding and resources for staff training. All staff have a responsibility to encourage, educate, and support women in their breastfeeding decisions, and all staff should have a basic knowledge of breastfeeding and understand their unique role in order to effectively support breastfeeding as the standard method of infant feeding. The NSS (Standard 3: Staff Qualifications, Roles, and Responsibilities) describes staff roles and responsibilities for breastfeeding promotion and support. All staff, including clerks, nutritionists, registered dietitians, International Board Certified Lactation Consultants (IBCLCs), Certified Lactation Specialists, Certified Lactation Counselors, Certified Lactation Educators, and peer counselors have a role (based on their expertise, training, and scope of practice) in providing valuable support to breastfeeding women in WIC.

2.2 WIC Staff Training

WIC regulations at 7 CFR 246.11(c)(2) require State agencies to provide staff training on the promotion and management of breastfeeding to local agency staff who will provide information and assistance on breastfeeding to participants. Additionally, each local agency must incorporate position-specific breastfeeding promotion and support training into orientation programs for new staff with direct contact with WIC participants.

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Staff understanding of the importance of breastfeeding promotion and support to WIC's target population; their roles and responsibilities as part of the WIC team; and the Federal, State, and local policies and procedures that promote and support breastfeeding are critical to the success of the State and local agency's breastfeeding promotion and support efforts. Providing breastfeeding education, promotion, and support helps to inform women participants and, as appropriate, their families (e.g., partner/spouse, grandmother) to not only understand the many health, nutritional, economical, and emotional benefits of breastfeeding, but to be prepared and empowered to meet their breastfeeding goals. The NSS (Standard 8: Breastfeeding Education, Promotion and Support) describes the role of State and local agencies in defining and establishing the breastfeeding education plan, policies, procedures and competency-based staff training to ensure the provision of high quality and comprehensive breastfeeding education, promotion, and support.

Grow and Glow in WIC is a competency-based basic level breastfeeding training curriculum that establishes a standard level of competency and essential skill sets in basic breastfeeding technique and management for all WIC local agency staff (https://lovingsupport.fns.usda.gov/content/grow-and-glow-wic). *WIC Breastfeeding Basics* and *WIC Baby Behavior Basics* are courses available on WIC Learning Online designed to train all levels of staff working in the WIC Program.

2.3 Positive Clinic Environment for Breastfeeding

WIC regulations at 7 CFR 246.11(c)(7)(i) require State agencies to develop policies that create a positive breastfeeding environment that endorses breastfeeding as the standard method of infant feeding. A positive breastfeeding clinic environment not only demonstrates to mothers the importance WIC places on breastfeeding, but also fosters and enhances staff efforts in promoting breastfeeding. Helping staff practice and model supportive behaviors related to breastfeeding is also important. The NSS (Standard 2: Clinic Environment and Customer Service) includes expectations for providing a breastfeeding-supportive environment in local clinics.

2.4 Breastfeeding Education Resources and Educational Materials

WIC regulations at 7 CFR 246.11 require State agencies to identify or develop resources and educational materials for use in local agencies, with materials in languages other than English in areas where a significant number or proportion of the population needs the information in a language other than English. Items used for training and demonstration purposes to promote breastfeeding or assist participants in using breastfeeding aids are allowable Nutrition Services Administration (NSA) costs. Such items may include, for example, models to illustrate the use of various breastfeeding aids, dolls used to illustrate breastfeeding, etc.

2.5 Anticipatory Guidance During the Prenatal Period and Beyond

Among the best predictors of breastfeeding success is a woman's intention to breastfeed prior to delivery. During a woman's pregnancy, every opportunity should be taken to inform her of the

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importance of breastfeeding, address her breastfeeding questions and concerns, and provide her with encouragement to initiate and continue breastfeeding for as long as possible. The range of benefits WIC offers to breastfeeding mothers and their infants—including the greater variety and quantity of food—should be presented as additional incentives to breastfeed. It is important that a mother is fully informed before asking her to make a decision about how she will feed her baby.

Mothers often have concerns about milk supply and whether their babies are getting enough milk. The prenatal period is a good time to educate mothers about milk supply and how much human milk young infants need. Effective breastfeeding promotion should convey that providing formula to a breastfed infant, especially in the early months, may impact a mother's ability to sustain or increase her milk supply. Pregnant women should be made aware that WIC does not routinely provide infant formula to breastfed infants less than one month of age.

As previously noted, WIC regulations require that during each six-month certification period at least two nutrition contacts be made available to all participants, though more than this minimum may be offered. However, even if WIC staff only provides the minimum nutrition education contacts within a six-month certification period, every contact (whether communication is one-on-one, within a group, over the telephone, or electronically) should be an interactive exchange between WIC staff and the participant. This interaction should provide an opportunity to build rapport and discuss the issues and concerns of importance to the participant. Providing comprehensive, up-to-date, and culturally appropriate breastfeeding information is an important aspect of a nutrition education contact for pregnant and breastfeeding participants.

The third trimester of pregnancy and the first few weeks postpartum are critical time periods in helping mothers establish successful breastfeeding relationships with their infants. To prevent weaning during the first few weeks after birth, WIC staff should help mothers anticipate the various issues they may experience postpartum in the hospital, as well as when they bring their new baby home, and offer practical strategies to combat potential obstacles.

For further guidance, refer to Appendix B: Breastfeeding Anticipatory Guidance.

2.6 Continuum of Care

WIC regulations at 7 CFR 246.11(d) require that each local agency have a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods. WIC staff can play an important role in helping mothers during the transition from pregnancy to motherhood. During the critical early weeks postpartum, when mothers are most likely to wean, WIC staff can provide valuable breastfeeding support. Identifying where gaps may occur in a pregnant or breastfeeding woman's continuum of care from her last WIC visit as a pregnant woman through her first WIC visit after the baby is born helps to ensure breastfeeding support is available. Too often postpartum women who initially intend to breastfeed return to WIC after delivery for the provision of formula.

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A. Breastfeeding Peer Counselors

Peer counselors can improve the continuity of care provided to participants throughout the postpartum period. For example, peer counselors can play a critical role in filling the gap in services a new mother experiences after hospital discharge and before her next WIC appointment. Since fiscal year 2004, FNS has made available funds and training to equip WIC Programs with a research-based implementation and management model that is effective and feasible, and serves as a standard in designing, building, and sustaining peer counseling programs (*Loving Support* Model).

For further guidance, refer to Chapter 4: Breastfeeding Peer Counseling.

B. Community Partnerships

Collaborations with key stakeholders and community partners allow WIC staff to form referral networks; highlight WIC's role as an advocate and resource for breastfeeding promotion and support; ensure accurate and consistent messages; improve continuum of care for participants; and develop strategies to address and help women overcome barriers to breastfeeding. For example, staff can support and encourage policies and practices consistent with the Baby-Friendly Hospital Initiative in local communities; participate in State and local breastfeeding coalitions; invite child care workers and health care professionals to WIC breastfeeding trainings; and share breastfeeding resources with workplaces that employ large numbers of WIC participants. Additional ideas for reaching local partners and building a breastfeeding-friendly community can be found at https://lovingsupport.fns.usda.gov/content/building-breastfeeding-friendly-communities.

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Chapter 3

Issuing Food Packages to the Breastfeeding Dyad

3.0 Overview

WIC regulations at 7 CFR 246.10 provide food packages designed to meet the supplemental nutritional needs of breastfeeding mothers and infants, provide incentives for initiation and continuation of breastfeeding, and minimize early supplementation with infant formula to help mothers establish milk supply. Breastfeeding mothers whose infants receive formula from WIC are to be supported to breastfeed to the maximum extent possible with minimal supplementation with infant formula. Formula amounts issued to breastfed infants are to be tailored to meet but not exceed the infant's nutritional needs.

It is important for State agencies to review policies and procedures for local agencies and ensure that (1) such policies and procedures support breastfeeding women and infants through promotion of exclusive breastfeeding or minimum supplementation with infant formula; and (2) staff are adequately trained to provide anticipatory guidance to pregnant women, conduct breastfeeding assessments, assign appropriate food packages, and provide counseling and support for the breastfeeding dyad.

3.1 Breastfeeding Assessment

Because the food packages for the breastfeeding mother/infant dyad are by design closely tied, it is important to ensure each breastfeeding dyad receives a complete breastfeeding assessment. Value Enhanced Nutrition Assessment (VENA) encompasses and supports the breastfeeding assessment. As described in WIC Policy Memorandum #2006-5, Value Enhanced Nutrition Assessment (VENA)—WIC Nutrition Assessment Policy, the WIC nutrition assessment serves as the foundation for planning and providing other nutrition services. A WIC nutrition assessment is the process of obtaining and synthesizing relevant and accurate information in order to assess nutritional status and risk, tailor the food package to address nutritional needs, design appropriate nutrition education, and make appropriate referrals. Nutrition assessment is necessary to link collected health and diet information to risk assessment in order to deliver appropriate and personalized nutrition interventions that lead to improved health outcomes.

The VENA guidance describes essential staff competencies and knowledge required to assess the breastfeeding dyad and includes evidence-based recommendations published by the American Academy of Pediatrics, the Academy of Nutrition and Dietetics, the American College of Obstetrics and Gynecology, the Academy of Breastfeeding Medicine, and the International Lactation Consultant Association. The document includes guidance on the information to be addressed during assessment of pregnant and breastfeeding women or breastfed infants, such as beliefs and knowledge about breastfeeding, potential complications, the mother's healthcare

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provider's recommendations and the mother's support network for successful breastfeeding. In addition, the NSS (Standard 6: Nutrition Assessment) identifies the following issues to address during the breastfeeding assessment: prenatal decision making; growth, feeding or other concerns expressed/identified by staff, participant, or provider; food package assignment/changes; breastfeeding aids; breast pump issuance; and the return to work or school.

3.2 Food Packages for the Breastfeeding Dyad

The breastfeeding assessment and the mother's plans for breastfeeding serve as the basis for determining food package issuance and the counseling and support provided to the mother. In WIC, a woman is certified eligible as a breastfeeding woman if she is breastfeeding on the average of at least once a day. However, whether or not a breastfeeding woman receives a food package (after 6 months) and which food package she is assigned is based on the amount of infant formula received from WIC for her infant and the age of the infant.

WIC's goal is to encourage mothers to exclusively breastfeed without supplementing with formula. A mother who intends to breastfeed should be provided counseling and support to help her feed only human milk to her baby for six months until complementary foods are introduced. Efforts should be made to schedule mothers who intend to breastfeed for subsequent certification as soon after delivery as possible in order to provide timely breastfeeding support.

While WIC's goal is for mothers to exclusively breastfeed, mothers who breastfeed and receive formula from WIC should be issued the partially (mostly) breastfeeding food packages established by WIC regulations to the extent possible, not the minimally breastfeeding package. The food packages for partially (mostly) breastfed mothers and infants are designed to provide minimal formula supplementation to help mothers maintain milk production, and provide incentives for continued breastfeeding. The partially (mostly) breastfeeding package provides more food for the mother than does the minimally breastfeeding package, and she is eligible to receive that food package throughout the infant's first year. In contrast, mothers receiving the minimally breastfeeding package become ineligible to receive a food package once the infant is six months old. The benefits of the partially (mostly) breastfed food packages are lost if the breastfeeding dyad is issued the minimally breastfeeding packages. WIC staff should be trained to provide thorough breastfeeding assessments and help each mother meet her breastfeeding goals. Staff training to ensure participants are issued appropriate food packages and receive strong breastfeeding support and counseling is key to utilizing the specially-designed breastfeeding food packages as part of WIC's overall breastfeeding promotion and support efforts.

WIC regulations define three infant feeding variations for the purposes of assigning food quantities and types in Food Packages I-III for infants: (1) fully formula feeding, (2) fully breastfeeding (the infant does not receive formula from the WIC Program), and (3) partially (mostly) breastfeeding (the infant is breastfed but also receives some infant formula from WIC up to the maximum allowance described for partially breastfed infants in Table 1 of 7 CFR 246.10(e)(9)). Breastfeeding assessment and the mother's plans for breastfeeding serve as the basis for determining food package issuance. Breastfed infants who are assessed to need more formula than is allowed under the food package for partially breastfed infants are assigned to the

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fully formula feeding package. (As mentioned previously, FNS emphasizes that the benefits of the partially (mostly) breastfeeding food packages are lost if the breastfeeding dyad is issued the fully formula fed/minimally breastfeeding package. Appropriate support and counseling should be provided to mothers to minimize the number of breastfeeding infants receiving the full formula packages.)

A. Fully Breastfeeding Food Packages

The food packages for fully breastfeeding mothers (those whose infants do not receive formula from WIC) and their infants are designed to supplement their special nutritional needs and serve as incentives for mothers to breastfeed without supplementing with formula. The intent of the WIC Program is that all women be supported to exclusively breastfeed their infants and to choose the fully breastfeeding food package without infant formula. Mothers should be advised that fully breastfeeding women who do not accept supplemental formula from WIC receive the largest quantity and variety of foods in their food packages, and their infants at 6 months of age receive the largest quantity and variety of infant foods in order to meet their nutritional needs. The mother should be praised for her breastfeeding efforts and encouraged to continue fully breastfeeding her infant. State agencies should consider a process that allows a fully breastfeeding woman to receive her food package as soon as possible after she delivers so she may benefit from the additional foods.

B. Partially (Mostly) Breastfeeding Food Packages

The food packages for partially (mostly) breastfeeding mothers and infants are designed to provide for the supplemental nutrition needs of the breastfeeding dyad, provide minimal formula supplementation to help mothers maintain milk production, and provide incentives for continued breastfeeding by way of a larger variety and quantity of food than the fully formula fed/minimally breastfeeding packages. The food packages for partially (mostly) breastfeeding mothers and their infants are designed to supplement their special nutritional needs and serve as incentives for mothers to continue to breastfeed even if they do not fully breastfeed. With proper counseling and support to help the mother successfully breastfeed, the breastfed infant should require no supplementation, especially during the first month of life when breastfeeding is being established. Therefore, the partially (mostly) breastfed food package for infants begins at one month postpartum (see Section 3.2C1 of this chapter: Birth to One Month). The maximum formula amount for partially (mostly) breastfed infants is less than that available to fully formula fed infants to help mothers feed more human milk to their infants. Mothers should be advised that partially (mostly) breastfeeding women receive more quantity and variety of foods in their food packages than mothers who don't breastfeed or minimally breastfeed in order to meet their nutritional needs.

C. Issuance of formula to breastfed infants

For breastfeeding women who do not receive the fully breastfeeding package, WIC staff are expected to individually tailor the amount of infant formula based on the assessed needs of breastfeeding infants and provide the minimal amount of formula that meets but does not exceed infants' nutritional needs. This is consistent with long-standing FNS policy that dates back to

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the 1980s. State agencies should develop policies for handling breastfeeding mothers' formula requests that encourage substantial and continued breastfeeding. This is true whether the infant receives the fully formula fed package (although the infant may be minimally breastfeeding) or the partially (mostly) breastfeeding food package. The full nutrition benefit (7 CFR 246.2) of formula should not be used as the standard for issuance unless the mother is not breastfeeding the infant at all.

1. Birth to One Month

Two food packages are available for infants during the first month after birth—fully breastfeeding and fully formula fed. The purpose of not providing formula in the first month to breastfeeding mothers is to ensure that formula does not interfere with the mother's milk production in the early days after birth to help firmly establish breastfeeding. The goal is to help mothers exclusively breastfeed beyond the first month and to continue receiving the benefits of the fully breastfed package.

State agencies have the option, however, to make available a third food package to breastfed infants in the first month. A food package containing not more than one can of powder infant formula in the container size that provides closest to 104 reconstituted fluid ounces to breastfed infants may be issued on a case-by-case basis. Infant formula in the first month may only be issued after careful assessment of the mother and infant by staff with breastfeeding training. If it is determined some formula is appropriate for the infant in the first month, the mother should be advised on the appropriate amount of formula to feed the infant. The goal is to provide as minimal amount of supplemental formula as is needed, while offering counseling and support, in order to help the mother establish and maintain successful milk production.

Where State agencies opt to authorize infant formula in the first month, the infant is considered partially (mostly) breastfed and the mother is issued Food Package V for partially (mostly) breastfeeding mothers. State agencies choosing to make available a partially breastfeeding package in the first month may not standardize issuance of this food package for all mothers.

State agencies achieving improved breastfeeding rates with a policy of no infant formula in the first month have done so by providing strong staff training and timely and adequate support and counseling for breastfeeding mothers, as well issuing the fully breastfeeding packages. In making the decision whether to offer a partially (mostly) breastfed option in the first month, State agencies should carefully consider how best to help breastfeeding mothers establish and continue substantive breastfeeding. FNS would not expect to see State agencies create a situation where breastfed infants are issued the fully formula fed package in the first month because the option to receive a partially (mostly) breastfeeding food package is not available. Mothers should be advised prenatally that WIC does not routinely provide infant formula during the first month after birth.

FNS emphasizes that the benefits of the partially (mostly) breastfeeding food packages are lost if the breastfeeding dyad is issued the fully formula fed/minimally breastfeeding package. Appropriate support and counseling should be provided to mothers to minimize the number of breastfeeding infants receiving the full formula packages.

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2. Formula Requests

As stated previously, for breastfeeding dyads who do not receive the fully breastfeeding packages, WIC staff are expected to individually tailor the amount of infant formula based on the assessed needs of the breastfeeding infant and provide the minimal amount of formula that meets but does not exceed the infant's nutritional needs. The full nutrition benefit (7 CFR 246.2) of formula should not be used as the standard for issuance unless the mother is not breastfeeding the infant at all. State agencies should develop policies for handling formula requests from breastfeeding mothers that encourage substantial and continued breastfeeding. This is true whether the infant receives the partially (mostly) breastfeeding food package or the fully formula fed package. When a breastfeeding mother requests infant formula, staff should assess and listen to the mother to determine the reason she is requesting formula and ensure the mother receives support from WIC staff with breastfeeding training, a peer counselor, lactation specialist, or other healthcare professional who can adequately address the mother's concerns and help her continue to breastfeed.

Care must be exercised to ensure that provision of formula does not interfere with or undermine the breastfeeding mother's desire to maintain lactation. The infant should be monitored for adequate intake, and the mother should be reassessed as necessary. It is important to convey to mothers that sometimes it may be possible to resume exclusive breastfeeding even after using supplemental formula and that WIC is available to provide support and counseling to help her achieve her goals.

WIC management information systems should be programmed to support local agency efforts by providing flexibility to tailor formula amounts and limiting staff ability to issue formula without assessment by qualified staff. Food package automation system design should offer enough flexibility to provide the minimal amount of formula that meets but does not exceed the infant's nutritional needs.

For further guidance, refer to Appendix C: Food Package Issuance Protocols.

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Chapter 4

Breastfeeding Peer Counseling in the WIC Program

4.0 Overview

Peer counselors are mothers who have personal experience with breastfeeding and are trained to provide counseling and assistance to other mothers with whom they share various characteristics, such as language, race/ethnicity, and socioeconomic status. Peer counselors' unique combination of successful breastfeeding experience, formal training, and understanding of the factors impacting breastfeeding in their communities allows them to enhance the capacity of WIC clinics. With rates of breastfeeding being consistently lowest among low-income women, the use of breastfeeding peer counselors adds a critical dimension to WIC's efforts to help women initiate and continue breastfeeding. Evidence from randomized controlled trials evaluating breastfeeding peer counseling indicates that peer counselors effectively improve rates of breastfeeding initiation, duration, and exclusivity.[4] The *2011 Surgeon General's Call to Action to Support Breastfeeding* recommends that peer counseling be available to all women in WIC. FNS' goal is to integrate breastfeeding peer counseling as a core WIC service and assure that breastfeeding peer counselors are available in as many WIC clinics as possible.

4.1 Development of the National Breastfeeding Peer Counseling Program

In 2004, as part of the *Loving Support* campaign, FNS began a training and technical assistance project to equip WIC Programs with a research-based framework for designing and maintaining breastfeeding peer counseling programs. The national WIC breastfeeding peer counseling (BFPC) program was implemented to provide peer support to WIC women learning to breastfeed and to prepare WIC staff to implement and expand BFPC programs. The BFPC program trains paraprofessional peer counselors to provide breastfeeding support in clinics, homes, and hospitals, and during hours when WIC clinics are closed. Peer counselors are recruited and hired from WIC's target population of low-income women.

A. The Unique Benefit of Mother-to-Mother Breastfeeding Support

The BFPC program is designed and funded to advance the unique benefit of mother-to mother breastfeeding support. Peer counselors provide mother-to-mother support, which is distinct from health professional-to-mother support. The relationship between a peer counselor and a mother is different than the relationship between a health professional (e.g., nutritionists, WIC-Designated Breastfeeding Experts (see definition in Appendix A), lactation consultants, physicians, nurses) and a mother, even if the health professional herself is a mother. Peer

[4] Chapman, DJ. Breastfeeding peer counseling: from efficacy through scale-up. Journal of Human Lactation 2010 Aug; 26(3):314-26.

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support is unique to other forms of lactation support in that the source of support is a *peer*, a person who is similar in fundamental ways to the recipient of the support. A peer, by virtue of relevant experience, is in a position to offer support and can relate to others who are in a similar situation. The BFPC program was developed and funded based on research showing that this unique mother–to–mother support can improve breastfeeding initiation and duration among low-income women.

The BFPC program provides an important adjunct to the usual WIC program services. As an adjunct to the breastfeeding support offered at WIC, peer counselors extend the care of WIC clinic staff. Peer counselors supplement, but do not replace, the work of competent professional authorities, nutritionists, WIC-Designated Breastfeeding Experts, and lactation professionals. Peer counselors may have the time to delve more deeply into the barriers and issues that might make it difficult for new mothers to breastfeed. **WIC peer counseling programs are not meant to be stand-alone programs; they are effective only as part of a comprehensive State-wide strategy to promote and support breastfeeding.**

B. Loving Support Model for a Successful Peer Counseling Program (*Loving Support* Model)

Prior to the launch of the BFPC program, formative research was conducted to determine lessons learned and recommendations from State and local agencies with existing successful peer counseling programs. The research formed the basis for FNS guidance to help State and local agencies implement peer counseling programs that are evidence-based and rely on best practices. The *Loving Support* Model is the framework for State agencies to use to establish policies and practices under each of its required components. The *Loving Support* Model emphasizes adequate program support from State and local agency management as well as adequate program support of peer counselors as the keys to sustainable peer counseling programs in WIC. FNS' goal is to ensure that all WIC State agencies operate their peer counseling programs from the same basic components that form the foundation of a successful peer counseling program. The *Loving Support* Model allows for flexibility based on State policy as long as the core components of the *Loving Support* Model are met.

C. Innovative Training Platform and Resources

The BFPC program includes two training curricula, one for managers and one for peer counselors. The curriculum for managers provides guidance for developing and sustaining BFPC programs based on the research-based components of the *Loving Support* Model. The second curriculum was developed for trainers of peer counselors and provides an evidence-based foundation for the key instructional elements needed to train WIC peer counselors. Included are the basic skills successful WIC peer counselors need, and strategies for providing appropriate breastfeeding education and support to WIC mothers.

Both curricula are housed on the same presentation platform, which serves as a centralized storehouse for a wide variety of content tools. The platform dashboard enables the presenter to see these resources at a glance, including the modules for both curricula with slides, videos,

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podcasts, animations, picture stories, counseling case studies, web links, and other resources. The quick and easy navigation to these resources is made possible through a sophisticated network of hyperlinks. The approach complements the participant-focused education in WIC by enabling peer counselor trainees to set learning priorities, and enhances learning through emotional triggers from photo images with picture stories, video, audio, and limited text. A set of videos, webinars and tools to assist in using the training platform are also available. In addition to the presentation platform, the curricula include speaker notes, facilitator prompts, handouts, and a take home guide for peer counselors. The materials, including a facilitator's training guide that includes the rationale for the interactive, relational approach, can be accessed at: https://lovingsupport.fns.usda.gov/content/peer-counseling-training.

4.2 Guidance Resource for Managers of BFPC Programs

The BFPC management curriculum *Loving Support through Peer Counseling: A Journey Together – for WIC Managers* is an important resource for WIC State agencies. The curriculum is structured around each component of the *Loving Support* Model, providing State agencies with research-based strategies, ideas, and best practices for successful implementation and expansion of peer counseling programs. The curriculum is designed to further increase the skills and competencies necessary for State agencies to continue to successfully manage BFPC programs. The curriculum/guidance includes chapters on program logistics; policies and operations; staffing considerations; scope of practice; practice settings for peer counselors; contact and referral protocols; training, mentoring, and supervising; and retaining peer counselors. Handouts include sample job descriptions for peer counselors (junior and senior), peer counselor coordinators, and lactation consultants; sample application and interview guides; scope of practice; sample cell phone and social media policies; and many other helpful resources.

The management curriculum is designed for State WIC Directors, State breastfeeding coordinators, peer counseling coordinators, and others involved in implementing, managing, or providing oversight to BFPC programs, and serves as a guidance document. The management curriculum is useful not only in training local agency staff, but the Speaker Notes serve as a guidance document for State agencies to use when developing policies around peer counseling. The NSS (Standard 9: Peer Counseling) is another good resource for WIC State and local agencies implementing BFPC programs.

State agencies are advised to assess their current BFPC programs against the *Loving Support* Model and the guidance and recommendations found in the management curriculum, determine where gaps in peer counseling services may exist, and implement any needed changes in their programs to ensure that the support and management of peer counselors is strong and the peer counseling services provided to WIC mothers is effective.

For further guidance, refer to Appendix D: Peer Counseling Program Assessment.

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4.3 Definition of a WIC Peer Counselor

The definition of a peer counselor is essential to the integrity of the BFPC program. The *Loving Support* Model requires that peer counselors be paraprofessionals recruited and hired from the target WIC population and available to WIC participants outside usual clinic hours and outside the WIC clinic environment. The definition of a paraprofessional in this context is an individual without extended professional training in health, nutrition, or the clinical management of breastfeeding who is selected from the group to be served, and trained and given ongoing supervision to provide a basic service or function. Paraprofessionals provide specific tasks within a defined scope of practice. They assist professionals, but are not licensed or credentialed as healthcare, nutrition, or lactation consultant professionals. Therefore, IBCLCs, registered dietitians, nurses, and other licensed and credentialed health professionals do not meet the definition of a peer counselor in the *Loving Support* Model.

4.4 Outside the Usual Clinic Hours and Clinic Environment

One of the keys to an effective BFPC program is ensuring peer counselors are available when mothers need them the most. Breastfeeding problems often occur outside usual business hours, and peer counselors provide important support beyond usual WIC services. Peer counselors help fill the gap in breastfeeding services when WIC clinics are closed. Being available to WIC mothers beyond the WIC clinic hours and environment is a key component of the *Loving Support* Model. Each State and local agency should determine strategies that best enables them to facilitate that access. The peer counseling management curriculum includes information to assist State agencies in determining strategies and developing policies on this issue.

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. The training for peer counselors can be accessed at https://lovingsupport.fns.usda.gov/content/peer-counseling-training.

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A note about dual-role staff: Peer counseling programs function best when peer counselors are allowed to solely dedicate their time to peer counselor support for breastfeeding. State agencies that allow peer counselors to work in dual-role positions need to consider whether such positions compromise the intent and purpose of the BFPC program. It is vital that a WIC mother views her peer counselor as a peer—someone who is dedicated to building a trusting relationship with her inside and outside of the clinic—not as a WIC staff member who also wears others hats. Dual-role staff must meet the definition of a peer counselor in the *Loving Support* Model, including being available to mothers outside of regular WIC hours and outside of the clinic. BFPC funds may only be used for the portion of time spent as a peer counselor, and BFPC funds may not be used for peer counselors to perform non-breastfeeding duties. While it may be acceptable to allow a half-time peer counselor, using NSA funds, to also serve as a WIC clerk who answers phones and performs similar clerical duties, it would not be acceptable to allow the peer counselor to serve as a half-time WIC certifier. Determining a woman's eligibility for the WIC Program would compromise the unique peer relationship with the mother. State agency policies for dual-role peer counseling staff must be approved by the FNS Regional Office.

4.6 Role of Lactation Experts in Peer Counseling Programs

As previously noted, the national BFPC program is meant to advance the unique benefit of peer WIC "mother-to-mother" support. The *Loving Support* Model also makes clear that lactation experts must be a part of a local agency's BFPC program, i.e., *timely access to breastfeeding coordinators and other lactation experts for assistance with problems outside of peer counselors' scope of practice*. Lactation experts provide oversight/management of BFPC programs and/or supervision, mentoring and referral expertise for peer counselors. Each clinic must establish a WIC-Designated Breastfeeding Expert to accept referrals of mothers experiencing complex problems outside the scope of practice of the peer counselor.

BFPC funds can be used to hire health professionals, e.g., International Board Certified Lactation Consultants (IBCLCs), Certified Lactation Counselors (CLCs), and other trained and experienced staff to serve as WIC-Designated Breastfeeding Experts, peer counseling manager/coordinators, consultants, and referral sources consistent with the *Loving Support* Model. However, the overall intent of the specially designated BFPC program funds is to provide a peer counselor program, not a lactation consultant program. The primary purpose of these funds is to provide direct breastfeeding support services *through peer counseling* to WIC participants. BFPC funds cannot be used to disproportionately hire lactation management experts versus peer counselors. NSA funds may be used to strengthen general IBCLC and other breastfeeding expertise in WIC as necessary. NSA funds must be used for IBCLCs and other lactation expert consultations for WIC mothers who are not referred by peer counselors and are not part of a peer counselor's case load.

4.7 Referral Protocols

Referral protocols and systems, both within the WIC clinic setting and those in the community, are necessary for successful BFPC programs. Peer counselors depend on referrals from local

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clinic staff to provide timely and appropriate breastfeeding contacts. Some State or local agencies provide monthly computerized printouts of WIC mothers who have been certified as pregnant or breastfeeding. Peer counselors initiate contacts to assess their interest in breastfeeding and determine the level of support needed. In other agencies, peer counselors work directly in the WIC clinic and see WIC mothers as part of the usual clinic flow. Some State agencies use a database for referrals, documentation, and monitoring. No matter how they receive referrals, peer counselors need ongoing referrals from local clinic staff as part of the usual WIC certification, assessment, and nutrition education process. In addition, a referral program within the community enhances program success. For example, creating a seamless network with the local hospital will allow breastfeeding mothers to be followed immediately after hospital discharge. A referral stream can also be identified with local healthcare providers who see pregnant and breastfeeding WIC mothers.

4.8 Funding and Allowable Costs for BFPC Programs

The BFPC funds FNS distributes annually to State agencies are to be used to develop or expand activities necessary to sustain a peer counseling program. State agencies receive a funding letter each year and sign an acceptance form indicating agreement to implement/administer a peer counseling program based on the *Loving Support* Model. State agencies should consider the best methods for ensuring that local agencies receiving BFPC funding implement peer counseling programs in accordance with the *Loving Support* Model and the management training guidance.

The use of BFPC funds for expenditures that are not supported by the *Loving Support* Model are not authorized. In addition to BFPC funds, State agencies may use NSA funds for their peer counseling programs.

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Chapter 5

Allowable NSA Costs for Breastfeeding Promotion and Support

5.0 Overview

The WIC Program is fully committed to promoting and supporting breastfeeding among WIC participants. NSA funds support WIC State and/or local agency strategies, initiatives, and services that (1) are relevant to the mission of the Program; (2) promote breastfeeding to pregnant participants and new mothers; (3) are consistent with the *Loving Support* messages; and (4) encourage and support the initiation and duration of exclusive breastfeeding among WIC participants. Public Law 101-147, the Child Nutrition and WIC Reauthorization Act of 1989, authorized the use of NSA funds to purchase breastfeeding aids that directly support the initiation and continuation of breastfeeding. While numerous breastfeeding-related products are available in the marketplace, NSA funds may only be used for items that are reasonable in cost and necessary for the initiation and continuation of breastfeeding.

Breastfeeding mothers need anticipatory guidance, breastfeeding skills, and support from trained breastfeeding staff when issues arise much more than a breastfeeding aid or accessory the WIC Program can provide. State and local agencies should weigh the benefits of providing breastfeeding aids and accessories to breastfeeding mothers against the importance of management functions and participant services/benefits (e.g., breastfeeding counseling, breastfeeding education and training, and peer counseling), that could otherwise be provided or enhanced with NSA funds.

5.1 Reasonable Costs

The State agency is responsible for the efficient and effective administration of the program and must adhere to Federal cost principles provided for in 2 CFR 200.403 & 404. Reasonable costs are those that:

- provide the Program a benefit commensurate with the costs incurred;
- are consistent with the costs of similar items from other vendors;
- are in proportion to other Program costs for the function that the costs serve;
- are a priority expenditure relative to other demands on available administrative resources; and
- have a proven or intuitive positive impact.

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5.2 Breastfeeding Aids and Accessories

Breastfeeding aids describe items that directly aid the removal of human milk from the breast and/or provide human milk to the infant. **Breastfeeding accessories** describe items that, while not directly aiding the removal of milk from the breast, may provide direct support to mothers that facilitate breastfeeding.

Breastfeeding aids and accessories are not Program benefits. However, Program regulations at 7 CFR 246.14(c)(10) specify that "the cost of breastfeeding aids which directly support the initiation and continuation of breastfeeding" are allowable NSA costs. Implied by this provision is that such aids are within the goals and mission of the WIC Program. Such expenses can be applied to the State agency's breastfeeding spending target and/or its overall nutrition education expenditures.

Breastfeeding aids and accessories are not necessary for all mothers, but are designed to facilitate the initiation or continuation of breastfeeding for some mothers in special circumstances. The judicious issuance of such aids and accessories, with careful consideration of both cost and necessity, supports WIC's mission to increase the initiation and duration of breastfeeding among WIC participants and ultimately improve health outcomes. The provision of such aids and accessories is one component of the available strategies, initiatives, and services that support breastfeeding among WIC participants. Since the WIC grant is limited in amount, expenditure priorities in relation to other demands on available resources must be considered. FNS Regional Offices will review State agency policies and expenditures to ensure appropriate use of these items.

Breastfeeding aids and accessories may not be issued to pregnant women. Anticipatory guidance may be given to pregnant women advising them that WIC may be able to provide them with these items if necessary once the baby is delivered.

5.3 Allowable WIC Breastfeeding Aids

WIC allowable breastfeeding aids directly support the efforts of some breastfeeding mothers who may need assistance to remove milk from the breast and/or to provide human milk to their infants. Breastfeeding aids include devices and products such as breast pumps, supplemental nursing systems, and nipple shields. Other costs associated with the availability of these items through WIC, such as insurance and service fees for providing breast pumps, tubing and kits necessary for electric pumps, are also allowable NSA costs.

State agencies that choose to allow the purchase of breastfeeding aids should develop specific policies to assure the most efficient use of NSA funding. Such policies should ensure that breastfeeding aids are provided judiciously, and as part of a well-planned State or local agency breastfeeding promotion and support program using trained staff. A breastfeeding assessment should occur to determine participant need as well as the benefit to the breastfeeding dyad for a particular aid. Additionally, breastfeeding aids should be provided in conjunction with appropriate counseling, education, and follow-up provided by trained staff under the guidance of

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WIC-Designated Breastfeeding Experts/lactation consultants as necessary. When determining who should receive and would benefit most from breastfeeding aids, priority should be given to participants who are exclusively breastfeeding.

A note about nipple shields: The available evidence does not demonstrate that nipple shields are safe in the long term for milk supply, infant weight gain, or duration of breastfeeding.[5] They are considered a short term solution that may be helpful in limited situations for feeding problems and must only be used under the guidance of the WIC-Designated Breastfeeding Expert or lactation consultant. State agencies must develop policies and protocols to ensure that nipple shields are used in an evidence-based and safe manner. Local agency policies and protocols must be approved by the State agency. The mother must be properly trained in how to use the item and followed carefully to avoid a loss in milk supply or other problems.

5.4 Allowable WIC Breastfeeding Accessories

Breastfeeding accessories are devices or products that, while not directly aiding the removal of milk from the breast, may facilitate breastfeeding. Although many such products exist in the marketplace, only those determined to be reasonable and necessary costs to support successful breastfeeding are allowed. Accessories may include products such as human milk storage bags, breast pump adaptors, certain nursing bras, and nursing shawls or covers.

A breastfeeding assessment should be conducted to determine the participant's need, as well as the benefit to the breastfeeding dyad, for a particular accessory. If breastfeeding accessories are provided, care should be taken to ensure they are only provided to those participants who benefit most from their use, such as those who have established breastfeeding as an exclusive source of nutrition for their infant.

5.5 Unallowable Breastfeeding Aids and Accessories

Unallowable breastfeeding aids/accessories which do not directly support the initiation and continuation of breastfeeding are not within the scope of the WIC Program and cannot be purchased with NSA funds. Items that cannot be provided through the WIC Program include, for example, topical creams, ointments, Vitamin E, other medicinals, foot stools, infant scales for use by the mother at home, baby bottles, nursing pillows, or nursing blouses.

While such items cannot be purchased with NSA funds, they could be provided inkind to WIC. However, such inkind contributions cannot be applied to the State agency's breastfeeding spending target or nutrition education expenditure requirement.

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[5] *2nd Edition* American Academy of Pediatrics/American College of Obstetricians and Gynecologists Breastfeeding Handbook for Physicians (2014), Chapter 11: Lactation Support Technology, pages 164-165.

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5.6 Breast Pumps

A. Breast Pumps are an Allowable Cost

Since breast pumps can promote Program objectives for breastfeeding participants, the cost of providing breast pumps is an allowable NSA cost. Breast pumps are also an allowable WIC food cost. However, the provision of breast pumps should not circumvent or take the place of appropriate breastfeeding education and support.

Although breast pumps are an allowable cost, the purchase price of breast pumps must be reasonable and necessary. The State agency must decide under what conditions pumps are made available as a part of its breastfeeding promotion and support efforts. As a part of this determination, the State agency must be aware of the complexities involved with providing breast pumps to WIC participants. **In particular, it is recommended that the State agency provide breast pumps judiciously, balancing program goals for promoting and supporting breastfeeding with liability and cost accountability concerns and other priorities.** Breastfeeding promotion and support involves providing participants with information and encouragement to breastfeed and supporting them during their breastfeeding experience. Providing breast pumps is one way to support a subset of breastfeeding mothers and infants in special circumstances such as returning to work or school.

Many WIC participants are obtaining breast pumps through health insurers, group health plans, or Medicaid (see Section 5.8 of this chapter: Insurance and Medicaid Coverage of Lactation Services). State and local agencies should first consider these options before providing breast pumps through WIC.

B. Breast Pumps Are Not a WIC Program Benefit

The three benefits that State agencies must provide to WIC participants are supplemental foods, nutrition education, including breastfeeding promotion and support, and referrals to other health and social service programs. Breast pumps are not a Program benefit that State agencies are required to provide to participants, but rather, they are aids that State agencies may choose to offer to certain WIC participants to facilitate breastfeeding. If a State agency chooses to provide breast pumps, the pumps may be offered free, at a reduced cost, or at cost to WIC participants.

C. Criteria for Issuing Breast Pumps

Breast pumps may be offered to breastfeeding women participants based on need. Breast pumps and other breastfeeding aids and accessories may not be offered to breastfeeding women solely as an inducement to consider or to continue breastfeeding. Breast pumps may not be issued to pregnant women unless they are breastfeeding a WIC participant infant. In general, breast pumps may be provided to WIC participants in the following situations:

- to mothers who are having difficulty in establishing or maintaining an adequate milk supply due to maternal/infant illness;

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- during mother/infant separation (such as infant hospitalization or mother's return to work or school); and
- to mothers who have temporary breastfeeding problems, such as engorgement.

D. Types of Breast Pumps Provided to Participants

State agencies must determine the types of pumps they will distribute to participants and under what circumstances they will be provided. There are a variety of breast pumps available on the market, such as hospital-grade electric pumps, manual pumps, multiple user electric pumps, pedal pumps, and single user (manual, electric, or battery-operated) pumps. State agencies must consider costs to the Program and participant need when determining the types of breast pumps to distribute. Many State agencies have entered into multi-State contracts with breast pump manufacturers to obtain breast pumps at a lower cost.

For further guidance, refer to Appendix E: Implementing Breast Pump Programs.

5.7 Advice from Legal Counsel

In developing policies on providing breastfeeding aids and accessories, State agencies should be aware that some aids such as breast pumps could present liability issues (see examples in Appendix E). Therefore, State and local agencies are encouraged to seek advice from legal counsel on such issues prior to issuing policy on the provision of such aids.

Breastfeeding mothers need anticipatory guidance, breastfeeding skills, and support from trained breastfeeding staff when issues arise much more than any breastfeeding aid or accessory the WIC Program can provide.

State and local agencies should weigh the benefits of providing breastfeeding aids and accessories against the importance of management functions and participant services/benefits (e.g., breastfeeding counseling, breastfeeding education and training, and peer counseling) that could otherwise be provided or enhanced with NSA funds.

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5.8 Insurance and Medicaid Coverage of Lactation Services

A. The Patient Accountability and Affordable Care Act (ACA)

The ACA required group health plans and health insurers to cover costs for renting breastfeeding equipment as well as preventive services for women that includes comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period. For more information, covered individuals should contact their health plan or health insurer.

B. TRICARE

The ACA's essential health benefits and preventive services provisions applicable to group health plans and health insurers are not applicable to TRICARE, the federal statutory entitlement program for Active Duty military, military retirees, and their dependents. Consequently, Congress provided the Department of Defense with the necessary statutory authority to expand coverage of breastfeeding support, supplies (including breast pumps and associated equipment), and counseling to all TRICARE mothers through the National Defense Authorization Act of 2015. For more information on TRICARE coverage of lactation services go to http://www.tricare.mil/CoveredServices/IsItCovered/BreastPumpsSupplies.aspx.

B. Medicaid

The ACA did not contain a mandate for lactation services in Medicaid. The cost of manual pump purchases and electric pump rentals are generally not covered as a separate benefit under the Medicaid program. However, for circumstances of medical necessity, State Medicaid programs may choose to cover these costs. Such a determination would be made on a case-by-case basis depending on the medical condition involved. With respect to coverage of breast pumps, which would fall under medical equipment and supplies under the home health benefit, the Centers for Medicare and Medicaid Services issued guidance on September 4, 1998, which clarifies that States should have a process in place by which beneficiaries may request items that do not appear on a pre-approved list. States are advised to contact their State Medicaid programs to determine whether and under what circumstances these costs would be covered. For more information on Medicaid coverage of lactation services go to https://www.medicaid.gov/.

5.9 WIC Program Incentive Items

Program incentive items are allowable under certain terms and conditions for three purposes: outreach, breastfeeding promotion, and nutrition education. Breastfeeding aids and accessories, however, are a distinct and separate class of allowable costs and should not be considered incentive items. Examples of incentive items for breastfeeding promotion and support might include t-shirts, buttons or other items of nominal value with a breastfeeding promotion or support message such as *Loving Support Makes Breastfeeding Work*. Refer to WIC Policy Memorandum: #95-5: Allowability of Costs for Program Incentive Items for additional guidance.

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5.10 Human Milk Depots/Banks

WIC Policy Memorandum #2000-2, Use of Banked Breast (Human) Milk in the WIC Program, disallows banked human milk in the WIC Program due to the lack of Federal health and safety standards to govern human milk banks. As such, milk banks and milk depots could place USDA and WIC State and local agencies at risk of liability. FNS does not have statutory authority to promulgate, evaluate, or approve health and safety standards for human milk storage facilities. In addition, milk banks and milk depots do not fall within the mission of the WIC Program and are therefore beyond the scope of WIC-authorized activities.

WIC appropriations language prohibits the use of funds for activities not fully reimbursed by other Federal agencies/departments unless authorized in Section 17 of the Child Nutrition Act. Therefore, using WIC funds to establish, support, or maintain a milk bank or milk depot is not an allowable WIC cost. FNS supports WIC staff referring WIC participants to area milk bank facilities to donate their human milk as part of WIC referral activities.

State agencies that allow WIC clinic sites to be used by another organization as a human milk depot must enter into a Memorandum of Understanding (MOU) with that organization to clearly describe roles and responsibilities of each organization. It must be made clear that banked human milk is not a WIC benefit and that the collaboration does not imply that the milk bank/depot is WIC-sponsored. The time spent by WIC staff must represent an inconsiderable part of an allowable WIC activity. Prior to entering into a MOU, FNS also cautions local agencies to ensure that their malpractice insurance policy covers WIC staff. Coverage is needed in the event that a WIC participant or milk depot user claims to be adversely affected by banked human milk. MOUs must be approved by FNS Regional Offices.

5.11 Collaborating with Outside Mother Support Groups or Drop-in Centers

WIC's target population of women, infants, and children up to 5 years of age have varied needs beyond the benefits and services WIC provides that are equally important to their health and development. Consequently, the WIC Program frequently collaborates with other programs/organizations for numerous reasons such as addressing gaps in services, improving participant access to other critical services by providing clinic space, etc. WIC agencies can effectively collaborate with these organizations; however, care must be taken to ensure that the services these organizations provide are not duplicative of the benefits and services the WIC Program currently provides and that WIC funds are utilized appropriately. Outside (non-WIC) mother support groups such as La Leche League, Baby Café, ROSE breastfeeding clubs, Breastfeed Chicago centers, and other similar groups offer drop-in breastfeeding support services to breastfeeding mothers that may be appropriate collaborations for WIC agencies. Non-WIC materials used by WIC local agencies must be consistent with *Loving Support*, Federal regulations, policy, and guidance.

Certain outside (non-WIC) mother support groups may require an application to use their name, logo, and resources or may require organizations to apply for a license and follow their established models. As a part of such a license agreement, these groups may require fees to be paid to cover the application, initial registration, training for staff, use of branding, and access to

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website resources. Additional operating costs may also be necessary such as staff salaries, location rental, equipment, etc. The application and annual membership fees are allowable NSA or Operational Adjustment (OA) costs. However, additional costs such as food, non-WIC staff, materials and services for non-WIC participants are not allowable costs.

Costs that are not necessary to fulfill WIC Program objectives, and costs that State agencies would not reasonably incur in administering the WIC Program, are not allowable costs. During this time of intense fiscal scrutiny, State agencies need to carefully examine whether NSA or OA funds can be better utilized on established WIC benefits and services. WIC Breastfeeding Peer Counseling Funds cannot be used for anything other than activities necessary to sustain a successful peer counseling program based on the peer counseling *Loving Support* Model.

Often, the services provided in non-WIC breastfeeding mother support groups do not differ from the breastfeeding promotion and support services the WIC Program currently provides. WIC provides breastfeeding promotion, education, and support services that may include one-on-one counseling, group classes, one-on-one support from peer counselors, and mother support groups to pregnant and postpartum women. As such, WIC agencies may develop and implement their own drop-in breastfeeding support center/group/club. If the WIC agency's drop-in center is open to the public, there must be a cost share or co-pay for non-WIC participants according to the general cost principles.

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Appendix A

Definitions

Fully Breastfeeding versus Exclusive Breastfeeding

In WIC, fully breastfeeding is not synonymous with *exclusive* breastfeeding, i.e., feeding only human milk. Infants assigned the fully breastfeeding food package in accordance with Federal regulations may or may not be exclusively breastfeeding. Fully breastfeeding means only that the infant is not receiving formula from WIC. While the assumption that forms the basis for the fully breastfeeding food package is that breastfeeding women who elect not to receive formula from WIC are exclusively breastfeeding, there may be instances where mothers supplement with formula from non-WIC sources. Although not breastfeeding exclusively, these mothers are nonetheless designated fully breastfeeding by WIC regulations.

As is true for all breastfeeding women, those who supplement with formula from non-WIC sources should be provided education on the benefits of exclusive breastfeeding, the reasons WIC does not provide infant formula in the fully breastfeeding food packages, and the reasons WIC provides greater variety and quantities of food in the fully breastfeeding food packages to meet the supplemental nutrition needs of the fully breastfeeding dyad and to encourage exclusive breastfeeding.

State agencies must follow Federal requirements and count breastfeeding women whose infants do not receive formula from WIC as fully breastfeeding participants on the FNS Form 798 and must issue the fully breastfeeding food package. Likewise, infants must be counted as fully breastfeeding participants and must be issued the fully breastfeeding food package (at 6 months). **The State agency may not set forth any other requirements for food package assignments and participation reporting so as not to compromise the integrity of WIC participation data collected by FNS.**

It is important to keep the distinctions between exclusive breastfeeding and fully breastfeeding clear when reporting and discussing WIC breastfeeding data. While WIC participation reporting requirements (FNS-798) and data collected in the WIC Participant and Program Characteristics Report do not include information on exclusive breastfeeding, State agencies often collect this information for purposes such as tracking breastfeeding data trends, assessing efforts and making adjustments in the breastfeeding promotion and support services provided, and reporting data for surveillance purposes.

A. Breastfeeding.

The practice of feeding a mother's breastmilk to her infant(s) on the average of at least once a day. (7 CFR 246.2). Non-pregnant women who meet this definition are counted as breastfeeding women for participation (caseload) purposes, regardless of the food package they are issued or the amount of formula their infants receive. (Women who are both pregnant and

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breastfeeding are counted as **pregnant** for participation (caseload) purposes.)

B. Breastfeeding women.

Women up to one year postpartum who are breastfeeding their infant(s). (7 CFR 246.2)

C. Participants.

Pregnant women, breastfeeding women, postpartum women, infants, and children up to age 5 who are receiving supplemental foods or food instruments or cash-value vouchers under the Program, *and the breastfed infants of participant breastfeeding women.* (7 CFR 246.2)

D. Participation.

The sum of: (1) The number of persons who received supplemental foods or food instruments during the reporting period; (2) the number of infants who did not receive supplemental foods or food instruments but whose breastfeeding mother received supplemental foods or food instruments during the report period; and (3) the number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the report period. (7 CFR 246.2)

E. Fully Breastfeeding (Food Packages "BF" for Infants and VII for Women).

The food package category designation for the fully breastfeeding dyad, i.e., the infant is breastfed and the mother elects not to receive infant formula from WIC. Fully breastfed infants receive no formula from WIC; the intent is to support exclusive breastfeeding. Mothers who fully breastfeed are eligible to participate in WIC for up to one year postpartum. Fully breastfeeding dyads receive a greater variety and quantity of food than those who formula feed in order to meet their supplemental nutrition needs. (7 CFR 246.10)

F. Partially (Mostly) Breastfeeding (Food Package BF/FF for Infants and Food Package V for Women)

The food package category designation for the dyad who partially breastfeed (i.e., the infant is breastfed but also receives some infant formula from WIC up to the maximum allowance described for partially breastfed infants in Table 1 of 7 CFR 246.10(e)). The food packages for partially (mostly) breastfed mothers and infants are designed to provide for the supplemental nutrition needs of the breastfeeding dyad and provide minimal formula supplementation to help mothers maintain milk production. Mothers who partially (mostly) breastfeed their infants are eligible to participate in WIC for up to one year postpartum. (7 CFR 246.10)

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G. Fully formula feeding/Postpartum (Food Packages FF for Infants and Food Package VI for Women)

The food package category designation for the dyad who does not breastfeed or minimally breastfeeds. Breastfed infants who are assessed to need formula from WIC in quantities that exceed those allowed for partially (mostly) breasted infants are assigned to the fully formula feeding package and their mothers receive the postpartum package. (7 CFR 246.10)

H. WIC-Designated Breastfeeding Expert (DBE)

An individual who is an expert with special experience or training in helping breastfeeding mothers and who provides breastfeeding expertise and care for more complex breastfeeding problems when WIC staff face situations outside their scope of practice. Individuals with this designation can be WIC staff including Breastfeeding Coordinators, Peer Counselor Coordinators, International Board Certified Lactation Consultants (IBCLCs), Certified Lactation Counselors or Certified Lactation Educators, nutritionists, and nurses or community health care providers such as physicians or nurses. The IBCLC is the preferred WIC DBE (2013 WIC NSS).

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Appendix B

Breastfeeding Anticipatory Guidance Topics Checklist

VENA philosophy connects nutrition and breastfeeding assessment to effective and appropriate counseling and support that best meet the needs of the breastfeeding mother and infant. Effective counseling approaches are participant-centered and include active listening using open-ended questions to build rapport, identify and reflect concerns, and help women set realistic goals. The following checklist represents key anticipatory guidance topics that may be used as a guide when developing targeted messages about breastfeeding during pregnancy and after delivery. As with all participant-centered education efforts, the information should be tailored to meet the needs of the individual participant as determined through their breastfeeding assessment.

Breastfeeding Topic*	**Prenatal**	**Birth - 2 weeks**	**2-4 weeks**	**1-5 months**	**6-12 months**
WIC encourages and supports moms to breastfeed	x	x	x	x	x
Changes to a mother's body	x	x			
Breastfeeding benefits mom and baby	x	x	x	x	x
Support is critical to breastfeeding success	x	x	x		
Hospital practices and their impact on the breastfeeding relationship	x	x			
Supplemental feedings interfere with a mother's milk supply and her breastfeeding success	x	x	x	x	
Maternal nutrition during breastfeeding	x	x	x	x	x
Breastfeeding when returning back to work or school	x			x	x
Breastfeed as soon as possible after birth	x	x			
Importance of colostrum and transition to mature milk	x	x			
Comfort and proper positioning	x	x	x		
Recognize hunger and fullness cues	x	x	x	x	x
Feeding frequencies and maintaining milk supply	x	x	x	x	x
Signs that infant is getting enough human milk	x	x	x	x	
Appropriate weight gain/loss for infants	x	x	x	x	x
Basic breast care/ Avoidance of common breastfeeding-related breast and nipple issues		x	x		
Appetite/ Growth spurts		x	x	x	x
Vitamin D and iron supplementation		x		x	
Teething				x	x
Introducing complementary foods				x	x
Weaning					x

* The timeframes (i.e., prenatal, birth-2 weeks, 2-4 weeks, 1-5 months, 6-12 months) are guidelines and may need to be adjusted depending on the woman's individual needs determined at assessment.

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Appendix C

Food Package Issuance Protocols

WIC's definition of a breastfeeding woman is the practice of feeding a mother's milk to her infant on the average of at least once a day. This definition determines the categorical eligibility of a participant as a breastfeeding woman. The breastfeeding assessment and the mother's plans for breastfeeding serve as the basis for determining food package issuance.

The following describes the various food packages available to women who meet the definition of a breastfeeding woman in the WIC Program.

Food Package VII is issued to:

Fully breastfeeding women whose infants do not receive infant formula from WIC. Their infants receive no food package through age 5 months; at 6 months of age their infants receive the fully breastfed infant food package. Women fully breastfeeding *multiple infants from the same pregnancy* receive 1.5 times the supplemental foods provided in Food Package VII. It is important to note that Food Package VII is available to any breastfeeding WIC woman (multiparous or single birth) whose infant(s) does not receive infant formula from the WIC Program.

On the basis of its higher nutritional value designed to meet their special nutrition needs, the following women are also eligible for Food Package VII[6,7]:

- partially (mostly) breastfeeding women who are breastfeeding multiple infants from the same pregnancy. (After the first month postpartum, their infants receive the partially (mostly) breastfed infant food package appropriate to the age of the infant);
- women pregnant with two or more fetuses; and
- women who are pregnant and also partially (mostly) breastfeeding.

Food Package V is issued to:

Partially (mostly) breastfeeding women who are breastfeeding *singleton* infants up to 12 months of age and whose infants receive formula in amounts that *do not exceed* the maximum formula allowances for partially (mostly) breastfed infants (see 7 CFR 246.10(e)(9)). After the

[6] While all of these women receive the fully breastfeeding food package, they are not all "fully breastfeeding" by definition. For example, women who are partially (mostly) breastfeeding multiples from the same pregnancy receive formula from WIC, and a woman who is pregnant with two or more fetuses may not be breastfeeding at all.

[7] A woman who is pregnant and receiving Food Package VII is certified as pregnant and counted on form FNS-798 as a pregnant woman, not a breastfeeding woman.

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first month postpartum, their infants receive the partially (mostly) breastfed infant food package appropriate to the age of the infant(s), with the amount of formula tailored to the needs of the infant(s).

Food Package VI is issued to:

Minimally breastfeeding women who are breastfeeding *singleton infants* or *multiple infants from same pregnancy* and whose infants *less than* 6 months of age receive formula from WIC in amounts that *exceed* the maximum formula allowance for partially breastfed infants (see 7 CFR 246.10(e)(9)). Their infants receive the fully formula fed package appropriate to the age of the infant, with the amount of formula tailored to the needs of the infant(s).

(NOTE: non-breastfeeding postpartum women also receive Food Package VI)

No Food Package is issued to:

Minimally breastfeeding women who are breastfeeding *singleton infants* or *multiple infants from same pregnancy* and whose infants *greater* than 6 months of age receive formula from WIC in amounts that *exceed* the maximum formula allowance for partially breastfed infants. These women continue to count as breastfeeding women and receive nutrition services. Their infants receive the fully formula fed infant food package appropriate to the age of the infant, with the amount of formula tailored to the needs of the infant.

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Appendix D

Peer Counseling Program Assessment

Assessment Question	Yes	No
1. Do you conduct an annual assessment to determine each of the following: (a) the needs of your target audience; (b) where gaps exist in breastfeeding services and resources within your local agency and the community that can be addressed through peer counseling; and (c) where improvements in your program are needed?	Yes	No
2. Do you have a protocol that describes how peer counselors address a mother's concerns and needs outside of usual clinic hours, including how peer counselors make after-hour referrals?	Yes	No
3. Do you have opportunities for peer counselors to observe and shadow experienced lactation experts and experienced peer counselors?	Yes	No
4. Do you routinely monitor the work of peer counselors through spot checks, chart reviews or contact forms?	Yes	No
5. Do you routinely observe newly trained peer counselors during contacts with mothers to provide guidance and affirmation?	Yes	No
6. Do you schedule routine meetings to discuss case studies with your peer counselors?	Yes	No
7. Do you have adequate supervision of peer counselors by staff with advanced lactation training? (Adequate supervision is defined as having at least a .25 full time employee (FTE) supervisor for every 3-5 peer counselors.)	Yes	No
8. Do you have a written defined scope of practice for peer counselors that (1) describes the peer counselor's role to provide basic breastfeeding education and support to WIC mothers, and (2) lists breastfeeding concerns and conditions that are outside the scope of practice of the peer counselor where she should "yield" to the WIC-Designated Breastfeeding Expert?	Yes	No
9. Do you have a process/protocol in place for WIC staff to refer WIC participants to peer counselors as part of your usual WIC certification, assessment and nutrition education process?	Yes	No
10. Do peer counselors routinely contact mothers, at a minimum, monthly during pregnancy and weekly 2 weeks prior to a woman's expected delivery date?	Yes	No

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Assessment Question	Yes	No
11. Do peer counselors routinely contact mothers, at a minimum, every 2-3 days in the first week after delivery, AND within 24 hours if the mother reports problems with breastfeeding, AND weekly throughout rest of first month?	Yes	No
12. Do peer counselors routinely contact mothers after a woman's first month postpartum, at a minimum monthly, as long as things are going well?	Yes	No
13. Do peer counselors routinely contact mothers after a woman's first month postpartum, at a minimum, 1-2 weeks before the mother plans to return to work or school, AND 1-2 days after she returns to work or school?	Yes	No
14. Do you have a referral process in place between hospitals and the WIC Program to facilitate peer counselor follow-up care for newly-delivered mothers after discharge?	Yes	No

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Appendix E

Implementing Breast Pump Programs

The purchase, distribution and recovery of breast pumps should be managed like any other type of State procurement, and as such are the sole responsibility of State agencies. States are encouraged to pursue any applicable cost control measures such as purchasing pumps at quantity discount and through competitive bids. Questions regarding procurement issues should be directed to State contracting offices and legal counsels.

WIC State agencies are currently making breast pumps available to WIC participants in a variety of ways, including:

- assisting participants in obtaining breast pumps through health insurers, group health plans, and Medicaid;
- providing inexpensive manual breast pumps or electric pump attachment kits at no cost. (This option applies to inexpensive manual breast pumps or electric pump attachment kits which do not represent a significant investment of program resources);
- selling manual breast pumps or electric pump attachment kits for a nominal charge;
- loaning manual or electric breast pumps;
- contracting with a third party to provide manual or electric breast pumps to WIC participants; and
- referring WIC participants to providers who rent breast pumps directly to them for a fee.

The following issues should be considered in references to each of the above options:

A. Selling Breast Pumps

State agencies may permit their local agencies to provide breast pumps by charging a fee to WIC participants (i.e., the purchase price or a portion of the cost to the WIC Program) to partially or totally offset their cost. This option reimburses all or part of the Program's expense of purchasing breast pumps. It also allows participants to benefit from cost concessions that the State or local agency might have achieved through volume purchasing. Since breast pumps are not a direct program benefit, they are not subject to the legislative requirement that WIC benefits must be provided at no cost to participants. However, offering free or fee-reduced pumps to WIC women who need them may help assure a higher level of breastfeeding success and minimize barriers. A local agency that sells breast pumps to WIC participant must treat the receipts as an "applicable credit" against expenditures for program costs, as discussed in Office of Management and Budget's Uniform Administrative Requirements at 2 CFR part 200, Subpart

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E, Cost Principals, paragraph 200.406. As applicable credits, these receipts must be used to offset or reduce charges made to the Federal grant for such cost.

B. Loaning Breast Pumps and Liability Issues

FNS does not recommend that manual breast pumps be reused, due to the possibility of cross-contamination. The possible liability cost is high when compared to the cost for a one-person use of a manual pump. However, FNS recognizes that some State agencies are loaning manual breast pumps and attachments, so this section covers liabilities issues and concerns. Since electric breast pumps represent a significant investment of WIC resources, loaning them is the only option. However, under this option, local agencies that directly purchase breast pumps for loan to participants (or a State agency purchasing pumps on behalf of its locals) may incur the financial liability of lost or damaged breast pumps.

C. Liability Concerns

States should consider authorizing the loan of breast pumps of significant value in combination with some means to insure against loss or damage, such as:

- Establishing procedures to ensure that participants fully understand their rights and responsibilities when signing liability release form;
- Developing an agreement between the Program and the participant which stipulates the participant's responsibility to reimburse the Program for the value of a lost or damaged pump;
- Monitoring through periodic visual inspection, frequent inventory counts and records, and telephone check-ins;
- Limiting pump loans only to special circumstances, e.g., after a minimum duration of breastfeeding or for certain medical conditions; and
- Charging a refundable deposit.

There are, however, some disadvantages to charging a refundable deposit. For example, in the case of electric breast pumps, which can cost $500 or more for each pump, the ideal deposit would need to be large enough to approximate the value of a breast pump to provide an incentive for the pump's return. However, if it is too large, the deposit will be beyond the financial means of most participants, even if ultimately it is refundable. Therefore, this may not be a completely satisfactory option for making expensive breast pumps available to low-income women. States may wish to consider balancing the important goals of protecting the financial interest of the Program and promoting breastfeeding.

Agencies *may not terminate or suspend* participants or withhold food instruments or other WIC benefits for unreimbursed loss or damage to loaned pumps since, as mentioned earlier, breast pumps are not a Program benefit. However, States may be able to recoup the value of a pump by imposing a financial penalty on participants who fail to return a loaned breast pump. To impose a penalty, a State or local agency would need a previously signed agreement clearly establishing the participant's responsibility to return the pump undamaged or otherwise be subject to a

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financial penalty. Nevertheless, State and local agencies may find that the resources required to recoup the cost of a lost or damaged breast pump exceed the value of the pump itself. The WIC State agency may need to rely on the good will of the participant. Building a relationship of trust with WIC participants may minimize the risk of a participant not fulfilling the obligation to return the pump.

D. Guidelines and Procedures for Loaned Breast Pumps

In cases where manual breast pumps or electric breast pumps are loaned to WIC participants and reused, the WIC Program also risks incurring a liability for possible cross-contamination from improperly sterilized pumps or pump attachments. State agencies should establish written guidelines and procedures to avoid cross-contamination resulting from loaning breast pumps or pump attachments. With regard to autoclaving breast pumps or their attachments, the plastic parts of a pump may be durable enough to withstand autoclaving and sterilization. However, the cost of providing new manual pumps is minimal when compared to the potential risk and liabilities of cross-contamination. State agencies need to further investigate this issue because it may pose a potential for liability. They are advised to provide clear guidance to their local agencies on breast pump and attachment sterilization based on either their respective State Department of Health's or the breast pump manufacturer's recommendations for autoclaving medical equipment.

If it provides breast pumps, the WIC Program may also be liable for injury to a WIC participant resulting from improper breast pump use. This is true whether pumps are given, sold or loaned. It is recommended that States establish policies to ensure that all participants provided with breast pumps by the WIC Program are instructed on proper pump use. States may wish to consider the impact of this option on the cost of local agencies' liability insurance. The local agency may be able to obtain a signed release of liability from the participant. WIC State agencies should check with their legal counsel specifically on the merits of this option and on liability issues in general.

E. Contracting with a Third Party

Local agencies, or the State agency on behalf of its local agencies, may contract with a third party such as a breast pump manufacturer, hospital pharmacy, or private lactation consultant to loan or provide breast pumps to WIC participants. State agencies should establish procedures to ensure that WIC employees are not affiliated with the third party with whom they are contracting. A major advantage to contracting with a third party is that it transfers liability for equipment loss or damage from the WIC Program to the third party provider, for example, through a loss or damage waiver or insurance fee. This may be the most advantageous option for WIC agencies.

F. Referrals

A local agency may opt to refer WIC participants to providers who rent breast pumps directly to participants at a fee, such as breast pump manufacturers, hospital pharmacies, and private lactation consultants. This option avoids the liability and financial issues for the Program.

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However, it is likely to pose a financial barrier to WIC participants.

H. Counseling Breast Pump Recipients

State agencies should encourage their local agencies to establish written policy and procedures regarding appropriate usage instructions to be provided to breast pump recipients. In addition, before providing a manual or electric breast pump to a participant, it is recommended that a trained designated staff person provide instructions to the breast pump recipient on the proper use, assembly, and cleaning of the breast pump. The pump recipient should be able to demonstrate the proper usage of the breast pump before leaving the issuing facility. A follow-up contact by a trained, designated staff person should be provided to all breastfeeding participants. However, for those who use a breast pump, follow-up within a 24-hour period is recommended. This follow-up contact is necessary to assure that the pump is operating correctly and that the mother is using it properly.

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