

Section II: Local Agency Procedure Manual

II. Local Nutrition Services

G. Breastfeeding Peer Counselor Program

Purpose:

Provide peer-to-peer breastfeeding counseling to promote and support initiation and duration of breastfeeding among WIC participants.

Policy:

The Montana WIC Program will select site(s) for local Breastfeeding Peer Counselor Programs which will receive identified Breastfeeding Peer Counselor funding. Other local WIC programs may fund Breastfeeding Peer Counselor Programs from their regular WIC administrative funds or other grant funds. All local Breastfeeding Peer Counselor Programs, regardless of the funding source, will comply with the Montana Breastfeeding Peer Counselor policies and the FNS model.

1. Local Breastfeeding Peer Counselor Programs (BPCP)

- Initial applicants for the Breastfeeding Peer Counselor Program will complete an application packet* found as an attachment in the state plan. The application will address the following:
 - Identify Breastfeeding Peer Counselor Program Supervisor;
 - Recruitment and training of Breastfeeding Peer Counselor;
 - Method of referral to Peer Counselor from clinic staff;
 - Contact methods;
 - Plan for referral to breastfeeding expert when needed; and
 - Plan for outreach with community resources;
- *Programs will submit updates if changes to the proposal are made during the year.
- Will submit the following required reports:
 - Monthly expenditure reports for reimbursement which requires the detailed attachment on BPCP funds
 - Annual report of program operations and activities for the period of May 1 to April 30 (or part of year during initial year) due by May 15th
- Will be responsible for recruiting, hiring and training Breastfeeding Peer Counselors;
- Will retain records per master contract and State Plan record retention policy;
- Will have technical assistance provided by the State Breastfeeding Coordinator; and
- Will submit local agency developed policies to the State Breastfeeding Coordinator prior to implementation.

2. Breastfeeding Peer Counselor Program Staffing

- State Breastfeeding Coordinator responsibilities:
 - Oversight for the operation of all Breastfeeding Peer Counselor Programs
 - Coordinate state level activities including program selection, contracts, training, funding, monitoring and evaluation.
 - Approval of peer counselor applicants prior to local agency hire
- Local Breastfeeding Peer Counseling Supervisors:
 - May be a WIC staff member, contractor, or someone from another program;
 - Have at least 1 year of experience in counseling women about breastfeeding;
 - Preferably holds additional certification in lactation management, such as the IBCLC, CLC, or other certification in lactation management;
 - Participate in State-provided training; and
 - Provide training and oversight for local Peer Counselors and overall local BFPC Program using the WIC Breastfeeding Support model.
- Breastfeeding Peer Counselor will be:
 - Recruited from the target population;
 - Available to consult with participants outside clinic hours and outside the clinic environment;
 - Has previous breastfeeding experience of at least 6 months;
 - Able to meet the following criteria:
 - Enthusiastic for breastfeeding;
 - Has basic communication skills;
 - Ideally, is a current or previous participant or would have qualified for WIC; and
 - Is similar in ethnic background, age and language spoken;
 - Is not a CPA or management staff in WIC;
 - A BPC may not have a health professional credential (RD, RN, LPN, etc.) or IBCLC certification;
 - Those presently holding BPC positions prior to October 1, 2017, are grandfathered in their positions and are not required to meet this criterion;
 - If a health professional degree or IBCLC certification is earned during the tenure of the BPC, the BPC must still stay within their scope of practice.
 - ❖ Ideally, staff who advance their education, credentials and skillset would move on to a position where they could utilize them. If this opportunity is available it is encouraged, and the agency can re-hire another staff who meets the above criteria
 - Will have regular and systematic contacts with the Local Breastfeeding Peer Counselor Supervisor to conduct a review of contact logs and activities;
 - Will receive referrals from other staff;

- Will make appropriate referrals for issues outside of their scope of practice;
- May make contacts remotely from home and/or the clinic using a secure method;
- May conduct home and hospital visits (will be specified in the job description);
- May conduct breastfeeding classes within their scope of practice;
- Will make the following required contacts:
 - Whenever possible, while the participant is pregnant;
 - Every 2-3 days in the first critical 7-10 days postpartum; daily if the woman reports problems with breastfeeding;
 - Weekly throughout the rest of the first month of the infant's life; and
 - Monthly after first month of infant's life
 - ❖ If participant requests a different contact frequency or declines, document this in the participant folder.
- All activities with participants will be documented in the participant's folder within 5 business days by the Peer Counselor. Documentation will include:
 - Typed managed note under "breastfeeding"; and,
 - Breastfeeding "contact" in SPIRIT within the mother's chart only.

3. Training for Breastfeeding Peer Counselor Program

- The State Breastfeeding Coordinator will work with the Local Breastfeeding Peer Counselor Supervisor during the initial contract to address training needs and resources.
- Local Breastfeeding Peer Counselor Supervisors will be trained in the WIC Breastfeeding Support training curriculum.
- Local Breastfeeding Peer Counselor Supervisor will train peer counselors utilizing the most up-to-date WIC Breastfeeding Support training.
- Local Breastfeeding Peer Counselor Supervisor and Peer Counselors will be required to maintain continuing education credits according to WIC policy.

4. Establishment of Community Partnerships

- Local programs will promote breastfeeding peer counselor services throughout other organizations and communities and create referral networks.
 - Examples of possible community partners are:
 - Breastfeeding coalitions
 - Businesses
 - Community organizations
 - Cooperative extension program
 - International Board-Certified Lactation Consultants (IBCLCs)
 - La Leche League
 - Home visiting programs
 - Private clinics
 - Hospitals or Federally Qualified Health Centers