



3 NUTRITION SERVICES

Effective: 12/1/95

3.40 Breastfeeding Promotion and Support Plan

Revised: 12/1/06

POLICY: Local WIC Programs will work within their communities to establish breastfeeding as the norm for infant feeding. All WIC personnel have a role to play in this endeavor by providing the promotion and support necessary for the successful initiation and continuation of breastfeeding within the WIC community.

POSITION: The Wisconsin WIC Program promotes breastfeeding as the norm for infant feeding. Exclusive breastfeeding is ideal nutrition and supports optimal growth and development for approximately the first six months after birth. Exclusive breastfeeding is defined as the provision of breast milk **only**, with no other liquids or solids. Gradual introduction of iron-rich foods in the second half of the first year should complement the breastmilk diet. Breastfeeding should continue through the infant's first birthday, and thereafter for as long as mutually desired. The use of supplemental formula for breastfed infants, particularly in the early postpartum period, should be kept to a minimum as it interferes with the establishment of lactation and is associated with early termination of breastfeeding.

STATE GOALS:

The Healthy People 2010 goals for breastfeeding initiation and duration are that at least 75 percent of infants are breastfed in the early postpartum period, at least 50 percent of mothers will continue breastfeeding until the infant is six months of age, and at least 25 percent continue to be breastfed at one year. Specifically, the overall Wisconsin WIC breastfeeding goal is to increase the percentage of infants enrolled in WIC that are receiving any amount of breastmilk in the first year of life.

PROCEDURE:

A. PROJECT OBJECTIVE

Each local WIC Program will identify percentage **increase** for the following breastfeeding outcomes: ever breastfed (incidence), breastfed at least 6 months and breastfed at least 12 months (duration).

B. REQUIRED ACTIONS TO ACHIEVE THE OBJECTIVE

1. Consistently promote breastfeeding as the preferred method of infant feeding and establish a breastfeeding-friendly environment.
 - a) Mention breastfeeding first in all written and verbal communication when educating participants regarding infant feeding.
 - b) Limit the visibility of infant formula and related materials.



- (1) Store supplies of baby bottles and infant formula out of view of participants.
 - (2) Exclude the use of materials with pictures of baby bottles or those supplied by infant formula manufacturers.
 - c) Communicate positive breastfeeding messages by using culturally appropriate pictures and posters.
 - d) Develop a workplace environment that is breastfeeding-friendly.
 - (1) Make a reasonable effort to provide a private area at the WIC site for participants to receive help with breastfeeding or who request to breastfeed privately.
 - (2) Make reasonable effort to provide breastfeeding WIC employees with the use of a private, clean and comfortable area in close proximity to the employee's work area for expressing milk.
 - (3) Provide a reasonable amount of break time for WIC employees to express breast milk or breastfeed.
 - e) Use positive breastfeeding messages in all WIC educational programs and materials, including those designed for staff, participants, and outreach.
2. Orient and train all WIC staff on breastfeeding promotion and support-up.
- a) Develop orientation guidelines for new WIC employees that address:
 - (1) Breastfeeding-friendly environment
 - (2) Program goals and philosophy
 - (3) Current breastfeeding management techniques
 - (4) Use of appropriate counseling techniques, i.e., motivational interviewing or 3 step process counseling
 - (5) Assessment of client's need for breast pump and proficiency in its use.
 - (6) Impact of issuing infant formula.
 - b) Provide on-going breastfeeding training for all WIC staff.



3. Assure that appropriate breastfeeding education and support is offered to all pregnant women.
 - a) Provide at least one secondary breastfeeding contact to all pregnant women who are interested or undecided and address individual needs and concerns.
 - (1) Define the roles of all staff in the promotion of breastfeeding and determine who will provide the secondary contacts, how they will be provided, and when contacts will be provided.
 - (2) Establish referral criteria, e.g., peer counselors, lactation consultants, obstetric care, prenatal/breastfeeding classes, HIV testing/counseling services, resources for drug and other harmful substance abuse counseling/treatment.
 - (3) Define situations when breastfeeding is contraindicated, i.e., an infant whose mother uses illegal drugs, has untreated active tuberculosis or is HIV positive.
 - a) Breastfeeding education materials, other than state-developed materials, must be evaluated for accuracy in content. Use of state-developed breastfeeding education materials is strongly recommended.
4. Provide breastfeeding support early in the postpartum period (ideally within 7 days) and throughout lactation.
 - a) Develop a referral system to specialized lactation services in special situations, such as:
 - (1) Separation from infants due to hospitalization or illness
 - (2) Multiple births
 - (3) Infants with special needs
 - (4) Breastfeeding difficulties that are out of the WIC Breastfeeding Coordinator's scope of practice
 - b) Coordinate breastfeeding support with other programs and facilities such as:
 - (1) Prenatal Coordinated Care
 - (2) Hospitals
 - (3) Family Planning Programs
 - (4) Day Care Centers
 - (5) Employers
 - (6) Schools



- c) Consider setting up a peer counselor program. (See Policy 3.42)
- 5. Evaluate breastfeeding promotion and support efforts on an annual basis.
 - a) Evaluate breastfeeding initiation and duration through WIC data reports, i.e., ROSIE and/or Pediatric Nutrition Surveillance System data (PEDNSS).
 - b) Collect information that examines infant feeding patterns include:
 - (1) Exclusive breastfeeding
 - (2) Combination breastfeeding and infant formula feeding
 - (3) Not breastfeeding
 - (4) Reason why breastfeeding was terminated and/or why supplementation was initiated
 - c) Monitor policies and practices for their effect on breastfeeding promotion and support. Examples:
 - (1) Clinic environment, including the display of breastfeeding materials and posters
 - (2) Project staff interaction with participants regarding infant feeding decisions and breastfeeding support
 - (3) Project staff orientation and training plans
 - (4) Appropriate food package tailoring for breastfeeding mothers and infants
 - (5) Participant breastfeeding educational materials
 - (6) Local agency linkages with other community programs providing services to breastfeeding women

C. RECOMMENDED ACTIONS

- 1. Exchange information and assure consistent messages to promote and support breastfeeding with appropriate groups, such as:
 - a) Programs in the agency



- b) Breastfeeding promotion task forces or networks
 - c) Peer support groups
 - d) Head Start
 - e) UW-Extension Nutrition Education Program (WNEP)
 - f) Teen Pregnancy Programs
 - g) Family Planning Programs
 - h) Father Support Groups
 - i) Hospitals
 - j) Physicians
2. Develop a mechanism to incorporate positive peer influence into the prenatal period, such as the provision of:
- a) Peer counselors
 - b) Breastfeeding classes
 - c) Breastfeeding recognition (certificates, photo displays, etc)
3. Coordinate WIC's breastfeeding education activities with primary care providers by:
- a) Discussing WIC's position about breastfeeding as optimal for women and infants
 - b) Identifying breastfeeding promotion and support services available in the community and referring participants as needed

D. RESOURCES

1. Breastfeeding Position Papers
- a) Position of the American Dietetic Association: Promoting and Supporting Breastfeeding <http://www.eatright.org/ada/files/serve.pdf> (2005)
 - b) American Academy of Pediatrics Policy Statement "Breastfeeding and Use of Human Milk" (2005)
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496>



- c) American Academy of Family Physicians Breastfeeding (Position Paper)
<http://www.aafp.org/online/en/home/policy/policies/b/breastfeedingpositionaper.html> (2005)
- d) Breastfeeding Promotion and Support in WIC Program – NWA 04-001, (2004)
- e) Position Statement: Wellness Promotion Through Breastfeeding Support-Wisconsin Breastfeeding Coalition (1999)

2. Wisconsin

- a) DHFS Breastfeeding Promotion and Support Materials:
<http://dhfs.wisconsin.gov/health/Nutrition/Breastfeeding/bfpromosupp.htm>
- b) Wisconsin Local Breastfeeding Coalitions Listing (DHFS, PDF file):
<http://dhfs.wisconsin.gov/health/Nutrition/Breastfeeding/LocalBFCoalitions.pdf>
- c) Wisconsin Association of Lactation Consultants:
<http://members.tripod.com/walcnet>
- d) La Leche League of Wisconsin
<http://www.illofwi.org>

3. National

- a) American Academy of Pediatrics (AAP)
<http://www.aap.org/advocacy/bf/br/brsection.htm>
- b) Academy of Breastfeeding Medicine: <http://www.bfmed.org>
- c) Baby-Friendly USA: www.babyfriendlyusa.org
- d) Leche League International: www.lalecheleague.org
- e) United States Breastfeeding Committee (USBC): www.usbreastfeeding.org
- f) US Dept. of Health and Human Services “Blueprint for Action on Breastfeeding” and “The CDC Guide to Breastfeeding Interventions”
<http://www.cdc.gov/breastfeeding/index.htm>



- g) USDA/FNS Breastfeeding Promotion and Support in WIC:
<http://www.fns.usda.gov/wic/Breastfeeding/breastfeedingmainpage.HTM>

- h) US Department of Health and Human Services' Office on Women's Health
Breastfeeding Web site: <http://4woman.gov/Breastfeeding/index.htm>