

California WIC Breastfeeding Peer Counseling Program

# Administrative Manual

*Mothers Helping Mothers!*



Developed by the California Department of Public Health  
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First Edition: September 2010

WIC is an equal opportunity program.  
Provided by the Women, Infants and Children Program Division  
California Department of Public Health  
Arnold Schwarzenegger, Governor, State of California  
S. Kimberly Belshé, Secretary, Health and Human Services Agency  
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California WIC Breastfeeding Peer Counseling Program

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# Introduction

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## I. Administrative Manual

*Many low-income women face barriers to exclusive breastfeeding that often seem insurmountable. ... Mothers in similar circumstances who have overcome these challenges and breastfed their infants can be effective role models, empowering others to follow their example.*

**The Power of Peer Counseling**, CA WIC Association and UC Davis Human Lactation Center, June 2009

The purpose of this administrative manual is to provide ideas for implementing and managing a Breastfeeding Peer Counseling (BPC) Program in accordance with WPM 630-10 policy. It was written to serve as a job aide and includes information and suggestions from the experience of local agencies (LA) that currently have BPC Programs. Unless listed in WPM 630-10, the ideas outlined here are not requirements.

The members of the WIC Breastfeeding Peer Counseling Workgroup and the WIC Education Committee have reviewed this document and provided recommendations.

## II. Why Peer Counseling Works

Because women's social networks are highly influential in their decision-making processes, they can be either barriers or points of encouragement for breastfeeding. New mothers' preferred resource for concerns about child rearing is other mothers. For example, advice from friends is commonly cited as a reason for decisions about infant feeding. Perceived social support has also been found to predict success in breastfeeding.

WIC Peer Counselors (PC) are paraprofessional women, enthusiastic about their breastfeeding success, who want to share their enthusiasm

and knowledge with women of their culture and language. They work with WIC and medical providers to promote and support breastfeeding in their communities.

Research has shown that peer counseling is a significant factor in improving breastfeeding initiation and duration rates among women in a variety of settings. These settings include WIC populations representing diverse cultural backgrounds and geographical locations. Peer support is thought to represent a cost-effective, individually tailored approach and culturally competent way to promote and support breastfeeding for women of varying socioeconomic backgrounds, especially where professional breastfeeding support is not widely available.

Best Start research conducted with WIC participants in 10 pilot states, as part of the National WIC Breastfeeding Promotion, found three significant barriers to breastfeeding: embarrassment, time and social constraints, and lack of social support. Women without peer support speak of being fearful, worried, and not confident about their new role as a mother, and concerned about their ability to breastfeed successfully. A PC can make breastfeeding seem less intimidating by serving as a role model. Mothers who have benefitted from peer support state that the PC gave them confidence in their ability to breastfeed and a way out of their worries and lack of confidence. PCs understand the difficulties and as a result of shared backgrounds and experiences can provide practical guidance in a way that most health professionals cannot.

[http://www.nal.usda.gov/wicworks/Learning\\_Center/research\\_brief.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/research_brief.pdf)

### III. Why Peer Counseling Programs Fail

Studies indicate common reasons that Peer Counseling Programs fail. These include:

1. Absence of defined program goals and objectives;
2. Discrepancy between the program's goal and design;
3. Lack of continuity among personnel and funding;
4. Insufficient training and support for staff;
5. Lack of set job responsibilities and expectations for staff; and
6. Failure to establish external support.

# Program Overview

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## I. United States Department of Agriculture (USDA)

Since 1989, a portion of WIC Nutrition Services and Administration (NSA) funding has been designated by law for breastfeeding promotion and support. Since 1995 USDA's Food and Nutrition Services (FNS) has targeted annual Special Project Grants to state agencies to plan and implement model programs and share materials from these programs with others. One of the primary objectives has been the promotion of breastfeeding and appropriate infant feeding practices. FNS found three long-standing BPC Programs in California, Pennsylvania and Texas. In 2004 USDA began funding peer counseling programs.

**Vision** - The USDA's goal for Peer Counseling is to institutionalize peer counseling as a core service in WIC. Combining peer counseling with the ongoing WIC breastfeeding promotion efforts is designed to increase fully and combination breastfeeding initiation and duration rates among WIC participants.

**Loving Support Model** - This model is based on research of successful BPC Programs by the USDA. The required components, from the USDA, for a successful peer counseling program as outlined in the Loving Support model are:

[http://www.nal.usda.gov/wicworks/Learning\\_Center/FNS\\_model.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/FNS_model.pdf)

### A. Adequate Program Support from State and Local Management

#### 1. Appropriate Definition of PC

- Paraprofessional
- Recruited and hired from target population

- Available to WIC clients outside usual clinic hours and outside the WIC clinic environment
  - Designated BPC Program managers and/or coordinators at State and/or local level
  - Defined job parameters and job descriptions for PCs
  - Adequate compensation and reimbursement of PCs
2. Training of appropriate WIC State/local PC management and clinic staff (including use of “Using Loving Support to Manage Peer Counseling Programs™” and “Peer Counseling: Making a Difference for WIC Families™” training curriculum and PowerPoint presentations)
  3. Establishment of standardized BPC Program policies and procedures at the State and local level as part of the Agency Nutrition Education Plan
  4. Adequate supervision and monitoring of PCs
  5. Establishment of community partnerships to enhance the effectiveness of the WIC BPC Program
- B. Adequate Program Support of PCs
1. Adequate training and continuing education of PCs (including use of “Loving Support through Peer Counseling™” training curriculum)
  2. Timely access to breastfeeding coordinators and other lactation experts for assistance with problems outside of PC scope of practice
  3. Regular, systematic contact with supervisor
  4. Participation in clinic staff meetings and breastfeeding in-service trainings as part of the WIC team
  5. Opportunities to meet regularly with other PCs
  6. Additional information regarding BPC Programs:
    - a. Loving Support™ Model for a Successful Peer Counseling Program [http://www.nal.usda.gov/wicworks/Learning\\_Center/FNS\\_model.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/FNS_model.pdf)
    - b. Fiscal Year (FY) 2010 Breastfeeding Peer Counseling Funds: Frequently Asked Questions: [http://www.nal.usda.gov/wicworks/Learning\\_Center/LS/LS\\_Peer\\_FAQ.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/LS/LS_Peer_FAQ.pdf)

- c. A Report, “Increasing Exclusive Breastfeeding in WIC: The Power of Peer Counseling”: <http://calwic.org/docs/reports/2009/peercounsel.pdf>
- d. Using Loving Support to Implement Best Practices in Peer Counseling:  
[http://www.nal.usda.gov/wicworks/Learning\\_Center/research\\_brief.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/research_brief.pdf)

## II. California WIC Program

2004, USDA allocated \$2.15 million to California for BPC Programs. Eight local agencies were authorized for BPC Program implementation in October 2004. Seven additional agencies received BPC Program planning grants in February 2005.

In April 2005, the CA WIC Program received an additional \$2.12 million from USDA. Fifteen CA local agencies received \$1.3 million for BPC Programs. The remaining funds were spent on breastfeeding training and materials for agencies statewide.

In 2009, the CA WIC Program received \$12.5 million, from USDA, to greatly expand the BPC Program. LAs received funding for BPC Program implementation in October, 2010.

**Vision** - Breastfeeding is the norm for WIC mothers and their infants up to age one year and beyond.

WIC is known in the community as a source for breastfeeding assistance and information.

**BPC Program Policy** - California WIC Program Manual (WPM) 630-10 policy incorporates USDA requirements into California WIC Program policy guidelines.



# Program Planning

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## I. Request a BPC Program mentor, if desired

The State Agency (SA) has contracted with LAs that currently have BPC Programs to serve as mentors for new programs to assist with planning and implementation.

*See Appendix 1: Mentoring*

## II. Conduct Breastfeeding Community Assessment

The Breastfeeding Community Assessment includes an initial assessment and subsequent annual assessments of the local agency and external community. The information gathered will help us:

- identify strengths and areas of breastfeeding services that need to be modified or improved within the LA and community;
- utilize results to identify gaps to target in planning BPC Program; and
- gather the baseline and ongoing measurement of breastfeeding services in the state.

### **Background**

The assessment tool was developed by the SA staff with assistance from the UC Davis Human Lactation Center and the WIC BPC Workgroup. Evidence-based indicators of successful peer counseling programs were utilized and the tool was field-tested by the BPC Workgroup and current BPC Programs.

The assessment has two components: external and internal. The external component has the LA examining its' community partners, while the internal component is an examination of the local agency. It utilizes a three-level classification system within the assessment which promotes and supports stepwise progress toward best practices of an exemplary BPC Program.

- Level 1.** Meets breastfeeding-friendly WIC program activities and practices.
- Level 2.** Meets CA State WIC BPC Program requirements (WPM 630-10) for the BPC Program targeted population.
- Level 3.** Meets current evidence-based indicators of best practices for an exemplary BPC Program, in addition to WPM 630-10 requirements for the BPC Program targeted population. The Level 3 Best Practices are included in this manual.

### III. Identify Gaps in Breastfeeding Services

Use this information to target resources effectively and focus outreach efforts.

#### A. External Gaps

1. Identify gaps in communication with community programs that serve WIC-eligible women and children
2. Identify gaps in communication with hospitals, health care providers, public health programs and breastfeeding coalitions

#### B. Internal Gaps

1. Evaluate current services in relation to evidence-based best-practices
2. Create goals and objectives to achieve progress toward BREASTFEEDING best practices and exemplary BPC Programs

## IV. Determine Target Population and Sites

Use your Breastfeeding Community Assessment and other information about your participants, service area, and community needs to decide upon a target population and service sites. Target one or more of the gaps you identified in the Breastfeeding Community Assessment.

Consider:

- A. Agency goals
- B. Gaps identified in Breastfeeding Community Assessment
- C. Breastfeeding rates in cultural groups in service area
- D. Demographics such as race, language, age
- E. Peer counseling model chosen
- F. Sites with lowest initiation and/or duration rates

## V. Develop Plan to Address Breastfeeding Gaps

- A. Telephone counseling and follow up
- B. Calls outside normal WIC hours by PC or “warm line”
- C. WIC office services, site appointments

### Level 3 Best Practice:



- » Breastfeeding women are informed of the presence of a convenient, private and clearly designated breastfeeding space in the clinic.
- » Breastfeeding participants are recognized and celebrated on an ongoing basis.

- D. Community collaboration
- E. Hospital visits
- F. Home visits
- G. Prenatal support groups
- H. Breastfeeding support groups

*Women who are able to attend peer support groups are four times less likely to report breastfeeding problems, and three times less likely to supplement (FNS, 2004).*

- I. Enhanced breastfeeding friendly environment
- J. Social media efforts

## VI. Obtain Local Agency Administrative Approval and support

## VII. Plan Clinic Set-Up/ Logistics

## VIII. Select Peer Counseling Model

- A. **Peer Counseling Model** - Peer counseling staff functions exclusively as PCs and only work with PC program participants.
- B. **PC/WIC Nutrition Assistant (WNA) Model** - All PCs also are WNAs. In larger agencies, PC/WNAs enroll prenatal and post partum women outside their PC caseload capacity and may help certify children one year of age and older.
- C. **Sub-contracting PC Services Model** - This model requires a signed Memorandum of Understanding (MOU) between the LA and the entity providing the PCs.

Sample job descriptions are found at: [http://www.nal.usda.gov/wicworks/Learning\\_Center/LS\\_training/2004/reproducibles.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/LS_training/2004/reproducibles.pdf)

# Budget Development and Fiscal Management

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*The LA shall use the budget format provided by the SA for all reporting purposes.*

*See Appendix 2: **Breastfeed Peer Counseling Program Line Item Budget Proposal***

## I. BPC Program Staffing

A. Required positions, as outlined in WPM 630-10 include:

1. BPC Program Supervisor or BPC Program Supervisor/  
International Board Certified Lactation Consultant (IBCLC)
2. IBCLC
3. PCs or PC/WNA

See “Positions and Responsibilities” Section for position responsibilities.

See USDA web site: [http://www.nal.usda.gov/wicworks/Learning\\_Center/LS\\_training/2004/reproducibles.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/LS_training/2004/reproducibles.pdf)

B. Positions needed within an agency vary depending on size, number of PCs, and Human Resource (HR) classifications.

C. Optional positions are to be paid for out of indirect funds.

1. Administrative Assistant
2. Data Entry Assistant
3. Clerical and support staff

## II. Determine Caseload per PC

The typical schedule for a peer counselor can run from less than 10 hours a week to full-time. Caseloads for peer counselors also vary depending on the client contact method you select.

- A. Those who use only phone calls may have between 20-150 clients per month.
- B. Use the staffing ratios in WPM 630-10 and consider:
  - 1. Your program variables/design
  - 2. The types of services you plan to offer. LAs that make home visits find part-time PCs with flexible schedules are needed.
  - 3. Geographic distribution of participants - in rural or mountainous parts of the state, agencies might hire 2 - 3 counselors to cover an extensive area.
  - 4. Number of pregnant versus postpartum mothers

*See Appendix 3: Time Estimates for Specific PC Tasks*

## III. Compensation and Reimbursement of PCs

The LA shall:

- A. Compensate PCs at a rate of 80-100% of a WNA entry level salary, but not less than state minimum wage.
- B. Create a career ladder for the PC.
- C. Provide reimbursement for telephone, travel, and continuing education.

## IV. Work Station and Equipment

### A. At WIC site

Provide a work stations with ample space and the equipment needed for their job including; telephones, cell phones, answering machines, fax machines, furniture, computers, laptops, and internet access.



#### Level 3 Best Practice:

PCs are provided a designated space, including a desk, telephone, and computer with internet access, with enough space to conduct breastfeeding consults.

### B. Home office

1. Provide laptop and internet access or down time forms.
2. Provide cell phone or reimburse for program associated phone costs.

## V. Allowable Expenses

- A. Staff salaries
- B. Workstations including telephones, cell phones, answering machines, computers, fax machines, laptops and internet access
- C. Travel for home and hospital visits
- D. Travel related to training
- E. Training fees and materials for BPC Program staff
- F. Expenses incurred to attend training
- G. Recruitment of BPC Program staff
- H. Purchase of breastfeeding demonstration material

*See WPM 630-10 and Appendix 4: “Allowable Costs for Breastfeeding Peer Counseling Program Funds”*

## VI. Expenses Not allowed

- A. Food
- B. Childcare
- C. Items, materials and service for distribution to WIC Participants
- D. Written breastfeeding materials

## VII. Reporting Requirements

- A. WIC Breastfeeding Peer Counseling Program Quarterly Reports are due January 31, April 30, and July 31 and October 31.

*See Appendix 5: WIC Breastfeed Peer Counseling Program Quarterly Report*

- B. WIC Peer Counseling Program.... Final Report is due by December 15th

*See Appendix 6: WIC Peer Counseling Program ....Final Report*

- C. Annual Goal for increasing breastfeeding will be requested by SA once a year.

*See Appendix 7: Annual Goal*

## VIII. Fiscal Timeline

MONTH	ACTION
1 OCTOBER	Funding Available
31 JANUARY	First quarterly report due
5 APRIL	LA report funds that will not be spent by Sept. 30th.
30 APRIL	Second quarterly report due
JUNE – AUGUST	Returned funds reallocated
31 JULY	Third quarterly report due
30 SEPTEMBER	All fiscal year (FY) PC funds must be encumbered
31 OCTOBER	Fourth quarterly report due
15 DECEMBER	PC Funds must be liquidated Final report due

## IX. Fiscal Procedures

- A. Invoice at least quarterly with accompanying Fiscal Expenditure Report
- B. Year-end Time Study Reporting

PC funds cannot be counted towards your NSA funds breastfeeding requirements. The time study for PC funds needs to be conducted separately from the NSA time study.



# Program Development

After program planning, the form below can be used for program development:

✓	STEP	ACTION
	1	Review the BPC Program budget based on the program design and objectives submitted during the Request for Funding (RFF) process.
	2	Review WPM 630-10 and develop policies and procedures including job descriptions, career paths, documentation, and performance monitoring procedures.
	3	Plan clinic set up and logistics.
	4	Identify, select, and order materials and resources for individual and group breastfeeding counseling.
	5	Plan training for BPC Program supervisors. Holding a separate training for them can promote support for the BPC Program.
	6	Plan orientation training for WIC staff.
	7	Plan training for PCs and set up a Training Log with type of training, date held and who provided training.
	8	Clarify staff roles.



# Positions and Responsibilities

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Agencies differ in their ability to staff various breastfeeding support positions. Position titles depend upon HR designations. For many agencies, the Supervisor is a health care professional selected from the existing staff.

See USDA web site: [http://www.nal.usda.gov/wicworks/Learning\\_Center/LS\\_training/2004/reproducibles.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/LS_training/2004/reproducibles.pdf)

## I. BPC Program Supervisor

### A. Qualifications

1. Enthusiastic about breastfeeding
2. Knowledgeable about the culture of the target population
3. Understands WIC logistics and referral systems
4. A consensus builder
5. Accessible to PC's and IBCLC's

### B. Responsibilities

1. Plan, implement, coordinate, supervise and evaluate the BPC Program. This includes selection, training, supervision, and evaluation of PCs.
2. Administer the BPC Program based on requirements set by USDA and CA WIC Program Policy (WPM 630-10).
3. Develop a referral source in the community, or contract with an outside resource, for complex cases.
4. Establish MOUs when partnering with other local WIC agency, other entities or programs, such as for PC or IBCLC services, breast pumps and with PHFE for the Peer Counselor Data Base (PCDB)

*See Appendix 8: MOU between PHFE-WIC and LA WIC Program*

5. Develop LA policies and procedures based on WPM 630-10 and USDA regulations
6. Recruit and hire BPC Program staff
7. Supervise BPC Program staff
8. Develop a mechanism for at least monthly Continuous Quality Improvement (CQI) activities
9. Provide regular training to all WIC staff about the BPC Program
10. Provide, or assist IBCLC's in providing, monthly breastfeeding training for all PCs
11. Report to WIC management within local agency
12. Submit quarterly and annual BPC Program reports to the State WIC Program
13. Conduct, or oversee, annual Breastfeeding Community Assessment
14. Prepare for and participate in site reviews
15. Support an active breastfeeding-friendly environment

## II. International Board Certified Lactation Consultant

*See Appendix 9: Scope of Practice for IBCLCs*

### A. Qualifications

1. Current certification
2. Skills complement the mother-to-mother support of the PC
3. Experience mentoring and training

### B. Responsibilities

1. May serve as supervisor of PCs
2. Provide technical expertise to mothers in a timely manner
3. Mentor PCs and other staff
4. Assist with monthly PC meetings and in-service trainings
5. Communicate directly with health care providers regarding high risk cases

6. Provide counseling to high risk pump clients such as mothers of preemies.
7. Serve as mentor to model professional behavior standards with PCs. PCs may need guidance about job expectations and reminders about the importance of upcoming meetings and trainings.
8. IBCLCs are required to remain current in their knowledge and skills by the International Board of Lactation Consultant Examiners. The recertification process is through continuing education for 5 years after passing the exam and by examination every 10 years.

### III. Breastfeeding Peer Counselor

See Appendix 10: *Scope of Practice for PCs*

#### A. Qualifications

1. A paraprofessional
2. Demonstrates good communication skills
3. Has breastfed a child



#### Level 3 Best Practice:

All PCs hired have breastfed at least one child a minimum of six months.

4. Is enthusiastic about breastfeeding and has a desire to share that enthusiasm
5. Is fluent in the language of the WIC participants she counsels
6. Is recruited and hired from the target population
7. Speaks the program supervisor's language

#### B. Responsibilities:

1. Serve as ambassadors of WIC to pregnant and breastfeeding women and community partners such as hospitals and breastfeeding coalitions.

2. Provide basic prenatal and postpartum breastfeeding counseling following agency protocols in the following locations:
  - a. in the clinic by appointment, on a drop-in basis, in the waiting room or in prenatal and breastfeeding classes;

**Level 3 Best Practice:**

An ISIS code or other formal method is used for scheduling appointments and schedules allow for at least 45 minutes on a regular basis for PC appointments.

- b. by phone, text message, or through a breastfeeding warm line; and/or

**Level 3 Best Practice:**

At least two attempts at telephone contact are made with prenatal and postpartum participants.

- c. in hospital and home visits to help with breastfeeding positioning and latch (depending on LA policy and experience of PCs).
3. The LA decides if PCs may offer “hands on” help to mothers.
4. Contact BPC Program participants at the frequency intervals listed in WPM 630-10 and in Table 3. Peer counseling program participant “contacts” are two-way interactions; face to face, by telephone or electronically; between the PC and the participant.
5. Maintain accurate records of counseling and contacts using the PCDB and ISIS. Include incomplete and attempted contacts that are not two-way and do not meet contact frequency interval requirements.
6. Assess for issues that can impact breastfeeding success.
7. Learn to describe problems and symptoms.
8. Learn and apply Baby Behavior, learner centered teaching and other WIC counseling techniques, as needed.
9. Initiate referrals to the IBCLC, RD, and WNA in a timely manner.
10. Initiate referrals to community resources.
11. Maintain confidentiality in the clinic, hospital and home settings.
12. Attend ongoing in-service trainings and meetings.
13. Assist with teaching breastfeeding classes.

*Table 3:*  
**Contact Frequency Intervals for BPC Program Participants**

CATEGORY	LEVEL 2 <i>Required</i> <i>Meets WPM 630-10 policy</i>	LEVEL 3 <i>Best Practices</i> <i>All Level 2 Plus</i>
PRENATAL WOMEN	Within 30 days of enrollment Minimum - by start of third trimester	Within 7 days of enrollment and set up a one-on-one follow-up counseling session (in person)
	Monthly thereafter until 2 weeks prior to Estimated Delivery Date (EDD)	At least one contact during third trimester is via a home visit
	Weekly within 2 weeks of EDD	
POSTPARTUM WOMEN	Every 2–3 days in the first week post-delivery	At least one post-partum contact is at the hospital or home within 3–4 days.
	Weekly for post-partum of first month	
	Before returning to work/school	
	At least monthly from 2-6 months post-delivery	PC contact continues at least monthly until the baby weans or PC services are no longer desired
	PC available outside of normal agency hours (630-10)	PC available 24 hours a day 7 days a week

14. Issue breast pumps when PC participants need pumps, include phone call follow-up, issue and inventory of pumps, and phone counseling regarding breastfeeding and pumps.
15. Assist with breastfeeding promotion activities in the clinic or at community events.

### C. Counseling Settings

#### 1. Clinic Appointments

- a. Face to face meetings help establish the relationship between the participant and the PC.
- b. Some PCs are provided a print-out of the day's prenatal appointments, some approach WIC prenatal and postpartum women in the waiting area and talk about breastfeeding.
- c. PC may partner with WNAs during prenatal and breastfeeding classes either in co-teaching breastfeeding classes or in promoting the peer counseling program. After class, she enrolls women into the PC program.

#### 2. Hospital Visits

- a. PC provides basic breastfeeding education and counseling and may help mothers with breastfeeding positioning and latch
- b. PC congratulates and encourages mothers, makes appointments for clinic or home follow-up soon after discharge and assures mothers of ongoing support.
- c. Establishes a relationship with hospital staff to facilitate seamless care and follow-up of new mothers.
- d. Hospital staff may request WIC PC when mother and baby are having breastfeeding difficulties and need lactation assistance.
- e. If more complex assistance is needed on hospital discharge, PC refers to the IBCLC. PC continues to provide basic assistance.
- f. Hospital Etiquette
  - i. I.D. worn at all times
  - ii. Follow hospital dress code
  - iii. Follow protocols for communication with hospital staff
  - iv. Respect confidentiality requirements

3. Home Visits
  - a. A home visit may be more effective than a phone call. It may prevent a mother from stopping breastfeeding when she cannot get to the clinic because of transportation issues, physical limits, or feeling overwhelmed.
  - b. Policies for home visits should be established by the LA.
  - c. Home visits are more expensive because of the time required. Often, it is the IBCLC, or visiting nurse, who conducts home visits to address more complex breastfeeding issues.
  - d. Staff safety issues should be considered. LA policy/practice on home visits should be followed. PCs should not give their personal home or cell phone numbers.
4. Early Postpartum Contacts
  - a. During the first few weeks after delivery, regular phone calls or electronic interactions and hospital and/or home visits can help mothers with concerns. The more home and hospital visits made by PCs the higher the rates of exclusive breastfeeding at 2 weeks, 3 months, and 6 months (FNS 2004).
  - b. Participants usually do not initiate phone calls, even when experiencing problems. Calls initiated by PCs are more effective at increasing duration rates than waiting for calls.
  - c. The PC makes appropriate referrals to an IBCLC, lactation consultant, or medical provider when indicated.
5. Telephone Contacts outside Normal WIC Agency Hours
  - a. Problems occur at all hours of the day and night.
  - b. The LA may provide cell phones for calls outside normal WIC hours, reimburse phone charges when invoiced, or provide calling cards.
  - c. The LA may collaborate with hospitals or other agencies to provide warm line assistance for WIC after normal WIC business hours.



# Recruiting and Hiring

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## I. International Board Certified Lactation Consultant (IBCLC)

*See Appendix 9: Scope of Practice for IBCLCs*

### A. Hiring Options

1. Contract for regular hours of service
2. Contract on an as needed basis
3. Employ as a LA employee, either part or full time
4. Employ in a part-time position coupled with other duties; such as R.D.

### B. Coordinate with the HR department

1. Clarify ability to hire an IBCLC based on job categories/ classifications and contracting requirements
2. IBCLC is a certification not a degree. This can be a challenge in the hiring process. IBCLCs sometimes do not fit into established positions and job classifications.
3. If the IBCLC is also a R.D., R.N., or social worker, hiring may be easier.
4. If a new job category or position needs to be developed this may cause delays.

### C. Recruitment

1. IBCLCs may be found in hospitals, clinics, physicians' offices, and breastfeeding coalitions.
2. "Grow Your Own IBCLC". Some LA's are developing their own IBCLCs using experienced IBCLCs as trainers and mentors for WIC staff. Training curriculum is tailored to the local agency.

See Riverside County WIC's "Grow Our Own Lactation Consultant/IBCLC Prep Course" at: [http://lovingsupport.org/index.php?option=com\\_content&view=article&id=7&Itemid=9](http://lovingsupport.org/index.php?option=com_content&view=article&id=7&Itemid=9)

### D. Liability Insurance

1. All Lactation Consultants should be covered by their own professional liability insurance.
2. Confirm that the coverage meets WIC parent agency requirements. Review specifics of coverage including travel and auto accidents.
3. Must operate under clearly defined Scope of Practice guidelines.

## II. Peer Counselor

*See Appendix 10: Peer Counselor Scope of Practice*

### A. Job Description and Career Path

Develop a well defined job description detailing practice parameters and specific job duties.



#### **Level 3 Best Practice:**

Career path options are developed for PCs.

### B. Workload

Consider the work setting selected. More PCs hours may be needed to provide routine hospital and home visits. As the PC gains knowledge and skills, both supervisor and PC can reassess workload issues.

### C. Recruitment

1. Talk with staff about nominating prospective PCs, preferably current or former WIC participants, with an interest and a successful experience of breastfeeding their own child
2. Recommendations from pediatric clinic staff
3. Recommendations from local La Leche League groups
4. Send out letters to prospective PCs. Use ISIS extranet reports to identify women who have breastfed for one year or more. ISIS data indicates how many months, and how many children, they have breastfed.
5. Bilingual signs posted in the WIC site, food distribution centers, and other places frequented by WIC families such as department and grocery stores. Craig's list and other online community bulletins also may be useful in finding potential candidates.
6. Ads in local print, electronic or media outlets especially those culturally targeted

### D. Qualities to look for:

1. Has interpersonal skills needed to work with and counsel participants
2. Breastfeeding skills
3. Commitment to breastfeeding
4. Strengths and weaknesses
5. Motivation
6. Availability
7. Compatibility with the WIC team
8. Communication skills necessary to make phone calls and provide breastfeeding counseling
9. Has reliable transportation to work, home/hospital visits, and trainings

See USDA web site: [http://www.nal.usda.gov/wicworks/Learning\\_Center/LS\\_training/2004/Presentations/ppt1/Section\\_05.ppt#257,1,Slide](http://www.nal.usda.gov/wicworks/Learning_Center/LS_training/2004/Presentations/ppt1/Section_05.ppt#257,1,Slide)

### E. Interviewing Options

Existing BPC Programs have used two different methods of interviewing PC candidates:

1. Interview and hire
2. Train first, then hire
  - Some LA's train a large number of PC candidates using the WIC PC Training Curriculum, then select from this pool.
  - Advantages include the opportunity to observe the candidates enthusiasm for breastfeeding and evaluate their compatibility with the WIC team.

**F.** Interview for:

1. Enthusiasm
2. Breastfeeding knowledge
3. Communication and counseling skills
4. Interest in breastfeeding and goals for the future

**G.** During the interview

1. Remember that it can be frightening to WIC mothers who may be in an interview setting for the first time.
2. Keep the interview setting comfortable. Use open-ended questions and active listening to affirm her feelings and ease her anxiety.

See USDA web site: [http://www.nal.usda.gov/wicworks/Learning\\_Center/LS\\_training/2004/Presentations/ppt1/Section\\_05.ppt#257,1,Slide](http://www.nal.usda.gov/wicworks/Learning_Center/LS_training/2004/Presentations/ppt1/Section_05.ppt#257,1,Slide)

# Program Implementation

Implementation guide suggested by the existing peer counseling programs.

✓	STEP	ACTION
	1	Attend SA BPC Program administration training
	2	Conduct training of program supervisors, managers, and WIC staff.
	3	Begin recruiting potential PCs from WIC and the community.
	4	Conduct interviews with prospective PCs. If training PCs first, train then interview.
	5	Hire selected PCs and submit contracts/personnel forms for agency approval.
	6	Plan orientation training for WIC staff.
	7	Promote the BPC Program to local organizations in the community.
	8	Arrange for and conduct training for newly hired PCs.

✓	STEP	ACTION
	9	Introduce new PCs to WIC staff and community providers/partners.
	10	Market BPC Program to WIC participants.
	11	Arrange mentors for newly hired PCs.
	12	Hold monthly staff meetings for ongoing training and job guidance.
	13	Report on the BPC Program to WIC management.
	14	Submit BPC Quarterly and Annual Reports.
	15	Attend Semi-Annual Breastfeeding PC meetings.
	16	Prepare for technical assistance (TA) visits.

See USDA web site: [http://www.nal.usda.gov/wicworks/Learning\\_Center/LS\\_training/2004/reproducibles.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/LS_training/2004/reproducibles.pdf)

# Supervision, Monitoring, and Support

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## I. Integrating Breastfeeding Peer Counseling Program into the WIC agency

Initially, meet with WIC and BPC staff for team building activities and to discuss:

1. Role of PCs
2. Logistics and feasibility
3. Staff concerns including nonstandard work settings and schedules

**Level 3 Best Practice:**

All WIC staff receive training about the role of the breastfeeding PC based on the Power Point presentation “Peer Counseling: Making a Difference for WIC Families” included in “Using Loving Support to Manage PC Programs”

## II. Ongoing Supervision and Communication

- A. PC monthly staff meetings led by Supervisor and/or IBCLC
  1. Share experiences and ask questions
  2. Review policies and procedures
  3. Provide breastfeeding updates
  4. Assist PCs in anticipating issues and developing strategies for dealing with various situations
  5. Encourage WIC staff to attend PC staff meetings

**Level 3 Best Practice:**

Monthly meetings are held and PCs are given the opportunity to participate in developing, implementing, and evaluating peer counseling program protocols.

- B. Provide PCs the opportunity to participate in WIC staff meetings on a regular basis as outlined in WPM 630-10.



**Level 3 Best Practice:**

- » PCs are included in all WIC staff meetings and trainings.
- » The WIC staff is directly involved with recruitment of PCs and included in breastfeeding updates to ensure everyone has access to current breastfeeding information.

- C. Weekly meetings or phone calls between PCs and their supervisors



**Level 3 Best Practice:**

Each PC is assigned a designated supervisor and meets with that person (in person) weekly to review casework.

1. Discuss participants' needs, identify strategies to strengthen counseling skills and problem solving ability
2. Identify strengths and weaknesses to address in future coaching and trainings

### III. Monitoring

- A. Monthly Continuous Quality Improvement (CQI) to ensure PCs are meeting expectations outlined in their job descriptions (See CQI in WPM 630-10)



**Level 3 Best Practice:**

Policy requirements are met and the PC Program Supervisor reviews breastfeeding rates and progress of the PC program at least monthly.

- B. SA or peer staff will review the training log during the annual TA visit to ensure that required trainings, outlined in WPM 630-10, have been provided.
- C. Breastfeeding rates at sites with Peer Counselors will be monitored monthly by the PC Supervisor.

## IV. Retaining PCs

PCs usually love their jobs but can get burned out easily because they are listening to problems all the time. It can be helpful to listen to their concerns and problems, and help them work through issues.

### A. Strategies for retention

1. WIC staff support
2. Positive breastfeeding environment
3. Sensitivity to personal issues
4. Adequate training

### B. Why PCs leave

1. Burnout/isolation
2. The job is not a good fit
3. Stressful personal life
4. Desire for full-time employment once children are older
5. Having another baby
6. Low wages
7. Lack of support from WIC staff

### C. Turnover is not necessarily negative

1. Can be attributed to the success of the program, for example PCs become lactation consultants
2. Women given the opportunity to work as a PCs often experience improved self-esteem
3. PCs are still peers in the community

## V. Staff Recognition

- A. Develop an employee recognition program to honor staff for breastfeeding successes. Ongoing recognition of PC's dedication, commitment and results can boost morale, increase productivity, and promote a continued passion for breastfeeding.
- B. Ideas for recognition include: certificates for job performance, positive comments, time off with pay (subject to agency's policies), acknowledgement during staff meetings, and pay raises.



**Level 3 Best Practice:**

Staff members are honored for breastfeeding successes in the agency and/or individuals are honored for providing excellent breastfeeding support to participants at least quarterly.

# Referrals and Collaboration with Community Partners

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## I. Internal Referral Protocols

- A. Referrals between PC and WIC staff
- B. Referrals from PC to IBCLC for breastfeeding problems outside the PCs scope of work

## II. External Referral Protocols

The LA creates protocols for referrals to or from outside healthcare providers.

- A. Referrals to WIC
  1. Follow-up after discharge from hospitals
    - a. Develop a referral program that provides seamless follow-up care from hospital bed to home and back to WIC.
    - b. Hospitals often will only work with the WIC peer counseling program if there is a referral process to ensure that mothers do not become lost to follow-up if they are experiencing difficulties in breastfeeding.
  2. Establish a referral network with medical offices, particularly those that provide services to large numbers of low-income women and WIC participants. Local agency outreach staff may already have made contacts with key healthcare providers in the community and can assist or enhance the referral network.
  3. The local breastfeeding coalition can be a valuable resource for referrals.
  4. Regional Breastfeeding Liaisons (RBLs) will assist with the referral process in their regions.

#### B. Referrals from WIC

1. The PC Supervisor determines when a PC is experienced enough to make referral calls and is able to follow guidelines, set by the LA, for contacting healthcare providers.
2. Some agencies only allow the BPC Program supervisor to make referral calls. Sometimes, the supervisor makes the initial call and then the IBCLC makes follow-up calls.
3. Identifying a physician champion within the hospital or clinic setting, who will address specific breastfeeding issues with other medical staff, is recommended by current BPC Programs.

### III. Community Breastfeeding Resources

There are many potential partnerships that can enhance the effectiveness of a BPC Program within the community.

#### A. Breastfeeding Coalitions

1. National, State, and local breastfeeding task forces, coalitions, and lactation affiliations are valuable partners for helping to promote BPC Programs.
2. Attending coalition meetings, or sending a letter outlining the BPC Program, will spread the word about the lactation services provided.
3. Coalitions can be a resource for potential breastfeeding trainers and a referral sources for PCs.

#### B. Community hospitals and medical offices

1. Community hospitals and private doctor's clinics are key partners in WICs BPC Program.
2. A MOU, created and signed by upper management, can be created to clearly define the roles and responsibilities of involved agencies.

Considerations:

- a. For what capability or resources is this MOU being created?
- b. Who is participating in the MOU?
- c. Why is this MOU necessary?
- d. What agreements are set forth by this MOU?

*See Appendix 11: Sample MOU with Hospital*

3. In some communities, private medical clinics serving large numbers of WIC mothers allow PCs to visit with pregnant and breastfeeding clients in their clinic.

## IV. Cooperative Extension Programs and Community Organizations

Programs that can help support breastfeeding efforts:

- A. Cooperative Extension programs often target the same population served by WIC.
- B. Staff from community-based organizations, and public health, can be invited to WIC BPC training to receive accurate information on breastfeeding to share with their clients. They also can refer their clients to WIC BPC Programs for continued breastfeeding care.
- C. La Leche League, an international mother-to-mother support program where the peer counseling concept originated, has groups in most counties. They can provide continued breastfeeding care for WIC mothers as well as for those who do not qualify for WIC.

## V. Businesses

- A. The LA establishes a working relationship with businesses located in the community. They seek partnerships in promoting, supporting, and implementing various breastfeeding activities for mothers who return to work or school.

- B. Businesses that employ large numbers of WIC clients, such as discount department stores, banks, childcare centers, schools, and faith-based organizations, usually are the best places to establish partnerships.
- C. Businesses can be made aware of the Lactation Accommodation Law.

## VI. State level collaboration

WIC has collaborated with Children’s Medical Services (CMS), Maternal, Child, and Adolescent Health (MCAH), Medi-Cal, Indian Health, the CA Breastfeeding Roundtable, and various other organizations at the state level. These organizations are well informed of WIC’s efforts to increase access to PCs.

### I. Approved Trainings and Events

Review WPM 630-10 for required trainings. On-going training should be provided to all PC staff to assist staff with staying current on new breastfeeding information, skills and knowledge, in addition to allowing for opportunities to network and for professional development.

# Training

## II. Training Costs

See WPM 630-10 and Appendix 3 “Allowable Costs For Peer Counseling Funds”

APPROVED	REQUEST STATE APPROVAL
In-house breastfeeding trainings from IBCLC and invited breastfeeding experts	USBC Annual Conference
Annual CWA Spring Conference	Annual International Lactation Consultant Association (ILCA) Conference
Annual Breastfeeding Walk	Breastfeeding Association/Lactation Association Conference
Semi annual SA BPC Program training	
Community Health Fair – promote BPC Program (once per FY)	
SA authorized trainings	

APPROVED	REQUEST STATE APPROVAL
Local Breastfeeding Coalition Training/ Seminar (once per FY)	
CWA WIC Fall Management Conference for PC Supervisor and IBCLC/PC Supervisor only	

 **Level 3 Best Practice:** Required trainings are provided and 6-8 hours of advanced training, offsite, is provided to PCs annually.

# Program Monitoring

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## I. Purpose

Collect information to highlight the importance of the BPC Program and justify the amount of time and money used in providing lactation support services.

## II. Methods

- A. Gather baseline and ongoing information in an effort to measure the impact of the BPC Program strategies on fully breastfeeding initiation and duration rates for the LA and state.
- B. Identify trends in PC contacts including number of prenatal enrollments and breastfeeding women.
- C. Obtain information for quarterly and annual reports.
- D. Monitor number of contacts, caseload goals, and target population.
- E. Obtain information from annual state or peer review site visits.

## III. Reporting Requirements

### A. PC Database

The LA is required to use the PCDB. PCs off site without computer access shall use hard copies of forms and input data into the PCDB as soon as they have internet access or at least within 2 business days. Once information is entered and the supervisor approves, discard paper forms, in accordance with WIC confidentiality requirements.

**Level 3 Best Practice:**

Breastfeeding statistics are celebrated and shared at clinic staff meetings at least annually.

#### B. Quarterly Reports

Data extracted from the PCDB in addition to “Extranet report” from ISIS will be submitted quarterly to the SA.

#### C. Annual Report

Data extracted from the PCDB in addition to “Extranet report” from ISIS will be submitted by December 15.

#### D. Annual Goal

Requested once a year by SA

### IV. Program Evaluation and Technical Assistance

#### A. Frequency

1. The SA shall conduct a program evaluation and Technical Assistance (TA) visit every other year.
2. In alternate years, staff from another LA BPC Program will conduct a peer review.

#### B. Focus of monitoring

1. Ensure that program is meeting required components in WPM 630-10
2. Review and analyze, challenges, barriers, and successes
3. Identify and acknowledge Level 3 Best Practices

### V. Areas of evaluation

#### A. Fiscal

#### B. Staffing

#### C. Caseload

#### D. Services

#### E. Documentation of Services

The SA Technical Assistance Form is “under construction”.

# Mentoring

## I. Introduction

### A. Rationale for Mentor / Mentee Agencies in Peer Counseling

1. Utilize the wisdom and experience of local agencies that have existing Peer Counseling Programs.
2. Encourage networking and communication between agencies that are starting Peer Counseling Programs and those with existing programs.
3. Provide opportunities for creative thinking and strategic planning.

### B. Definition of Mentoring

1. “A process in which an experienced individual helps another person develop his or her goals and skills through a series of time-limited, confidential, one-on-one conversations. The primary goal of mentoring has traditionally been to help the mentee do their job more effectively. A mentor can show you the ropes, help you decode organizational policies and politics, and be a non-judgmental sounding board for work-related problems or ideas.” (CA WIC Mentoring Guide, 3/13/08)
2. A frequently reported outcome is that mentors help mentees to become “more strategic”.

### C. Elements of Successful Mentoring Programs (Zachary, The Mentor’s Guide)

1. **Reciprocity** - Engagement of both parties
2. **Learning** - Active learning
3. **Relationship** - Developing trust
4. **Partnership**
5. **Collaboration** - Give and take

6. **Mutually defined goals**
7. **Development** - Focus is on the future and moving mentee towards what she/he wants to be.

## II. Overview of Mentor Roles

### A. Qualifications of Mentors

1. Mentoring Agency
  - a. Meets minimum USDA program requirements
  - b. Has improving breastfeeding rates
  - c. Has a stable Peer Counseling program
  - d. Has support of the WIC Director, IBCLC and agency
  - e. Accepts Peer Counselors as part of the WIC staff and has good integration of Peer Counselors at sites
  - f. Willing to mentor similar types of agencies (urban vs. rural and/or county vs. non-profit organization), and other types of agencies.
  - g. Willing to share materials such as job descriptions, forms, and training materials
  - h. Can involve agency staff in positions such as data personnel, supervisors, IBCLC's and Peer Counselors to share their expertise.
2. Individual Mentor's Attitude and Skills
  - a. Is flexible, embraces others' ideas, willing to listen to creative solutions, and open to other Peer Counseling models.
  - b. Has active listening skills, good communication. "Good mentors listen much more than they talk and they know how to ask the right questions". (Cy Charney, Charney and Associates, Inc.)
  - c. Is enthusiastic and interested in the success of Peer Counseling.
  - d. Has good problem solving skills.

- 
- e. Is willing to travel.
  - f. Is available, yet able to set boundaries.
  - g. Uses time effectively.
  - h. Has a well rounded knowledge regarding Peer Counseling administration and data collection.
3. Is Mentoring Right for You? (Questions for Potential Mentors)  
(Zachary, The Mentor's Guide)
- a. Do you have specific knowledge about Peer Counseling Programs that you want to pass on to others?
  - b. Do you find that helping others learn is personally rewarding?
  - c. Do you enjoy collaborative learning?
  - d. Do you find that working with others who are different from you is energizing?
  - e. Do you have adequate time to be in contact with your mentee?
  - f. Do you have the ability to provide constructive feedback to a mentee?
  - g. Do you agree to maintain confidentiality within the mentoring relationship?
  - h. Do you have the ability to listen to a mentee's opinions and promote creative discussion?
  - i. Are you looking for new opportunities to further your own growth and development?
  - j. Are you looking for a way to enhance your visibility, reputation, and contribution to WIC?
  - k. Are you committed to leadership succession?
  - l. Do you enjoy seeing others succeed?
4. Is Mentoring Right for You? (Questions for potential Mentees)  
(Zachary, The Mentor's Guide)

- a. Do you have a sincere interest in learning?
- b. Do you value new ideas?
- c. Are you willing to commit time to developing and maintaining a mentoring relationship?
- d. Are you willing to work on your own growth and development?
- e. Are you willing to listen to feedback?

### III. General Responsibilities of the State, Mentors and Mentees

#### A. State

1. Provide funds for the mentoring program
2. Communicate clear expectations
3. Provide orientation for mentors (include various models and an understanding that mentors may be required to help agencies with a different model than their own)
4. Provide initial training to all mentees on the Peer Counselor Database and extranet
5. Provide oversight and evaluation of mentors
6. Coordinate with any mentee/mentor pairs that request assistance or reassignment to another agency.

#### B. Mentors

1. Honor mentor/ mentee agreement
2. Honor time commitment
3. Respond to mentee in a timely fashion
4. When working with the mentee, concentrate on the “what and why” (strategy) rather than the “how and when” (tactical) to help mentee gain overall picture
5. Obtain parent agency support: CEO/Supervisor buy-in, release time from local agency

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### C. Mentees

1. Honor mentor/ mentee agreement
2. Respect mentors time by preparing for meetings and consolidating requests for information and assistance
3. Obtain parent agency support: CEO/Supervisor buy-in, release time from local agency

## IV. Mentoring Phases

### A. Setting up the relationship

1. Initial Conversation
  - a. Take time to get to know each other, share career journeys
  - b. Talk about mentoring and individuals who have had an impact on your development and learning
  - c. Share your goals for the process. What does each person hope to achieve?
2. Mentoring Contract (*Sample: See sample at end of Appendix 1*)
  - a. Travel commitment- mentor and mentee
  - b. Time commitment
  - c. Beginning and end date of formal agreement
  - d. Guidelines for responsiveness from mentor
  - e. Authority/boundaries (advisory role)
  - f. Options for Mentor/Mentor relationships that are not producing desired results
    - Communicate any problems you are experiencing to the

mentor or mentee in a professional and sensitive manner

- Discuss concerns with appropriate state staff
- Reassignment to new mentor/mentee

**B. Community Assessment**

1. Defining geographical area
2. How to Connect with Major Stakeholders
  - a. Breastfeeding Coalitions
  - b. Health Care Providers
  - c. Hospitals and Birthing Centers
  - d. Public Health programs
3. Reporting Back to Stakeholders

**C. Request for Funds (RFF) preparation**

1. Choosing a Peer Counseling model (PC vs. PC / WNA)
2. Logistics of preparing the RFF

**D. Planning for Peer Counseling program Implementation**

1. Goal setting
2. Job descriptions
3. Hiring procedures
4. Interviewing
5. Screening
6. Supervision and monitoring
7. Training plans
8. Contracts
9. Extranet data system
  - a. Set-up

- 
- b. Management
  - c. Lessons Learned (challenges)
  - 10. Change Management, enthusiasm for the transition
  - 11. Integrating Peer Counselors with other WIC staff
  - E. Implementation**
    - 1. Assistance with reporting
    - 2. Continued assistance with change management and staff buy-in
  - F. Program Evaluation**
    - 1. Breastfeeding rates
    - 2. Assessment of PC Program Design
    - 3. Implications from subsequent community assessments
  - G. Planning for growth: Next steps**

**References:**

*California WIC Mentoring Guide, 3/13/08 (from CWA Program Directors workshop)*

*Kilbourne, Chris, Making a Meaningful Mentoring Agreement, HR Certification Institute (blr.com/.../Training\_Mentoring\_Agreem...)*

*Zachary, Lois. The Mentor's Guide: Facilitating Effective Learning Relationships, Jossey-Bass. 2000.*

# Peer Counseling Mentoring Agreement

**Local Agency Name:** \_\_\_\_\_

	PRIMARY CONTACT	TITLE
<b>Mentor</b>		
<b>Mentee</b>		

## Time Frame

We anticipate that the initial commitment will be for six months, with the opportunity to re-evaluate and extend the agreement.

DATE AGREEMENT BEGINS	ANTICIPATED DATE AGREEMENT ENDS

**Goals** for this mentoring relationship: \_\_\_\_\_

\_\_\_\_\_

**Expectations** of how we will achieve these goals: \_\_\_\_\_

\_\_\_\_\_

**Meeting Times:** Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

**Methods of communication:** (Site visits, telephone, email, text messages)

\_\_\_\_\_

**Guidelines for responsiveness:** \_\_\_\_\_

**Working relationship:** We agree to honor the mentor/mentee relationship by being supportive, flexible and open- minded with each other. We also will respect confidentiality in this mentoring relationship.

**Mentor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mentee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Breastfeeding Peer Counseling Budget Template

## Instructions for Budget Worksheet

This excel worksheet will be used to submit your RFF budget to the State WIC Program. This same worksheet has been designed to be updated on a quarterly basis with the expenditures from your PC program which will be submitted with your quarterly reports.

## Budget Proposal Worksheet

*Only complete the agency name, contact information and #5 (Other Resources - Funds and In-Kind Support). These items have been highlighted in yellow.*

The Personnel, Operating Expenses - Equipment, Operating Expenses - Other Expenses and Other Costs line items will be automatically populated when you completed the attached worksheets.

## Other Resources - Funds and In-Kind Support (Page 2 of 2)

List all the in-kind support you receive for the PC program

1. Specify the source of the funding, how long you will be receiving the funding and what the funding will pay for.
2. Specify the amount of funding you receive.

**Personnel - Salaries, Wages & Fringe Benefits Worksheet (Page 2)**

1. Classification/Job Title - List the personnel for your PC program. It you have one person who will be performing two roles, enter the classification as follows: IBCLC/PC Supervisor or PC/WNA. If the classification in your county is different, include your county's classification as shown in the first example.
2. Peer Counselor FTE %, IBCLC % and Supervisor FTE % - Enter the FTE for each classification/ job title listed.
3. Total FTE % - Do not enter any values in this column. This column will automatically populate.
4. Indicate if Position Description or Duty Statement Is Attached - Indicated whether a position description or duty statement has been provided.
5. Hourly Rate - Enter the hourly rate for each classification/job title listed.
6. Hours Worked per Week - Enter the number of hours each classification/job title listed will work per week.
7. Weeks Worked per Year - Enter the number of weeks each classification/job title listed will work per the year.
8. Total Wages/Salary - Do not enter any values in this column. This column will automatically populate.
9. Fringe Benefits - Enter the percent of fringe benefits for each classification/job title listed.
10. Total Wages/Salary + Fringe Benefits - Do not enter any values in this column. This column will automatically populate.
11. Supervisor, Peer Counselor & IBCLC Salary Costs - Do not enter any values in this column. These column will automatically populate.

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### **Operating Expenses - Equipment (Page 3)**

List itemized equipment expenses on this worksheet. Examples have been provided.

1. Description - List all expenses using one row per each type of equipment describing how the equipment will be used for the Peer Counseling Program. A single equipment purchase over \$5,000 is not allowable.
2. Quantity - List the number of items purchased.
3. Price Per Unit - List price of each item purchased.
4. Cost - Do not enter any values in this column. This column will automatically populate.

### **Operating Expenses - Other Expenses (Page 4)**

List itemized operating expenses on this worksheet (examples have been provided)

1. Other Expenses - List all “other” operating expenses using one row per each type of expense.
2. Description - Include detailed description of expenses.
3. Cost - List total cost of expenses.

### **Other Costs - Subcontractors (Page 5)**

1. Subcontractor Name - List one subcontractor per row.
2. Description - Include a brief description of services this contractor will provide. Also include hourly rate, number of hours worked per week and number of weeks worked during the year. It should be clear by the information provided in the description how the cost was calculated.
3. Cost - Enter the cost for the subcontract.

**Breastfeeding Peer Counseling Program  
Line Item  
Budget / Proposal  
ATS and Quarterly Reporting**

Agency: Contact: Email: Phone:		Budget Line Item	Agency Purposed Totals	Oct-10 ATS	1st Qtr.	2nd Qtr.	3rd Qtr.	Balance
		<b>1. Personnel - Salaries, Wages, &amp; Fringe Benefits</b> (Use justification worksheet on page 2)						
		PC Supervisor	\$	\$0.00				\$0.00
		Peer Counselor	\$	\$0.00				\$0.00
		IBCLC	\$	\$0.00				\$0.00
		<b>Sub Total</b>	\$	\$0.00			\$0.00	\$0.00
		<b>2. Operating Expenses</b> (Use justification worksheet on page 3 and 4)						
		A. Equipment (costing less than \$5000)	\$	\$0.00				\$0.00
		B. Other Expenses:		\$0.00				\$0.00
		Travel Costs (to state required trainings, home/hospital visits if applicable)	\$	\$0.00				\$0.00
		Office Supplies	\$	\$0.00				\$0.00
		Other Operating Expenses (communication, outreach, etc.)	\$	\$0.00				\$0.00
		<b>Sub Total</b>	\$	\$0.00				\$0.00
		<b>3. Other Costs</b> (Use justification worksheet on page 5)						
		Subcontractors (Use justification worksheet on page 3)	\$	\$0.00				\$0.00
		<b>Sub Total</b>	\$	\$0.00				\$0.00
		<b>4. Indirect Costs</b>						
		Indirect Costs (Maximum 13.8% of Total Salaries & Wages, including Total Fringe Benefits)	\$	\$0.00				\$0.00
		<b>Sub Total</b>	\$	\$0.00				\$0.00
		<b>Total Funds Requested</b>	\$	\$0.00				\$0.00

5. Other Resources (Funds and In-Kind Support)									
1									\$
2									\$
3									\$
4									\$
5									\$
Total Other Resources									\$0.00
Total Project Budget									\$0.00

**Breastfeeding Peer Counseling Program**  
**Line Item**  
**Budget / Proposal**  
**ATS and Quarterly Reporting**

Budget Justification Worksheet

1. Personnel - Salaries, Wages & Fringe Benefits		Grand Total Salary/ Wages	Grand Total Supervisor	Grand Total Peer Counselor	Grand Total IBCLC
--	--	---------------------------------	---------------------------	----------------------------------	----------------------

\$0.00      \$0.00      \$0.00      \$0.00

Classification/ Job Title	Peer Counselor FTE	IBCLC FTE	Supervisor FTE	TOTAL FTE %	Indicate If Position Description or Duty Statement is Attached	Hours Worked per Week	Weeks Worked Per Yr (52 wks in a year)	Total Wages/ Salary	Fringe Benefits (enter %)	Total Wages/ Salary Cost + Fringe Benefits	Supervisor Salary Cost	Peer Counselor Salary Cost	IBCLC Salary Cost
1 PC Supervisor				0.00				\$0.00		\$0.00	\$0.00		
2 PC				0.00				\$0.00		\$0.00		\$0.00	
3 IBCLC				0.00				\$0.00		\$0.00			\$0.00
4				0.00				\$0.00		\$0.00			
5				0.00				\$0.00		\$0.00			
6				0.00				\$0.00		\$0.00			
7				0.00				\$0.00		\$0.00			
8				0.00				\$0.00		\$0.00			
9				0.00				\$0.00		\$0.00			

**Breastfeeding Peer Counseling Program**  
**Line Item**  
**Budget / Proposal**  
**ATS and Quarterly Reporting**

**Budget Justification Worksheet**

<u>2A. Operating Expenses</u>				<u>Grand Total</u>
				<u>Operating Expenses</u>
				<u>- Equipment</u>

Equipment (costing less than \$5000)

Description	Quantity	Price Per Unit	Cost
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00

**Breastfeeding Peer Counseling Program  
Line Item  
Budget / Proposal  
ATS and Quarterly Reporting**

**Budget Justification Worksheet**

<b>2B. <u>Operating Expenses</u></b>		Grand Total Operating Expenses - Other Expenses
--------------------------------------	--	---

**Other Expenses:**

**\$0.00**

	Description	
	Travel Costs (to training, 1 home/hospital visits if applicable)	
	2 Office Supplies	
	Other Operating Expenses 3 (communication, outreach, etc.)	
	4	
	5	
	6	
	7	
	8	

**Breastfeeding Peer Counseling Program**  
**Line Item**  
**Budget / Proposal**  
**ATS and Quarterly Reporting**

**Budget Justification Worksheet**

3. Other Costs - Subcontractors Grand Total  
Other Costs

**\$0.00**

	Subcontractor Name	Description	Cost
1			
2			
3			
4			
5			
6			
7			
8			



## Time Estimates for PC Tasks

1. Determine approximately how many contacts of each type each PC will have on a weekly basis
2. Use time estimates per week below to approximate positions needed

ACTIVITY	MINUTES/TASK TRAVEL NOT INCLUDED	TIME EST. INCLUDES
Phone calls	15-40	10 min. for charting
Clinic visit	40-70	10 min. for charting
Home visit	60-90	10 min. for charting
Hospital visit	30-90	10 min. for charting
Assist or teach breastfeeding class	30-60	10 min. set up/clean up
Breast pump cleaning	10-30	
Breast pump checkout	10-30	
Breast pump follow-up calls	10-30	

**References:** *FNS contract 58-3198-1-050, Using Loving Support to Implement Best Practices in Peer Counseling, Final Research Brief, June 2004.*



# Allowable Costs for Breastfeeding Peer Counseling Program Funds

8-6-2010

Peer counseling program funds are special funds which can only be used for the Peer Counseling program. The table below helps to identify allowable Peer Counseling costs. Peer Counseling funds are only to be used to develop or expand activities necessary to sustain a successful Peer Counseling program.

ITEM OR SERVICE	ALLOWABLE COSTS FOR PEER COUNSELING PROGRAM FUNDS	COMMENTS
Durable Goods and Space		
Furniture and Computers	Yes, if these items are necessary for peer counselors to do their job (USDA WLC Pg 9)	The primary purpose of the funds, however, is to provide direct breastfeeding support services through peer counseling to WIC participants.
Phone lines, pagers and/or answering machines for the peer counselors	Yes (USDA WLC Pg 8)	
Baby scales – highly accurate scales used to measure breastmilk.	No (State policy)	May be purchased with NSA funds.
Space and lease costs for peer counselors	No (State policy)	

APPENDIX 4

Allowable Costs for Breastfeeding  
Peer Counseling Program Funds (cont.)

ITEM OR SERVICE	ALLOWABLE COSTS FOR PEER COUNSELING PROGRAM FUNDS	COMMENTS
Incentives and Education Materials		
Handouts	Funds can be used to produce and distribute a handout to educate WIC participants about the program. (USDA WLC Pg 7)	General handouts encouraging breastfeeding can be paid out of NSA funds, not peer counseling funds.
Demonstration materials such as pumps and videos	Yes (All States Memo 08-11)	Breast pumps, breastfeeding aids, and written materials are not allowable costs with Peer Counseling funds.
Incentive items to encourage breastfeeding in general	No. Emphasis is on peer to peer relationships. (USDA WLC Pg 7)	
Hospital discharge bags with items to encourage breastfeeding	No (USDA WLC Pg 7)	
Personnel		
Staff	Only peer counselors, IBCLCs and BPC Program Supervisors may be funded with BPC funds. (State Policy)	It is assumed that administrative costs will be covered by 13.8 percent indirect costs charged. No other positions will be funded.
Recruitment of peer counselors	Yes (All States Memo 08-11)	

ITEM OR SERVICE	ALLOWABLE COSTS FOR PEER COUNSELING PROGRAM FUNDS	COMMENTS
Personnel (cont.)		
Male peer counselors	No, because WIC eligible women are the target population. (USDA WLC Pg 4)	You may use your regular NSA funds or other funds.
Dual-role staff (for example, part-time WIC Nutrition Assistant (WNA) and part-time peer counselor)	If staff meets the definition of a peer counselor, you may use Peer Counseling program funds to pay for specific time spent peer counseling. (USDA WLC Pg 4)	Time spent in other roles in the WIC program need to be paid for with NSA funds.
Dietetic interns	No. Peer counselors need to be paraprofessionals. (USDA WLC Pg 4)	You may use other WIC funds to hire dietetic interns.
More IBCLCs than required.	Funds can be used to strengthen the availability of lactation management experts available to peer counselors. However, funds cannot be used to disproportionately hire and train lactation managements experts versus peer counselors. Priority is to hire and train peer counselors. Minimum staffing ratios of peer counselors to IBCLCs can be found in WPM 630-10. (USDA WLC Pg 7)	

**APPENDIX 4**

**Allowable Costs for Breastfeeding  
Peer Counseling Program Funds (cont.)**

ITEM OR SERVICE	ALLOWABLE COSTS FOR PEER COUNSELING PROGRAM FUNDS	COMMENTS
Personnel (cont.)		
Peer counselor to staff a breastfeeding hotline. Expenses related to the hotline?	Yes, if the person answering the phone is a peer counselor. (USDA WLC Pg 8)	Expenses related to the hotline/call center are allowable for any portion of those expenses that are for the purpose of a peer counselor providing participant contacts
Staff Training and Resources		
Travel	Yes, BPC Program funds may be for travel to peer counseling training and home and hospital peer counseling visits. (All States Memo 08-11)	
Continuing Education for IBCLCs	No (State policy)	May use other funds.
Breastfeeding resources for non-peer counseling staff	No (USDA WLC Pg 7-8)	May be purchased with NSA funds.
Training peer counselors to become IBCLCs	Yes, however priority should be given to hire and train peer counselors so they can provide peer counseling services. (USDA WLC Pg 6)	There should not be a heavy emphasis on IBCLC training.

ITEM OR SERVICE	ALLOWABLE COSTS FOR PEER COUNSELING PROGRAM FUNDS	COMMENTS
Staff Training and Resources (cont.)		
Breastfeeding resources for non-peer counseling staff	No (USDA WLC Pg 7-8)	May be purchased with NSA funds.
Miscellaneous		
Indirect program costs	Yes (USDA WLC Pg 7)	13.8 percent of funds can go toward program costs
Childcare	No (USDA WLC Pg 6)	
Cribs for peer counselors who bring their babies to work	No (USDA WLC Pg 8)	
Shirts that identify peer counselors	Yes, as long as the emphasis of the program is providing peer counseling services. (USDA WLC Pg 7)	

ITEM OR SERVICE	ALLOWABLE COSTS FOR PEER COUNSELING PROGRAM FUNDS	COMMENTS
Miscellaneous (cont.)		
Supplanting current non-USDA Peer Counseling program with a USDA funded program	Yes (USDA WLC Pg 6)	Agencies that have developed their own Peer Counseling programs may now use Peer Counseling funds and free up their NSA funds, as long the program meets USDA Peer Counseling requirements. It is recommended, however, that gaps in service are examined and addressed with Peer Counseling funds.
Evaluation of our peer counseling effectiveness	No Peer Counseling funds are not to be used for evaluation. (USDA WLC Pg 9)	Peer counseling funds may be used as part of the tracking and monitoring of the peer counseling program, such as conducting exit surveys.

**Sources:**

*USDA All States Memo 08-11 and [http://www.nal.usda.gov/wicworks/Learning\\_Center/LS/LS\\_Peer\\_FAQ.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/LS/LS_Peer_FAQ.pdf)*

# WIC Peer Counseling Program

## *Quarterly Report 2009-2010*

Instructions: Please submit this form electronically to Laura Osborne  
laura.osborne@cdph.ca.gov

Agency Name: \_\_\_\_\_

List PC Program Sites: \_\_\_\_\_

Report Completed By: \_\_\_\_\_

Check the appropriate quarter:

- October 1, 2009 – December 31, 2009 (Due January 31, 2009)
- January 1, 2010 – March 31, 2010 (Due April 30, 2010)
- April 1, 2010 – June 30, 2010 (Due July 31, 2010)
- July 1, 2010 – September 30, 2010 (Due October 31, 2010)

In the following section, it is only necessary to **report on activities conducted by staff funded by the Peer Counseling Program grant.**

## I. Peer Counselor Services

A. Number of peer counselors that worked this quarter by race/ethnicity:

ASIAN	BLACK	HISPANIC	NATIVE AMERICAN	WHITE	REFUSED/ UNKNOWN	OTHER	TOTAL COUNSELORS

B. Total number of Peer Counselor FTEs this quarter: \_\_\_\_\_

C. How many Peer Counselors quit this quarter? \_\_\_\_\_

Number that quit according to reason:

\_\_\_\_\_ Relocated/moved

\_\_\_\_\_ Another job for more pay/hours

\_\_\_\_\_ Stressful personal life

\_\_\_\_\_ Burnout/isolation

\_\_\_\_\_ Job dissatisfaction

\_\_\_\_\_ Other (list here): \_\_\_\_\_

D. How many Peer Counselors were terminated this quarter? \_\_\_\_\_

Number that were terminated according to reason:

\_\_\_\_\_ Fraud (reported activities that were not actually performed)

\_\_\_\_\_ Unsatisfactory performance of job duties

\_\_\_\_\_ Other (list here): \_\_\_\_\_

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E. How many participant contacts by type were made by Peer Counselors this quarter? *Count one contact each time a peer counselor talks to a participant.*

\_\_\_\_\_ Telephone contacts (including warm- line calls)

\_\_\_\_\_ WIC office visits

\_\_\_\_\_ Home visit

\_\_\_\_\_ Hospital Visit

\_\_\_\_\_ Prenatal BF WIC Class

\_\_\_\_\_ Postpartum BF WIC Class/support groups

\_\_\_\_\_ Total Peer Counselor Contacts this quarter

1. How many of the above contacts where done during the participant’s prenatal period? \_\_\_\_\_

List and explain any other types of contacts made by your PCs:

\_\_\_\_\_

\_\_\_\_\_

2. What is the average number of contacts per PC program participant; please provide separate average number of contact per prenatal and postpartum breastfeeding mother?

Prenatal: \_\_\_\_\_ Postpartum: \_\_\_\_\_

3. What is the monthly caseload per PC (number of participants)?

\_\_\_\_\_

- F. How many of the following classes were led by PCs this quarter?

Prenatal and Postpartum BF WIC classes/support groups:

\_\_\_\_\_

Others: \_\_\_\_\_

- G. How many breastfeeding inservices or trainings were provided for PCs this quarter? \_\_\_\_\_

- H. Who led these breastfeeding in-services or trainings?

IBCLC: \_\_\_\_\_ Other Staff:

\_\_\_\_\_

## II. Lactation Consultant Services

Only report on activities conducted by staff funded by the Peer Counselor program monies.

- A. Total number of hours worked by Lactation Consultants this quarter:

\_\_\_\_\_

- B. How many participant contacts by type were made by **Lactation Consultants** this quarter?

\_\_\_\_\_ Telephone contacts (including warm- line calls)

\_\_\_\_\_ WIC office visits

\_\_\_\_\_ Home Visit

\_\_\_\_\_ Hospital Visit

\_\_\_\_\_ Prenatal BF WIC Class

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\_\_\_\_\_ Postpartum BF WIC Class/support groups

\_\_\_\_\_ Other (list here): \_\_\_\_\_

\_\_\_\_\_ Total LC Contacts this quarter

- C. How many participants that received peer counselor services were seen by a Lactation Consultant because of a breastfeeding problem? (Count all LC consults done in person and over the phone).  
\_\_\_\_\_
- D. When participants see the Lactation Consultant, is her peer counselor present?  Yes  No

### III. Warm Line

- A. Do you have a breastfeeding warm line?  Yes  No
- B. If your warm line is funded by PC monies, how many calls were received this quarter? \_\_\_\_\_

### IV. Breastfeeding Rates

- A. What is the average of the previous three months exclusive and combo breastfeeding rate for 2 and 6 month old infants at your PC program sites? (Use Extranet report, using Feeding Choice, Age, Prescription Date, Total Infants) \_\_\_\_\_



# WIC Peer Counseling Program

## *Final Report*

### Due December 15

Agency Name: \_\_\_\_\_

PC Program Sites: \_\_\_\_\_

Report Completed By: \_\_\_\_\_

**Instructions:** Please answer the questions below and submit this form electronically by December 15. (*insert email here*)

In the RFA Peer Counseling Program, you agreed to submit a final report summarizing what was accomplished and what was learned from this project. The summary is to include a comparison of the **breastfeeding (Exclusive and Combo) rates of WIC participants for 2 month old infants and 6 month old infants** for the last quarter of the previous FFY and the current FFY, by all PC program sites (where PCs provide services). Feel free to provide any other information you have, comparing the breastfeeding rates at your PC sites for the previous and current FFY.

### *Exclusive and Combination Breastfeeding Rates for Peer Counseling Sites*

	2 MONTH OLD EXCLUSIVE BREASTFEEDING RATES	2 MONTH OLD COMBINATION BREASTFEEDING RATES	6 MONTH OLD EXCLUSIVE BREASTFEEDING RATES	6 MONTH OLD COMBINATION BREASTFEEDING RATES
July, Aug, Sept <i>Previous Year</i>				
July, Aug, Sept <i>Current Year</i>				

1. What have been the successes and highlights of your PC program?

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2. What have been the barriers to running your PC program? What have you done/are doing to overcome the barriers?

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3. What lessons learned and successful approaches you have used?

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4. What are your recommendations for the California WIC Breastfeeding Peer Counseling Program?

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5. What plans do you have to expand your Peer Counseling program?

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# Annual Breastfeeding Goals

## (Local Agency Name) - Annual Goal for 20XX

Please select your annual goals for exclusive breastfeeding rates for 2 and 6 month old infants by placing a check mark in the appropriate box below. Your goal for increasing breastfeeding rates for 2 month old infants does not have to be the same as your goal for increasing breastfeeding rates for 6 month old infants.

The data for your PC sites is collected from the Extranet canned report IB001-C. For your convenience, we have listed the **baseline average percentage\*** of exclusively breastfed infants and calculated what the average increase would be for 2%, 5% and 10%. Please look at these numbers carefully and select your goals accordingly. Thank You.

2 MONTH INFANT DATA			
MONTH	CLINIC 001	CLINIC 002	AVG %
April 2009			
May 2009			
June 2009			
Baseline Average %			
BASELINE AVERAGE PERCENTAGE:			

  

2 MONTH INFANT DATA		
2%	5%	10%

Baseline average percentage is generated by adding the percentage for 3 months (April, May, and June) then divide them by 3.

**APPENDIX 7**

**Annual Breastfeeding Goals**

6 MONTH INFANT DATA			
MONTH	CLINIC 001	CLINIC 002	AVG %
April 2009			
May 2009			
June 2009			
Baseline Average %			
BASELINE AVERAGE PERCENTAGE:			

Baseline average percentage is generated by adding the percentage for 3 months (April, May, and June) then divide them by 3.

2 MONTH INFANT DATA		
2%	5%	10%

Our goal to increase our 2 month old exclusive breastfeeding rates for the period April – June 2010 by:

- 2%     5%     10%

Our goal to increase our 6 month old exclusive breastfeeding rates for the period April – June 2010 by:

- 2%     5%     10%

\_\_\_\_\_  
**PC Program Supervisor/Coordinator**

\_\_\_\_\_  
 Date:

# Memorandum of Understanding

*between the PHFE-Women, Infants and Children Program (PHFE-WIC) and the [Local Agency Name Here] WIC Program*

## I. Purpose

The purpose of this agreement is to specify areas of cooperation and coordination between these two agencies and to maintain an effective working relationship between the PHFE-WIC Program and the *[Local Agency Name Here]* WIC Program as it pertains to the Breastfeeding Peer Counselor Database (PCDB).

## II. Background

This web-based computer application will improve the ability of local agency WIC Programs to manage and evaluate their Breastfeeding Peer Counseling (PBC) Programs. This secure Web-based is required of all California local WIC agencies with a PBC Program. The database and website will be housed and maintained at the PHFE WIC Program.

## III. Term

This project is ongoing. This MOU begins October 1, 2010 and is ongoing. The project may be extended by agreement of both parties. Written notice of cancellation of this agreement by either party must be made 30 days prior to separation from the program.

## IV. Description of Services

The will provide the California Department of Public Health (CDPH) WIC Program and local WIC agencies with a system to improve efficiencies and provide follow-up and support to WIC mothers receiving breastfeeding support. Additionally, the database creates accountability and standardization of data allowing for evaluation of the BPC Programs throughout California.

WIC participant personal information will not be shared with any entity outside WIC without receipt of written consent from the participant to whom the information pertains. The PHFE-WIC Program will not access the local WIC agency data from this database without previous written permission from the CDPH WIC Program and [*Local Agency Name Here*] WIC Program.

## V. PHFE-WIC Program Responsibilities

The PHFE-WIC Program will build a secure website containing the BPCD. **Each agency will only be able to see their own agency's database, charts and reports.** A number of user accounts will be given to each agency to provide user access.

Reports/charts may include the following:

1. Participant enrollment by quarter
2. Participant enrollment by quarter by each Peer Counselor (PC)
3. Count of participants receiving any services each quarter
4. Count of participants working with a Lactation Consultant (LC) by quarter
5. PC Interventions (Contacts, WIC Center, Hospital, Home, Breastfeeding Classes)
6. LC Interventions (Contacts, WIC Center, Hospital, Home, Breastfeeding Classes)
7. Count of referrals to LC
8. Breastfeeding Reports (to be determined)

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## VI. Training and Support

The website will be housed, maintained and supported by PHFE-IT staff at the PHFE-WIC Program. Permission is given by the [*Local Agency Name Here*] WIC PROGRAM for the data to reside at the PHFE-WIC Program.

The PHFE-WIC breastfeeding staff will provide technical assistance, customer service, training manuals and training support for agencies. As requested, the PHFE-WIC staff will also provide training on data and reporting.

The PHFE-WIC Program Help Desk will be responsible for adding users and resetting passwords.

Conversion of existing PC data from the [*Local Agency Name Here*] WIC PROGRAM is not included in this agreement and may be discussed with the CDPH WIC Program.

## VII. [*Local Agency Name Here*] WIC Program Responsibilities

The [*Local Agency Name Here*] WIC Program will assure client confidentiality and appropriate use of the data.

The [*Local Agency Name Here*] WIC Program shall provide the PHFE WIC Program a notice of cancellation of participation in the BPC Program and PCDB in writing within 30 days of separating from the program so that their database access can be terminated.

## VIII. Administration

The below signed certify that they have read and understood the nature and scope of this agreement and support it in its entirety. The parties indicate their agreement by their signatures.

## IX. Indemnification

The PHFE-WIC Program and the [Local Agency Name Here] WIC Program agree to indemnify and hold one another free and harmless from and against all claims, losses, liabilities, damage and costs, arising, made, incurred, or suffered, directly or indirectly from negligent acts, errors and omissions caused by their respective organizations, employees, subcontractors or agents in connection with the performance of any duties under this Agreement.

For the PHFE-WIC Program:

\_\_\_\_\_  
**Eloise Jenks, Executive Director**  
 PHFE-WIC Program

\_\_\_\_\_  
 Date:

\_\_\_\_\_  
*[Local Agency Director Name Here]* **Director**  
*[Local Agency Name Here]* WIC Program

\_\_\_\_\_  
 Date:

# Scope of Practice for International Board Certified Lactation Consultants

Adopted March 8, 2008 by the International Board of Lactation Consultant Examiners (IBLCE)

International Board Certified Lactation Consultants (IBCLCs) have demonstrated specialized knowledge and clinical expertise in breastfeeding and human lactation and are certified by the International Board of Lactation Consultant Examiners (IBLCE).

This Scope of Practice encompasses the activities for which IBCLCs are educated and in which they are authorized to engage. The aim of this Scope of Practice is to protect the public by ensuring that all IBCLCs provide safe, competent and evidence-based care. As this is an international credential, this Scope of Practice is applicable in any country or setting where IBCLCs practice.

## **IBCLCs have the duty to uphold the standards of the IBCLC profession by:**

- working within the framework defined by the IBLCE Code of Ethics, the Clinical Competencies for IBCLC Practice, and the International Lactation Consultant Association (ILCA) Standards of Practice for IBCLCs
- integrating knowledge and evidence when providing care for breastfeeding families from the disciplines defined in the IBLCE Exam Blueprint
- working within the legal framework of the respective geopolitical regions or settings
- maintaining knowledge and skills through regular continuing education

**IBCLCs have the duty to protect, promote and support breastfeeding by:**

- educating women, families, health professionals and the community about breastfeeding and human lactation
- facilitating the development of policies which protect, promote and support breastfeeding
- acting as an advocate for breastfeeding as the child-feeding norm
- providing holistic, evidence-based breastfeeding support and care, from preconception to weaning, for women and their families
- using principles of adult education when teaching clients, health care providers and others in the community
- complying with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions

**IBCLCs have the duty to provide competent services for mothers and families by:**

- performing comprehensive maternal, child and feeding assessments related to lactation
- developing and implementing an individualized feeding plan in consultation with the mother
- providing evidence-based information regarding a mother's use, during lactation, of medications (over-the-counter and prescription), alcohol, tobacco and street drugs, and their potential impact on milk production and child safety
- providing evidence-based information regarding complementary therapies during lactation and their impact on a mother's milk production and the effect on her child
- integrating cultural, psychosocial and nutritional aspects of breastfeeding
- providing support and encouragement to enable mothers to successfully meet their breastfeeding goals

- 
- using effective counseling skills when interacting with clients and other health care providers
  - using the principles of family-centered care while maintaining a collaborative, supportive relationship with clients

**IBCLCs have the duty to report truthfully and fully to the mother and/or infant's primary health care provider and to the health care system by:**

- recording all relevant information concerning care provided and, where appropriate, retaining records for the time specified by the local jurisdiction.

**IBCLCs have the duty to preserve client confidence by:**

- respecting the privacy, dignity and confidentiality of mothers and families

**IBCLCs have the duty to act with reasonable diligence by:**

- assisting families with decisions regarding the feeding of children by providing information that is evidence-based and free of conflict of interest
- providing follow-up services as required
- making necessary referrals to other health care providers and community support resources when necessary
- functioning and contributing as a member of the health care team to deliver coordinated services to women and families
- working collaboratively and interdependently with other members of the health care team
- reporting to IBLCE if they have been found guilty of any offence under the criminal code of their country or jurisdiction in which they work or is sanctioned by another profession
- reporting to IBLCE any other IBCLC who is functioning outside this Scope of Practice



# Peer Counselor Scope of Practice

This Scope of Practice encompasses the activities for which a PC is trained and in which she is authorized by the CA WIC Program to engage.

- Offer breastfeeding encouragement
- Provide information on the advantages of breastfeeding and the risks of not breastfeeding
- Help women identify their concerns and barriers around breastfeeding
- Recognize signs of the normal course of breastfeeding
- Provide basic education, problem-solving and support
- Teach mothers basic techniques that help ensure a successful start in breastfeeding
- Help mothers advocate for a positive birth/hospital experience
- Help mothers plan for a return to work or school that supports the continuation of breastfeeding
- Refer families to appropriate resources
- Identify situations out of their scope of practice and make appropriate referrals in a timely manner

## **The Peer Counselors shall not:**

- ⊘ Diagnose conditions
- ⊘ Provide medical advice
- ⊘ Prescribe or recommend medications
- ⊘ Attempt to remedy potentially serious problems



# Sample: Memorandum of Understanding with Hospital

*(Under Construction)*