

**ISSUE DATE:** January 11, 2016

**TO:** WIC Program Coordinators  
Other WIC Policy and Procedure Manual owners

**FROM:** Holly Wilkalis  
Oregon WIC Program – Nutrition & Health Screening  
OHA Office of Family Health

**SUBJECT:** **WIC Policy Update 2016-01**



**EXPLANATION:**

- ◆ **710 – BREASTFEEDING: Definition, Promotion and Support Standards**
  - Definition of Wet Nurse updated to include issue of compensation.
  - General breastfeeding information deleted, keeping policy-specific content only.
  - Added information on breastfeeding training and an appendix outlining the roles and responsibilities of the local agency Breastfeeding Coordinator.
  - Added information pertaining to the promotion of a breastfeeding-friendly clinic environment.
  - Added guidance about WIC eligibility for special breastfeeding situations, including an appendix outlining procedures to be used.
  - Added information on breastfeeding contraindications. Special assessment and counseling is advised for women using legal substances, such as marijuana, or street drugs.
- ◆ **711 – BREASTFEEDING: Benefits and Contraindications**
  - Merged into Policy 710 and DELETED
- ◆ **712 - BREASTFEEDING: Breast Pump Ordering, Distribution and Tracking Guidelines**
  - Pump orders will be processed 3 times a year, instead of quarterly.
  - Statement added (§5.4) regarding the need for careful assessment before issuing a breast pump to a woman using harmful, legal substances. Information on pump issuance to women using marijuana or illicit substances was removed and this is now addressed in Policy 710.
  - Statement added (§8.0) regarding pump issuance occurring only if a pump is not available through the insurer.
  - Statement added - Multi-user breast pumps may not be issued during pregnancy.
  - Deleted section on the distribution of WIC breast pumps by a third party (§11).
- ◆ **713 – BREASTFEEDING: Use of Supplemental Formula**
  - Deleted section on Woman’s Food Package (was §4.0) – information covered in ◆769 (§4.0)
  - Deleted section on Counseling Guidelines (was §5.0) – information covered in Breastfeeding Module.
  - Appendix A was updated due to bid formula change.

◆ **716 – Breastfeeding Peer Counseling (BFPC) Program Requirements**

- Changed policy name to Breastfeeding Peer Counseling (BFPC) Program Requirements.
- Added clarification about monthly contacts with participants.
  - An attempted contact is required within 2 weeks of expected due date.
  - Participants will be scheduled for monthly group BFPC sessions or alternatively for individual peer counseling visits.
- Added clarification to BFPC staffing.
  - BFPC Coordinator will record hours worked in each position if works under more than one program.
  - Combining the Peer Counselor position with other WIC staff positions is not allowed.
- Added section about inactivating participants from the peer counseling caseload if they do not attend group sessions or visits and there is no communication with the peer counselor for two consecutive months. Participants can be added back to caseload if communication resumes at a later date.
- Changed title of Appendix A and B to Roles and Responsibilities instead of Sample Job Description.

◆ **730 – Bid Formula: Use and Description**

- Removal of specific names of bid formulas
- Updated tables of bid formulas and corporate contact information

◆ **880 – REFERRALS: Alcohol, Tobacco and Other Drug Use**

- Documentation of referrals in TWIST is now required. (§1.1)
- Removes incorrect link to Oregon Prevention and Treatment Providers Directory.  
*\*\*\*Please refer to the November 2015 Operation Clean Up inservice for more information\*\*\**

◆ **885 – OTHER REFERRALS: Required and Recommended**

- Documentation of referrals in TWIST is now required.
- References to Safenet have been replaced with 211.
- Updates suggested methods for meet requirement for referral to Medicaid.
- Requires staff to screen and refer for immunizations and alcohol and drug abuse. (§2.0)
- Adds policy and TWIST Training Manual references.  
*\*\*\*Please refer to the November 2015 Operation Clean Up inservice for more information\*\*\**



## WIC Policy Updates Issued for 2016 (Year-To-Date)

| Manual Update Number | Policy Number | Policy Title   | Manual Page Number(s) | Issue Date       |
|----------------------|---------------|--|-----------------------|------------------|
| 2016-01              | 710           | Breastfeeding: Definition, Promotion and Support Standards                         | 710.0 – 710.9         | January 11, 2016 |
| 2016-01              | 712           | Breastfeeding: Breast Pump Ordering, Distribution and Tracking Guidelines          | 712.0 – 712.12        | January 11, 2016 |
| 2016-01              | 713           | Breastfeeding: Use of Supplemental Formula   | 713.0 – 713.4         | January 11, 2016 |
| 2016-01              | 716           | Breastfeeding Peer Counseling (BFPC) Program Requirements                          | 716.0 – 716.10        | January 11, 2016 |
| 2016-01              | 730           | Bid Formula: Use and Description   | 730.0 – 730.5         | January 11, 2016 |
| 2016-01              | 880           | Referrals: Alcohol, Tobacco and Other Drug Use                                     | 880.0 – 880.2         | January 11, 2016 |
| 2016-01              | 885           | Other Referrals: Required and Recommended  | 885.0 – 885.3         | January 11, 2016 |
| 2016-01              | 711           | Merged into policy 710 and DELETED - Breastfeeding: Benefits and Contraindications | ---                   | January 11, 2016 |



**SECTION:** Nutrition Services 710  
**SUBJECT: BREASTFEEDING: Definition, Promotion and Support Standards**  
**DATE:** December 1, 2015 (*revised*)

**POLICY:** Local WIC programs shall provide breastfeeding promotion, education and support to participants.

**PURPOSE:** To promote breastfeeding as the biological norm for infant feeding and to provide breastfeeding support to mothers and infants to extend breastfeeding exclusivity and duration.

**RELEVANT REGULATIONS:** 7 CFR §246.11 (c)(5)—Monitor local program activities  
7 CFR §246.11 (c)(7)(i)-(iv)—Breastfeeding promotion and support standards  
7 CFR §246.11 (e)(1) – Encouragement of breastfeeding  
7 CFR §246.2 – Breastfeeding definition  
All States Memorandum 96-06—Non-birth Mothers Certified as Breastfeeding Women

**OREGON WIC PPM REFERENCES:** ♦435—Staffing Recommendations  
♦460—Program Incentive Items  
♦712—Breastfeeding: Breast Pump Ordering, Distribution and Tracking Guidelines  
♦713—Breastfeeding: Use of Supplemental Formula

**DEFINITIONS:**

*Breastfeeding* The practice of feeding a mother’s breast milk to her infant(s) on the average of at least once per day.

*Breastfeeding Woman* The category “breastfeeding woman” refers to women up to one year postpartum who are breastfeeding an infant, including

- Women who are providing any amount of breast milk to their infant(s) via breastfeeding (exclusively or partially).
- Women who are providing any amount of breast milk to their infant(s) by expressing the breast milk by hand or pump and feeding the expressed breast milk to the infant.
- Women who are providing any amount of breast milk to infants to whom they did not give birth (see definition below).

**BREASTFEEDING: Promotion and Support Standards, cont.**

|                                      |   |
|--------------------------------------|---|
| <i>(Breastfeeding Woman)</i>         | <p>A “breastfeeding woman” fits into one of the following three categories:</p> <p><b>Fully breastfeeding woman</b><br/>A breastfeeding woman who is up to one year postpartum, whose infant does not receive formula from WIC.</p> <p><b>Mostly breastfeeding woman</b><br/>A breastfeeding woman who is up to one year postpartum, whose infant receives infant formula from WIC up to the maximum provided for a mostly breastfeeding infant.</p> <p><b>Some breastfeeding woman</b><br/>A breastfeeding woman who is up to one year postpartum, whose infant receives more than the maximum amount of infant formula from WIC provided for a mostly breastfeeding infant, but less than the amount provided for a non-breastfeeding infant.</p> |
| <i>Non-birth Breastfeeding Woman</i> | <p>A woman who breastfeeds an infant to whom she did not give birth and for whom she <i>has</i> legal responsibility. Examples include foster mothers, adoptive mothers, and female partners in the same household. A non-birth breastfeeding woman may receive WIC services if she meets eligibility criteria and the infant receiving her breast milk is a WIC participant.</p>   |
| <i>Wet Nurse</i>                     | <p>A woman who breastfeeds an infant to whom she did not give birth and for whom she does <i>not</i> have legal responsibility (custody). A wet nurse may receive WIC services if she is not being compensated for providing her breast milk, she meets WIC eligibility criteria, and the infant receiving her breast milk is a WIC participant.</p>  |
| <i>Category Distinction</i>          | <p>The category “breastfeeding woman” does NOT include women who are providing breast milk to infants <i>only</i> by donating their breast milk to a milk bank or other source.</p>   |

|                  |            |       |   |
|------------------|------------|-------|---|
| <b>APPENDIX:</b> | Appendix A | 710.6 | Local Agency Breastfeeding Coordinator Roles And Responsibilities |
|                  | Appendix B | 710.8 | Breastfeeding Support – Special Situations                        |

**PROCEDURE:**

***Promotion of Breastfeeding***

- 1.0 Oregon WIC staff shall promote breastfeeding as the biological norm for infant feeding.
  - 1.1 Provide breastfeeding promotion and support information at the prenatal certification visit, and throughout the prenatal and postpartum periods.
  - 1.2 All pregnant participants should be encouraged to breastfeed unless contraindicated for health reasons.

***Local Agency Staffing***

- 2.0 Each local program shall designate a staff person to serve as the Breastfeeding Coordinator to provide leadership to the local WIC agency on breastfeeding promotion, education and support matters. See Appendix A for a list of the specific qualifications, roles and responsibilities of the local agency Breastfeeding Coordinator. See also ♦435—Staffing Recommendations.

***Staff Training***

- 3.0 Federal regulations require that the state WIC program provide training on the promotion and management of breastfeeding to staff at local agencies who then provide information and assistance to participants.
  - 3.1 The local agency Breastfeeding Coordinator helps train staff in the provision of breastfeeding support services.
  - 3.2 Task-appropriate breastfeeding training shall be included in the orientation programs for all new WIC staff.
  - 3.3 The local agency Breastfeeding Coordinator serves as a mentor for new and existing staff.
  - 3.4 Local agency training supervisors shall use state provided training modules and materials to train local agency staff.

***Clinic Environment***

- 4.0 Establish local program policies that promote a breastfeeding-friendly clinic environment.
  - 4.1 Encourage staff to communicate a positive attitude toward breastfeeding.
  - 4.2 Use positive breastfeeding messages and images in educational and outreach materials and displays.
  - 4.3 Ensure that infant formula, bottles, and related materials are out of the sight of participants and the public.
  - 4.4 Do not use or purchase items that market specific brand name products, such as bottles or handouts with a formula company logo. Refuse samples from formula representatives for use by local agency staff. See also ♦460—Program Incentive Items.

- 4.5 Encourage and support local agency staff to breastfeed.
- 4.6 Support breastfeeding in clinics and provide private space for staff and participants to breastfeed and/or express breast milk.

***Special Situations***

- 5.0 Occasionally situations arise when careful attention is needed for determining whether a breastfeeding woman meets eligibility requirements for WIC. Such special cases include adoption, foster care, or households headed by two females. See Appendix B for specific details on how to enroll these special cases on WIC. For situations not addressed there, contact your assigned Nutrition Consultant.
  - 5.1 Only *one* woman may be certified on WIC as a breastfeeding woman. The length of the certification is determined by the age of the infant, and ends when the woman stops breastfeeding the infant or at the infant's first birthday, whichever comes first.
  - 5.2 When two women are involved in the care of an infant on WIC, the non-birth mother must be breastfeeding and meet the eligibility requirements of income, residency, and nutritional risk in order to qualify for WIC.
    - 5.2.1 If the birth mother *is not* breastfeeding, she may still qualify for eligibility as a non-breastfeeding postpartum woman.
    - 5.2.2 If *both* the non-birth mother and the birth mother are breastfeeding, and the birth mother is providing some breast milk for the infant (even if separated from the infant), the birth mother may still be considered for eligibility as a ***non-breastfeeding*** postpartum woman (even though she is technically breastfeeding).
    - 5.2.3 The infant is not required to live with the non-birth breastfeeding woman, but if *both* the breastfeeding woman and the birth mother are certified on WIC, the infant may be claimed in only one woman's household when determining family size and income eligibility.
  - 5.3 Both women will be offered second nutrition education, breastfeeding support, the correct food package for her category, and a referral to a lactation specialist if appropriate.

- 5.4 A non-birth breastfeeding woman must meet specific criteria to qualify for a WIC breast pump. See Appendix B and ♦712—Breastfeeding: Breast Pump Ordering, Distribution and Tracking Guidelines for more details.

***Contraindications***

- 6.0 Identify contraindications to breastfeeding that may exist for the participant. Keep in mind that these contraindications may occur in only a few participants. See Level 2 Oregon WIC Breastfeeding Training Module for additional details.

- 6.1 Breastfeeding is contraindicated when:

- 6.1.1 The mother has tested positive for HIV (human immunodeficiency virus).
- 6.1.2 The infant has galactosemia (inability to metabolize galactose, a rare condition).
- 6.1.3 The mother has T-cell lymphotropic virus type I or II.
- 6.1.4 The mother has untreated brucellosis.
- 6.1.5 The mother has untreated active tuberculosis. The infant can be fed her expressed milk.
- 6.1.6 The mother has active herpes simplex lesions on her breast. The infant can be fed her expressed milk.

- 6.2 Special consideration, assessment and counseling should be given to a breastfeeding woman in the following situations. Refer the mother to the RD, lactation consultant or her health care provider for further evaluation and follow up.

- 6.2.1 The mother uses cannabis, or certain street drugs such as PCP (phencyclidine) or cocaine. These substances can be detected in human milk and there is concern about the potential impact on the infant.
- 6.2.2 A mother who develops varicella 5 days before through 2 days after delivery will need to be separated from her infant for a period of time. The infant can be fed her expressed milk.
- 6.2.3 A mother with H1N1 influenza should be temporarily isolated from her infant. The infant can be fed her expressed milk.
- 6.2.4 The mother is taking medications from the following classes of drugs. In most cases a compatible medication can be found.
  - Amphetamines
  - Chemotherapy agents
  - Ergotamines
  - Statins

***(Contraindications)***

- 6.2.5 The mother has been exposed to diagnostic radioactive compounds.
  - 6.2.6 The infant has glucose-6-phosphate-dehydrogenase deficiency.
  - 6.2.7 The infant has phenylketonuria (PKU).
    - Infants with PKU can partially breastfeed while using special supplemental formula.
    - Close monitoring by the health care provider is required.
  - 6.2.8 The mother ingests alcoholic beverages.
  - 6.2.9 The mother smokes cigarettes.
  - 6.2.10 A mother enrolled in a supervised methadone maintenance program can be encouraged to breastfeed.
- 7.0 For the mother and infant who are not fully breastfeeding, refer to ♦730—Bid Formula: Use and Description, to determine the appropriate breast milk substitute for the infant’s use. ★

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Local Agency Breastfeeding Coordinator  
**ROLES AND RESPONSIBILITIES**

**DEFINITION:**

The Local WIC Agency Breastfeeding Coordinator is a designated staff member who provides leadership to the local WIC agency regarding breastfeeding promotion, education and support.

A Local WIC Agency may assign more than one person to share this role. Specific duties may be delegated to other staff members.

**QUALIFICATIONS:**

- Has a strong interest in and commitment to supporting breastfeeding
- May be a health care professional, or a paraprofessional who has completed Level 3 breastfeeding training or will complete it soon after assuming this role

**DESIRABLE SKILLS:**

- Has experience counseling breastfeeding women representative of the WIC population
- Has completed the trainings necessary to be a CPA
- Willingness to pursue the International Board Certified Lactation Consultant (IBCLC) credential if possible

**ROLES**

- Assesses, plans, implements and evaluates strategies to meet the breastfeeding education needs within the WIC program
- Assists WIC Coordinator and Training Supervisor in the breastfeeding-related training of local agency staff
- Assures that effective, appropriate and accurate breastfeeding information and services are provided to WIC participants
- Authorizes and trains local agency staff in the appropriate assessment and issuance of breast pumps
- Is a breastfeeding advocate and resource within the WIC program, the agency and the community

**TYPICAL DUTIES & RESPONSIBILITIES**

*The Breastfeeding Coordinator provides leadership to the local agency in the following areas:*

- Is familiar with Oregon WIC breastfeeding policies and works in coordination with the LA WIC Coordinator to assure compliance
- Advocates within the agency for best practices in breastfeeding promotion, support and management
- Ensures that the local agency follows federal and state laws regarding the provision of rest periods to breastfeeding employees for milk expression

**BREASTFEEDING: Promotion and Support Standards, cont.**

- Coordinates the breastfeeding activities related to the annual Nutrition Services Plan
- Tracks breastfeeding data through TWIST and other sources, if available
- Oversees breast pump inventory and tracking of multi-user double electric breast pumps
- Plans and coordinates special projects, activities and events, such as support groups, peer counseling, World Breastfeeding Week, and others
- Is the key breastfeeding contact for the State WIC Program

*The Breastfeeding Coordinator provides leadership regarding information and services to WIC participants:*

- Keeps abreast of breastfeeding research and information as it applies to WIC services and maintains updated reference material
- Assesses task-appropriate breastfeeding training needs of staff
- Provides to staff (through training or other methods) appropriate, current and accurate breastfeeding information, and builds skills of WIC staff, using the online Level 1 Breastfeeding Course as a minimum
- Maintains a positive clinic environment that promotes breastfeeding
- Ensures that participant educational materials are appropriate and effective (brochures, videos, posters, etc.)
- Assures that breastfeeding is promoted to all pregnant women at their initial certification, unless medically contraindicated
- Assures, through review and observation, that WIC staff provide prenatal and postpartum women with participant-centered education in both individual and group settings
- Assures that WIC participants receive breastfeeding encouragement, support, counseling and follow-up, if appropriate
- Assures that breastfed infants' food packages are tailored so as to support continued breastfeeding
- Ensures that WIC participants who need WIC breast pumps receive them in a timely manner and are instructed correctly and provided follow-up
- Assures that WIC participants are referred to other breastfeeding resources that are beyond staff expertise and/or the scope of WIC services

*The Breastfeeding Coordinator provides leadership to the local agency and surrounding community:*

- Acts as the liaison between the WIC agency and the community regarding breastfeeding promotion, education and support
- Networks with other breastfeeding advocates and professionals and helps to build and strengthen task forces, coalitions or other partnerships and activities
- Identifies breastfeeding resources for the referral and support of WIC participants
- Advocates for breastfeeding services for WIC participants
- Assesses community and agency breastfeeding needs and helps address those needs

**Breastfeeding Support – Special Situations**

**Birth mother and infant are living apart (adoption, foster care)**

- A birth mother who is providing breast milk for the infant, even though separated from the infant, may qualify for WIC as a breastfeeding woman if the following criteria are met:
  - The infant is enrolled on WIC
  - The infant’s adopted or foster mother is not on WIC as a breastfeeding woman
  - The birth mother meets the eligibility requirements of income, residency, and nutritional risk
  - The birth mother is not receiving compensation for her breast milk.
- If the birth mother *is not* breastfeeding, she may still qualify for WIC as a non-breastfeeding postpartum woman if the eligibility requirements of income, residency, and nutritional risk are met.

| TWIST Documentation  | Food Package Assignment   |
|--|---|
| <ul style="list-style-type: none"> <li>• Link birth mother to the breastfeeding infant</li> <li>• Make note in record that mother is living apart from infant</li> </ul> | <ul style="list-style-type: none"> <li>• Assign the WBN food package if the mother is providing some breast milk for the infant</li> <li>• Assign the WN food package if the mother is not breastfeeding</li> </ul> |

**Birth mother and non-birth mother are both breastfeeding the infant and are living apart (adoption, foster care)**

- The non-birth mother must be breastfeeding and meet the eligibility requirements of income, residency, and nutritional risk in order to qualify for WIC.
- If *both* the non-birth mother and the birth mother are breastfeeding, and the birth mother is providing some breast milk for the infant (even though separated from the infant), the birth mother may still be considered for eligibility as a ***non-breastfeeding*** postpartum woman. Although she is technically breastfeeding, only *one* woman can be certified on WIC as a breastfeeding woman.
- If *both* the non-birth mother and the birth mother are certified on WIC, the infant may be claimed in only one woman’s household for determining family size and income eligibility.
- The infant is not required to live with the non-birth breastfeeding woman.

| TWIST Documentation  | Food Package Assignment   |
|--|---|
| Link breastfeeding infant to the woman categorized as the WIC breastfeeding mother | <ul style="list-style-type: none"> <li>• Assign the WE food package to the non-birth breastfeeding woman</li> <li>• Assign the ZN food package to the breastfeeding baby</li> <li>• Assign the WN food package to the non-breastfeeding woman (birth mother)</li> </ul> |

**Birth mother and non-birth mother are both breastfeeding the infant and live in the same household**

- The non-birth mother must be breastfeeding and meet the eligibility requirements of income, residency, and nutritional risk.
- Only *one* woman in the household may be certified as a breastfeeding woman.
- Since the non-birth mother cannot be on WIC as a postpartum woman (she was never pregnant), she must be certified as the breastfeeding woman and the birth mother will be certified as the non-breastfeeding postpartum woman (even though she is breastfeeding).
- The length of the certifications will be determined by the age of the infant. As with birth mothers, a non-birth mother’s status as a breastfeeding woman ends when she stops nursing the infant at least one time per day or at the infant’s first birthday, whichever comes first.

| TWIST Documentation   | Food Package Assignment  |
|---|--|
| <ul style="list-style-type: none"> <li>• Link breastfeeding infant to WIC breastfeeding woman (non-birth mother)</li> <li>• Enroll and certify the two mothers in <i>separate</i> families in TWIST</li> <li>• Enroll infant in the family with the WIC breastfeeding woman</li> <li>• Document the same household size and same income in both records</li> <li>• Certification of the non-birth breastfeeding woman:<br/> <b>Medical Data Screen</b><br/>                     Enter <b>999</b> for “Total Weight Gain, Pregnancy Just Completed”<br/> <b>Health History Questionnaire</b> Enter <b>one</b> for the question “For the pregnancy just completed, how many babies were delivered?” even though she did not give birth</li> <li>• Document the other mother’s ID number in the WIC Notes of each record to link them</li> </ul> | <ul style="list-style-type: none"> <li>• Assign the WE food package to the non-birth breastfeeding woman</li> <li>• Assign the Z food package to the breastfeeding baby</li> <li>• Assign the non-breastfeeding woman (birth mother) the WN food package.</li> </ul> <p>See ♦769—Assigning WIC Food Packages for further information</p> |

**Breast Pump Issuance**

- A non-birth breastfeeding woman may qualify for a multi-user double electric breast pump to increase milk production; pump may not be issued until after the baby is born.
- A non-birth breastfeeding woman must be exclusively breastfeeding to be eligible for a personal double electric breast pump, and all of the criteria listed in ♦712—*Breastfeeding: Breast Pump Ordering, Distribution and Tracking Guidelines* for women returning to work or school must be met.
- A woman certified as postpartum (but actually breastfeeding) would be eligible for a manual pump if needed.



**SECTION:** Nutrition Services 712  
**SUBJECT:** **BREASTFEEDING: Breast Pump Ordering, Distribution and Tracking Guidelines**  
**DATE:** December 1, 2015 (*revised*)

**POLICY:** Local WIC programs may provide breast pumps to WIC participants as a breastfeeding aid when appropriate and as pumps are available.

**PURPOSE:**

1. To provide support and education on the appropriate use of breast pumps.
2. To protect breastfeeding for women who need pumps for medical reasons
3. To assist mothers who are separated from their babies for work or school
4. To provide procedures for the appropriate management of breast pumps, including the ordering of pumps through the state purchasing program, distributing pumps to participants, and maintaining breast pump inventories.

**RELEVANT REGULATIONS:** §246.14 ¶(c)(10)—Breastfeeding aids as an allowable administrative expense  
ASM 99-92—Breast pumps as food cost  
ASM 94-107—Direct/Indirect Breastfeeding Aids  
ASM 95-138—Providing breast pumps to WIC participants

**OREGON WIC PPM REFERENCES:**

- ◆426—Record Retention Period
- ◆710—Breastfeeding: Definition, Promotion and Support Standards
- ◆711—Breastfeeding: Benefits and Contraindications
- ◆713—Breastfeeding: Use of Supplemental Formula
- ◆880—Referrals: Alcohol, Tobacco, and Other Drug Use

**TWIST TRAINING MANUAL REFERENCES:** Chapter 3, Lesson 102—Enrollment  
Chapter 3, Lesson 600—Breastfeeding Tracking  
Chapter 3, Lesson 1100—Family Summary Screen  
Chapter 8, Lesson 104—Breast Pump Inventory and Tracking

**TOPIC LIST:**

|       | <b>Section</b>                                    |
|-------|---|
| ¶1.0  | Breast Pump Program Staffing                      |
| ¶2.0  | Ordering Breast Pumps                             |
| ¶3.0  | Breast Pump Inventory                             |
| ¶4.0  | Breast Pump Storage                               |
| ¶5.0  | Breast Pump Assessment                            |
| ¶6.0  | Circumstances When Breast Pumps May Not Be Issued |
| ¶7.0  | Breast Pump Education                             |
| ¶8.0  | Loaning Multi-User Electric Breast Pumps          |
| ¶9.0  | Issuance of Personal Electric Breast Pumps        |
| ¶10.0 | Provision of Manual Breast Pumps                  |
| ¶11.0 | Recovery of Multi-User Electric Breast Pumps      |
| ¶12.0 | Cleaning Multi-User Electric Breast Pumps         |
| ¶13.0 | Breast Pump Repair / Warranty Service             |
| ¶14.0 | Re-use or Sale of Breast Pumps – Not Allowed      |

**BREASTFEEDING:** Breast Pump Ordering, Distribution and Tracking Guidelines, *cont.*

**TOPIC LIST:** Section (continued)

¶15.0 Disposal / Recycling of Breast Pumps

¶16.0 Transfers

¶17.0 Fiscal Management

|                     |   |  |
|---------------------|---|--|
| <b>DEFINITIONS:</b> | <i>BAST Administrative Specialist</i>                     | State WIC program staff assigned to handle state purchasing processes.   |
|                     | <i>Breast pump</i>  | A device to help in removing milk from the breasts.  |
|                     | <i>Double pumping accessory kit</i>                       | The parts of a breast pump that touch the breast, collect milk, and attach to the multi-user double electric breast pump.  |
|                     | <i>Flange</i>   | Circular cup attachment that fits on the breast and connects with tubing to the breast pump, sometimes called a <i>breastshield</i> .  |
|                     | <i>Manual breast pump</i>                                 | A pump that is operated by squeezing or pulling a handle in a repetitive fashion, allowing the user to directly control the pressure and frequency of milk expression.   |
|                     | <i>Multi-user double electric breast pump</i>             | A high quality electric pump that is intended for multiple users over a number of years. It is powered by a motor that supplies suction for pumping both breasts at the same time. Previously called <i>Hospital-grade double electric breast pump</i> . |
|                     | <i>Oregon WIC Breast Pump Handbook for Local Agencies</i> | This resource provides additional information on Oregon WIC's breast pump program, including detailed procedures for ordering, distributing, cleaning, and disposing of breast pumps.  |
|                     | <i>Personal double electric breast pump</i>               | An electric pump that is intended for an individual user. It is powered by a motor and supplies pressure to pump one breast or both breasts at the same time.  |

**BREASTFEEDING:** Breast Pump Ordering, Distribution and Tracking Guidelines, *cont.*

**PROCEDURE:**

- Breast Pump Program Staffing***
- 1.0 The local agency WIC Coordinator and Breastfeeding Coordinator shall work together to authorize and train local agency staff to appropriately assess and issue breast pumps to participants.
    - 1.1 Each local program shall designate one staff member as the Breast Pump Coordinator for the agency. This individual will be the primary contact person for overseeing the breast pump inventory, and for ordering new breast pumps and accessories.
    - 1.2 Staff who are authorized to issue breast pumps are expected to assess a participant's need for a pump, know how to assemble and use all WIC breast pumps, and cover key education messages on how to maintain milk supply and store breast milk safely.
- Ordering Breast Pumps***
- 2.0 Breast pumps and accessories will be ordered through a centralized process at the State WIC Program.
    - 2.1 Local programs are responsible for maintaining an inventory of pumps and pumping accessories, and for tracking the items and quantities that need to be reordered.
    - 2.2 The types of breast pumps and accessories that are available through the state purchasing program can be found in the *Oregon WIC Breast Pump Handbook for Local Agencies* (<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/breastfeeding.aspx>).
    - 2.3 Pump orders will be processed three times a year (February, June and October) for delivery the following month.
    - 2.4 The BAST Administrative Specialist will email the *Medela Breast Pump Order Form* (<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/breastfeeding.aspx>) to Pump Coordinators to complete and return.
    - 2.5 Breast pumps and accessories will be shipped directly to the local program. When the order is received, two actions are required **within 7 days:**
      - 2.5.1 Inspect order for damage and to ensure that the correct type and quantity of items has been received.
      - 2.5.2 FAX or email the packing slip to the BAST Administrative Specialist. This notification is essential for the billing process.
    - 2.6 If the order is damaged or incorrect, contact the BAST Administrative Specialist right away for directions on how to correct the situation.
    - 2.7 The State WIC Program **will not** maintain a physical inventory of pumps.

**BREASTFEEDING:** Breast Pump Ordering, Distribution and Tracking Guidelines, *cont.*

*(Ordering Breast Pumps)*

2.8 If a local WIC program chooses not to issue breast pumps, it is strongly recommended that the local program provide participants with referral information on breast pump purchase or rental within the community.

***Breast Pump Inventory***

- 3.0 Local programs must document the issuance of breast pumps.
  - 3.1 All new electric breast pumps must be entered into the TWIST Breast Pump Inventory screen. This includes both multi-user double electric pumps and personal double electric breast pumps. The TWIST Training Manual provides instruction on how to enter pumps in TWIST. See TWIST Training Manual Chapter 8, Lesson 104—Breast Pump Inventory and Tracking for more details.
  - 3.2 Manual breast pumps and pumping kits may also be entered in TWIST, although this is a recommendation, not a requirement.
  - 3.3 Pumps shall be entered into the inventory within 10 working days.
  - 3.4 Accurate information must be entered in TWIST, in order to ensure that TWIST reports are correct. If local staff have problems entering information about breast pumps in TWIST, contact the State WIC Breastfeeding Coordinator as soon as possible.
  - 3.5 Pumps shall not be issued to participants until they are entered into the inventory.

***Breast Pump Storage***

4.0 All breast pumps are to be stored in a location that ensures their security, such as a locked room or closet that is away from participants.

***Breast Pump Assessment***

- 5.0 Only a Competent Professional Authority (CPA) who has completed breastfeeding training may issue breast pumps.
  - 5.1 Breast pumps shall be provided to participants only after a thorough breastfeeding assessment to ensure that a breast pump is the preferred intervention.
    - 5.1.1 Providing breast pumps to women who do not need them can interfere with breastfeeding.
  - 5.2 The CPA’s assessment shall include information from the participant about *why* a pump is needed, and a determination of *which type* of pump is appropriate.
    - 5.2.1 The *Breast Pump Questionnaire* (<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/breastfeeding.aspx>) may be useful in making this determination.
  - 5.3 The provision of education on *how to use* the pump, if issued, can be found in the *Oregon WIC Breast Pump Handbook for Local Agencies*.

**BREASTFEEDING: Breast Pump Ordering, Distribution and Tracking Guidelines, cont.**

- (Breast Pump Assessment)***
- 5.4 Careful assessment must occur before issuing a breast pump to a mother using legal substances that may be harmful during breastfeeding, such as alcohol, recreational or medical marijuana, or certain medications or herbs. See ♦880—Referrals: Alcohol, Tobacco, and Other Drug Use for more information.
- Circumstances When Breast Pumps May Not Be Issued***
- 6.0 Women who do not meet the specific criteria established by the Oregon WIC Program may **not** be issued a breast pump.
- 6.1 Breast pumps may not be issued to pregnant women.
- 6.2 Breast pumps may not be provided to breastfeeding women solely as an inducement to consider or to continue breastfeeding.
- 6.3 Breast pumps may not be issued to women who do not meet the criteria identified in sections:
- ¶8.0 Loaning Multi-User Electric Breast Pumps
  - ¶9.0 Providing Personal Electric Breast Pumps
  - ¶10.0 Providing Manual Breast Pumps
- 6.4 Women who do not qualify for a breast pump may benefit from learning how to do hand expression. See the *Oregon WIC Breast Pump Handbook for Local Agencies* for more information on hand expression.
- Breast Pump Education***
- 7.0 All participants who receive a pump from WIC shall receive education on the assembly, use and care of the pump, as well as guidance on the safe storage of breast milk.
- 7.1 Local programs may count breast pump education that occurs subsequent to and separate from the certification visit as the mother’s second nutrition education contact.
- 7.2 Group education may be used for participants who are returning to work or school.
- 7.3 Education for participants who receive any type of breast pump from WIC is to include information on pump assembly, use and cleaning, safe storage of breast milk, maintenance of milk production, and the participant’s plans for pumping. More detailed information can be found in the *Oregon WIC Breast Pump Handbook for Local Agencies*.
- 7.4 Offer written educational materials to the participant as needed.
- Loaning Multi-User Electric Breast Pumps***
- 8.0 Local programs may loan a multi-user electric breast pump to a WIC mother who has a medical need, or whose infant has a medical need and a pump is not available through the insurer. Multi-user electric breast pumps may not be issued until after the baby is born.

**BREASTFEEDING:** Breast Pump Ordering, Distribution and Tracking Guidelines, *cont.*

***(Loaning Multi-User Electric Breast Pumps)***

Examples of medical need include:

- For mothers: illness, hospitalization, breast surgery, low milk production, or severe, recurrent engorgement.
- For infants: prematurity, hospitalization, severe feeding problems, or multiple births.

8.1 The double pumping accessory kits for the multi-user electric breast pump may not be **loaned or shared**, due to the possibility of cross-contamination.

8.2 When a mother is issued a multi-user electric breast pump:

8.2.1. Complete the *Multi-User Electric Breast Pump Loan Agreement* (Form 57-750), ensuring all information is complete. See Appendices A and B for sample forms in English and Spanish.

8.2.2 Keep the original agreement in a master file and retain for **six years after the last service**, according to ♦426—Record Retention Period. Offer a *photocopy* of the form to the participant.

8.2.3 Enter the loan agreement information into the TWIST *Breast Pump Issuance* screen. This documentation in TWIST is required. Refer to the TWIST Training Manual, Chapter 3, Lesson 600 for more details.

8.2.4 Contact the mother within 48 hours to assess if further assistance is needed.

***Issuance of Personal Electric Breast***

9.0 Local programs may give a personal electric breast pump to a WIC mother who is separated from her infant because of a return to work or school, provided she meets the qualifying criteria.

9.1 Personal electric breast pumps shall only be issued to a WIC mother who meets **all** of the following requirements:

9.1.1 Participant is working or going to school more than 20 hours per week, is away from her baby for 9 or more feedings per week, and is unable to feed her baby while at work or at break time, *and*

9.1.2 Infant is exclusively breastfeeding when the breast pump is issued, *and*

9.1.3 Infant is at least 4 weeks old, *and*

9.1.4 Mother and baby are having no problems with breastfeeding (if they are having problems, issue a multi-user electric breast pump), *and*

9.1.5 Participant plans to breastfeed exclusively for at least four to six months and will not expect any formula from WIC.

**BREASTFEEDING:** Breast Pump Ordering, Distribution and Tracking Guidelines, *cont.*

*(Issuance of  
Personal Electric  
Breast Pumps)*

- 9.2 Personal electric pumps should not be issued any earlier than approximately two weeks prior to the participant's return to work or school.
- 9.3 Local programs may tighten these requirements if a limited number of personal electric pumps are available, but such a policy must be approved by their nutrition consultant.
- 9.4 Local programs may opt to loan a multi-user electric pump to a participant for a trial of pumping, prior to issuing a personal electric pump. Reasons for this might include:
  - 9.4.1 Agency has a low supply of personal electric pumps, but an ample supply of multi-user electric pumps.
  - 9.4.2 Mother has not yet returned to work, but wants to start pumping to build up a supply of frozen breast milk.
  - 9.4.3 Staff member is not certain that the participant will be able to make the commitment to continue exclusively breastfeeding and pumping.
- 9.5 Special circumstances do occasionally arise when the provision of a personal electric pump may occur in the absence of all qualifying criteria. Any exceptions to these requirements must be authorized with the State Breastfeeding Coordinator prior to pump issuance and be documented in TWIST.
- 9.6 When a mother is issued a personal electric pump:
  - 9.6.1 Complete the *Breast Pump Release Form* (Form 57-751), ensuring that all the blanks are filled in. See Appendices C and D for sample forms in English and Spanish.
  - 9.6.2 Keep the original form in a master file and retain for six years after the last service, according to ♦426—Record Retention Period. Offer a *photocopy* of the form to the participant.
  - 9.6.3 Enter the release form information into the TWIST *Breast Pump Issuance* screen. This documentation in TWIST is required. Refer to the TWIST Training Manual, Chapter 3, Lesson 600 for more details.
  - 9.6.4 Encourage the participant to fill out the "*Personal Double Pump Warranty Card*" that comes with the pump. This is not required, but may help if there are any problems with the functioning of the pump.
  - 9.6.5 Encourage the participant to save the breast pump for possible future pregnancies since she will only receive one personal electric breast pump from WIC in total – not one pump for each pregnancy. An exception may be made for a participant who brings in a pump that is broken or no longer works effectively.

**BREASTFEEDING:** Breast Pump Ordering, Distribution and Tracking Guidelines, *cont.*

*(Issuance of  
Personal Electric  
Breast Pumps)*

- 9.6.6 Remind the participant that the personal electric breast pump issued is a single-user pump. WIC expects that the participant will not loan or sell this pump because it cannot be cleaned adequately to prevent cross-contamination from person to person. When the participant is finished with the personal electric breast pump, ***it should be discarded*** rather than sold or given away.
- 9.6.7 If a participant requests formula after a personal electric breast pump has been issued, encourage her to speak with a staff member trained in breastfeeding support who may assist her. If it is determined that formula will be issued, the trained staff member will determine the appropriate amount. See ♦713—Breastfeeding: Use of Supplemental Formula.

***Providing  
Manual Breast  
Pumps***

- 10.0 Local programs may provide manual breast pumps to participants who do not meet criteria for a multi-user electric breast pump or a personal electric breast pump, but who do have occasional need to pump. Having access to a pump may increase the exclusivity and duration of breastfeeding.
  - 10.1 Determine which style of manual pump is most appropriate for the participant. The two-handed pumps are excellent for relieving engorgement. The one-handed pump may be helpful if the pumping is for more continued use.
  - 10.2 For a mother without access to electricity who is committed to breastfeeding and is willing to use a manual pump when she is separated from her infant to work or attend school, *two* one-handed breast pumps may be issued for double pumping, if appropriate.

***Recovery of  
Multi-User  
Electric Breast  
Pumps***

- 11.0 Local programs will make a reasonable effort to retrieve multi-user electric breast pumps that have not been returned by the date specified in the *Multi-user Electric Breast Pump Loan Agreement*.
  - 11.1 Local programs will document attempts to retrieve these breast pumps.
  - 11.2 If a participant fails to return a pump by the due date, the local program shall:
    - 11.2.1 Attempt to contact the participant (or alternate contact, if necessary) by phone within seven days of the breast pump return due date.

**BREASTFEEDING:** Breast Pump Ordering, Distribution and Tracking Guidelines, *cont.*

(Recovery of  
Multi-User  
Electric Breast  
Pumps)

- 11.2.2 Mail a letter instructing the participant to return the breast pump. *Sample Letters* can be downloaded in English and Spanish from the Breastfeeding Resources for WIC Staff page (<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/breastfeeding.aspx>). Keep a copy of the letter for your records.
  - 11.2.3 Enter a note in the participant's TWIST record documenting efforts to recover the breast pump. Enter the note on the "Breast Pump Issuance" screen. Refer to the TWIST Training Manual, Chapter 3, Lesson 600—Breastfeeding Tracking for more details.
  - 11.2.4 Change the frequency of food benefits from three months to one month by updating *Set Issue Months* in TWIST. Refer to the TWIST Training Manual, Chapter 3, Lesson 102—Enrollment for more details.
- 11.3 If efforts to retrieve a pump are not successful, the State WIC Program shall assist local staff to attempt recovery of the pump. Unreturned pumps are considered to be lost or stolen. The state office has the option of requesting that the participant reimburse WIC for the replacement cost of a lost multi-user electric breast pump. The process of recouping funds shall be done by the state office.
- 11.3.1 If the participant fails to return the breast pump within 30 days after the letter was mailed, the local program shall send a copy of the letter mailed to the participant, and a copy of the *Multi-user Electric Breast Pump Loan Agreement* to the state WIC Compliance Coordinator to pursue collection efforts.
  - 11.3.2 The state WIC Compliance Coordinator will send the participant a claim for the value of the breast pump.
  - 11.3.3 If the participant contacts the local program to make restitution (payment) after the state has issued a claim letter, refer them to the state WIC Compliance Coordinator for payment arrangements.
  - 11.3.4 Upon return of the breast pump, have the participant sign and date the bottom of the *Multi-User Electric Breast Pump Loan Agreement*. The local program shall also enter the return date on the TWIST *Breast Pump Issuance* screen and contact the state WIC Compliance Coordinator to halt collection procedures.
- 11.4 If a breast pump is returned to a local program other than the one that loaned the pump, the accepting local program shall contact the previous local program to make arrangements to return the breast pump.

**BREASTFEEDING:** Breast Pump Ordering, Distribution and Tracking Guidelines, *cont.*

*(Recovery of  
Multi-User  
Electric Breast  
Pumps)*

- 11.5 If a breast pump is lost by the local program (not by a participant), contact the state WIC office.
  - 11.5.1 State WIC staff can change the pump status on the TWIST *Breast Pump Inventory* screen to “Lost by agency” or “Unrecoverable.” Local agency staff cannot make this change.
  - 11.5.2 Accurate information must be entered in TWIST in order to ensure that TWIST reports are correct.
- 11.6 Local staff shall contact the state office immediately if they learn that a participant has transferred out-of-state without returning a multi-user electric breast pump.
- 11.7 According to federal regulations, local programs cannot withhold or deny WIC benefits, transfer documentation, or other services from a participant who has not returned a breast pump.

*Cleaning  
Multi-User  
Electric Breast  
Pumps*

- 12.0 All multi-user electric breast pumps that have been loaned to participants are to be cleaned and checked for performance upon return and before re-issuing the pump to another participant.
  - 12.1 Document the date of the pump’s return in the participant’s record in TWIST and on the *Multi-User Electric Breast Pump Loan Agreement*.
  - 12.2 Clean the returned pump by following the manufacturers recommended cleaning instructions which can be found in the *Oregon WIC Breast Pump Handbook for Local Agencies*. Consider printing and laminating this step-by-step guide, and displaying it in the area where multi-user electric pumps are cleaned to ensure that all staff members are following the same procedure.
    - 12.2.1 Multi-user electric breast pumps that become infested with insects while on loan to a WIC participant must be returned to the manufacturer for professional cleaning or recycling. Follow the instructions on returning infested pumps in the *Oregon WIC Breast Pump Handbook for Local Agencies*.
  - 12.3 After a pump has been cleaned, assess its performance by following the instructions in the *Oregon WIC Breast Pump Handbook for Local Agencies*.
  - 12.4 While the pump is not in use, there is an option to change the pump status on the TWIST *Breast Pump Inventory* screen to “In House Cleaning.” See the TWIST Training Manual, Chapter 8, Lesson 104 for further details.

**BREASTFEEDING: Breast Pump Ordering, Distribution and Tracking Guidelines, cont.**

12.5 Do not clean and re-use personal double electric pumps, manual pumps and/or double pumping accessory kits. Re-use is not recommended because of the possibility of cross-contamination. If such items are returned to the local program, they should be discarded.

***Breast Pump  
Repair / Warranty  
Service***

13.0 Breast pumps are covered under warranty for a set period of time, and may be returned to Medela if they are found to be defective or in need of repair after the initial seven day inspection period but before the warranty period has expired.

13.1 Warranty periods for the pumps are:

- Medela Lactina – 3 years
- Medela Double Pumping Accessory Kits – 1 year
- Medela Pump-In-Style – 1 year
- Medela Harmony or 2-Handed Manual Pump – 1 year

13.2 All warranty periods start at the date of issuance to the participant.

13.3 Complete the *WIC Breast Pump Repair Form* (<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/breastfeeding.aspx>) and notify the BAST Administrative Specialist when a pump **under warranty** needs repair. The state WIC office will contact Medela Customer Service regarding the warranty service and will provide local staff with return instructions. More detailed instructions are located in the *Oregon WIC Breast Pump Handbook for Local Agencies*.

13.4 Pumps that need repair that are not on warranty will be evaluated for the cost of repair. Depending on the damage, it may be more cost effective to dispose of the pump and purchase a new pump, rather than pay for an expensive repair. The BAST Administrative Specialist will assist in making this determination.

13.5 While the pump is not in use, change the pump status on the *TWIST Breast Pump Inventory* screen to “Returned to Manufacturer.” See the *TWIST Training Manual*, Chapter 8, Lesson 104 for further details.

13.6 Pumps that are determined to be too damaged to repair will be disposed of by the local program.

***Re-use or Sale  
of Breast Pumps***

14.0 The re-use or sale of breast pumps is not allowed. Participants may not profit from the sale of any breast pump provided by WIC.

14.1 Multi-user electric breast pumps are loaned to WIC participants and are not to be sold for personal gain. If a pump is not returned, the WIC participant is liable for the cost.

**BREASTFEEDING:** Breast Pump Ordering, Distribution and Tracking Guidelines, *cont.*

***Disposal /  
Recycling of  
Breast Pumps***

15.0 Breast pumps that are not working, ***no longer on warranty***, and unrepairable may be disposed of by the local program. This includes multi-user electric pumps and personal electric pumps that have been returned to the agency.

15.1 If the pump will be disposed of by the local program:

15.1.1 Remove any parts that can be salvaged and reused (case, clips, strap), and discard the rest.

15.1.2 When a multi-user electric breast pump is no longer useable, change the pump status on the TWIST *Breast Pump Inventory* screen to “Permanently Out of Service.” See the TWIST Training Manual, Chapter 8, Lesson 104 for further details.

15.2 Breast pumps that are broken and beyond the warranty period can also be recycled, rather than discarded. See the *Oregon WIC Breast Pump Handbook for Local Agencies* for more details.

15.2.1 Do not send broken breast pumps to the state WIC office for recycling unless directed to do so.

***Transfers***

16.0 Local program staff shall request the return of a multi-user electric breast pump *before* a participant transfers to a different location within the state of Oregon. If the participant does not comply, or if the participant transfers without notifying the agency, staff at the previous agency shall notify the participant’s new agency about the unreturned multi-user electric breast pump.

16.1 Staff transferring in a participant who has not returned a multi-user electric breast pump loaned to her by the previous agency shall assist with continued breast pump recovery attempts. Recovered pumps are to be returned to the original agency.

16.2 Local program staff shall contact the State WIC Program immediately when they learn a participant has transferred out of the agency with a multi-user electric breast pump. State staff will assist in identifying the participant’s new agency.

16.3 Local program staff who become aware that a participant who has transferred to Oregon from another state has a multi-user electric breast pump from the previous state, shall attempt to recover that pump and return it to the state where it originated. Contact the State WIC Office for assistance if needed.

16.4 Multi-user electric breast pumps are on loan to the participant, and are not to be taken out of Oregon. Local staff shall contact the state office immediately if they learn that a participant has transferred out-of-state without returning a multi-user electric breast pump.

16.5 According to federal regulations, local programs cannot withhold or deny WIC benefits, transfer documentation, or other services from a participant who has not returned a breast pump.

**BREASTFEEDING:** Breast Pump Ordering, Distribution and Tracking Guidelines, *cont.*

***Fiscal  
Management***

- 17.0 All costs for the management of the breast pump program are to be charged to the local WIC NSA grant, including:
- Staff time for management of the pump program;
  - Space to store pumps;
  - Maintenance and cleaning costs, including shipping fees;
  - Participant education.
- 17.1 Multi-user electric breast pumps *ordered through the state purchasing program* may not be sold to participants, hospital partners, or other entities.
- 17.2 Personal double electric pumps, manual pumps, and double electric accessory kits *ordered through the state purchasing program* shall be given to participants free of charge.
- 17.3 Local programs may purchase breast pump supplies and/or breastfeeding aids in addition to the products available through the state purchasing program. These items must follow federal policy guidelines for such expenditures, and costs are to be allocated to the WIC NSA grant. ★

**REFERENCES**

1. *Breastfeeding Resources for WIC Staff:*  
<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/breastfeeding.aspx>
2. *Oregon WIC Breast Pump Handbook for Local Agencies*  
<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/bf/breast-pump-handbook.pdf>

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**SECTION:** Nutrition Services  
**SUBJECT:** **BREASTFEEDING: Use of Supplemental Formula**  
**DATE:** December 1, 2015 (*Revised*)

713

**POLICY:** Local WIC programs shall adopt policies for tailoring infant food packages to encourage continued breastfeeding when mothers are not fully breastfeeding.

**PURPOSE:** To support breastfeeding women and infants by providing appropriate counseling and food packages consistent with their nutritional needs.

**RELEVANT REGULATIONS:** 7 CFR 246.10 Supplemental Foods  
7 CFR 246.11 (c) (7) (iv) Breastfeeding promotion mandate

**OREGON WIC PPM REFERENCES:** ♦560—Replacing Food Instruments  
♦730—Bid Formula: Use and Descriptions  
♦769—Assigning WIC Food Packages

**DEFINITIONS:**

|                                    |  |
|------------------------------------|--|
| <i>Breastfeeding woman</i>         | The generic term for women who provide breast milk to their infant(s). See definitions under <b>fully breastfeeding, mostly breastfeeding, some breastfeeding</b> and <b>non-breastfeeding</b> for important distinctions. |
| <i>Bid formulas</i>                | Infant formulas purchased at competitive bid by the Oregon WIC Program.  |
| <i>Breast milk substitute</i>      | Infant formula.  |
| <i>Supplement</i>                  | Breast milk substitute provided to an infant who is primarily breastfed.   |
| <i>Fully breastfeeding infant</i>  | A breastfeeding infant who is up to one year of age and does not receive infant formula from WIC.  |
| <i>Fully breastfeeding woman</i>   | A breastfeeding woman who is up to one year postpartum, whose infant does not receive formula from WIC.  |
| <i>Mostly breastfeeding infant</i> | A mostly breastfed infant who is one month to one year of age and receives infant formula from WIC up to the maximum provided for a mostly breastfed infant.   |
| <i>Mostly breastfeeding woman</i>  | A breastfeeding woman who is up to one year postpartum, whose infant receives infant formula from WIC up to the maximum provided for a mostly breastfeeding infant.  |

**BREASTFEEDING: Use of Supplemental Formula, cont.**

|                                  |   |
|----------------------------------|---|
| <i>Some breastfeeding infant</i> | A breastfeeding infant who is one month to one year of age and receives more than the maximum amount of infant formula from WIC provided for a mostly breastfeeding infant, but less than the amount provided for a non-breastfeeding infant.       |
| <i>Some breastfeeding woman</i>  | A breastfeeding woman who is up to one year postpartum, whose infant receives more than the maximum amount of infant formula from WIC provided for a mostly breastfeeding infant, but less than the amount provided for a non-breastfeeding infant. |
| <i>Non-breastfeeding infant</i>  | An infant who is not breastfeeding and is up to one year of age and receives infant formula from WIC.   |
| <i>Non-breastfeeding woman</i>   | A mother who is not breastfeeding and is less than six months postpartum.   |

**APPENDIX:** 713.4 Appendix A: Determining Supplemental Formula Amounts for the Partially Breastfed Infant

**BACKGROUND:** WIC encourages all women to fully breastfeed for at least six months, to continue to breastfeed along with appropriate complementary foods at least until the infant is one year of age, and to continue thereafter for as long as mutually desired. When a breastfeeding mother requests formula from WIC, she may not be fully aware of the impact of formula supplementation on breastfeeding, or of the increased health risks of feeding formula in place of breastfeeding. In particular, giving infant formula to a breastfeeding infant in the first month interferes with the establishment of breastfeeding and often leads to a decrease in a mother's breast milk production. For this reason, WIC does not allow issuance of formula for babies less than one month of age. Breastfeeding counseling is required to support the continuation of breastfeeding. Breastfeeding counseling builds a mother's confidence and ensures that she is making an informed decision on the impact that formula feeding will have on her milk production and on her continued breastfeeding.

**PROCEDURE:**

- 1.0 A Competent Professional Authority (CPA) shall provide counseling to a breastfeeding woman who requests supplemental formula for her infant. The CPA who provides the counseling must first complete *Level 1 and 2 Oregon WIC Training: Breastfeeding*.
- Counseling by CPA*
  - 1.1 Whenever possible, the counseling shall be provided by an RD, RN, Health Professional, or designated breastfeeding specialist who has completed advanced breastfeeding training.
  - 1.2 Provide assessment and counseling before issuing FIs for formula.

**BREASTFEEDING: Use of Supplemental Formula, cont.**

- 1.3 Counseling by the CPA shall include the following steps:
  - 1.3.1 The first priority is to help the woman achieve her breastfeeding goals. See guidelines at the end of this policy.
  - 1.3.2 Assess the mother's understanding of the impact of supplemental formula on her breast milk production and potentially on her and her baby's optimal health and nutrition.
  - 1.3.3 Inform the breastfeeding mother that her food package will change and will be based upon how much she is breastfeeding. See policy ♦769—WIC Food Packages, for details.
  - 1.3.4 Provide the minimum amount of formula that meets but does not exceed the infant's nutritional needs.
- 1.4 Issuance of formula is not allowed for breastfeeding infants less than one month of age.

***Infant's food package***

2.0 When the decision is made to provide supplemental formula, issue the breastfed infant a food package consistent with her or his nutritional needs.

***Amount of supplemental formula***

- 2.1 If supplementation is indicated, use the bid milk-based formula as the first option for supplementation per ♦730—Bid Formula: Use and Descriptions.
- 2.2 Provide powdered formula as a supplement because it can be prepared in as small a quantity as needed.
- 2.3 Determine the amount of supplement necessary and assign the appropriate food package.
  - 2.3.1 If the infant is receiving no formula and the mother is unsure of how many formula feedings she will be using, assess and counsel the mother on the impact of formula as in 1.3.2 above. If formula issuance is deemed appropriate, issue the lowest amount of formula indicated, usually starting with one can of powder.
  - 2.3.2 If the mother is already giving the infant some formula, issue the lowest amount the infant is currently using. See Appendix A for additional guidance on calculating the amount of supplemental formula.
  - 2.3.3 Supplemental formula can be increased up to the maximum allowed based on infant's age and category. See ♦769—WIC Food Packages for quantities allowed.
  - 2.3.4 Provide additional follow-up visits with the mother and baby to continue to support breastfeeding success.

**BREASTFEEDING: Use of Supplemental Formula, cont.**

*Food package  
adjustment*

2.4 A breastfeeding infant who receives any formula from WIC is no longer in the fully breastfeeding category. The infant's status and mother's status will need to be changed to the appropriate breastfeeding category of mostly breastfeeding or some breastfeeding. Once the categories are changed, the appropriate food packages can be selected.

2.4.1 A woman who is over six months postpartum and is in the "some breastfeeding" category will not receive a food package; however she will continue to receive all other WIC services.

**Documentation**

3.0 Document in the participant's TWIST record the counseling and follow-up provided. ★

**REFERENCES:**

1. *Oregon WIC Training: Breastfeeding Level 1 Module*, Oregon WIC Program, 2013.
2. *Oregon WIC Training: Breastfeeding Level 2 Module*, Oregon WIC Program, 2004.
3. Riordan, J, *Breastfeeding and Human Lactation*, 5<sup>th</sup> edition, 2016.
4. Lauwers, J., Swisher, A. *Counseling the Nursing Mother, A Lactation Consultant's Guide*, 6<sup>th</sup> edition, 2016.
5. Mohrbacher, N., Stock, J., La Leche League International, *The Breastfeeding Answer Book*, 3<sup>rd</sup> edition, 2003.

**Determining Supplemental Formula Amounts  
for the Partially Breastfed Infant**

*Have you started offering a supplement?*



**YES**



*How much supplement is the infant getting each day?*

| <b>For Similac Advance or Gerber Good Start Soy</b> |   |                          |
|---|---|--------------------------|
| 0 - 3 oz. per day                                   | → | 1 can powder per month   |
| 4 - 6 oz. per day                                   | → | 2 cans powder per month  |
| 7 - 9 oz. per day                                   | → | 3 cans powder per month  |
| 10 - 12 oz. per day                                 | → | 4 cans powder per month  |
| 13 - 15 oz. per day                                 | → | *5 cans powder per month |
| 16 - 18 oz. per day                                 | → | *6 cans powder per month |
| 19 - 21 oz. per day                                 | → | *7 cans powder per month |
| 22 - 24 oz. per day                                 | → | *8 cans powder per month |
| 25 - 27 oz. per day                                 | → | *9 cans powder per month |

One can of Similac Advance powder yields 90 ounces of reconstituted infant formula and Gerber Good Start Soy powder yields 91 ounces.

\* This quantity may exceed the maximum allowed as determined by infant age and category. See ♦769—Assigning WIC Food Packages for quantities allowed.





**SECTION:** Nutrition Services 716  
**SUBJECT:** **Breastfeeding Peer Counseling (BFPC) Program Requirements**  
**DATE:** December 1, 2015 (*revised*)

**POLICY:** Local programs receiving state BFPC program funds will meet all program requirements for administering and implementing evidence-based BFPC services.

**PURPOSE:** Breastfeeding peer counseling builds upon WIC’s efforts to promote and support breastfeeding. Peer Counselors provide a valuable service by helping mothers build breastfeeding self-efficacy through breastfeeding education, support and role modeling. Local agency staff’s understanding of their roles and responsibilities, and the establishment of policies and procedures consistent with federal and state requirements are vital to implementing a successful program.

**RELEVANT REGULATIONS:** ASM 04-02—Request for State and Local Agency Contact on Breastfeeding Peer Counseling, October 2003  
ASM 04-27—Breastfeeding Peer Counseling Grants/Training, April 8, 2004  
ASM 05-10—April 12-13, 2005 Breastfeeding Peer Counselor Training, January 12, 2005  
ASM 05-21—FY 2005: Proposed Peer Counseling Funds  
USDA FNS WIC Nutrition Services Standards – Standard 9  
USDA FNS Frequently Asked Questions, Fiscal Year (FY) 2010 Breastfeeding Peer Counseling Funds, November 27, 2009  
USDA FNS Allowable Costs for Breastfeeding Peer Counseling Funds, updated March 16, 2015

**OREGON WIC PPM REFERENCES:** ♦435—Staffing Requirements  
♦440—Staff Training Requirements  
♦450—Confidentiality  
♦820—Nutrition Education: Participant Contacts

**APPENDICES:** Appendix A 716.6 Local Agency Breastfeeding Peer Counseling (BFPC) Coordinator Roles and Responsibilities  
Appendix B 716.8 Local Agency Breastfeeding Peer Counselor Roles and Responsibilities  
Appendix C 716.10 Oregon WIC Breastfeeding Peer Counselor Confidentiality Statement

**DEFINITIONS:** *Breastfeeding Peer Counseling (BFPC) Coordinator* A designated WIC staff person who provides leadership to the local agency peer counseling program, trains and mentors Peer Counselors and other WIC staff, monitors peer counseling services, and assists participants to prevent or overcome breastfeeding challenges. The Coordinator is an International Board Certified Lactation Consultant (IBCLC).

## BREASTFEEDING PEER COUNSELING (BFPC) PROGRAM REQUIREMENTS, *cont.*

|                                     |   |
|-------------------------------------|---|
| <i>Breastfeeding Peer Counselor</i> | A WIC paraprofessional staff who gives breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers. She is a mother who is breastfeeding or has breastfed, and she reflects the population served in age, ethnicity, education and language.                  |
| <i>Breastfeeding Self-Efficacy</i>  | A woman's confidence in her ability to effectively breastfeed.  |
| <i>Scope of Practice</i>            | Encompasses a staff position's range of unique roles and activities in the provision of information, counseling and support to WIC participants. Each staff position's scope of practice is defined by the required qualifications and job-specific responsibilities for that position. |
| <i>Yield</i>                        | To request assistance from the IBCLC or qualified staff person when an issue or concern is outside of the Peer Counselor's scope of practice.   |

### PROCEDURE:

- BFPC services***
- 1.0 WIC participants enrolled in the BFPC Program shall receive the following services:
    - 1.1 The Peer Counselor will schedule a monthly meeting, at a minimum, with assigned prenatal participants and continue to provide services through at least 6 months postpartum unless breastfeeding is discontinued prior to 6 months.
      - 1.1.1 In addition to the minimum monthly contact, the Peer Counselor will provide additional follow-up contacts, as needed.
      - 1.1.2 An attempted contact is required within two weeks of a participant's expected due date or actual delivery date. This is a critical time frame for checking in with new mothers.
    - 1.2 Participants will be scheduled for group BFPC sessions or alternatively for individual peer counseling visits.
      - 1.2.1 Local agencies will use the *Prenatal Session Guide* to develop and lead group sessions. (Link to this on WIC website.)
    - 1.3 Contacts will occur primarily in the WIC office. The Peer Counselor may make home and hospital visits depending on local agency policy.

**BREASTFEEDING PEER COUNSELING (BFPC) PROGRAM REQUIREMENTS, cont.**

- (BFPC services)*
- 1.4 The Peer Counselor will be on-site at the WIC clinic during specific times of operation to recruit participants, introduce herself, and meet with participants.
  - 1.5 Peer counseling services are in addition to the WIC second Nutrition Education contact. See ♦820—Nutrition Education: Participant Contacts for more information.
  - 1.6 The Peer Counselor will be available for participant-initiated calls during and outside of WIC office hours.

***Staffing: BFPC  
Coordinator***

- 2.0 Local programs shall designate a BFPC Coordinator.
  - 2.1 The BFPC Coordinator is an IBCLC or is exam ready and takes the exam within one year of hire.
  - 2.2 The BFPC Coordinator works sufficient hours to perform required duties.
  - 2.3 The BFPC Coordinator position may be combined with a CPA position.
    - A daily time sheet is required detailing hours worked in each position if the Coordinator works under more than one program.

***Duties &  
responsibilities***

- 2.4 For Local Agency Breastfeeding Peer Counseling (BFPC) Coordinator duties and responsibilities, see Appendix A.

***Staffing: WIC  
Peer Counselors***

- 3.0 Local WIC programs will recruit and hire women who meet the appropriate definition of a WIC Peer Counselor:
  - Recruited and hired from target populations
  - Has fully breastfed at least one baby through the first year of life or longer
  - Passionate about breastfeeding and helping mothers to breastfeed
  - Paraprofessional
- 3.1 The Peer Counselor works sufficient hours to provide services to her assigned caseload.
- 3.2 Combining the Peer Counselor position with other WIC staff positions is not allowed because Peer Counselors are role models and they are less effective if mothers view them as staff rather than as peers.
  - 3.2.1 Requests for other staffing models that do not meet these requirements must be approved by state Breastfeeding Peer Counseling Coordinator.

***State assistance  
in hiring Peer  
Counselors***

- 3.3 To assist in hiring Peer Counselors, the state WIC program shall:
  - 3.3.1 Provide the local program with Peer Counselor recruitment materials in English and Spanish.

## **BREASTFEEDING PEER COUNSELING (BFPC) PROGRAM REQUIREMENTS, *cont.***

|   |       |   |
|---|-------|---|
| <i>(State assistance in hiring Peer Counselors)</i> | 3.3.2 | Provide guidance on minimum competencies and criteria for application selection.  |
|   | 3.3.3 | Use TWIST data to provide a list of women who meet selected criteria, such as language, breastfeeding experience and WIC clinic participation.  |
| <i>Duties &amp; responsibilities</i>                | 3.4   | For Breastfeeding Peer Counselor duties and responsibilities, see Appendix B.   |
| <i>Scope of practice</i>                            | 3.5   | Peer Counselors will work within their scope of practice: <ul style="list-style-type: none"><li>• Offer breastfeeding encouragement</li><li>• Provide information on the significance of breastfeeding and the risks of not breastfeeding</li><li>• Help women identify their concerns and barriers around breastfeeding</li><li>• Teach mothers basic techniques that help ensure a successful start in breastfeeding</li><li>• Recognize signs of the normal course of breastfeeding</li><li>• Provide basic education, problem solving and support</li><li>• Help mothers advocate and plan for a positive birth/hospital experience</li><li>• Help mothers plan for a return to work/school that supports the continuation of breastfeeding</li><li>• Refer families to appropriate resources</li></ul> |
| <i>Yield</i>  | 3.6   | Peer Counselors will yield mothers to the BFPC Coordinator or other designated staff when situations arise outside of their scope of practice.  |
| <i>Assuring ongoing participant services</i>        | 3.7   | The local program shall have a plan to assure that participant services are not disrupted in the event of peer counseling staff attrition or long-term absence such as maternity leave.   |
| <i>Confidentiality</i>                              | 3.8   | Peer Counselors shall follow participant confidentiality regulations. Peer Counselors must read and sign a confidentiality statement. See Appendix C for a sample. See ♦450—Confidentiality for details.  |
| <i>Training</i>                                     | 4.0   | Peer Counselors will receive all required training.   |
|   | 4.1   | Training prior to providing participant services will include the following: <ul style="list-style-type: none"><li>• Training listed in ♦440—Staff Training Requirements</li><li>• <i>Providing Participant Centered Groups</i> module</li><li>• On-site shadowing and observation of BFPC and WIC staff</li></ul>  |

**BREASTFEEDING PEER COUNSELING (BFPC) PROGRAM REQUIREMENTS, *cont.***

- (Training)*** 4.2 Ongoing training will include the following:
- Local program staff trainings and in-services, as appropriate
  - Monthly BFPC meetings facilitated by the local Peer Counseling Coordinator. Meetings will include in-service training specific to BFPC program services, and opportunity for Peer Counselors to meet and learn from each other.
- Mentoring*** 5.0 The local BFPC Coordinator will:
- 5.1 Closely monitor counseling services provided by Peer Counselors and provide feedback and coaching.
  - 5.2 Provide opportunities to practice providing care using case studies and role playing, initially and later as needed.
  - 5.3 Be available to provide assistance with problem-solving as needed.
  - 5.4 Observe Peer Counselors during participant contacts and review peer counseling documentation.
- Assigning participants to Peer Counselors*** 6.0 Local programs providing state-funded peer counseling programs shall offer peer counseling to pregnant and breastfeeding women by the following method:
- 6.1 Prenatal women are offered peer counseling services early in pregnancy, usually during the prenatal certification visit.
  - 6.2 A weekly caseload assignment will be given to the Peer Counselor.
- Documentation*** 7.0 All BFPC participant contacts will be documented in TWIST.
- 7.1 The name and WIC ID number of participants who accept or request peer counseling will be collected and entered into TWIST.
- Inactive status*** 7.2 The mother’s status in TWIST will be changed to inactive if she stops breastfeeding, no longer needs or desires contact, or does not attend sessions or visits and there is no communication between the mother and her Peer Counselor for two consecutive months.
- 7.2.1 The participant’s status may be changed back to active at any time if she requests peer counseling services again.
- Funding*** 8.0 To receive state funding and technical support in providing breastfeeding peer counseling, local WIC programs are required to do the following:
- 8.1 Prepare an annual budget and submit to the state for approval.
  - 8.2 Report expenditures on the state revenue expenditure form.
    - 8.2.1 Funding for peer counseling will be provided via grant adjustment.
    - 8.2.2 Expenditures above the rate specified in the annual service contract will not be reimbursed by the state.

## BREASTFEEDING PEER COUNSELING (BFPC) PROGRAM REQUIREMENTS, *cont.*

### *(Funding)*

- 8.2.3 Special funding requests must be pre-approved.
- 8.2.4 Expenditures must be allowable BFPC expenses.

8.3 Monitor Breastfeeding Peer Counseling Program expenditures to assure they are correctly reported in a timely manner.

### *Required written procedures*

- 9.0 Local programs must have written procedures for their BFPC program. The procedures will include the following, at a minimum:
- BFPC services (see ¶1.0)
  - Monitoring of peer counseling contacts (see ¶5.0)
  - Referral protocol for lactation issues outside of Peer Counselor's scope of practice (see ¶3.6)
  - Documenting breastfeeding peer counseling contacts (see ¶7.0)
  - Providing training and support to Peer Counselors (see ¶4.0-5.0)

### *Other requirements*

- 10.0 Local programs shall establish community partnerships to enhance the effectiveness of their peer counseling program. At a minimum this shall include local hospitals, resources within the agency, and community health workers.
- 10.1 Local programs shall also maintain a list of breastfeeding resources and referrals in the community and at large. ★

### **REFERENCES:**

1. U.S. Department of Agriculture, Food and Nutrition Service. *Loving Support through Peer Counseling: A Journey Together—For WIC Managers.* 2011
2. U.S. Department of Agriculture, Food and Nutrition Service. *Loving Support through Peer Counseling: A Journey Together—For Peer Counselors.* 2011

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**Breastfeeding Peer Counseling (BFPC) Coordinator  
ROLES AND RESPONSIBILITIES**

**DEFINITION:**

A designated WIC staff person who provides leadership to the local agency peer counseling program, trains and mentors Peer Counselors and other WIC staff, monitors peer counseling services, and assists participants to prevent or overcome breastfeeding challenges. The Coordinator is an International Board Certified Lactation Consultant (IBCLC).

**QUALIFICATIONS:**

- Is an International Board Certified Lactation Consultant (IBCLC) or is exam-eligible and takes the exam within one year of being hired.
- Has demonstrated experience in project management.
- Has a minimum of one year experience counseling breastfeeding women, preferably in a public health setting.

**DESIRABLE QUALIFICATIONS:**

- Meets the qualifications for a CPA.
- Demonstrated expertise and advanced knowledge of breastfeeding promotion and support strategies.
- Has experience working with people from diverse backgrounds.
- Has leadership experience and success working with groups.
- Possess communication skills that support success with peers, management and participants.
- Spanish speaking ability, if local program employs a Spanish-speaking Peer Counselor

**ROLES:**

- Contributes to the development of program goals and objectives for the local agency BFPC program.
- Conducts a needs assessment to identify gaps in breastfeeding resources and services within the local agency and community that the WIC BFPC program can address.
- Oversees the training of peer counselors.
- Oversees the planning, management, implementation and evaluation of local agency peer counseling activities.
- Keeps current with up-to-date breastfeeding information and disseminates this as well as FNS-provided information to other local agency staff.
- Mentors peer counselors, providing routine follow-up and guidance.
- Provides ongoing monitoring and feedback for peer counselors
- Reports on peer counseling program activities to supervisor and the State agency.
- Coordinates with local community stakeholders such as hospitals and health care providers to enhance the effectiveness of the peer counseling program.
- Provides basic and advanced breastfeeding support training to WIC program staff.
- Assures that effective, appropriate and accurate breastfeeding information and services are provided to WIC participants.

## **BREASTFEEDING PEER COUNSELING (BFPC) PROGRAM REQUIREMENTS, *cont.***

### **TYPICAL DUTIES & RESPONSIBILITIES**

- Assists with recruitment and selection of Peer Counselors to staff the program.
- Participates in the statewide peer counseling work group.
- Provides initial and ongoing training and/or arranges training for Peer Counselors.
- Assists in establishing peer counseling program protocols and policies.
- Manages referrals and determines appropriate case loads.
- Evaluates the work of Peer Counselors ongoing to ensure appropriate counseling, documentation and referral. This may include observing individual and group visits, listening in on phone calls, and accompanying peers on home visits.
- Coordinates and conducts individual and group peer counseling visits.
- Provides training to WIC staff to enhance skills in breastfeeding support.
- Completes state and local agency monitoring and reporting requirements.
- Is available at designated times to provide consultation to the peer counselors.
- Participates in local and state breastfeeding coalition meetings.
- Collaborates with community partners to help identify and address breastfeeding support needs. Partners may include hospitals, clinics, La Leche League, Early Head Start, Healthy Start, Nursing Mothers Counsel and others.
- Uses advanced training and certification to assess participant breastfeeding issues, provide counseling, support and education to promote breastfeeding continuation for high risk families and difficult situations.
- Assesses walk in participants and triages to appropriate staff person, self and or resources.
- Submits required reports to state BFPC Coordinator

**Breastfeeding Peer Counselor  
ROLES AND RESPONSIBILITIES**

**DEFINITION:**

A WIC Breastfeeding Peer Counselor is a paraprofessional support person who gives breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers. She is a mother who is breastfeeding or has breastfed, and she reflects the population served in age, ethnicity, education and language.

**QUALIFICATIONS:**

- Has fully breastfed at least one baby through the first year of life or longer.
- Is a paraprofessional (as described in the *Loving Support Model*) from the target population.
- Is passionate about breastfeeding and helping mothers to breastfeed
- Has training from a standardized curriculum based on the *Loving Support Through Peer Counseling* curriculum.

**DESIRABLE QUALIFICATIONS:**

- Has excellent communication and listening skills.
- Organized and has experience with record keeping.
- Possesses basic computer skill.
- Has sufficient literacy and fluency in English to complete breastfeeding training and written reporting requirements including documentation of participant contacts.
- Is professional and personable.
- Has experience working with people from diverse backgrounds.
- Is able to communicate ideas and directions well in situations that may not be face-to-face (i.e. over the phone).

**ROLES:**

- Provides mother-to-mother support to prenatal and postpartum WIC mothers by providing basic breastfeeding information and encouragement.
- Counsels prenatal and postpartum participants during face-to-face visits in the WIC clinic and during telephone follow-up calls.
- Refers participants to the BFPC Coordinator/IBCLC or other designated staff, or other appropriate health or social service agency, including outside community breastfeeding resources, for situations outside the peer counselor's scope of practice.
- Is available to participants outside of usual clinic hours and the WIC clinic environment.

**TYPICAL DUTIES AND RESPONSIBILITIES:**

- Attends state Agency breastfeeding training to become a Peer Counselor. Participants in on-going training. Overnight travel may be required to attend trainings.
- Provides breastfeeding counseling for pregnant and breastfeeding mothers to help prevent and handle common breastfeeding concerns.

## **BREASTFEEDING PEER COUNSELING (BFPC) PROGRAM REQUIREMENTS, *cont.***

### **APPENDIX B, *continued***

- Provides counseling during WIC office visits and during telephone follow-up. May provide breastfeeding help during home visits or hospital visits, if this is a service provided by the WIC agency.
- Is available by telephone during evenings and weekends to new mothers who are having breastfeeding problems.
- Receives a specified caseload of WIC participants and makes routine periodic contacts with all participants assigned.
- Respects each participant by keeping her information strictly confidential.
- Keeps accurate paper and TWIST records of all contacts made with WIC participants.
- Refers mothers according to clinic-established protocols to:
  - Breastfeeding Peer Counseling Coordinator, WIC Nutritionist or Breastfeeding Coordinator;
  - lactation consultant;
  - the mother's physician or nurse;
  - public health programs in the community; and
  - social service agencies.
- Leads or assists with prenatal education sessions and breastfeeding support groups.
- Attends staff meetings and breastfeeding conferences/workshops as appropriate.
- Reads assigned books and materials on breastfeeding that are provided by the BFPC Coordinator.
- May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.
- May assist the BFPC Coordinator in various breastfeeding promotion and support activities within the community including outreach with mother infant programs, physician offices, hospitals, and local coalitions.
- Completes required quarterly activity logs.

**Oregon WIC Breastfeeding Peer Counselor  
CONFIDENTIALITY STATEMENT**

*Handling of WIC Participant Information*

Trust and confidence are needed for a successful program. This trust must be on all levels...between supervisors and peer counselors, between peer counselors and colleagues, and between peer counselors and participants.

Participants share personal information in order to receive WIC benefits and participate in the program. This includes medical, financial, and personal information. At the same time, participants have the right to know that the information they give will be kept confidential and used only as needed by clinic staff. It is our responsibility to respect their privacy and not discuss participant information.

Discussing confidential information to anyone outside the WIC clinic is prohibited except when it may be needed to provide services to a participant. This includes ensuring that participant records and materials in your possession are not able to be viewed by anyone other than authorized WIC program employees either by access to files, or by observation due to careless record management.

**AGREEMENT**

I have carefully read the above Confidentiality Agreement and understand the confidential nature of all participant information and records. I understand that it is my job to share participant information *only* with staff involved in the case, and I understand that I am prohibited by law from disclosing any such confidential information to any individuals other than authorized WIC Program employees and agencies with which the participant has given written permission to share information. I understand that any willful and knowing disclosure of confidential information to unauthorized persons is in violation of the law and subject to possible dismissal and legal penalty. I understand that I may need to agree to and sign an agency confidentiality statement, as well.

\_\_\_\_\_  
**Name** (*please print*)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency Witness**

\_\_\_\_\_  
**Date**





**Policy Manual**

**POLICY:**

**SECTION:** Nutrition Services 730  
**SUBJECT:** **BID FORMULA: Use and Description**  
**DATE:** October 1, 2015 (*revised*)

Local WIC programs shall issue bid formulas to full-term non-breastfeeding and partially breastfeeding infants as a breast milk substitute.

**PURPOSE:** To meet the nutritional needs of full term infants while maximizing the number of participants served in the WIC program.

**RELEVANT REGULATIONS:** 7 CFR §246.16 ¶(k)—Requirements for Infant Formula Procurement  
7 CFR §246.10 ¶(c)(1)&(2)—Food packages

**OREGON WIC PPM REFERENCES:** ♦760—Medical Formulas and Nutritionals  
♦765—Medical Documentation

**DEFINITIONS:** *Bid formula* Standard infant formula provided by the Oregon WIC program through a competitive bid process. The bid formula currently in use in Oregon WIC may change based on contract renewals.

*Medical (exempt) formula* A formula in which the composition meets the special nutrient requirements of infants, children or adults diagnosed with various medical diseases and conditions. For infants, the medical formula may not meet the complete nutrient specifications defined by the FDA in the Infant Formula Act.

*WIC eligible nutritionals* Enteral products that are specifically formulated to provide nutrition support for children over 1 year of age and women with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate. Nutritionals may be nutritionally complete or incomplete (e.g. Duocal).

*WIC Nutritionist* A professional who meets one of the following qualifications: a Master’s degree in nutrition or its equivalent; a registered dietitian (RD) with the American Dietetic Association (ADA) or eligible for ADA registration.

*WIC medical documentation* Documentation which includes the federal technical requirements to ensure a licensed health care professional authorized to write medical prescriptions under Oregon law has determined a medical condition/diagnosis which requires the use of a medical formula, nutritionals and changes to the participant’s supplemental food package. This form is a request for provision, not a prescription and it replaces prescriptions from health care providers.

**BID FORMULA: USE AND DESCRIPTIONS, cont.**

**APPENDIX:** Appendix A 730.5 Bid Infant Formula: Contact Summary

**BACKGROUND:** The WIC program is federally required to use a competitive bid process to contract with formula companies to obtain significant rebates on cow’s milk-based and soy-based infant formulas. The majority of infants can thrive on any brand of formula.

To maximize the number of eligible women, infants and children served, the Oregon WIC program has a policy of “**no exception**” to the standard bid formulas. Other than the current standard infant bid formula, no other standard infant formulas are allowed.

**PROCEDURE:**

- |  |     |   |
|--|-----|---|
| <i>Information for pregnant participants</i> | 1.0 | Inform pregnant participants who choose not to breastfeed their infants that the bid cow’s milk-based formula is available through WIC.   |
|  | 1.1 | Provide anticipatory guidance to pregnant participants on feeding their full term baby. See the “ <i>Oregon WIC Training: Breastfeeding Module</i> ” for more information.  |
| <i>Bid cow’s milk-based formula</i>          | 2.0 | For full-term formula fed infants, provide the bid cow’s milk-based formula as the first choice.  |
| <i>Bid soy-based formula</i>                 | 3.0 | Assign the bid soy-based formula as a first choice for the few specific purposes identified below.  |
|  | 3.1 | Full term infants in vegetarian families in which animal protein formulas are not desired (vegan).  |
|  | 3.2 | Infants with galactosemia and hereditary lactase deficiency (an extremely rare condition).  |
|  | 3.3 | According to the American Academy of Pediatrics, soy-based formulas: <ul style="list-style-type: none"><li>• Are <b>not</b> for feeding of premature infants who weigh less than 1800 grams.</li><li>• Have <b>no</b> proven value in the prevention or management of infantile colic.</li><li>• Have <b>no</b> proven value in the prevention of atopic disease in healthy or high-risk infants.</li></ul> |
|  | 3.4 | Soy-based formulas should not be given to infants with documented cow’s milk allergy or enterocolitis, since these infants may be sensitive to soy-based formula as well.. The AAP’s current recommendation is to use hydrolyzed protein formulas or elemental amino-acid based formulas in these instances rather than soy formula.  |

**BID FORMULA: USE AND DESCRIPTIONS, *cont.***

|  |     |   |
|--|-----|---|
| <b><i>Bid medical formula</i></b>                            | 4.0 | The bid medical formula requires medical documentation for issuance. This formula is indicated for infants with mild reflux where a thickened formula product is indicated. This formula should not be given to preterm infants.  |
| <b><i>Medical formulas and WIC eligible nutritionals</i></b> | 5.0 | Medical formulas and nutritionals which are approved by USDA for use by WIC participants and are included in the Oregon WIC formulary can be issued with medical documentation. See ♦760—Medical Formulas and Nutritionals for more information on medical formula issuance.                          |
| <b><i>Infant formulas issued to children</i></b>             | 6.0 | Bid infant formulas and medical formulas may be issued to children over the age of 12 months for certain medical conditions such as prematurity or continued intolerance to cow’s milk protein. Contact your nutrition consultant for assignment of an infant formula to a child, 24 months or older. |
|  | 6.1 | All formulas issued to a child over the age of 12 months must have a valid medical documentation form from a medical provider. See ♦760—Medical Formulas and Nutritionals and ♦765—Medical Documentation for required medical documentation and documentation in TWIST.                               |
| <b><i>Coordination with hospitals</i></b>                    | 7.0 | State and local WIC staff shall work with local hospitals to promote and support breastfeeding. For those infants who are not breastfed, WIC can work with hospitals to use the WIC bid formulas to avoid infants having to change formulas in the early postpartum period.                           |
| <b><i>Transition to bid formula</i></b>                      | 8.0 | If a full-term infant enters the WIC program using a non-bid formula, counsel the parent or caretaker on how to transition the infant to a bid formula.   |
|  | 8.1 | Take a formula history and decide whether the bid cow’s milk-based formula is appropriate. See ¶2.0 and ¶3.0 of this policy.  |
|  | 8.2 | Provide instructions on blending new and old formulas to ease the infant through the transition. Refer to Oregon WIC Infant Formula module for more information.  |
|  | 8.3 | Inform the parent or caretaker of the possible results of switching formulas. For example, there may be a change in feeding frequency or stool type.  |
|  | 8.4 | Enroll the infant in the WIC program and issue benefits for the appropriate bid formula.  |

**BID FORMULA: USE AND DESCRIPTIONS, cont.**

*Description of bid formulas*

9.0 The table below lists the current bid cow’s milk-based and soy-based standard infant formulas.

| <b>BID FORMULAS</b>                       | <b>DESCRIPTIONS</b>  |
|---|--|
| Similac® Advance® Infant Formula (Abbott) | Iron fortified cow’s milk-based, whey, and casein<br><b>CARBOHYDRATE:</b> 100% Lactose Contains prebiotic Galactooligosaccharide (GOS)*<br><b>FAT:</b> High oleic safflower, soy, and coconut oils, DHA/ARA  |
| Gerber Good Start Soy (Gerber/Nestle)     | Iron-fortified, milk-free, lactose free, soy-based formula. Soy Protein Isolate, L- Methionine<br><b>CARBOHYDRATE:</b> corn syrup solids<br><b>FAT:</b> Palm Olein, soy, coconut, high oleic sunflower, DHA/ARA  |
| <b>BID MEDICAL FORMULAS</b>               |  |
| Similac® For Spit- Up (Abbott)            | Iron fortified, cow’s milk-based, thickened formula for mild reflux, , Milk protein isolate<br><b>CARBOHYDRATE:</b> corn syrup, rice starch, sucrose<br><b>FAT:</b> high oleic safflower oil, soy oil, coconut oils, DHA/ARA<br><br><b><u>Not</u></b> for the premature infant.<br><b><u>Requires medical documentation.</u></b> |

*Formula intolerance*

10.0 If an infant is unable to tolerate the cow’s milk-based or soy-based bid formulas, consult your local program’s WIC nutritionist and coordinate care with the infant’s medical provider to determine an appropriate WIC-approved formula. ★

**REFERENCES:**

1. American Academy of Pediatrics, Committee on Nutrition. “Use of Soy Protein-Based Formulas in Infant Feeding” PEDIATRICS Vol. 121 No. 5 May 2008, pp. 1062-1068.
2. American Academy of Pediatrics, Committee on Nutrition. “Effects of Early Nutritional Interventions on the Development of Atopic Disease in Infants and Children: The Role of Maternal Dietary Restriction, Breastfeeding, Timing of Introduction of Complementary Foods, and Hydrolyzed Formulas.” PEDIATRICS Vol. 121 No. 1 January 2008, pp. 183-191.
3. American Academy of Pediatrics, Committee on Nutrition. “Lactose Intolerance in Infants, Children, and Adolescents” PEDIATRICS Vol. 118 No. 3 September 2006, pp. 1279-1286.

**BID FORMULA: USE AND DESCRIPTIONS, *cont.***

4. American Academy of Pediatrics, Committee on Nutrition. "Iron Fortification of Infant Formulas" *PEDIATRICS* Vol. 104 No. 1 July 1999, pp. 119-123.
5. Tatum Hattner, J. "Human Milk and Pediatric Formula Update" *Nutrition Focus for Children with Special Health Care Needs*. May/June 2011. Vol 26, No.3.
6. "Human Milk and Formulas." *Nutrition Practice Care Guidelines for Preterm Infants in the Community*. Oregon Pediatric Nutrition Practice Group. 2013 revision.
7. *Oregon WIC Training: Breastfeeding Module*. Oregon Health Authority. 2013.

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| <b>Bid Infant Formula: Contact Summary<br/>                     Oregon WIC Program (10/2015)</b> |   |   |
|--|---|---|
| <b>Type of Contact</b>   | <b>Contact Information:<br/>                     Abbott Laboratories</b>  | <b>Contact Information:<br/>                     Gerber</b>   |
| Company Name   | Abbott Nutrition, Abbott Laboratories<br>Columbus, OH<br><a href="http://www.abbottnutrition.com">http://www.abbottnutrition.com</a>  | <a href="https://www.gerber.com/contact-us">Gerber/Nestle</a> Infant Nutrition<br>Florham Park, NJ<br><a href="https://www.gerber.com/contact-us">https://www.gerber.com/contact-us</a> |
| For general product and formula nutrient information   | 1-800-227-5767<br><br>Hours: Monday through Friday, 8:30 a.m. to 5 p.m. EST   | 1-800-284-9488<br><br>Available 24 hours, 7 days per week.  |
| Product finder   | <b>Go to website to find location of a store that carries a particular Abbott product:</b><br><br><a href="http://abbottnutrition.com/StoreLocator.aspx">http://abbottnutrition.com/StoreLocator.aspx</a> | <b>Go to website to find location of a store that carries Gerber Good Start Soy:</b><br><br><a href="https://www.gerber.com/store-locator">https://www.gerber.com/store-locator</a>     |



**SECTION:** Nutrition Services 880  
**SUBJECT:** **REFERRALS: Alcohol, Tobacco, and Other Drug Use**  
**DATE:** January 11, 2016 (*revised*)

**POLICY:** Local WIC programs shall screen for alcohol, tobacco, and other drug use, refer for a further assessment when needed, and provide drug and other harmful substance abuse information.

**PURPOSE:** To improve the health status of WIC participants by preventing and/or reducing the use of alcohol, tobacco, or other drugs.

**RELEVANT REGULATIONS:** 7 CFR §246.4 (a)(8) and (9) State Plan  
7 CFR §246.7 (a) and (n) Certification of Participants  
7 CFR §246.11 (a)(3) and (b)(1) Nutrition Education  
7 CFR §246.14 (c)(1) and (9) Program Costs

**OREGON WIC PPM REFERENCES:** ♦450—Confidentiality

**DEFINITIONS:**

*Screening* The process of reviewing selected indicators to determine if an applicant or participant may be using alcohol, tobacco, or other drugs that could harm the mother or baby. Screening can be done by a Competent Professional Authority (CPA).

*Drug assessment* The process of making a more thorough review of an applicant's or participant's use of alcohol, tobacco, and/or other drugs in order to determine if the person needs further treatment. Assessment is completed by an independent provider or staff member who has specific training in the process.

*Provider* In the terms of this policy, a trained professional in the treatment of or counseling for alcohol, drugs and other harmful substances.

**PROCEDURE:**

- At each certification*
- 1.0 At each certification, local WIC programs must provide the following information on alcohol, tobacco, and other drug use pertaining to WIC participants.
    - 1.1 Provide a brief screening for potential alcohol, tobacco, or other drug use by prenatal and postpartum participants. **See ¶2.0 for more information.** Spend the minimum amount of time doing the screening to enable you to decide about the need for a referral. It is not in the scope of WIC to provide drug, alcohol or tobacco assessment or counseling. If a full assessment is needed, refer the participant to a provider. WIC requires that you document the referral in TWIST.

**REFERRALS: Alcohol, Tobacco, and Other Drug Use, cont.**

*(At each Certification)*

- 1.2 Make available a list of local resources for drug and other harmful substance abuse counseling and treatment. This list must be made available to all WIC applicants and participants: pregnant, postpartum, and breastfeeding women and parents and caretakers of infants and children. **See ¶3.0 for more information.**
- 1.3 Raise awareness of all participants and caretakers about the dangers of alcohol, tobacco, and other drugs. **See ¶4.0 for more information.**

*Screening*

- 2.0 Screen with the health questionnaire:
  - 2.1 Ask the applicant the health history questions pertaining to alcohol, tobacco, and other drug use in TWIST. Our goal is to identify participants who **may** be at risk, as identified in the screening.
  - 2.2 It is important that any screening be non-judgmental, compassionate, and non-controlling. Screening may lead someone to seek help or may move them closer to seeking help. Ideally, certifiers will create a place in which participants feel safe, and thus are more likely to disclose concerns.
  - 2.3 The local program can choose to provide additional assessment for drug and alcohol use, but this is beyond the requirements for WIC and is not an allowable WIC expense. Any additional local assessment questions added to the Health History in TWIST must be approved by the assigned Nutrition Consultant.

*Referral services*

- 3.0 Local WIC programs shall maintain and make available a list of referral sources in the program’s service area that provide drug and alcohol counseling and treatment.
  - 3.1 Make copies of the list available for all Competent Professional Authorities (CPAs) on your staff. Provide the list to participants that have a positive response for alcohol or street drug use or who request a copy of the list. Documentation that the participant received the list is recommended but not required. Alternately, the list of referrals could be maintained in the referral tables in TWIST.
    - 3.1.1 One resource available for use is the Oregon Prevention and Treatment Providers Directory, a list of prevention and treatment providers for every county.
  - 3.2 Local programs are encouraged to add other treatment programs to their referral lists in order to make them as complete as possible. Consult with your referral agencies to determine their guidelines for receiving referrals. WIC recommends that you have those guidelines in writing or alternatively documented in the Referrals section in TWIST.

**REFERRALS: Alcohol, Tobacco, and Other Drug Use, cont.**

- 4.0 Local programs are required to provide information about the dangers of using alcohol, tobacco, or other drugs to all pregnant, breastfeeding, and postpartum women and to parents and caretakers of infants and children applying for participation in WIC.
- 4.1 To meet this requirement, a statement has been added to What You Eat Makes a Difference (57-701) to warn WIC participants about dangers from alcohol, tobacco, and other drugs. You are not required to take any action other than to provide one of these pamphlets. The statement reads:
- Don't smoke, drink alcohol or take drugs. They can harm you. They can harm your baby. If you want to stop smoking, drinking, or taking drugs, ask your WIC counselor. You can call Oregon Partnership, Alcohol and Drug Help Line for free help at 1-800-621-1646.*
- For participants who do not speak English, have the interpreter read the statement.
- 4.2 Local programs may also use their own developed materials or others that they prefer.

**Confidentiality**

- 5.0 Staff, including all volunteers, need to keep patient information about possible alcohol or other drug use confidential. This type of information has additional confidentiality restrictions on both disclosure or re-disclosure. Refer to ♦450—Confidentiality, ¶5.2 for more information. ★

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**SECTION:** Nutrition Services 885  
**SUBJECT:** **OTHER REFERRALS: Required and Recommended**  
**DATE:** January 11, 2016 (*Revised*)

**POLICY:** Referrals to other agencies will be made when there is an identified need or upon participant request. Local WIC programs shall provide written information for the Oregon Health Plan (OHP), a Medicaid program, to WIC participants applying for WIC who do not currently participate in OHP.

**PURPOSE:** To promote the health and well-being of WIC participants by ensuring awareness of and referral to available resources for assistance and information.

**RELEVANT REGULATIONS:** 7 CFR §246.4 ¶(a)(8)—State Plan  
USDA All States memorandum 94-28—Documentation of referrals (December 3, 1993)  
7 CFR §246.7 ¶(b)(1), (2) & (3)—Program Referral and Access

**TWIST TRAINING MANUAL REFERENCES:** Chapter 3, Lesson 404—Referrals  
Chapter 8, Lesson 102—Referral organizations

**OREGON WIC PPM REFERENCES:** ♦481—Immunization Screening and Referral Protocol  
♦880—Referrals: Alcohol, Tobacco, and Other Drug Use

**DEFINITIONS:**

|   |  |
|---|--|
| <i>Temporary Assistance for Needy Families (TANF)</i> | A program administered by the Oregon Department of Human Services (DHS) that provides cash assistance to low-income families with children while they strive to become self-sufficient.                                      |
| <i>Oregon Child Support Program</i>                   | A division of the Oregon Department of Justice that provides assistance with establishing paternity, obtaining child support orders, and procuring child support payments from non-custodial parents.                        |
| <i>MAP</i>  | Medical Assistance Programs. Administers the Oregon Health Plan (Medicaid).  |
| <i>Healthy Kids</i>                                   | Free or low-cost health care coverage for Oregon children who do not have health insurance.  |
| <i>Medicaid</i>                                       | A federal and State funded portion of the Medical Assistance Program that pays for health care to low income households, and is administered by Medical Assistance Programs (MAP) through the Oregon Health Authority (OHA). |

**Other Referrals: Required and Recommended, cont.**

|                       |                                 |  |
|-----------------------|---------------------------------|--|
| <b>(DEFINITIONS:)</b> | <i>Oregon Health Plan (OHP)</i> | The Oregon Health Plan (OHP) is a state program of health assistance and care for low-income Oregonians. The Medicaid component of the OHP is managed by MAP, the state Medicaid office, and is part of OHA.   |
|                       | <i>211info</i>                  | A statewide toll-free maternal and child health hotline that provides health information and referrals to families throughout Oregon.  |
|                       | <i>SNAP</i>                     | The Supplemental Nutrition Assistance Program (formerly known as Food Stamps) A program administered by the Oregon Department of Human Services (DHS) that provides funds to help low income households buy food. Families are issued an electronic benefits card. |

**PROCEDURE:**

***Required referral to Medicaid***

- 1.0 At each certification, WIC staff must provide written Oregon Health Plan (OHP) information and referral to adults applying or reapplying to WIC for themselves and/or their children who are not currently participating in OHP and appear to have a family income within OHP guidelines. ***A referral to the Oregon Health Plan is a referral to Medicaid.***
  - 1.1 Local programs may meet requirements in a variety of ways:
    - Refer to either a community or on-site OHP application assistor. Pregnant women can be referred to Oregon Mothers Care to get their OHP application expedited.
    - Locally develop OHP information sheets, including OHP income guidelines and the telephone number of OHP office in the WIC program area.
    - Refer participants to informational materials that explicitly list OHP, including the 211 referral card.
  - 1.2 It is **not** the responsibility of WIC staff to be experts on OHP eligibility or to provide extensive screening procedures for OHP.

***Other required referrals***

- 2.0 WIC staff must screen and refer for immunizations and alcohol and drug abuse. See guidance in ♦481—Immunization Screening and Referral Protocol and in ♦880—Referrals: Alcohol, Tobacco and Other Drug Use for required screening, referrals and documentation in TWIST.

***Recommended referrals***

- 3.0 It is recommended that local WIC programs provide appropriate referral information for TANF, Child Support Enforcement, and SNAP (Food Stamps) to applicants and participants at certification appointments.

**Other Referrals: Required and Recommended, cont.**

***Determining referral needs*** 4.0 Refer participants to the appropriate health or social services upon request or when a need has been identified during the assessment of income, food, health, social or medical resources.

4.1 WIC staff will refer potential participants to alternative sources of food assistance when WIC program is at full caseload.

***Facilitating the referral process*** 5.0 Facilitate the referral process by encouraging participants to access needed services. Ideas for using referrals to promote follow-through include, but are not limited to, the following:

5.1 Give participants appropriate handouts, brochures, or applications to help them access services more readily. Circle or underline pertinent information on referral materials for easy reference.

5.2 Coordinate WIC appointments with appointments for other services within the same agency for the participant's convenience whenever possible.

5.3 Exchange participant health data with other programs when the participant consents to release of information to reduce duplication of service.

5.4 Coordinate participant referrals with case managers when they are available within the program.

5.5 Another option for participants needing multiple services is to refer to the statewide toll-free 211info information and referral service.

***Evaluation*** 5.0 Evaluate referral outcomes when possible by conducting follow-up with participants at subsequent visits.

5.1 Ask participants if services were obtained.

5.2 Reinforce follow-through if services were accessed.

5.3 Identify barriers and options for overcoming barriers if services were not obtained.

***Resources*** 6.0 Local agency staff shall keep informed about available health and social services in the community whenever possible.

6.1 Invite staff from other programs to give presentations at staff meetings. Share information about new community resources at staff meetings.

6.2 Update community resource materials regularly. Keep pamphlets and brochures in locations available for participants.

6.3 Develop or obtain a comprehensive listing of available resources, services provided, program locations, telephone numbers, websites and eligibility criteria.

6.4 Enter any new organizations or resources in TWIST. For more information, see TWIST Training Manual.

**Other Referrals: Required and Recommended, *cont.***

***Documentation*** 7.0 Documenting referrals in the participant's TWIST record is required. See TWIST lessons referenced above for more information on adding local referral information and use of the referral screens in TWIST. Documentation can assist with participant follow-up and ensure that any referral information offered is consistent. ★

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