

<p style="text-align: center;">Texas WIC Health and Human Services Commission</p>

Effective December 1, 2021

Policy No. BF:01.0

Breastfeeding Promotion and Support Standards

Purpose

To establish breastfeeding (BF) as the normal and optimal way to feed infants. To encourage WIC participants to breastfeed their infants. To provide support to breastfeeding participants so that each may reach their personal breastfeeding goal.

Authority

7 CFR Part 246.11

Policy

The WIC staff and the clinic environment must promote and support breastfeeding, and encourage participants to exclusively breastfeed for six months, unless medically contraindicated, and continue to breastfeed with the addition of complementary foods for at least the first year of life and thereafter as long as mutually desired.

Definitions

Breastfeeding – the practice of feeding a mother’s breastmilk to her infant(s) on the average of at least once a day.

TBE – HHSC Trained Breastfeeding Educator – a person who has successfully completed both *Lactation Principles* and *Advanced Lactation Management* courses in the last five years.

Procedures

- I. The local agency (LA) must provide a supportive clinic environment.
 - A. All staff must promote breastfeeding as the normative way to feed all infants and use positive language when discussing breastfeeding.

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- B. Breastfeeding must be visibly represented as the normal way to feed all infants through use of wall art and/or other visuals in the clinic.
 - 1. Clinics must store infant formula, bottles or pacifiers where applicants and participants cannot see them except while being used as a teaching aid.
 - 2. All materials distributed or visible to participants must:
 - i. Be free of formula product names and/or logos. This also includes office supplies such as cups, pens and notepads.
 - ii. Be free of language that undermines a mother's confidence in her ability to breastfeed.
 - iii. Show breastfeeding in a positive light.
 - iv. Be at an appropriate reading level for WIC participants.
 - v. Be culturally appropriate.
 - vi. Be accurate and up to date.
 - vii. Be state agency developed or reviewed and approved by an LA or state agency (SA) International Board Certified Lactation Consultant (IBCLC) or Registered Dietitian (RD).
 - C. The clinic should be set up to help mothers feel comfortable breastfeeding their infants anywhere in the clinic. Private areas should be available to mothers who prefer privacy while breastfeeding.
- II. The LA must provide breastfeeding education to all pregnant participants.
- A. Staff must provide client-centered breastfeeding education to all pregnant participants and encourage breastfeeding unless contraindicated for medical reasons.

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1. Staff must assess a pregnant participant's knowledge, attitude and concerns related to breastfeeding and identify the factors that may affect her success with breastfeeding.
 - i. If the opportunity to provide breastfeeding education does not present itself during the VENA counseling session (e.g. if the participant chooses to talk about something other than infant feeding), breastfeeding education must occur in addition to VENA counseling.
 - ii. Prenatal breastfeeding education can be provided by the peer counselor (PC), certifying authority (CA) or WIC certification specialist (WCS). If a PC is available, all pregnant women must be given the opportunity to meet with the PC, even if breastfeeding education occurred as a part of VENA.
2. Staff must offer all pregnant participants the following at their first prenatal visit:
 - i. Prenatal Breastfeeding Education Bag –
 - a. If preassembled bags are not available, staff must offer at minimum: Your Guide to Breastfeeding (stock no. 13-220/A), Man's Guide to Breastfeeding Support (stock no. 13-53/A) and From One Generation to Another: A Grandmother's Guide to Breastfeeding (stock no. 13-06-11288/A).
 - ii. WIC Food Packages for Moms and Infants brochure (stock no. 13-06-13124-T and 13-06-13124A-T)
 - a. Include counseling focused on the importance of exclusive breastfeeding for establishing milk supply. Participants who express the desire to combine breastfeeding with formula feeding must be told that WIC can accommodate their need.

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- iii. Client breastfeeding resource list described in Procedure III.B.2.
 - B. Breastfeeding education and recommendations must be in alignment with current medical recommendations.
- III. The LA must provide breastfeeding support.
- A. Every breastfeeding WIC participant must be offered breastfeeding support.
 - 1. PCs should be utilized first, when possible, for BF counseling that falls within their scope of practice. (See **Policy BF:03.0**)
 - 2. IBCLCs, TBEs, CAs and WCSs must be utilized when PCs are not available and for situations that fall outside the scope of practice of other staff.
 - B. Every WIC clinic must maintain and have available the following breastfeeding referral documents.
 - 1. Staff Breastfeeding Referral Protocol – a flowchart that provides staff the appropriate referral process to use when they have a breastfeeding situation or question that is beyond their own scope of practice or level of expertise.
 - i. All staff must have access to the protocol to refer to when needed.
 - ii. This protocol must be reviewed and updated annually and only include no cost services.
 - 2. Client Breastfeeding Resource List – a resource handout that provides a list of Texas WIC local and statewide breastfeeding support services as well as additional no-cost community breastfeeding resources, if available. This handout must:

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- i. include only no cost evidence-based resources.
 - ii. be kept up to date and include the WIC non-discrimination statement.
 - iii. be offered to every pregnant and breastfeeding participant at each certification appointment and as needed.
- C. Hands-off/hands-on breastfeeding assistance:
 - 1. Hands-off approach - WIC staff must first try to assist a breastfeeding mother/baby dyad in a hands-off type approach by using verbal coaching and models or other appropriate tools.
 - 2. Hands-on approach - When there is a need to assist a mother through touch, WIC staff must always wash their hands or use hand sanitizer and wear gloves prior to assisting.
 - i. WIC staff must ask permission and obtain verbal or written consent prior to touching.
 - ii. If the mother does not consent to be touched, WIC staff must use a hands-off approach.
- D. When a mother who is breastfeeding asks for formula or an increase in formula, staff must provide counseling and support.
 - 1. During counseling, staff should:
 - i. Identify mother's personal breastfeeding goal(s) and discuss any concerns and barriers. Maintain a collaborative, client-centered approach.
 - ii. Support breastfeeding to the maximum extent possible with minimal supplementation of infant formula.

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- iii. Document the interaction in the management information system (MIS).
 - 2. Staff must make food package decisions after counseling has occurred and in alignment with **Policy FD:10.0**.
- IV. Nipple shields must only be issued by an IBCLC or under the guidance of an IBCLC.
 - A. Staff must train a mother on how to properly use a nipple shield.
 - B. When the LA IBCLC is not available, staff must call one of the lactation support centers (LSC) to issue the nipple shield under the guidance of the LSC IBCLC.
 - C. When the LA IBCLC is not available to counsel a mother who is using a nipple shield that was not issued by WIC, staff who have completed the TBE training can assess latch and milk transfer with the nipple shield and assist the mother to breastfeed without the nipple shield, assessing latch and milk transfer.
 - D. The SA must approve any LA developed policy or protocol on nipple shields.
- V. All local WIC staff must receive BF training according to **Policy BF:04.0**.
- VI. All funds used to promote and support breastfeeding standards must be an allowable expense according to **Policy AC:34.0**.