PURPOSE:  To implement Federal Regulations related to breastfeeding promotion and establish the local agency requirements related to breastfeeding promotion, protection and support in the WIC Program.

A. POLICY:

1. Each local agency shall designate a WIC Breastfeeding Coordinator to coordinate breastfeeding promotion, protection and support activities (see Policy 1.07 Local Agency Staffing).

2. Each local agency shall ensure that families have access to breastfeeding promotion, protection and support activities during the prenatal and postpartum periods.

Methods to accomplish this include:

a. Promoting exclusive breastfeeding as the natural and optimal method of infant feeding and encouraging family and community support for breastfeeding.

b. Integrating breastfeeding education into the continuum of prenatal and postpartum nutrition education. All breastfeeding education will be documented in either the Nutrition Education or Breastfeeding Contact History screens of MI-WIC.

c. Providing breastfeeding support and assistance throughout the postpartum period, particularly at critical times when the mother is most likely to need assistance. Support includes, but is not limited to: Assessment of breastfeeding, assistance with latch and milk supply issues, breast pumps, breastfeeding resource lists and materials, referrals to breastfeeding professionals (breastfeeding peer counselors, lactation consultants, and other health professionals) and/or support groups in the community.

d. A breastfeeding assessment will be completed on all breastfeeding infants and mothers. Documentation will be made on Assessment 1 & 2 screens in MI-WIC.

e. Providing information and equipment, or referrals to resources that assist mothers in expressing and collecting milk for their infants (See policies 4.05 Issuance of Multiple User Breast Pumps, 4.06 Issuance of Personal Use Electric Breast Pumps and 4.07 Issuance of Manual Breast Pumps).

f. There will be no routine issuance of formula to the breastfeeding infant. If, after careful assessment, the CPA determines that some formula is appropriate, formula can be prescribed for infants who are partially breastfeeding.

g. Providing information about the potential impact of formula on lactation and breastfeeding before formula is given to a breastfeeding woman.

h. All client requests for formula will be addressed by a CPA and a breastfeeding assessment completed prior to issuing formula.

i. All breastfeeding promotion, support and education will be documented on the appropriate MI-WIC screens.

3. The local agency shall provide orientation and on-going, task-appropriate breastfeeding training to all WIC employees involved in direct contact with WIC clients (See Policy 4.02 Breastfeeding Training). The local agency shall:
a. Define the roles of all staff in the promotion, protection and support of breastfeeding.
b. Provide orientation for new WIC employees that address clinic environment policies, program goals and philosophy regarding breastfeeding, and task appropriate information about breastfeeding.
c. Sensitize local agency staff to their own attitudes and beliefs about breastfeeding and ways to promote, protect and support breastfeeding to WIC clients.

4. The local agency shall provide continuing education on breastfeeding initiation and maintenance and provide information to staff on State and national activities which promote protect and support breastfeeding.

5. The local agency shall establish and maintain a clinic environment that promotes, protects and supports breastfeeding as the preferred method of infant feeding (see Policy 4.03 Clinic Environment).

6. The local agency shall encourage all pregnant clients to breastfeed unless there are medical contraindications.
   a. Review client’s Health History for the following contraindications:
      i) Certain infectious diseases
         (1) HIV infection. Women should be encouraged to know their HIV status and the local agency shall provide information about local HIV counseling and testing.
         (2) Human T-cell lymphotropic virus type I or II (HLTV-I, II)
         (3) Untreated, active tuberculosis
            (i) Mother/infant separation is required until two full weeks of treatment have been completed.
            (ii) Infants may safely consume expressed breastmilk.
         (4) Herpes simplex lesions on a breast
      ii) Certain medicine/drugs
         (1) Antimetabolites/chemotherapy drugs
         (2) Therapeutic doses of radiopharmaceuticals
         (3) Street drugs
      iii) Metabolic diseases of the infant
         (1) Galactosemia
         (2) PKU (physician may determine that some breastfeeding may be allowed)
   b. If applicable, discuss the relevant circumstances when breastfeeding may not be in the best interest of the infant, or when it may need to be interrupted temporarily.
   c. Refer the client to her medical advisor/primary care provider.

B. GUIDANCE:

1. The local agency is encouraged to review State policy promoting breastfeeding and to routinely communicate it to all WIC staff.
   a. Review the breastfeeding promotion policy at orientation of all new WIC staff.
   b. Review the breastfeeding promotion policy with all WIC staff at least annually.
2. The local agency is encouraged to assess community breastfeeding support annually and maintain a current list of resources and services.

3. It is recommended that the local agency:
   a. Develop and maintain effective communications and collaboration with other private and public health care systems, educational systems, and community organizations providing care and support for women, infants, and children.
   b. Ensure optimal breastfeeding education and support for families by:
      i. Participating in local and regional breastfeeding coalitions and networks.
      ii. Participating in breastfeeding promotion at meetings of local professional groups.
      iii. Disseminating current and relevant breastfeeding information to local affiliates of professional groups and collaborating agencies.

4. The local agency is encouraged to promote breastfeeding for WIC employees by:
   a. Providing the use of a private, clean and comfortable area for expressing milk.
   b. Providing its breastfeeding employees with adequate time during the workday to express breastmilk or breastfeed.
   c. Providing employee breastfeeding support in order to model a supportive working environment for clients and other community employers.
   d. Informing all new WIC employees, during their orientation, of the breastfeeding support available.
   e. Informing pregnant WIC employees of policies, facilities, information, and resources to support breastfeeding.

References:
AAP Policy Statement, 2005
Federal Regulations 246.11 (c)(2), 246.11 (c) (7)(i)-(iv), 246.11 (e)(i)
Nutrition Services Standards, USDA, October 2001
USPHS Recommendations for HIV Counseling and Voluntary Testing for Pregnant Women

Cross-References:
1. 07 Local Agency Staffing
4. 02 Breastfeeding Training
4. 03 Clinic Environment
4. 05 Issuance of Multiple User Breast Pumps
4. 06 Issuance of Personal Use Electric Breast Pumps
4. 07 Issuance of Manual Breast Pumps