



Michigan Department of Health and Human Services

WIC Division

MI-WIC System Updates in Release 8.3

Breastfeeding Specific

Local Agencies

February 8, 2020

*The Release 8.3 Webcast is scheduled for January 23, 2020.
Archive will be available at MPHI.org*

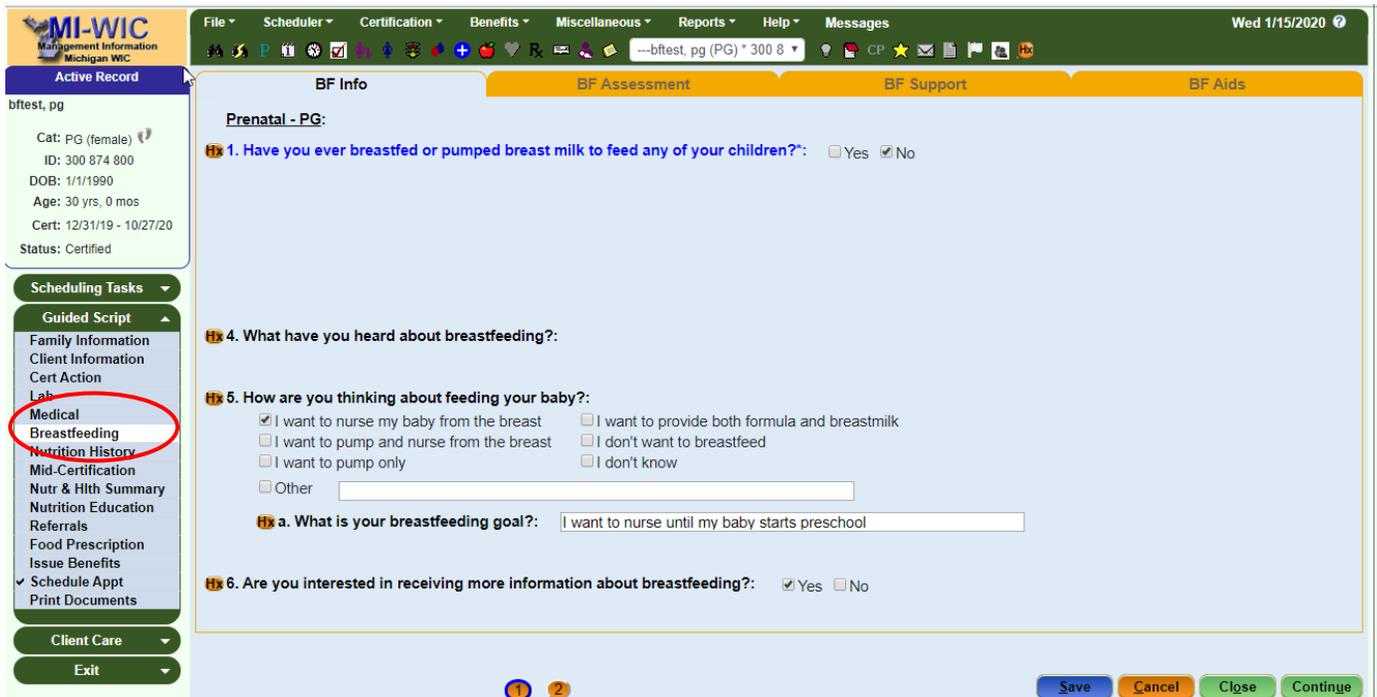
The Breastfeeding Specific webinar can be viewed at
<https://mediasite.mihealth.org/Mediasite/Play/d6fb9aecb8e243d5b6ed8babe2911c011d>

*The contents of this document are confidential and intended solely for the use and information of
the Michigan WIC Program Local Agencies*

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1. Clinic Module → BF Assessment



- The 'BF Assessment' screens have changed name from 'Breastfeeding Assessment' to 'Breastfeeding' on the Guided Script and dropdown menus.
- The tabs within the 'Breastfeeding' screen have been changed:
 - BF Info
 - BF Assessment
 - BF Support
 - BF Aids

2. Clinic Module → Breastfeeding → BF Info → PG Category

Screenshot

BF Info | BF Assessment | BF Support | BF Aids

Prenatal - PG:

Hx 1. Have you ever breastfed or pumped breast milk to feed any of your children?: Yes No

Hx 2. Are you currently breastfeeding or pumping breast milk?: Yes No

Hx a. Is the baby less than one year old?: Yes No Infant Id:

Hx b. Are you breastfeeding or pumping milk for more than one child?: Yes No

From same pregnancy (multiples)?

From different pregnancies?

Hx 3. Did you breastfeed as long as you desired?*: Yes No

Hx a. Why?:

Hx 5. How are you thinking about feeding your baby?:

I want to nurse my baby from the breast I want to provide both formula and breastmilk

I want to pump and nurse from the breast I don't want to breastfeed

I want to pump only I don't know

Other

Hx 6. Are you interested in receiving more information about breastfeeding?: Yes No

1 2 Save Cancel Close Continue

The 'BF Info' tab will contain the following questions for the PG category

1. Have you ever breastfed or pumped breast milk to feed any of your children? YES, NO

If the client indicated they have never been pregnant before (Medical – Pregnancy Info), this question will be greyed out.

If the client answers YES, the system will then display questions 2 & 3:

2. Are you currently breastfeeding or pumping breast milk? YES NO

If the client answers YES the system will assign risk code 338.01 and display 2a. and 2b.

2a. Is the baby less than one year old? YES NO

If the client answers YES, the Infant Id display box will be required and the BE food package will be assigned, named "BE Max".

2b. Are you breastfeeding or pumping milk for more than one child? YES NO

If the client answers YES, the system will display:

- From same pregnancy (multiples)?
- From different pregnancies?

3. Did you breastfeed as long as you desired? Yes/No

If the client answers NO, the system will display:

Why? – with a multiselect dropdown menu.

- My baby had difficulty latching or nursing,
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight

- My nipples were sore, cracked or bleeding or it was too painful
- I thought I was not producing enough milk, or my milk dried up
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick or I had to stop for medical reasons
- I went back to work
- I went back to school
- Lack of support
- My baby had an illness or medical condition
- Dr recommended I supplement or wean

If No is answered to Question #1, the system dynamically displays:

4. What have you heard about breastfeeding?

All clients answer:

5. How are you thinking about feeding your baby? Radio button options (select only one): I want to nurse my baby from the breast, I want to pump and nurse from the breast, I want to pump only, I want to provide both formula and breast milk, I don't want to breastfeed, I don't know, Other (with text box)

If the client indicates they plan to breastfeed in any way, the system will display:

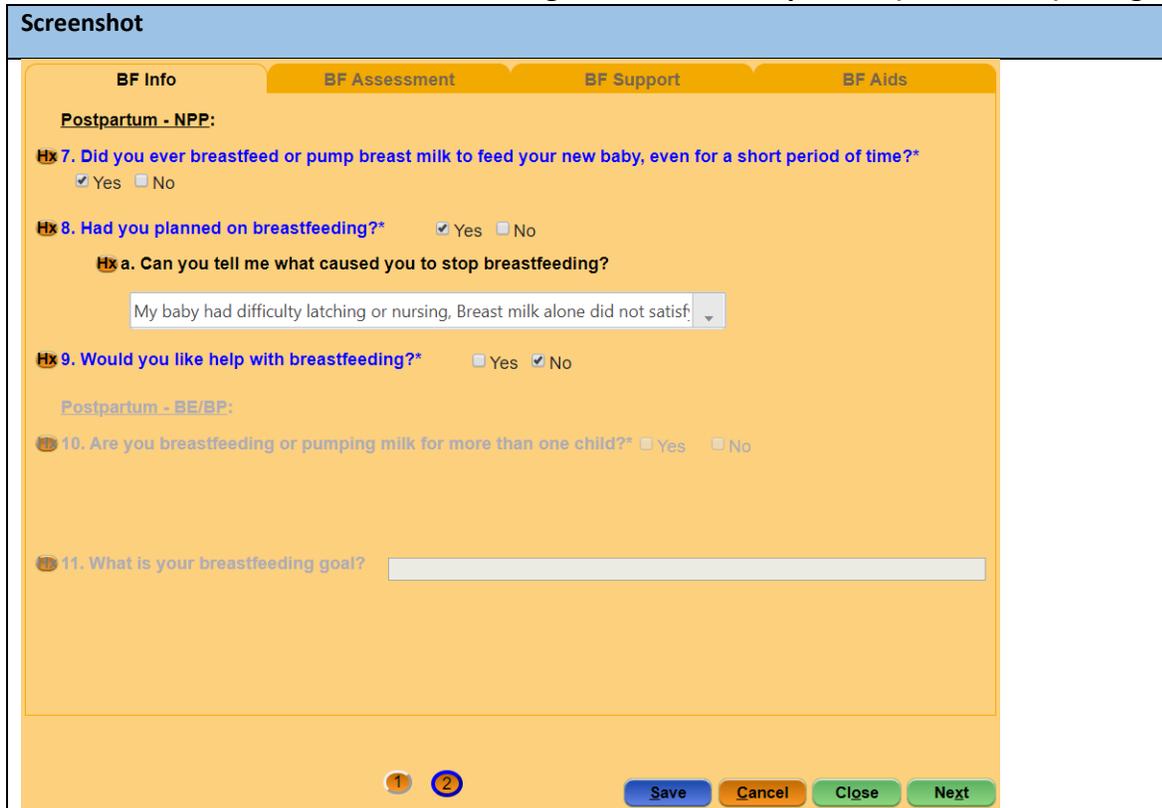
5a. What is your breastfeeding goal? (text box)

6. Are you interested in receiving more information about breastfeeding? YES, NO

If yes selected, the BF Peer Counselor Referral category will be bolded on the Referral screen.

3. Clinic Module → Breastfeeding → BF Info → Postpartum (NPP/BE/BP) Categories

Screenshot



BF Info | BF Assessment | BF Support | BF Aids

Postpartum - NPP:

Hx 7. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?*
 Yes No

Hx 8. Had you planned on breastfeeding?* Yes No

Hx a. Can you tell me what caused you to stop breastfeeding?
 My baby had difficulty latching or nursing, Breast milk alone did not satisfi

Hx 9. Would you like help with breastfeeding?* Yes No

Postpartum - BE/BP:

10. Are you breastfeeding or pumping milk for more than one child?* Yes No

11. What is your breastfeeding goal?

1 2 Save Cancel Close Next

The PG BF Info page will be visible, but greyed out, when the client returns as a postpartum category

The 'BF Info' tab will contain the following questions for the **NPP** category

7. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?
 YES NO

8. Had you planned on breastfeeding? YES NO

This is a required question if there no answer to question 5 (if client didn't indicate plan while a PG category). If the client answers YES, the system will display:

8a. Can you tell me what caused you to stop breastfeeding? – with a multi-select dropdown menu (as per list on page 4 & 5).

9. Would you like help with breastfeeding? YES NO

If yes selected, the BF Peer Counselor Referral category will be bolded on the Referral screen.

BF Info	BF Assessment	BF Support	BF Aids
<p>Postpartum - NPP:</p> <p>7. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Had you planned on breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Would you like help with breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Postpartum - BE/BP:</p> <p>10. Are you breastfeeding or pumping milk for more than one child? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> From same pregnancy (multiples)? <input type="checkbox"/> From different pregnancies?</p> <p>11. What is your breastfeeding goal? <input type="text"/></p>			
<p>1 2</p> <p>Save Cancel Close Next</p>			

The 'BF Info' tab will contain the following questions for the BE and BP categories

10. Are you currently breastfeeding or pumping breast milk for more than one child? YES NO

If the client answers YES, the system will display:

From same pregnancy (multiples)?

If the client selects this option, a BP client may be eligible for BE food package if infant is not receiving more than the maximum amount of formula for the IBP category. BE client will be eligible for 1.5 BE food package.

From different pregnancies?

11. What is your breastfeeding goal? (text box)

4. Clinic Module → Breastfeeding → BF Info → Infant Categories

Screenshot

BF Info
BF Assessment
BF Support
BF Aids

Hx 1. Was this child ever breastfed or fed breast milk, even for a short period of time?*
 Yes No Unknown

Hx 2. Is this child currently breastfed or fed breast milk?* Yes No

Hx 3. Was this child given any formula in the hospital?* Yes No Unknown

Hx Is this child being fed anything other than breast milk?* Yes No

Hx 4. How old was this child when he/she was first fed something other than breast milk?
 (i.e., formula, water, infant cereal, etc.)

Months:	Weeks:	Days:	
Age: <input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="12"/>	<input type="checkbox"/> Unknown

Hx 5. How old was this child when he/she completely stopped breastfeeding or being fed breast milk?:

Months:	Weeks:	Days:	
Age: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown

Reason Breastfeeding Ended:

Notes:

The 'BF Info' tab will contain the following questions for infant categories (these questions have been MOVED from the BF Statistics tab within the Medical Screen).

1. **Was this child ever breastfed or fed breast milk, even for a short period of time?** YES, NO, UNKNOWN
 - a. If the client is IBE or IBP, this question will be auto selected as YES.
2. **Is this child currently breastfed or fed breast milk?** YES, NO
 - a. If the client is IBE or IBP, this question will be auto selected as YES.
3. **Was this child given any formula in the hospital?** YES, NO UNKNOWN

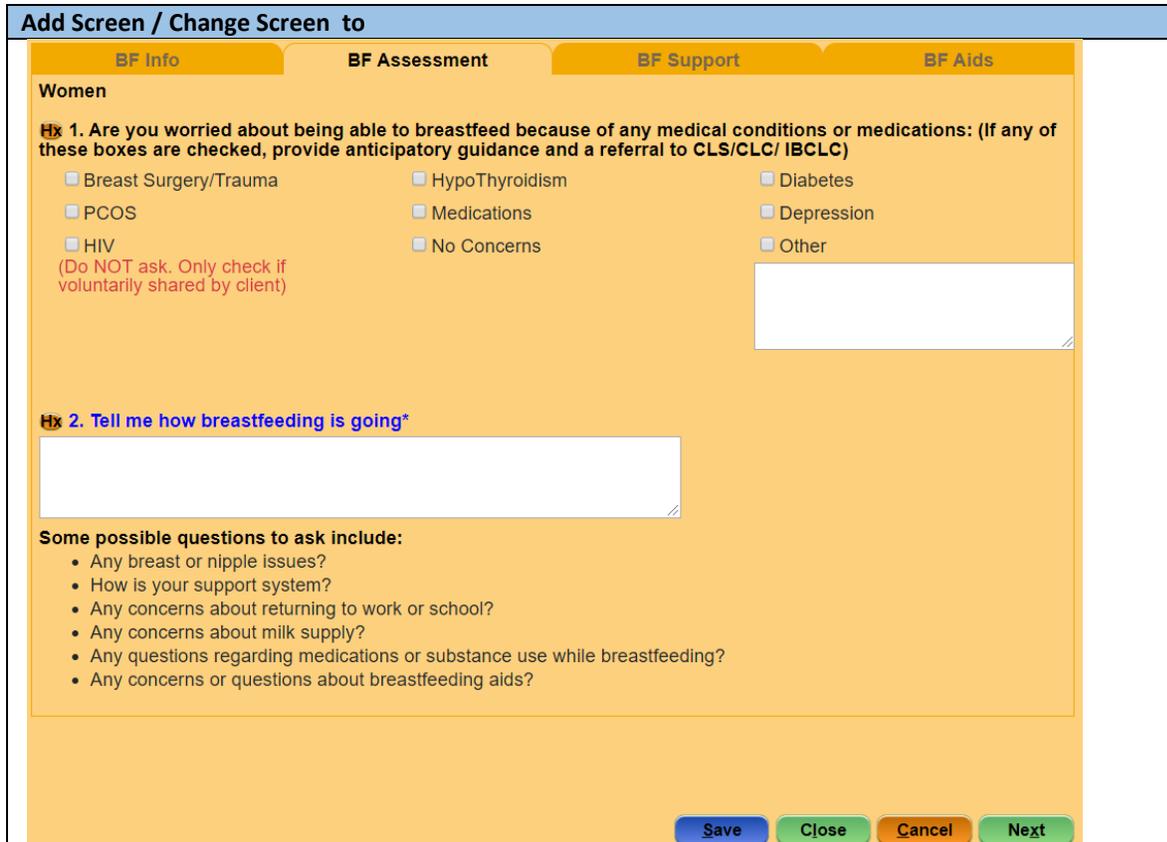
The previous "Breastfeeding exclusively" checkbox has been changed to 3a.

3a. Is this child being fed anything other than breast milk? YES, NO

- a. For reporting purposes, "NO" = "Exclusively Breastfeeding"
 - b. If NO is selected, questions 4 & 5 will be disabled.
4. **How old was this child when he/she was first fed something other than breast milk?** Age (Months, weeks, days) Dynamically displays if question 3a is 'yes'.
 5. **How old was this child when he/she completely stopped breastfeeding or being fed breast milk?** Age (Months, weeks, days) Reason Breastfeeding Ended – with multi-select drop down menu as per list on page 4 & 5. This question dynamically displays if question 2 is 'no'

Please note, the question How old was this child when he/she was *routinely* fed something other than breast milk? (i.e. formula, water, infant cereal) has been deleted from Nutrition History, page 1, question 1.

Clinic Module → Breastfeeding → BF Assessment → Women Categories



Add Screen / Change Screen to

BF Info BF Assessment BF Support BF Aids

Women

Hx 1. Are you worried about being able to breastfeed because of any medical conditions or medications: (If any of these boxes are checked, provide anticipatory guidance and a referral to CLS/CLC/ IBCLC)

Breast Surgery/Trauma HypoThyroidism Diabetes

PCOS Medications Depression

HIV
(Do NOT ask. Only check if voluntarily shared by client) No Concerns Other

Hx 2. Tell me how breastfeeding is going*

Some possible questions to ask include:

- Any breast or nipple issues?
- How is your support system?
- Any concerns about returning to work or school?
- Any concerns about milk supply?
- Any questions regarding medications or substance use while breastfeeding?
- Any concerns or questions about breastfeeding aids?

Save Close Cancel Next

The 'BF Assessment' tab will contain the following questions for women categories:

PG, BE and BP Clients

Are you worried about being able to breastfeed because of any medical conditions or medications? (If any of these boxes are checked, provide anticipatory guidance and a referral to CLS/CLC/ IBCLC.) - Breast Surgery/Trauma, Depression*, Diabetes*, PCOS, Hypothyroidism*, HIV* (Do NOT ask. Only check if voluntarily shared by client) Medications, Other (with text box), No concerns

For asterisked conditions, if this condition was checked on the Medical Screens – Medical Information – Medical Conditions, it will be prepopulated here.

BE and BP Clients ONLY

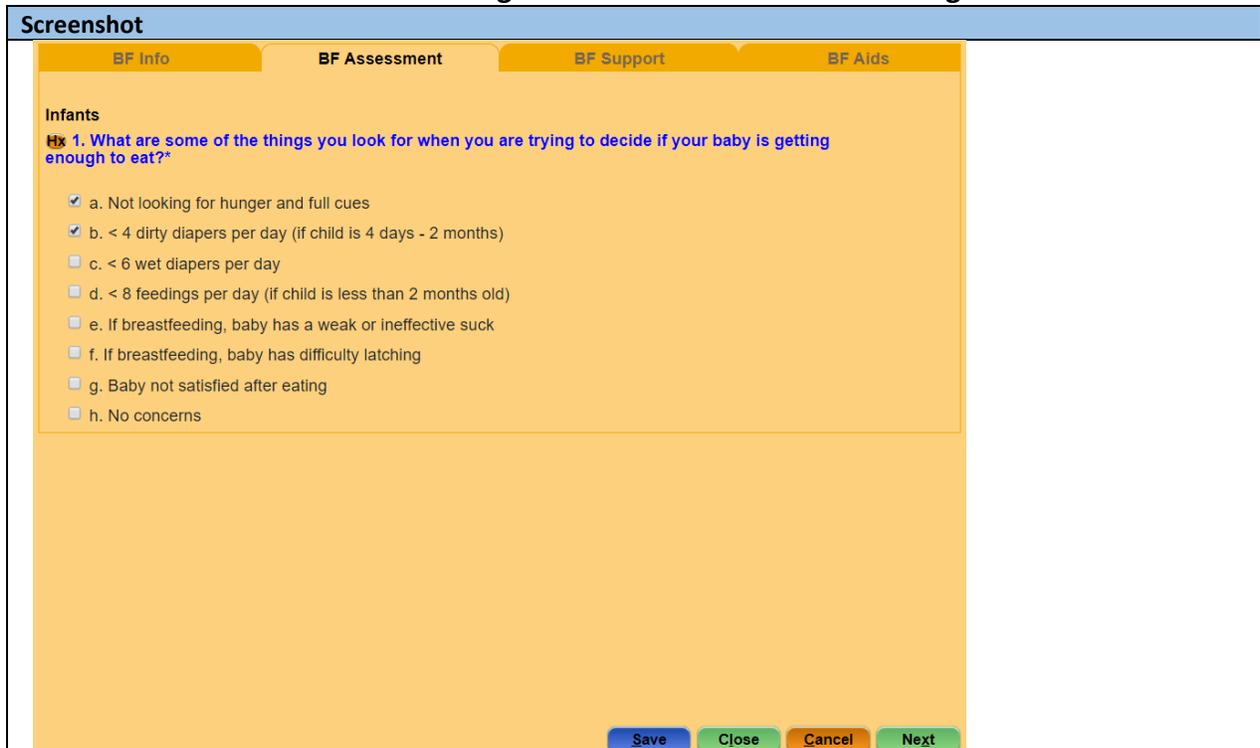
Tell me how breastfeeding is going. (Text box)

The screen includes additional prompts to help guide the conversation, if necessary:

Some possible questions to ask include: “Any breast or nipple issues? How is your support system? Any concerns about returning to work or school? Any concerns about milk supply? Any questions regarding medications or substance use while breastfeeding? Any concerns or questions about breastfeeding aids?”

For NPP clients, the guided script *will not* take you to this screen. After entering BF Info, the user will be redirected to the Nutrition History screens.

Clinic Module → Breastfeeding → BF Assessment → Infant Categories



The 'BF Assessment' tab will contain the following question for Infant categories. The staff member is to check the box if the risk is found to be applicable during client-centered conversation.

1. **What are some of the things you look for when you are trying to decide if your baby is getting enough to eat?**
 - a. Not looking for hunger and full cues
If checked, risk 411.7 will be assigned to IBE clients and risk 411.4 will be assigned to IBE/IBP/IFF clients.
 - b. < 4 dirty diapers per day (4 days -2 months)
If checked, risk 603.01 will be assigned to IBE/IBP clients and to IFF clients if "Is this child currently breastfeeding?" is answered as YES.
 - c. < 6 wet diapers per day
If checked, risk 603.01 will be assigned to IBE/IBP clients and to IFF clients if "Is this child currently breastfeeding?" is answered as YES.
 - d. < 8 feedings per day (if child is less than 2 months old)
If checked, risk 411.7 will be assigned to IBE clients.
 - e. If breastfeeding, baby has a weak or ineffective suck

- If checked, risk 603.01 will be assigned to IBE/IBP clients and to IFF clients if “Is this child currently breastfeeding?” is answered as YES.
- f. If breastfeeding, baby has difficulty latching.
If checked, risk 603.01 will be assigned to IBE/IBP clients and to IFF clients if “Is this child currently breastfeeding?” is answered as YES.
- g. Baby not satisfied after eating
- h. No concerns

Clinic Module → Breastfeeding → BF Support

Screenshot



The ‘BF Support’ tab will contain:

Contact History Grid that will now include:

- **Populate to NE** checkbox. When selected, applicable information (Provider, method, topic) will populate to Nutrition Education screen with a breastfeeding symbol. Please note, you must select a method that is applicable to NE to utilize this function. Non-eligible methods include text message.
- **Link Child** dropdown. This dropdown will contain a list of all infants and children in the active family. When saved, the Contact History line be saved on the Contact History record of the mom and the selected child. If Populate to NE is selected, the NE will be added to the NE record for both, the mom and child.

Breastfeeding Notes (moved from previous BF Aids and Notes screen)

All notes entered on Breastfeeding notes on this screen will continue to populate to Breastfeeding Notes tab on Notepad, and all notes entered on Breastfeeding notes tab on Notepad will continue to populate to Breastfeeding Notes on this screen.

BF education notes (upon breast pump issuance) will continue to auto-populate to the BF notes grid. The grid will be located in the BF Support tab.

Clinic Module → History → Breastfeeding History

Screenshot

MI-WIC Management Information Michigan WIC

File Scheduler Certification Benefits Miscellaneous Reports Help Messages Tue 10/29/2019

Active Record
test, anne

Cat: PG (female)
ID: 301144822
DOB: 5/4/1986
Age: 33 yrs, 5 mos
Cert: 05/01/19 - 12/19/19
Status: Certified

Scheduling Tasks
Guided Script
Client Care
Care Plan
Breastfeeding Support
Notes and Alerts
Logoff

Pregnancy History BFAssessment History BF Statistics History Medical History
Nutrition History NE History Anthro History Lab History Care Plan History

Select Cert Period: 05/01/2019 - 12/19/2019 Go

Client ID: 301144822 Category: PG
Client Name: Anne Test Cert Period: 05/01/2019 - 12/19/2019

Answer Date

Cancel

Version: 8.2.0.17 No history was found! CVRULM 000000 State Agency miwicp

The 'BF Assessment History' and 'BF Statistics' tabs, in the history screen, have been updated to reflect the changes made on the associated screens.