



LACTATION CIRCLE OF CARE: ROLES, SCOPE AND REFERRALS

Staff Roles by Level

Level	Michigan WIC Staff	Care Team Role	Qualifications	Handbook
1	Everyone who works at WIC.	Provide basic lactation promotion, communicate with WIC participants, and support them in their infant feeding decisions. Collaborate with lactation staff.	Successful completion of Michigan WIC's Breastfeeding Basics Training.	Level 1
2	All WIC staff who counsel and assist WIC parents with lactation, including Peer Counselors, CPAs, Breastfeeding Coordinators, Breastfeeding Peer Counselor Managers and Lactation Consultants.	Support normal lactation, including counseling parents about early practices to get human milk feeding off to a good start, assisting parents with positioning and latching their baby, and supporting participants from pregnancy through weaning.	Successful completion of Michigan WIC's Breastfeeding Basics Training.	Level 2
3	Peer Counselors with advanced credentials <i>and</i> in a position with Level 3 scope, CPAs, Breastfeeding Coordinators, Breastfeeding Peer Counselor Managers and Lactation Consultants.	Conduct appropriate assessments, address feeding challenges related to infant growth and development, and tailors WIC food packages for new families to minimize infant formula and encourage optimal breast/chestfeeding practices.	Successful completion of Michigan WIC's Breastfeeding Basics Training and current LCE/CBE/CLC/CLE/CLS/CCLS/IBC/CBS or IBCLC credential.	Level 3
4	Lactation Consultants.	Conduct in-depth assessments, assist parents experiencing challenging and complex problems that are beyond the scope of Level 2 and 3 WIC staff. Collaborate with WIC staff, HCPs, and community partners on plan of care as needed.	Must possess current IBCLC certification issued by the International Board of Lactation Consultant Examiners.	Level 4

CPA = Competent Professional Authority (RD, Nutritionist, Nurse)

HCP = Healthcare Provider

IBCLC = International Board Certified Lactation Consultant

RD = Registered Dietitian

If a lactation problem does not resolve within 24-48 hours after education and support, use your professional judgement and collaborate with other members of the care team.

Scope of Practice

"X" indicates when it *may* be necessary to refer to and collaborate with other members of the care team.

PROMOTION			
Topic	Levels	RD/CPA	HCP
Be aware of breast/chestfeeding-specific laws	1-4		
Be aware of community lactation resources	1-4		
Human milk benefits	1-4		
Human milk-friendly clinic environment	1-4		
Demonstrate sensitivity and respect	1-4		
Include family members in lactation support	1-4		
Know referral process for lactation support	1-4		
Promote human milk feeding with WIC participants	1-4		
Promote exclusivity	1-4		
Promote WIC's lactating parent food packages	1-4		
Recognize own personal beliefs and attitudes	1-4		
Recognize situations that need to be addressed	1-4		
Risk of formula	1-4		
Support national and state goals to improve lactation rates	1-4		
Use VENA/CCS skills with WIC clients	1-4		
WIC benefits to lactating parents	1-4		
Work as part of the WIC team to provide support	1-4		

PREPARATION			
Topic	Levels	RD/CPA	HCP
Barriers	1-4		
Contraindications	4	X	X
History of lactation problems	2-4	X	X
Risk factors	3-4	X	X
Components of human milk	2-4		
How milk is made	2-4		
Family support	2-4		
Preparing for the hospital	2-4		
Reasons	1-4		

NORMAL LACTATION			
Topic	Levels	RD/CPA	HCP
Baby behaviors	2-4		
Fussing and crying	2-4	X	X
Infant sleep patterns	2-4		
Normal baby behaviors	2-4		
Early days	2-4		
Colostrum	2-4		
Feeding cues and reflexes	2-4		
Feeding frequency	2-4		
First hour	2-4		
Skin-to-skin care	2-4		

NORMAL LACTATION			
Stomach size	2-4		
Wet & dirty diapers	2-4		
Cluster feedings	2-4		
Milk expression	2-4		
Hand expression	2-4		
Milk sharing	2-4		
Milk handling and storage	2-4		
Preparing to express	2-4		
Pumping	2-4		
Troubleshooting concerns	2-4		
Ongoing lactation	2-4		
Baby blues	2-4	X	X
Beyond a year	2-4		
Exercise	2-4	X	
Family planning	2-4		
Fatigue	2-4		
Infant growth patterns	2-4	X	X
Infant nutrition	2-4	X	X
Iron	2-4	X	X
Starting solids	2-4	X	X
Vitamin D	2-4	X	X
Maternal nutrition	2-4	X	X
Maternal weight loss	3-4	X	X
Oral health	2-4		
Perinatal Mood & Anxiety Disorders (PMAD)	2-4	X	X
Public breast/chestfeeding	2-4		
Safe sleep	2-4		
Teething	2-4		
Weaning	2-4	X	X
Parent/baby separation	2-4	X	X
Reasons for separation	2-4		
Maintaining milk production	2-4		
Returning to work/school	2-4		
Childcare	2-4		
Position and latch	2-4		
Basic technique	2-4		
Lactation after cesarean delivery	2-4	X	X
Common positions	2-4		
Dancer hold	2-4		
Large breasts	2-4		
Obese parents	2-4	X	
Multiples	2-4	X	X
Older babies	2-4		
Parents with disabilities	4	X	X
Sandwich hold	2-4		
Tandem nursing	2-4	X	X

ASSESSMENT			
Topic	Levels	RD/CPA	HCP
Prenatal & feeding dyad			
General assessment	2-4		
In-depth assessment	4		
MI-WIC assessment screens	3-4	X	
Feeding plan			
Care team collaboration	1-4	X	X
Development	2-4		
Documentation	2-4		

PROBLEM SOLVING COMMON MATERNAL ISSUES			
Topic	Levels	RD/CPA	HCP
Abscess	2-4	X	X
Engorgement	2-4	X	X
Mastitis	2-4	X	X
Plugged ducts	2-4	X	X
Sore nipples	2-4	X	X
Structural concerns	2-4	X	X

PROBLEM SOLVING COMPLEX MATERNAL ISSUES			
Topic	Levels	RD/CPA	HCP
Bariatric surgery	4	X	X
Breast/chest conditions & structural concerns			
Abscess	4	X	X
Asymmetry	4	X	X
Extra mammary tissue	4	X	X
Insufficient glandular tissue (IGT)	4	X	X
No breast changes	4	X	X
Recurrent mastitis	4	X	X
Skin conditions	4	X	X
Surgery	4	X	X
Unresolved engorgement	4	X	X
Unresolved plugged duct	4	X	X
Lactation while pregnant	2-4	X	X
Chronic illness	4	X	X
Cystic fibrosis	2-4	X	X
Diabetes	2-4	X	X
Hormonal conditions	4	X	X
Induced lactation	4	X	X
Nipple conditions			
Cracked/bleeding nipples	4	X	X
Flat or inverted	4	X	X
Fungal infections	4	X	X
Nipple bleb	4	X	X

PROBLEM SOLVING COMPLEX MATERNAL ISSUES			
Nipple variations	4	X	X
Persistent nipple pain	4	X	X
Vasospasms	4	X	X
Obesity	2-4	X	X
Physical challenges	4	X	X
Pituitary gland issues	2-4	X	X
Relactation	4	X	X
Thyroid Disease	2-4	X	X

PROBLEM SOLVING COMMON INFANT ISSUES			
Topic	Levels	RD/CPA	HCP
Allergies	2-4	X	X
Common illnesses	4	X	X
Early term infant (37-39 weeks)	2-4		
Feeding challenges	3-4	X	X
Jaundice	2-4	X	X
Latch difficulties	2-4	X	X
Low milk production			
Delayed	2-4	X	X
Perceived	2-4		
True low milk production	2-4	X	X
Multiples	2-4	X	X
Preterm infants (< 37 weeks)	2-4	X	X
Feeding challenges	3-4	X	X
Hospitalized preterm infant	4	X	X
NICU Grad	4	X	X
Reflux	2-4	X	X
Slow weight gain	2-4	X	X
Supplementation			
Combination feeding	2-4	X	X
Returning to latching/exclusivity	3-4	X	X
Tailoring food packages	3-4	X	X

PROBLEM SOLVING COMPLEX INFANT ISSUES			
Topic	Levels	RD/CPA	HCP
Celiac disease	3-4	X	X
Complex latch issues			
Ankyloglossia (tongue/lip tie)	4	X	X
Macroglossia	4	X	X
Pierre Robin Syndrome	4	X	X
Torticollis	4	X	X
Oral aversion	4	X	X
Weak/disorganized suck	4	X	X

PROBLEM SOLVING COMPLEX INFANT ISSUES			
Compromised infants			
Chronic illness	4	X	X
Cleft palate/lip	4	X	X
Cranial defects	4	X	X
Neonatal Abstinence Syndrome (NAS)	4	X	X
Neurological problems			
Cerebral palsy	4	X	X
Down's Syndrome	4	X	X
Hydrocephalus	4	X	X
Hyper/hypotonia	4	X	X
Neural tube defects	4	X	X
Siezuers/epilepsy	4	X	X
Food sensitivities/allergies	3-4	X	X
GERD	4	X	X
Lactose overload	3-4	X	X
Underweight	4	X	X

PROBLEM SOLVING MANAGEMENT TOOLS			
Topic	Levels	RD/CPA	HCP
Alternative feeding devices			
Cup	4	X	X
Dropper/syringe	4	X	X
Finger feeding	4	X	X
Nursing supplementer	4	X	X
Spoon	4	X	X
Breast/chest compression	2-4		
Breast/chest massage	2-4		
Haakaa	2-4		
Hydrogel pads	2-4		X
Nipple shield	3-4	X	X
Reverse pressure softening	2-4	X	X
Pump	2-4		
Flange sizing	2-4		
Shells	4	X	X

HCP and RD/CPA Care Team Collaboration

"X" indicates when it *may* be necessary to refer to and collaborate with other members of the care team.

HCP: refer to infant's HCP for further assessment/follow-up for concerns relating to growth trends, development, health, parent's insufficient milk production, and/or specialty formula needs and Special Formula/Food Request (SFFR). Refer to parent's HCP for further assessment/follow-up for concerns relating to medical treatment, medication needs, unresolved lactation problems, and/or mental health decline.

RD/CPA: refer for further assessment/follow-up for tailoring food packages, infant/maternal conditions affecting growth/nutrition, weight and growth monitoring, risk code assignment, and client's request/need for an RD appt.

If a lactation problem does not resolve within 24-48 hours after education and support, use your professional judgement and collaborate with other members of the care team.

Procedures for Referring to WIC Level 3 or 4 Staff

If the problem or situation is determined to be outside the scope of the BFPC/Senior BFPC, refer to [WIC Level 3 or 4 Staff](#).

Lactation Specialist (Level 3) Name(s): _____

Lactation Consultant/IBCLC (Level 4) Name(s): _____

Communicating with the Client and Making the Referral

1. Permission/Consent to bring in another support person:
 - “This issue is beyond my scope; do I have your permission to ask our lactation consultant to help support you?”
2. If support person is unavailable to help the client right away, ask permission/consent to share contact information with lactation specialist/consultant.
 - “The lactation consultant isn’t working in the clinic today, is it okay with you if I share your information with them, and they will contact you as soon as they are available?”
 - Confirm best contact method (phone/text/email) and make sure information is correct in MI-WIC.
 - Assure the client the IBCLC will reach out within 1-2 business days (according to policy).
3. Document concern and referral in BF Notes section.
4. Make referral in MI-WIC (see process below) and notify Lactation Specialist/Consultant via their preferred method.
5. Follow up with both client and lactation specialist/consultant in 24 hours (or communicate with another staff member) if you haven’t heard anything from them.

Entering the Referral in the MI-WIC System

**This is how we recommend making a referral, but check with your Coordinator for their preferred method.*

1. Go to ‘referrals’ tab in client record.
2. Double click on ‘BF Lactation Specialist or BF Lactation Consultant’ to generate pop-up.
3. Click on “Add” to generate drop down menu.
4. The Disc box is only checked if you recommended a referral, and it was refused by the client at this time.
5. Click on drop down menu under Referral/Community Resource column; and select the staff member/WIC-IBCLC.
6. Click Save jellybean. You will see a message “Data Saved Successfully.”
7. Click Close jellybean.
8. Confirm that the Ref box has a check and is grayed out.
9. Click Save or Next jellybean.

Pulling the Referral Report in the MI-WIC System

1. Go to the Reports tab in the clinic module.
2. Select Education and Referrals > Client Referred to Referral/Community Resources.
3. Select the name of your local agency and the time period.
4. Select the name of your lactation specialist (or what your local agency calls this referral).
5. Click the Run Report jellybean.

Documentation of Care and Referring Back to BFPC

1. Breastfeeding staff could use [Lactation Assessment Form](#) to gather relevant information from client.
2. After consultation is complete, recommend using [IBCLC Consultation Report](#) to document assessment, intervention/ education and feeding plan. This could be scanned into MI-WIC. Could also be sent to HCP if client has signed Consent to Release Information form. Will also need to document in BF Support tab.
 - In BF Notes, staff could write a summary of assessment and/or direct staff to scanned IBCLC Consultation Report.
 - In Contact History, schedule call back for either IBCLC or BFPC (depending upon level of follow-up needed).
3. Staff could modify and print [Feeding Plan for Parents](#).
4. Communicate care provided with BFPC and BF Coordinator.

BF = Breastfeeding (For example, BF Coordinator)

BFPC = Breastfeeding Peer Counselor

HCP = Health Care Provider

IBCLC = International Board-Certified Lactation Consultant

Created by Michigan WIC's breastfeeding team April 2024

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