

4.0 Breastfeeding

Effective Date: 11/05/2020

4.02 Client Breastfeeding Education

PURPOSE: To provide consistent client education practices among staff that promote and encourage exclusive breastfeeding.

A. POLICY

1. Local agency is responsible for breastfeeding education and support which must:
 - a. Be conducted in a confidential, client-centered and culturally appropriate environment.
 - b. Utilize a variety of education delivery methods and materials to meet the learning styles, needs, and preferences of individual clients.
 - c. Respect a client's informed decision as to their infant feeding method choice.
 - d. Cooperatively develop breastfeeding goals with the client.
 - e. Include a client's family and friends, as appropriate.
 - f. Be customized and specific to the individual client's needs and concerns as identified in the breastfeeding assessment.
 - g. Educate the client as early as possible, preferably during the pregnancy, if they wish to breastfeed and have contraindications so that they can make an informed infant feeding decision. (See Policy 4.03, Contraindications to Exclusive Breastfeeding)
 - h. Minimize early supplementation with infant formula in order to help clients establish their milk supply.
 - i. Include referrals for additional lactation support for issues exceeding staff's scope of practice, as needed. (See Policy 1.07, Local Agency Staffing and Training.)
 - j. Offer clients the option to:
 - i. Receive peer counseling services.
 - ii. Attend available breastfeeding support classes and groups.
 - iii. Receive coordinated services for breastfeeding support with other members of their health care team.
 - iv. Receive referrals to other health care programs, such as home visiting. (See Policy 6.02, Referrals.)
2. Documentation of breastfeeding education shall include all required elements of nutrition education contact to be considered interim education. (See Policy 5.05, Nutrition Education Documentation.)
3. Required contacts
 - a. Pregnant clients opting to receive peer counseling services shall be contacted during the prenatal period to provide anticipatory guidance on how WIC supports breastfeeding.

- b. An attempt to contact a client for breastfeeding support must be made within one to two business days after notification of a baby's birth and the family's intention to breastfeed. Attempts may be made by a phone call, text message, video conferencing, or home, hospital, or WIC clinic visit. If the family calls to report the birth of their baby or request a new appointment, breastfeeding support will be offered during the call.
- c. If the client requests breastfeeding assistance, an immediate referral shall be made to appropriate breastfeeding staff and follow-up shall be provided within one to two business days.
- d. If the client has been issued a breast pump, the client must be contacted within two business days to assess effectiveness and proper usage. If the client is experiencing discomfort or other pump issues, breastfeeding staff shall contact the client the next business day.

B. GUIDANCE

1. When educating families, seek to identify and address the role ACEs (Adverse Childhood Experiences) play in a client's decision to breastfeed.

References:

- MDHHS Lactation Support Policy:
<https://dhhs.michigan.gov/OLMWeb/ex/AP/Public/APO/000.pdf#pagemode=bookmarks>
- Nutrition Services Standards, USDA, August 2013:
https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC_Nutrition_Services_Standards.pdf
- USDA Infant Nutrition and Feeding: A Guide for Use in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). April 2019
https://wicworks.fns.usda.gov/sites/default/files/media/document/Infant_Nutrition_and_Feeding_Guide.pdf
- USDA WIC Breastfeeding Policy and Guidance, July 2016
https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC-Breastfeeding-Policy-and-Guidance_1.pdf
- Loving Support Through Peer Counseling: A Journey Together – For WIC Managers (2016)
<https://wicworks.fns.usda.gov/wicworks/LovingSupport/PCManagement/Handouts.pdf>
- CDC Adverse Childhood Experiences (ACEs)
<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>
- Kendall-Tackett, K. A. (2007). Violence against women and the perinatal period: the impact of lifetime violence and abuse on pregnancy, postpartum, and breastfeeding. *Trauma, Violence, & Abuse*, 8(3), 344-353.
- Eagen-Torkko, M., Low, L. K., Zielinski, R., & Seng, J. S. (2017). Prevalence and predictors of breastfeeding after childhood abuse. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 46(3), 465-479.

Cross-References:

- 1.07 Local Agency Staffing and Training
- 4.03 Contraindications to Exclusive Breastfeeding
- 5.05 Nutrition Education Documentation
- 6.02 Referrals