

Illinois WIC Program

Nutrition Practice Guidelines - Peer Counselor Programs

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The Breastfeeding Peer Counselor Program may be implemented by local WIC programs to supplement existing WIC breastfeeding education and support. The Breastfeeding Peer Counselor may provide specific breastfeeding support and educational services in the Illinois WIC Program.

Peer Counselor Program policies and procedures must be written and accessible to staff. Written protocols should be developed for program management, job parameters and functions, compensation, confidentiality, job duties, practice locations, scope of practice, referral policies, training, documentation, BFPC contact frequency and Peer Counselor Supervisor job description. Additional information, job descriptions and forms to use in managing, reviewing, evaluating and documenting your Peer Counselor Program is included as attachments.

Program management

- Appropriately trained staff must be designated to supervise the BFPC Program.
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- Both initial and ongoing training for both the Peer Counselor and the Peer Counselor Supervisor must be planned and implemented.
- All staff should receive training in the purpose, function and integration of a Peer Counselor program.
- Standardized breastfeeding peer counseling program policies and procedures should be included in the Agency's policy and procedure and included as part of the Agency's nutrition education plan.
- All reports/reporting requirements must be met.

BFPC Job Description

Definition: The BFPC should be a woman of the community, with similar characteristics of WIC clients. Previous or current WIC participants with breastfeeding experience and an enthusiasm for breastfeeding may be recruited, hired and trained to be peer counselors. The Peer Counselor must be available at WIC clinics and when necessary, to WIC clients outside usual clinic hours and outside the usual WIC clinic environment. The Peer Counselor should have breastfed at least one baby, but does not need to currently be breastfeeding.

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Compensation: BFPCs should be compensated fairly according to the policies and procedures of the local agency.

- Peer Counselors should receive reimbursement for any long distance phone charges and mileage, e.g. travel to home or hospital visits and meetings.
- Peer Counselors should be paid a living wage.
- Agencies may offer salaries similar to a clerk or other community health worker.
- Agencies should cover training expenses and provide benefits when possible.

Confidentiality: BFPCs must be trained on confidentiality and sign a confidentiality statement. BFPCs must be trained on what information is confidential and how to maintain confidentiality when

- Using the phone and leaving messages
- Working from home
- Working with files/confidential information at off-sites

Job duties: the BFPC promotes breastfeeding in the clinic and in the community. The BFPC will

- Provide breastfeeding information and support to the client
- Be available to WIC clients outside the usual clinic hours and outside the usual WIC clinic environment
- Talk with women individually or in groups about feeding decisions and answer basic questions about breastfeeding
- Support and encourage women who have chosen to breast-feed
- Provide anticipatory guidance to reduce the occurrence of problems
- Provide information on the effect of foods, medications, and home remedies on lactation within guidelines of clinic policy
- Document all contacts/conversations and refer to appropriate staff as indicated by written protocol
- Establish a relationship with WIC pregnant women and follow-up with those undecided and those choosing to breastfeed at least 6 months postpartum or until weaning which ever comes first
- Identify and assist in recruiting additional candidates for breastfeeding peer counselor training
- Assist in training new breastfeeding peer counselors
- Assist in in-services or training sessions for other health workers, e.g. brown-bag lunches with an education component

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Practice Locations: BFPCs should work principally in the WIC clinic setting meeting women face to face. In addition to their work in WIC clinics, peer counselors should expect to make telephone contacts from home and clinic. BFPCs may provide services in a variety of other settings, such as:

- Hospitals
- Physicians' offices
- Community centers
- Churches, mosques, and synagogues
- Retail spaces
- Home visits

Scope of Practice and referral policy. BFPCs are to refer to their supervisor whenever they doubt that the baby is thriving. The BFPC and supervisor should discuss all situations. Specific problems should be referred according to agency protocol:

- Alcoholic drinking by the mother;
- Baby health problems such as cleft lip and palate, jaundice, Down syndrome, any other medical problem identified that may impact breastfeeding success
- Continued poor milk supply after peer intervention;
- Engorgement, unresolved after peer intervention;
- Failure to thrive;
- How and what to give for supplementing;
- Illegal substance abuse;
- Mastitis;
- Mother's health problems such as postpartum depression, medication use that is not recognized as safe for breastfeeding, breast surgery including enhancement or reduction surgery, breast injury, eating disorders, or any other medical problem identified that may impact breastfeeding success;
 - Pregnancy while breastfeeding;
 - Premie baby with problems;
 - Relactation and induced lactation;
 - Severe nipple pain unresolved after peer intervention; and
 - Smoking over 10 cigarettes per day and other toxins in human milk

Training: BFPCs should be trained specifically for each task for which they are responsible using appropriate protocols. Initial training should include:

- Orientation to the agency
- Job expectations
- WIC policy & procedures, breastfeeding mandate
- Principle of confidentiality

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- WIC civil rights policies
- Breastfeeding basics
- Active listening techniques/counseling techniques
- Describe the information they are responsible for providing
- Scope of practice
- Referral criteria
- What information should be documented and the format for documentation

Initial specific breastfeeding training, BFPCs should be trained through the LS Peer Counselor Training or a similar 20-hour course which includes:

- Opportunities for BFPC to “shadow” or observe other BFPCs and lactation experts are helpful.
- Accepted breastfeeding management techniques and communication skills consisting of:
 - Demonstrating various positioning techniques for mother and baby
 - Selecting and explaining assistance techniques based on history and observation of the following situations:
 - Increasing or decreasing infant breastmilk intake, including proportion of hindmilk/foremilk;
 - Increasing or decreasing maternal milk supply
 - Hand expression of milk
 - Safe and effective collection and storage of milk;
 - Safe weaning;
 - Night time nursing;
 - Breastfeeding in public
 - Discuss the risks or the benefits to exclusive breastfeeding for six months of the following items and demonstrate their correct use:
 - Breast pads, bras, nursing garments
 - Nursing pillows, foot stools;
 - Slings, soft baby carriers
 - Artificial teats (nipples) and pacifiers
 - Nipple creams and oils, nipple shields
 - Effects on lactation of supplemental and complementary feeding
 - Breast pumps: manual, electric, battery
 - Breast shells for retracted nipples

Ongoing training of Peer Counselors. BFPCs should:

- Meet regularly with other peer counselors
- Participate in continuing education activities
- Attend in-services and other staff meetings

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- Participate in local and regional task force meetings
- Attend local, regional and state breastfeeding conferences

Acceptable continuing education topics include:

- Communication
- Breastfeeding support
- Work/job performance
- Cultural sensitivity
- General health and safety issues

Documentation. BFPCs should receive training on agency documentation forms and procedures. BFPCs should use the Cornerstone system to document:

- client contacts
- type of contact
- participant concerns, questions or comments
- topics discussed
- referrals
- plan for follow-up.

BFPC time and work schedules should be documented according to agency policy.

BFPC Contact Frequency: more frequent contacts with pregnant and breastfeeding women increases the effectiveness of peer support. The following contact schedule is recommended:

Pregnant women:

Monthly

More frequently as due date nears.

Early weeks postpartum:

Within 24 hours if there are problems

Every 2 – 3 days during the first week

Weekly the rest of the first month

After the first month:

The BFPC and the breastfeeding woman can determine the contact schedule. (The peer counseling program manager can provide guidance in frequency of contacts.)

Monthly contact during the first year, and additional contacts if needed (e.g., if returning to work or school).

Supervision: BFPCs must work under the supervision of a CHP, Breastfeeding Coordinator, Breastfeeding Peer Counselor Program Manager or designated supervisor.