

Illinois WIC Program Nutrition Practice Guideline – Breastfeeding

August 2009; Revised 4/10

WIC Philosophy for Achieving Breastfeeding Success

WIC supports breastfeeding as the normal, expected and healthiest way to feed babies. Illinois WIC endorses USDA's FNS goals and mission for breastfeeding promotion, education and support. The WIC philosophy for achieving breastfeeding success guides WIC staff in educating moms on how to be confident and successful in breastfeeding.

- The first priority should be to help mom successfully breastfeed;
- Assume substantial rather than minimal breastfeeding as the norm;
- Encourage selection of a fully breastfeeding package without formula;
- Provide breastfeeding support to help mom feed only breast milk to baby;
- Encourage continued exclusive breastfeeding.

Breastfeeding Category

Lactating women (B Category) are defined as “all women exclusively, or partially breastfeeding to any degree, up to one year postpartum.” This definition includes the woman who is pumping her breast milk and feeding it to her infant. Breastfeeding is generally defined as “the practice of feeding mother’s breastmilk to her infant(s) on the average of at least once a day.”

It is very important to get the correct category and infant feeding information at the initial contact or phone call after delivery. When you initially certify the new mom, make sure you enter the appropriate category in the computer. For example, the system will not allow you to change her category from “N” to “B” if you accidentally enter the wrong code (e.g. mom calls in, or arrives for an appointment, staff person puts in “N” without assessing her breastfeeding status). Clinic procedures must include training for clerical staff, as well as CHP staff, to correctly determine a client’s breastfeeding status prior to entering a category in the *Cornerstone* system.

Assessment

By understanding that breastfeeding is the normal, expected and healthiest way to feed babies, WIC staff can educate moms on how to be confident and successful. Approach all women with the assumption that they are breastfeeding or plan to breastfeed. Attitude has a lot to do with breastfeeding promotion and support! Some suggested questions for all initial contacts:

- What have you heard about breastfeeding?
- How often are you breastfeeding?
- How is breastfeeding going?

Breastfeeding Risk Factor Assignment (Q100, Q200, Q400)

Risk factors for breastfeeding dyads are assigned according to which of the two has the higher priority risk factor. The same breastfeeding risk factor (Q100, 200, 400) is assigned to both mother and baby. Refer to the *WIC PPM* and the *Risk Factor Justification Manual* for risk factor priorities.

- If either mother or baby is assigned a priority I risk factor, then BOTH the infant and mother receives the Q100, in addition to their other individual risk factors.
- If baby is an infant of a WIC mother, or an infant of a non-WIC high risk mother (O010 or P010, priority II risk factors) and neither mother nor baby has any priority I risk factor(s), then BOTH are assigned the Q200, in addition to their other individual risk factors.

- If there are no risk factors, except for priority IV dietary factors for either mother or baby, then both are assigned the Q400 in addition to their other assigned risk factors.
- Document the reason why the particular risk factor is given in the assessment section of the mom and baby's case notes. (Ex: Baby was LBW)

WIC Breastfeeding Dyad Education (WBDE)

When assessing the breastfeeding dyad, the amount of milk a breastfeeding woman produces depends directly on how often and how long she nurses. Providing supplemental formula to a new breastfeeding mother may interfere with her milk production and success at continued breastfeeding. The breastfeeding assessment and understanding of a mother's plans for breastfeeding are two critical components necessary for proper food package assignment for the breastfeeding dyad.

A comprehensive breastfeeding assessment must be completed at the infant's certification (WCIP or WCI) appointment and at follow-up visits including the six-week infant assessment (WKIP).

The breastfeeding dyad should always be assessed together and may be documented in Cornerstone in the AS01 screen as "WIC Breastfeeding Dyad Education" (WBDE). The WBDE can be entered in Cornerstone on either the mother or infant screen. Information entered on one member of the dyad will auto-fill to the other's assessment screen. In cases where there is more than one infant, the information should be entered on the mother's record so that it auto-fills on both infants.

It is appropriate to enter "Y" for all assessment questions discussed on the "WIC Breastfeeding Dyad Education" (WBDE). If an assessment question is not discussed, you may leave those assessment question fields blank. A new WBDE should be completed for each new breastfeeding assessment at any time during the certification period.

The completion of the WBDE is similar to documentation for cert visit education and allows the CHP or Peer Counselor to assess and gather information to tailor effective counseling. It is appropriate to enter comments on the WBDE screen as risk factors are not generated for this assessment, and comments would assist other program staff (Peer Counselors, FCM) in developing care plans and for follow up purposes. For consistency, your agency may choose to enter all pertinent comments generated through the completion of the WBDE in the case notes.

The "WIC Breastfeeding Dyad Education" (WBDE) can be completed any time a breastfeeding food package is changed, any time a breastfeeding woman wishes to change her breastfeeding status, and may be used until the infant's first birthday as an effective tool to document the completion of a breastfeeding assessment.

It is recommended that agencies use the WBDE as it allows the CHP or Peer Counselor to assess and gather information to tailor effective counseling and is a valuable tool to document the completion of the breastfeeding assessment. However, if you choose not to utilize the WBDE, adequate documentation must be present in the case note to indicate a thorough breastfeeding assessment was completed.

Other Breastfeeding Assessments

In addition to WIC, Family Case Management Cornerstone screens contain Breastfeeding Assessments to help agency staff effectively counsel prenatal women and women breastfeeding at each infant developmental stage. Cornerstone Assessments that contain breastfeeding

trigger questions include: 710 – Pregnancy, 708A – Newborn, 708B - 2 month, 708C - 4 month, 708D - 6 month, 708E - 9 month, and 708F - 12 month.

Breastfeeding Information on PA09

Information entered on the Infant/Child Health Visit Screen (PA09) determines if the infant was EVER breastfed, if the infant is CURRENTLY breastfed, whether an infant is exclusively or partially breastfed; and when supplementary feeding was initiated.

1. Enter the age formula began **only** when it was provided to the infant on a regular, planned, anticipated basis.
2. When an age is entered into this field, the infant is counted as a *partially* breastfed infant. For example, only one bottle of formula given to the infant in the hospital is not considered to be supplementation.
3. If however, formula is given on a regular, routine basis - every day or every week, breastfeeding is supplemented and the infant should be counted as a *partially* breastfed infant.
4. The most accurate answer is important because routine formula supplementation prior to 4-6 weeks of age is detrimental to breastfeeding duration. This is an indication of poor breastfeeding practice and clients should receive appropriate counseling. Exceptions may include premature infants, multiple births, infants born with birth defects or chronic diseases etc.
5. Enter “Y” for any supplementary feeding. This is a required field for infants who are currently or have been breastfed. Supplemental feedings are defined by the CDC as anything other than breastmilk, including water. If “Y,” enter the date (or the parent’s best estimate of) when the feedings were started.
6. Supplemental feeding questions do not impact breastfeeding initiation or duration rates.
7. The WBDE “WIC Breastfeeding Dyad Education” may be used until an infant’s first birthday as an effective tool to assess breastfeeding problems and prevent the issuance of more formula than needed.

Reason Ceased Codes

The Breastfeeding 'Reasons Ceased' codes on the Infant/Child Health Visit Screen (PA09) address the reasons breastfeeding women give for ending breastfeeding. Use the 'Using the WIC Breastfeeding Reasons Ceased Codes in Cornerstone' table to determine why the breastfeeding woman has decided to stop breastfeeding her infant.

Using the WIC Breastfeeding Reasons Ceased Codes in Cornerstone

Mom met Goal (16)	Mother reached her previously determined breastfeeding goal.
Breastfeeding not Supported (17)	Mother did not feel supported in her decision to breastfeed; family/friends/childcare providers did not value breastfeeding; lack of assistance in the home; mother did not have support in overcoming challenges
Formula Supplementation (18)	Early or over supplementation of infant formula to the extent that it impaired successful breastfeeding.
Misunderstands Supply/Demand (19)	Mother did not feel infant was satisfied at the breast; mother didn't recognize newborn feeding patterns as normal; mother was not confident in her ability to produce enough breast milk

Work/School/Time Constraints (20)	Mother feels returning to work or school limited her time and ability to breastfeed successfully; employer/institution did not support breastfeeding; breastmilk expression issues; embarrassed to breastfeed in public; other time constraints
Physician Advice (21)	Physician advised mother to abstain from breastfeeding due to a medical condition that involved either the mother or infant's health status; advised formula supplementation
Mother/ Baby/ Illness Medications (22)	Mother chose to cease breastfeeding due to an illness, surgery, or treatment plan for mother or baby; or due to medications taken by either mother or baby; can include prescription drugs, medicinal herbals, over-the-counter medications; tobacco use or illicit drugs (mother)
Early Breastfeeding Problems (23)	Sore nipples, nipple confusion, breast preference or refusal, baby rejected breast, poor latch, mastitis, engorgement, thrush, poor suck, poor positioning, breastmilk overproduction, delayed or inhibited let down, introduction of an artificial nipple/pacifier, etc.
Preterm/<40 weeks (24)	Use when the primary reason a mother ceased breastfeeding an infant born before 40 weeks gestation is due to issues related to physical or developmental maturity; Prematurity.
Cultural Beliefs (25)	Breastfeeding ceased as a result of practices that have been passed down through the mother / father's family or culture which affect her feelings and actions regarding breastfeeding; mothers food choices or behaviors that affect breastfeeding; i.e. promoting feeding schedules rather than feeding on cue; belief that colostrum is unclean until the third day postpartum
Baby's Choice (26)	Natural weaning that occurred when infant reached their developmental milestones; baby gave up breastfeeding naturally when she/he was ready

Assigning Breastfeeding Food Packages

Assume that all women will exclusively breastfeed and present the **Grand Deluxe** food package as the ultimate WIC food package; offering the greatest amount of food and benefits to the exclusively breastfeeding dyad. After careful assessment of the breastfeeding dyad, WIC staff is responsible for assessment of the mother's intent to exclusively, partially or minimally breastfeed. For the breastfeeding dyad, packages must be determined based on the amount of breastfeeding the infant does; then taking into consideration the smallest amount of formula the infant consumes if requested.

The chart on page 7 depicts the breastfeeding, postpartum and infant participant packages and gives guidance on when to issue. For WIC food package assignment, "exclusive" breastfeeding is defined as an infant who does not receive WIC infant formula. **Powdered formula** is the only type of infant formula provided in the WIC breastfeeding food packages.

If a mother wants to routinely **supplement** with just a little formula, first ask if she would like to maintain her exclusive breastfeeding status by receiving the Grand Deluxe breastfeeding food package with no WIC infant formula. Discuss breast pump issues and options. Counsel breastfeeding mothers on food lost in her food package as a result of one additional can of

formula issued. Can mom purchase 1 can of formula a month to increase food benefits for mom and baby?

Following the American Academy of Pediatrics' guidelines, introduction of complementary foods may begin at 6 months of age. Infant cereal, baby food fruit and vegetables are available in all infant food packages. Only exclusively breastfed infants will receive baby food meats and receive double the amount of baby fruits and vegetables.

Updating/Changing Food Packages

After delivery: Once the baby is delivered (including pre-term infants) and mom is breastfeeding, the woman's prenatal package can be voided by the CHP and re-issued as a breastfeeding food package. Do not change her category until her certification visit as a breastfeeding woman.

Baby: Only a CHP can assign the food package and is responsible for updating the Infant/Child Health Visit screen (PA09).

- Use the service code "WUII" WIC UPDATE INFANT INFO, which, is designed for use when changing a breastfed infant's food package. The F11 key takes the user from Service Entry to the PA09 to update the breastfeeding information, then to AS02 to change the food package and then to FI02 to void food instruments, if necessary.
- The service code "WKI" WIC INFANT FOLLOW UP can be used when a follow up visit is completed, data is entered and there is a change in food package.
- Documentation must occur in the case note any time there is a change in food package.

Breastfeeding Woman: Any time a breastfeeding woman wishes to change her breastfeeding status, the breastfeeding dyad should be assessed together using the WBDE. Mom should be counseled on the reduction in food package benefits for herself and her infant.

A partially breastfeeding woman who requests, after the sixth month postpartum a fully formula fed package for her infant, would no longer receive WIC foods but would continue to count as a WIC breastfeeding participant and receive other program benefits including: nutrition education, breastfeeding promotion and support, and referrals to health and social services.

When mom comes in:

- Enter WKB service code
- F11 to complete the Adult Health Screen and update anthropometric data
- Provide appropriate counseling and education
- Enter in Food Package #240 "Your Child Has You and You Have WIC"

FI's must be printed for the participant to be counted towards agency caseload.

When to Issue a Breastfeeding Food Package

Package	Mom	Infant										
Grand Deluxe	Exclusively breastfeeding: <ul style="list-style-type: none"> ▪ May be issued until exclusively breast fed infant is 12 months old ▪ May be issued if <u>partially</u> breastfeeding more than 1 infant until 12 months old ▪ If exclusively breastfeeding more than 1 infant, issue Grand Deluxe Multiples 	Does not receive formula from the WIC program. May be issued until the exclusively breastfed infant is 12 months old Cereal, fruit, veggie, meat at 6 months										
Deluxe	Partially breastfeeding: <ul style="list-style-type: none"> ▪ May be issued until partially breastfed infant is 12 months old 	Receives formula within the following ranges: <table border="1" data-bbox="602 193 821 894"> <thead> <tr> <th data-bbox="602 674 643 894">Age</th> <th data-bbox="602 193 643 674">Formula</th> </tr> </thead> <tbody> <tr> <td data-bbox="651 674 683 894">0-1 month</td> <td data-bbox="651 193 683 674">1 can</td> </tr> <tr> <td data-bbox="691 674 724 894">1-3 months</td> <td data-bbox="691 193 724 674">2 – 5 cans</td> </tr> <tr> <td data-bbox="732 674 764 894">4-5 months</td> <td data-bbox="732 193 764 674">3 – 6 cans</td> </tr> <tr> <td data-bbox="773 674 805 894">6-11 months</td> <td data-bbox="773 193 805 674">2 – 4 cans</td> </tr> </tbody> </table> (Cereal, fruit, veggie at 6 months)	Age	Formula	0-1 month	1 can	1-3 months	2 – 5 cans	4-5 months	3 – 6 cans	6-11 months	2 – 4 cans
Age	Formula											
0-1 month	1 can											
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4-5 months	3 – 6 cans											
6-11 months	2 – 4 cans											
Breastfeeding Basic	Partially breastfeeding- at least once per day <ul style="list-style-type: none"> ▪ All breastfeeding women stay active on the WIC program until their breastfed infant is 12 months of age. <table border="1" data-bbox="943 894 1146 1703"> <tr> <td data-bbox="943 1304 1146 1703"> Less than 6 months Postpartum, issue: <ul style="list-style-type: none"> – Breastfeeding Basic package </td> <td data-bbox="943 894 1146 1304"> More than 6 months Postpartum, issue: <ul style="list-style-type: none"> – #240 “Your Child Has You and You Have WIC” </td> </tr> </table>	Less than 6 months Postpartum, issue: <ul style="list-style-type: none"> – Breastfeeding Basic package 	More than 6 months Postpartum, issue: <ul style="list-style-type: none"> – #240 “Your Child Has You and You Have WIC” 	Receives formula above the ranges indicated: <ul style="list-style-type: none"> 0-1 month > 1 can 1-3 months > 5 cans 4-5 months > 6 cans 6-11 months > 4 cans After careful assessment to determine the minimum amount of formula needed, a formula food package may be issued. Void FI's so that the least amount of formula is given.								
Less than 6 months Postpartum, issue: <ul style="list-style-type: none"> – Breastfeeding Basic package 	More than 6 months Postpartum, issue: <ul style="list-style-type: none"> – #240 “Your Child Has You and You Have WIC” 											
Basic	Is not breastfeeding <ul style="list-style-type: none"> ▪ May be issued until 6 months postpartum 	Receives the full formula package										

Counseling

Good counseling techniques should be used to quickly assess and target the counseling to mom's concerns and questions. Refer to the Illinois WIC Program Nutrition Practice Guideline: Effective Counseling Methods for more guidance.

With any request for formula, discuss the potential impact on the mother's breastmilk supply. Encourage the use of breastpump *before* issuing formula. Supplemental formula packages should be provided only after the participant and CHP have fully discussed the impact of supplementation on breastfeeding; and the possibility of pumping and storing breastmilk.

Documentation

Timely documentation is essential to the success of the breastfeeding dyad.

To ensure the mom benefits from agency support of the breastfeeding dyad and the enhanced breastfeeding package, remind her at the last prenatal visit to call in as soon as the baby is born. The CHP should document all **prenatal** breastfeeding education and counseling in the Case Notes.

It is very important to document the **progress of breastfeeding** in the Case Notes. The information should be put in the infant's note, unless there is some pertinent medical information pertaining specifically to mom. Examples of information that would be important to document--- how the breastfeeding experience is going, any problems, how resolved; follow-up issues related to problem solving; any supplementation and education given regarding supplementation.

The breastfeeding dyad may have met their goal, or weaned after a successful period of breastfeeding. Document the explanation of **why breastfeeding stopped** in the Case Notes, to further clarify what information is coded on the Infant/Child Health Visit Screen (PA09). This will help the local agency better plan interventions for improving breastfeeding duration.

For additional information see "*Nutrition Practice Guideline: Documenting Care Plans*"

Follow up

As part of the local agency procedure manual, local agencies should have a system in place for follow up. The scheduling component in *Cornerstone* allows staff to enter a comment on the screen to check breastfeeding status at secondary contacts, which then prints on the clinic schedule. Staff should do routine breastfeeding follow-up with all breastfeeding women; especially in the early days/weeks to answer questions and problem solve either by telephone or individual or group contact. At the WKB visit, it is recommended that anthropometric data be gathered and changes to status indicated in the case note. Pregnant women receive basic breastfeeding information at each prenatal follow up visit. Breast pumps should be made available. Follow-up with clients issued a breast pump should be specified in the local agency breast pump policy.

Recommended Breastfeeding Contact Frequency

	Why	Contact Frequency
Pregnancy	Women who decide to BF early in pregnancy BF longer Women decide to BF later with consistent information and support throughout pregnancy	Monthly At each prenatal follow up visit More frequently as due date nears
Early Weeks	Critical weaning period is 7-10 days Next critical period is 2 weeks - 2 months ¼ of women supplement by day 5 ½ of women supplement by day 16 2/3 wean by end of 1 st month Most common response for weaning -Perception insufficient milk supply -Breast problems/pain Make appropriate referrals	Every 2-3 days first week Within 24 hours if problems occur Weekly the rest of the first month
1-3 Months	Assist mother with maintaining BF after returning to work Maintaining milk supply Answer questions as baby grows Make appropriate referrals	Monthly Before returning to work/school Regularly when breast pump issued
3-6 Months	Assist mother with maintaining BF after returning to work Maintaining milk supply Answer questions as baby grows	Monthly Regularly when breast pump issued
6-12 Months	Assist mother with maintaining BF after returning to work Maintaining milk supply Answer questions as baby grows	Monthly Regularly when breast pump issued