

Maine Center for Disease Control and Prevention WIC Nutrition Program

Effective: October 1, 2012

Policy No. BF-2

Revised: October 1, 2022

Breastfeeding Promotion and Support Activities

Authority

7 CFR §246.11(c)(2), (7)

22 MRSA §255 and §1951

Policy

1. All staff shall be educated on how to present to clients a positive attitude about breastfeeding/chestfeeding.
2. Staff shall encourage and support participants to provide their infants with human milk.
3. The Local Agency director shall ensure that all nutrition staff has access to accurate, up-to-date information to effectively promote and support breast/chestfeeding.

Procedures

1. All Local Agency WIC staff shall demonstrate a positive attitude toward breastfeeding and chestfeeding. This demonstration of positive attitude may include but is not limited to:
 - 1.1 Appropriate words of encouragement for all participants.
 - 1.2 Avoiding overt or subtle endorsements of formula.
 - 1.3 Appropriate issuance of supplemental formula and maternal food benefits.
 - 1.4 Appropriate referrals to health professionals (e.g. IBCLC's, dietitians, physicians, etc.)
2. Each Local Agency shall ensure that participants receive complete and accurate information regarding breastfeeding by:
 - 2.1 Discussing breastfeeding or chestfeeding at all prenatal and postpartum (for breastfeeding participants) appointments and documenting topics discussed in the nutrition assessment tab in SPIRIT.
 - 2.1.1 Prenatal topics that should be documented in a participant's file include, but are not limited to:

- Benefits of breastfeeding
- Breastfeeding basics (ex: colostrum vs. mature milk, latch, what to expect in the first few days postpartum, etc)
- Referrals to Breastfeeding Peer Counselor Program

2.1.2 Postpartum topics that should be documented in a breastfeeding participant's file include, but are not limited to:

- Anticipatory guidance
- Milk supply
- Pump usage
- Supplementation and its potential impact on lactation

2.2 Assessing participants' knowledge, concerns and attitudes related to breastfeeding/chestfeeding at the earliest opportunity in the prenatal period and document in the nutrition assessment tab in SPIRIT.

2.3 Individualizing support to all breastfeeding participants and documenting topics discussed in the nutrition assessment tab in SPIRIT.

2.4 Distributing accurate, unbiased breastfeeding/chestfeeding educational materials.

- 2.5 Providing referrals to lactation consultants, home visiting programs and local La Leche League chapters.
 - 2.5.1 Local agencies will refer breastfeeding dyads in need of additional breastfeeding support to local agency or contracted IBCLC for assessment and follow-up.
 - 2.5.2 Breastfeeding dyads in need of additional support will be tracked on the IBCLC Referral Log (Appendix BF-2-A).
- 2.6 Prescribing supplemental formula only after completing a thorough nutrition assessment that identifies need, and providing counseling to the participant.
 - 2.6.1 Counseling should include the risk of supplementation on human milk production.
 - 2.6.2 Issuing the smallest amount of supplemental formula that meets the infant's assessed needs to minimize the possibility of replacing human milk.
- 3. The State Agency shall complete file reviews and appointment observations during Management Evaluation Review to assure a minimum of 90% compliance.