

SECTION 6.12

Subject: Breastfeeding Peer Support

References: MWSSNP 1-2: WFM 2 /NE 4-2

Policy: Local agencies may initiate breastfeeding peer support programs to supplement existing WIC breastfeeding education and support.

Purpose: To supplement the prenatal and postpartum breastfeeding support available to WIC participants, and to ensure that breastfeeding peer support staff are qualified, trained, supervised, and perform appropriate duties.

Procedures:

Contacts provided by peer support staff must be *in addition to* the two required nutrition education contacts. (See MOM section 6.2)

Peer Support Manager(s) -- The local agency must designate staff to manage their peer support program.

- Responsibilities may be split between two or more staff if all roles are assigned and clearly defined. At least one staff person must be an IBCLC (on staff or by contract). The agency may request to fulfill the requirement for an IBCLC with a person who has been certified as an IBCLC (and can provide documentation of their previous IBCLC status) and is continuing to meet the continuing education requirements set forth by IBLCE from the date of their IBCLC certification to the present, but who has elected not to retake the IBCLC certification exam. Documentation of continuing education must be submitted with the annual end-of-year report, required of the local peer program.
- Responsibilities include, but are not limited to:
 - Policy development;
 - Hiring peer support staff;
 - Initial and ongoing training for peer support staff;
 - Supervision, including:
 - At least monthly spot checks with participants being followed by peer support staff.
 - Reviewing peer contact logs at least every other week (ideally weekly);
 - At least weekly phone contact and monthly individual meetings with peer support staff, and
 - Periodic meetings with all peer support staff.
 - Integrating WIC peer support activities into WIC operations (e.g., involvement in staff meetings; explanation of peer support to all WIC staff; identifying how WIC staff will refer participants to a peer support staff person.)
 - Providing back-up for peer support staff who encounter situations beyond their scope, both during and after normal clinic hours, and developing a plan for backup if a WIC peer manager, supervisor or other designated WIC staffperson is not available.

- Maintaining records, in the WIC office, of all required peer / peer program documentation.
- Peer Support Managers must be trained using the FNS curriculum “Using *Loving Support* to Manage Peer Counseling Programs”.
- Peer Support Managers and all other staff providing back-up must have at least annual continuing education in breastfeeding management.

WIC Peer Support Staff

- Peer support staff funded with FNS peer support funds must meet the minimum FNS definition of a peer counselor:
 - Paraprofessional;
 - Recruited and hired from target population;
 - Breastfed at least one baby (need not be breastfeeding currently); and
 - Available at WIC clinics and, when necessary, outside usual clinic hours and the WIC clinic environment.
- Peer support staff must receive the following training:
 - **Using the FNS curriculum** “*Loving Support* through Peer Counseling”;
 - **On appropriate scope of practice** and provided written information on situations that must be referred or “yielded” to their supervisor and/or participant’s medical provider (see Exhibit 6-J).
 - **On confidentiality** and sign a confidentiality agreement (see Exhibit 6-K).
 - The confidentiality statement must be reviewed with, and signed by, each peer annually.
 - Staff who work from home must be provided a locking file box for securing their records. When transported in a car the locking file box must be kept in a locked trunk.
 - Peer staff must be trained to assure that confidential information is neither seen nor overheard by family members or guests.
 - Additional training at least twice a year.
 - Orientation to the WIC Program.
 - The opportunity to meet WIC staff.
- Peer support staff must document all contacts (and attempted contacts) with WIC participants. Documentation must include:
 - Participants’ names (mother and infant);
 - Date of the contact or attempted contact;
 - Participant’s questions, concerns or comments;
 - Topics discussed;
 - Referrals;
 - Plan for follow-up; and
 - Peer contact time.

- Peer support staff must receive compensation for their work and reimbursement for mileage and long distance phone charges, if applicable.
- When a participant is no longer receiving peer services, the peer must give all documentation related to peer services for that client to their supervisor for filing in the WIC office.

Other WIC Staff

- The local agency must have an adequate number of trained IBCLCs or CPAs trained in lactation management to supervise peer support staff and handle questions and issues beyond the scope of the peer support staff. Most peer programs will need back up staff beyond the required peer manager.
- All WIC staff should be trained on the role of peer staff and how to refer to peer staff, and have the opportunity to meet the staff.

Claims for Reimbursement

Local agencies receiving designated peer counseling funds through the Minnesota WIC Program must follow specified procedures, using the appropriate claim form, to request reimbursement for activities related to peer support program. Contact the state WIC office for the claim form for the current fiscal year.

- All or a portion of a WIC staffperson's salary may be billed to the peer support funds for time spent on activities directly related to the peer support program.
- The local agency must maintain records to document all expenses, including staff time, billed to FNS peer support funds.
- Time and other expenses that are billed to peer support funds must not be claimed on the local agency's monthly WIC claim for reimbursement.
- Expenses charged to the peer pilot grant cannot exceed the amount of the grant award. Peer-related expenses in excess of the peer grant amount, may be claimed on your monthly WIC claim for reimbursement

Community Partnerships

If your agency plans to work with a non-WIC organization to provide WIC peer support services, you must first discuss this with the State WIC Breastfeeding Coordinator.

- If approved to proceed, you must submit a written plan.
- A WIC staffperson, designated as the peer program manager or peer program coordinator, must be, and must remain, actively involved with the peer program.
- If the plan is approved, and if FNS peer funds will be used to train paid staff from another entity/program as peer counselors for WIC, an MOU must be established with the other entity ensuring:
 - That the peer counselors will operate under the same parameters as required for WIC peer breastfeeding support programs.
 - Compliance with FNS requirements and Minnesota WIC peer policy and peer grant agreement.

Guidance:

Considerations when Hiring Peer Counselors

- In addition to the required qualifications of a breastfeeding peer counselor, research has shown that peer counselors may be more effective when they:
 - Have enthusiasm for breastfeeding
 - Possess good basic communication skills
 - Have previous breastfeeding experience (ideally > 6 months)
 - Are similar to WIC participants they will serve (i.e., in ethnicity, age, and language spoken)
 - Are currently, or have been, a WIC participant
 - In cases when a peer with specific language or cultural skills is needed and you are unable to identify a peer who meets all of the background requirements contact the State WIC Breastfeeding Coordinator.
- Peer counselors should have access to a telephone and transportation.
- Peer counselors should understand work expectations.

Sample job descriptions are found in the FNS peer materials, available from the State WIC Office.

Work Parameters

- In addition to their work in WIC clinics, peer counselors should expect to make home and hospital visits when needed, and make telephone contacts from home and clinic.
- WIC peer support staff may bring their nursing infants to work with them.

Peer contact frequency

- More frequent contacts with pregnant and breastfeeding women increases the effectiveness of peer support. FNS recommends the following contact schedule as most effective:
 - 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 peer breastfeeding support staffperson and the breastfeeding woman can determine the contact schedule. (The peer counseling program manager can provide guidance in frequency of contacts.)
 - FNS recommends monthly contacts during the first year, and additional contacts if needed (e.g., if returning to work or school).

Compensation and reimbursement of peer support staff

- Many WIC programs offer peer counselor salaries similar to a clerk or community health worker.
- Other recommendations:

- Provide travel allowance for home/hospital visits and meetings.
- Cover training expenses.
- Provide benefits if possible.

Peer Counselor Manager

- A sample job description for WIC staff that manage the peer support program is found as Exhibit 6-L.
- If responsibilities are split between two or more staff, the roles for each must be clearly defined and include all required roles.

WIC IBCLC

- The IBCLC may be a WIC employee or a contracted employee.
- Contact the State WIC Breastfeeding Coordinator for additional information on training your WIC staff to become IBCLCs or on finding an IBCLC in the community.

Training

- Peer counselors should receive orientation to WIC so that they are familiar with services being received by participants.
- WIC staff who are trained in breastfeeding support can help integrate peers into the WIC program.
- Materials provided for home study can supplement formal instruction for peer support staff.
- Opportunities for peer counselors to “shadow” or observe other peer counselors and lactation experts are very helpful.
- Some states have developed career path options for peer support staff (e.g., training/experience to become senior level peer counselors; training to become IBCLC).
- If peer staff attend conferences or workshops on breastfeeding, the contents of the workshop in relationship to peer’s scope of practice should be discussed after the workshop.

Supervision of Peer Support Staff

The mentor/supervisor transition has been reported to be effective for many successful programs. These programs have the supervisor act as a mentor for the first 6 months, and then gradually change to a more traditional supervisor role. If used, this planned change should be explained to the peer support staff.

Documentation of Client Contacts

- A sample peer documentation form is included as Exhibit 6-M.
- A sample *Peer Weekly Activity Report* is included as Exhibit 6-N.

Required Peer Program Documentation

Records to demonstrate that peer program implementation is consistent with the peer program requirements must be maintained in the WIC office. This documentation should include:

- Signed confidentiality statements,
- Records of spots checks,
- Training records,

- Peer logs,
- Peer documentation for participant who are no longer receiving peer services, and
- Other records to support activities of the peer program.

Community partnerships enhance the effectiveness of a WIC peer support program.

- Designate a WIC staffperson to establish and maintain communication with other organizations that work with pregnant and breastfeeding woman and inform them of the WIC peer support. These might include: breastfeeding coalitions; businesses and community organizations; cooperative extension program; lactation consultants; La Leche League; home visiting programs; private clinics; hospitals, and others.