

Maine Center for Disease Control and Prevention

WIC Nutrition Program

Effective: October 1, 2012

Policy No. BF-4

Revised: October 1, 2022

Prenatal and Breastfeeding Contacts

Authority

7 CFR §246.11(c)(7)(iv) and (e)

22 MRSA §255 and §1951

Policy

1. Each Local Agency shall ensure that participants receive complete and accurate information regarding breastfeeding.
2. Participants who make the infant feeding decision to use formula shall receive support in their decision, and receive complete and accurate information regarding the proper preparation, use, and storage of formula.
3. Local Agency staff shall encourage all prenatal participants to breast/chestfeed, unless medically contraindicated, by:
 - 3.1. Providing complete and accurate information regarding human milk and breast/chestfeeding benefits and techniques.
 - 3.2. Providing breastfeeding messages to all prenatal participants.
 - 3.3. Providing follow-up breastfeeding or chestfeeding contact to prenatal participants who are interested in or undecided about their infant feeding plan.
4. Local Agency staff shall assist participants in successfully breastfeeding. Problems and concerns shall be addressed quickly to help the parent maintain their nursing goals.
5. Local Agency staff shall provide referrals to lactation consultants if the participant is experiencing problems beyond the skill level of the counselor.

Procedures

1. At appointments throughout a pregnant person's certification period, nutrition staff shall complete a breast/chestfeeding assessment by collecting key information, following Value- Enhanced Nutrition Assessment (VENA) guidelines as follows:
 - 1.1 Eliciting the pregnant participant's attitudes, concerns, and knowledge related to breastfeeding.

- 1.2 Acknowledging the participant's concerns and experiences with previous nursing attempts.
 - 1.3 Providing applicable breast/chestfeeding education focused on desired health outcomes, and closing on a positive note.
 - 1.4 Referring participants interested in breastfeeding to a Breastfeeding Peer Counselor for follow-up
2. The following content shall be assessed, documented in Spirit, and prioritized with subsequent individually tailored education being provided in a VENA participant-centered approach during contacts:
- 2.1 Encouragement to breast/chestfeed
 - 2.2 Benefits of breastfeeding or chestfeeding for nursing parent and infant
 - 2.3 Basics of breast/chestfeeding including the principles of human milk production
 - 2.4 Common breastfeeding and chestfeeding concerns
 - 2.5 Information about the Breastfeeding Peer Counselor Program, if applicable
 - 2.6 Anticipatory guidance/avoiding problems covering:
 - 2.6.1 Lactation support at the hospital
 - 2.6.2 Home visiting program assistance
 - 2.6.3 Early breast/chestfeeding (immediately after delivery)
 - 2.6.4 Frequency of feedings (8-12 times/day)
 - 2.6.5 Rooming-in
 - 2.6.6 Avoiding artificial nipples (bottles and pacifiers)
3. At all prenatal contacts, breast/chestfeeding education shall be provided and verbal messages about breastfeeding and chestfeeding shall be reinforced with appropriate education materials.
- 3.1 In an effort to increase breast/chestfeeding duration, education should reinforce the above information as well as focus on the participant's individual circumstances in order to meet their specific needs .
 - 3.2 Additional information may be provided on other topics such as embarrassment and breast/chestfeeding after returning to work or school.
4. Local Agency staff shall attempt to schedule a combined postpartum/infant certification and lactation support appointment as soon as possible after delivery.
- 4.1 A post-delivery call, coupled with the prenatal contact, is very effective in increasing the duration of breast/chestfeeding.

5. Local Agency staff shall focus discussion at the certification or breast/chestfeeding appointment on the participant's areas of concern and provide anticipatory guidance. The following content shall be covered in this class/individual contact:
 - 5.1 Support/encouragement to continue breastfeeding
 - 5.2 Problem solving
 - 5.3 Anticipatory guidance for breastfeeding
 - 5.4 Adequate milk supply
 - 5.5 Growth spurts/feeding problems
 - 5.6 Working/school and breastfeeding
 - 5.7 Feeding cues
6. Breastfeeding dyads may be assessed to be at nutrition risk based on one another.
 - 6.1 A breastfeeding woman is determined to be at nutrition risk if linked to a breastfeeding infant.
 - 6.2 A breastfed infant is determined to be at nutrition risk if linked to a breastfeeding woman.
 - 6.3 The mother-infant dyad risks are not sufficient alone (601, 702). A full nutrition assessment must be completed for both a breastfeeding woman and her infant and other nutrition risk(s) assigned as appropriate.
7. Local Agency staff shall praise exclusively breastfeeding participants and highlight the enhanced food benefits they will receive to support their breastfeeding efforts.
8. Local Agency staff shall provide anticipatory guidance for returning to work or school in order to ensure continued breastfeeding success.
 - 8.1 Discussions shall include a review of the participant's expected work schedule and options of reverse nursing, hand expression, manual pumps and electric pumps to encourage continued exclusive breastfeeding.
 - 8.2 The availability of space for both pumping and storage of breast milk at work shall also be discussed. Lack of breast pumps may be a barrier to successful breastfeeding for some mothers.
9. If a participant or a health care provider insists on supplementing with formula, staff shall encourage a slow introduction and watch for any signs of intolerance.
 - 9.1 Information on proper preparation and storage of formula shall be provided.
 - 9.2 The participant shall be praised for any breast milk she is able to provide to her infant(s).

10. Breastfeeding participants shall be referred to the Breastfeeding Peer Counselor/Mom to Mom Program for breastfeeding support and resources, if applicable.
11. Supplemental formula will be provided only when specifically requested by the mother of the breastfed infant or prescribed by the health care provider.
 - 11.1 If a mother requests formula, the nutrition counselor must individually assess her situation and discuss possible options to continue exclusive breastfeeding (e.g. use pump, alter feeding schedule, etc.) as a researched and evidence-based preferred option.
 - 11.2 To be considered in partially breastfed status, Local Agencies shall follow the maximum supplemental formula issuance amounts.
 - 11.2.1 A maximum of one can of powdered formula may be provided in the first month after delivery.
 - 11.2.2 After the first month of life, a mother wishing to receive supplemental formula may be issued up to half the amount provided to the same age fully formula fed infant.
 - 11.3 The use of supplemental formula for breastfeeding infants shall meet individualized needs by providing only the amount of formula that the infant is consuming at the time of benefit issuance.
 - 11.3.1 All breastfeeding women shall receive information about the potential impact of formula on lactation before additional formula benefits are given. Counseling and appropriate educational materials must be provided to women requesting formula.
 - 11.4 If a mother requests formula, she shall be encouraged to supplement with iron-fortified powder rather than concentrated or ready to feed.
 - 11.5 Formula benefits shall not be issued to exclusively breastfed infants.
12. Nutrition staff shall plan and provide breastfeeding education and follow-up appointments according to the needs of the participant. Monthly follow-up appointments may be considered for:
 - 12.1 New mothers
 - 12.2 Mothers with breastfeeding concerns or problems
 - 12.3 Mothers in the process of weaning
 - 12.4 Mothers returning to work or school in the near future
13. All prenatal and postpartum breastfeeding contacts shall be documented in the participant's electronic record.