

- Policy** Local agency WIC programs will provide breastfeeding promotion and support to WIC participants.
- Purpose** To increase the rate and duration of breastfeeding among WIC participants by encouraging and actively supporting mothers who choose to breastfeed; educating and promoting the benefits of breastfeeding for both mothers and infants, establishing breastfeeding as the normal and nutritionally superior way to feed infants.
- Procedure** Federal regulations require that the State WIC Program ensure that adequate breastfeeding promotion and support are provided to participants. The State WIC Program monitors local WIC programs in the following areas of breastfeeding promotion and support:
1. Develop and implement a written breastfeeding policy that promotes a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding. Methods to encourage a positive clinic environment include:
 - Use current educational materials and office supplies free of formula product names and/or logos.
 - Display breastfeeding promotion posters and materials.
 - Communicate a comfortable attitude toward breastfeeding.
 - Eliminate the visibility of infant formula and bottle feeding equipment.
 - Refuse infant formula from manufacturer representatives for personal use by local program staff.
 - Provide a comfortable place to breastfeed
 2. Designate a staff person at each local WIC program to serve as the Breastfeeding Promotion Coordinator, to coordinate breastfeeding promotion and support activities. See Breastfeeding Policy BF: 2.
 3. Incorporate task-appropriate breastfeeding promotion and support training into orientation programs for all WIC staff. See General Program Administration Policy GP: 9.
 4. Ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods, including:
 - Phone calls, support groups, peer counselors, or referrals.
 - Identify women with special support needs (multiple births, illness, returning to work/school, etc.).
 - Supply breast pumps. See Breastfeeding Policy BF: 4.
 5. Provide culturally appropriate, participant-centered breastfeeding education to ensure participants make an informed infant feeding decision. See Breastfeeding Policy BF: 3.
 6. Provide encouragement and support for mothers to exclusively breastfeed for approximately the first six months and to continue to breastfeed through the infant's first birthday, and thereafter for as long as mutually desired.

7. Coordinate with private and public health care systems, educational systems, and community organizations to promote and support breastfeeding. coordination may include working with entities such as:
 - Community clinics and hospitals that serve a population similar to WIC's.
 - Professional organizations and individuals such as nurses, physicians, and midwives.
 - Local and state breastfeeding coalitions.
 - Existing breastfeeding support groups such as La Leche League.
8. Identify and refer participants to appropriate breastfeeding resources whenever possible. Refer to Appendix Q, Referral Guidelines and Appendix Ab, IBCLC Referral Protocol.
9. In the absence of an IBCLC (International Board Certified Lactation Consultant) or other community resource to provide consultations in a timely manner, the Local Agency Breastfeeding Coordinator will contact the State WIC office, as necessary, for additional guidance for mothers experiencing breastfeeding problems.
10. Staff will refer to Appendix A, Protocol for Breastfeeding Aids and Appendix B, Nipple Shield Consent Form, as necessary and appropriate, when providing consultations with breastfeeding mothers. Make a copy of signed Nipple Shield Consent form and keep in participant's chart. Give one copy to participant.
11. Monitor and evaluate breastfeeding activities on an annual basis.
12. If possible, a private area in the clinic should be provided for mothers to breastfeed. If the clinic has a lactation room, signage should be posted to direct participants to the room if they so choose to use it.
13. All clinics will use the following definition *for breastfeeding as: an activity performed on average of at least once a day.*
14. All WIC staff are required to provide task-appropriate breastfeeding support to breastfeeding mothers. Breastfeeding counseling shall be performed by the CPA prenatally and in all postpartum visits in which breastfeeding is ongoing. Issues identified shall be resolved to the extent possible by the CPA and shall not automatically be delegated to the Breastfeeding Coordinator or Peer Counselor (where available). Refer to Appendix Z: Counseling Points for the Breastfeeding Mother

Appendices:

- A: Protocol for Breastfeeding Aids
- B: Nipple Shield Consent Form
- Q: Referral Guidelines
- Ab: IBCLC Referral Protocol
- Z: Counseling Points for the Breastfeeding Mother
- Aa: Breastfeeding Anticipatory Guidance