

Maine Center for Disease Control and Prevention WIC Nutrition Program

Effective: October 1, 2012

Policy No. BFPC-2

Revised: October 1, 2022

Breastfeeding Peer Counselor Scope of Practice

Authority

22 MRSA§255 and §1951

10-144 CMR Chapter 286, §II.J.8

USDA All States Memorandum 04-27, “Breastfeeding Peer Counseling Grants/Training”
(April 8, 2004)

Policy

1. Peer Counselors (PC) shall provide basic prenatal and postpartum breastfeeding counseling following State Agency protocols.

Procedures

1. Peer Counselors shall:
 - 1.1. Be present in the clinic at a minimum of two hours weekly.
 - 1.2. Be available to offer breastfeeding or chestfeeding support outside of WIC clinic hours.
 - 1.3. When working from home, maintain a private and confidential space that is conducive to making or receiving phone calls to and from participants as needed and completing other work-related responsibilities.
 - 1.4. Local Agencies must provide cell phones when allowing peer counselors to work from home.
 - 1.5. If contacting participants via email, it must be through the Local Agency’s secure email system.
 - 1.6. Follow referral guidelines mandated by the breastfeeding peer counselor supervisor, which may include to an International Board Certified Lactation Consultant (IBCLC), lactation counselor, or medical provider when indicated.
2. Peer Counselors shall provide counseling in the following manner:
 - 2.1. By phone or text
 - 2.2. In person

Breastfeeding Peer Counselor Program (BFPC)

BFPC-2 Breastfeeding Peer Counselor Scope of PracticeBFPC-2 BFPC Scope of Practice 2017.docx

- 2.3. By email
 - 2.4. Prenatal or breastfeeding classes
 - 2.5. Social media
3. Job responsibilities of Breastfeeding Peer Counselors (BFPC) shall include:
- 3.1. Performing in a professional manner in all aspects of the peer counselor role by:
 - 3.1.1. respecting participant privacy, dignity, and confidentiality as detailed in Policy No. IS-4, Information Systems, Data Security
 - 3.1.2. respecting and responding sensitively to cultural attitudes and practices of participants and the community at large
 - 3.1.3. working within the policies and procedures of the WIC program
 - 3.1.4. maintaining records according to legal requirements, ethical practices, and local agency expectations
 - 3.1.5. recognizing when assistance is needed and consulting with supervisors, Breastfeeding Coordinators, and/or WIC Designated Breastfeeding Experts (DBEs)
 - 3.1.6. identifying situations outside of the Scope of Practice and referring as appropriate in a timely manner
 - 3.1.7. yielding to the WIC DBE for situations out of the breastfeeding peer counselor Scope of Practice
 - 3.1.8. Acquiring ongoing breastfeeding education to maintain and build knowledge and skills within Scope of Practice
 - 3.2. Encouraging and supporting participants to breastfeed by:
 - 3.2.1. using participant focused communication techniques to best meet participant needs
 - 3.2.2. helping participants identify the support available to them and educating family members.
 - 3.2.3. helping participants to identify their breastfeeding concerns, barriers, and solutions.
 - 3.2.4. teaching the reasons to breastfeed and the risks of not breastfeeding, and the importance of exclusive breastfeeding in the early weeks.
 - 3.2.5. teaching participants about the WIC food packages for breastfeeding mothers.
 - 3.2.6. Assisting in infant feeding classes and peer support groups.
 - 3.2.7. Establishing availability for WIC participants outside of usual clinic hours and outside of the clinic environment
 - 3.2.8. Referring participants to outside resources for support as needed
 - 3.2.9. promoting breastfeeding in the community, workplace, and health care system
 - 3.2.10. supporting breastfeeding participants from pregnancy through the postpartum period, including but not limited to growth spurts, the introduction of solid foods, and weaning.

- 3.3. Teaching basic breastfeeding to participant and helping them when difficulties occur by:
 - 3.3.1. teaching basic, evidence-based techniques that help ensure a successful start in breastfeeding, including milk production, skin to skin care, basic positioning and latch, milk expression, and storage
 - 3.3.2. assisting participants in identifying signs of normal breastfeeding, including feeding frequency and duration, infant feeding cues, typical infant weight gain, and stooling patterns
 - 3.3.3. providing anticipatory guidance to help prevent the occurrence of problems
 - 3.3.4. providing guidance to participants regarding non-evidence-based breastfeeding information that they may receive
 - 3.3.5. helping participants prepare for a return to work/school that supports the continuation of breastfeeding
 - 3.3.6. providing basic and timely problem-solving and support
 - 3.3.7. yielding participants experiencing difficulties to the WIC DBE

- 3.4. Documenting counseling contacts and attempted contacts directly into the participant's electronic SPIRIT file and Breastfeeding Peer Counselor Activity Log and Monthly Report (AppendixBFPC-2-A) when access to SPIRIT is available.
 - 3.4.1. If a BFPC does not have SPIRIT access at the time of the contact with a participant, the BFPC shall document the contact in SPIRIT as soon as SPIRIT access becomes available.
 - 3.4.2. Breastfeeding Peer Counselor Activity Logs should be submitted to the Breastfeeding Peer Counselor Supervisor at the end of each month.

4. Peer Counselors shall not:
 - 4.1. Diagnose conditions.
 - 4.2. Provide medical advice.
 - 4.3. Prescribe or recommend medications.
 - 4.4. Attempt to remedy potentially serious problem(s).

5. Peer Counselors, regardless of level of training or experience, are expected to yield to and/or consult with the Local Agency Breastfeeding Peer Counselor Supervisor under the following circumstances:
 - 5.1. If a nursing parent expresses concern about:
 - 5.1.1. Any health issues related to her or her baby
 - 5.1.2. Their baby's weight or other growth issues
 - 5.1.3. Their milk production or ability to satisfy her baby
 - 5.1.4. Their baby's ability to latch and suck effectively

 - 5.2. If a nursing parent:
 - 5.2.1. Has any breastfeeding problem that remains unresolved per a parent's report after 24 hours despite a counselor's assistance
 - 5.2.2. Wants to supplement with formula or stop breastfeeding
 - 5.2.3. has a situation beyond basic breastfeeding, such as breastfeeding more than one baby or breastfeeding an adopted baby
 - 5.2.4. has a physical challenge, hormonal condition, or a chronic or acute illness
 - 5.2.5. Has prior breast or gastric bypass surgery
 - 5.2.6. has nutritional issues or questions (including but not limited to obesity, following a special diet, losing weight, etc.)
 - 5.2.7. appears depressed or at risk for physical abuse
 - 5.2.8. is suspected of abusing alcohol or dur and other harmful substance abuse
 - 5.2.9. is having problems and is unable or unwilling to follow a counselor's suggestions