

Providing Breastfeeding Support in a Fresh Choices Environment

A Resource Packet for the Early Postpartum Period

This packet is designed to provide you with information and a variety of ideas for addressing the concerns/issues staff might have about providing breastfeeding support given the food package changes that are part of Fresh Choices. Some of you might want to read this from cover to cover, but most of you will want to take a look at the table of contents to see what information is of interest to you.



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Why are we making this change? (Background and guidance from USDA)

Background

The authorizing legislation for WIC provides a strong basis for the role of WIC in breastfeeding promotion and support. WIC State and local agencies are required by WIC Program regulations to create policies and procedures to ensure (1) breastfed infants receive a food package consistent with their nutritional needs; and (2) breastfeeding support and assistance is provided throughout the prenatal and postpartum period, particularly when the mother is most likely to need assistance.

Food Package Guidance

WIC's definition of a breastfeeding woman continues to be the practice of feeding a mother's breast milk to her infant on the average of at least once a day. This definition determines the categorical eligibility of a participant as a breastfeeding woman, and has not changed under the interim rule revising the WIC food packages. Breastfeeding women are eligible for WIC services up to one year postpartum. Breastfeeding assessment and the mother's amount of breastfeeding, however, serve as the basis for determining her food package.

The provisions of the interim rule, based on recommendations of the Institute of Medicine (IOM), revise WIC regulations to provide food packages that better meet the nutritional needs of breastfeeding mothers and infants, provide incentives for initiation and continuation of breastfeeding, and minimize early supplementation with infant formula to help mothers get off to a good start with breastfeeding. The new food package categories distinguish between fully breastfeeding, mostly and some breastfeeding, and fully formula feeding mother/infant pairs.¹ Fully breastfeeding mothers and infants receive the largest variety and quantity of foods. Compared to the previous food packages, mostly breastfed infants receive less formula to encourage mothers to feed more breast milk to their infants and to protect their milk production. Issuance of infant formula for breastfed infants less than one month of age is not authorized.

The revised food packages for breastfeeding women and infants reflect and support existing WIC regulations, policy and philosophy related to breastfeeding promotion, assessment, tailoring infant formula amounts, and the importance of

¹ The terms fully breastfeeding, partially breastfeeding, and fully formula feeding refer to the food package categories established in the interim rule.

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minimal or no formula supplementation. These revisions may represent a significant change in the way some local agencies conduct food package issuance for the breastfeeding dyad. It is important for local agencies to ensure staff are adequately trained to provide anticipatory guidance to pregnant women, conduct breastfeeding assessments, assign appropriate food packages, and provide counseling and support for the breastfeeding dyad.

Breastfeeding Assessment

Because the food packages for the breastfeeding mother/infant dyad are by design closely tied, it is important to ensure each breastfeeding pair receives a complete breastfeeding assessment. Oregon WIC Listens encompasses and supports the breastfeeding assessment, which serves as the foundation on which other nutrition services are planned and provided. Nutrition assessment is the process of obtaining and synthesizing relevant and accurate information in order to assess nutritional status and risk, tailor the food package to address nutritional needs, design appropriate nutrition education, and make appropriate referrals.

Food Packages for the Breastfeeding Dyad

WIC's goal is to encourage and support mothers to breastfeed exclusively without supplementing with formula. The food packages for the breastfeeding dyad are designed to supplement their special nutritional needs and serve as incentives for mothers to breastfeed with no or minimal supplementation. The breastfeeding assessment and the mother's plans for breastfeeding serve as the basis for determining food package issuance and the counseling and support provided to the mother. The breastfeeding counseling and support that WIC staff provide can make a huge difference in helping mothers to fully breastfeed their infants.

Note: See the *Food Package Module* and the *Oregon WIC Anticipatory Guidance* handouts for more details on the food package for each category of mother and baby and how these are assigned and managed in TWIST.

Balancing our desire to provide good customer service with the new policies – Can I do both?

Some WIC staff are expressing concerns about how to best help breastfeeding moms in the first month after birth. They're worried about what to tell moms requesting formula, given the new WIC rule of no formula for breastfeeding babies in the first month. This concern might be especially true for front desk staff because they are often the first staff person a WIC participant talks to.



For some staff it might help to remember one of the tried and true principles of customer service; tell the participant what you can do instead of what you can't do. For example, if a mom comes in and says that she needs a little formula because her baby isn't getting enough of her milk, focus on what you can do for her. It might sound something like this. *"I'm really glad you came in to today. Let me see if Wendy can take a moment to talk with you about how it's going."*

If, after all your best attempts have been made, a participant becomes upset, remember to keep your voice calm, even if she begins to raise her voice. She might be raising her voice because she is stressed and doesn't think you heard her. Here is your chance to use your very best Oregon WIC Listens skills. Stay calm and let her know that you are listening. Remember to use a calm voice, positive body language and make eye contact. Using a calm voice is especially helpful on the phone because the participant can't see you and is really listening to the tone of your voice. If the participant seems upset, you might want to express regret so that she understands that you really hear her and want to help her. For example, you can start your sentence with a word or phrase such as "I wish we could..." or "I'd like to be able to ..." Expressing regret is not an admission that we have done something wrong. It just acknowledges that we feel remorse at not being able to fulfill a participant's specific request at this time.

What can we do?

- Remember, a CPA must assign all food packages. While a clerk might first field the request for formula, the CPA will make the decision about which food package to provide to moms and their babies.
- Discuss the issues with others in your agency and identify ways to handle these requests. Potential discussion questions:

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- What might be the benefits of providing a can of formula to a breastfeeding mom in the first month postpartum?
- What might be the problems with providing a can of formula to a breastfeeding mom in the first month postpartum?
- If you were a WIC participant who just had a baby and you were tired and stressed and you thought just a little bit of formula might help you make it one more day, what would you want to hear from a WIC staff person? What would help you keep breastfeeding?
- What experiences have you had with breastfeeding and supplementing with formula? How did breastfeeding go after formula was introduced? How did you feel about the advice people gave you? How might WIC moms feel?

What can I do to prepare moms for this change? Providing prenatal anticipatory guidance

Ideally, moms will understand what their postpartum food package options are while they are still pregnant. The best customer service is to make sure moms know what to expect. California reports seeing an increase in exclusive breastfeeding in agencies that have informed moms prenatally WIC will not be providing formula to breastfeeding infants in the first month.



What can we do?

- Ensure that all staff have completed the *Infant Feeding* in-service. The *Providing Anticipatory Guidance to Prenatal Participants* handout includes key messages and may be especially helpful as you come up with words to use. The in-service and associated materials can be found on our website at <http://egov.oregon.gov/DHS/ph/wic/freshchoices.shtml#inservice>
- Include anticipatory guidance in prenatal counseling and group nutrition education regarding food package options
- Include anticipatory guidance in prenatal counseling and group nutrition education regarding when and how to contact the clinic after delivery.
- Texas has had success showing women the difference between the fully breastfeeding food package and the non-breastfeeding food package. Using the anticipatory guidance handouts *New WIC foods for fully breastfeeding moms* and *New WIC foods for non-breastfeeding babies and moms* may help.

Using Oregon WIC Listens skills to address formula requests from breastfeeding moms



WIC staff can use their Oregon WIC Listens skills when a breastfeeding mother requests infant formula in the first month after delivery. Using these skills will help staff to fully assess the mother's breastfeeding goals, concerns and needs. All WIC Certifiers have basic skills in breastfeeding support. Some certifiers have received advanced training and can help moms with more difficult breastfeeding concerns. As much as possible ensure the mother receives the level of support needed from WIC staff.

Practical Application – Counseling Points, Tips and Examples

A) Hearing Mother's Concerns: Active Listening and Reflections

The early postpartum period can be an emotional and even stressful time for many mothers as they learn to feed and care for their new baby. When a breastfeeding mother comes into the clinic or calls requesting formula within one month of delivery, using our active listening skills will help us to hear her desires, her concerns, and her needs, and respond appropriately to the emotions the mother has before we offer any guidance or counseling information.

From our Oregon WIC Listens toolkit, we have the skill of using reflections to let the mother know we have been listening and to check our understanding of what she is saying. Here are some ways to use reflections when a breastfeeding mother requests formula:

Situation: A mother of a two week old baby comes into your clinic. After speaking with a clerk at the front desk, she comes back to your desk to talk with you. She says, "I'm trying to breastfeed but my baby keeps crying. Can I get some formula?"

- 1) **Repeat** back what mother is saying
Example: "You're concerned about how much your baby is crying and wondering if we can give you some formula."
- 2) **Rephrase** what mother is saying
Example: "Even though you're breastfeeding your new baby keeps crying."

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- 3) **Paraphrase** what you hear to make a guess at her unspoken feeling or meaning
Example: “You’re worried about how breastfeeding is going because your baby is crying a lot.”
- 4) **Reflect** back a feeling, keeping in mind that you want to understate the feeling
Example: “You are worried that you may not have enough breast milk for your baby.”

Another option for using reflections is to incorporate them into a three step approach.

1. Reflect the emotion associated with Mom’s request

- “I’ll bet you’re a little worn out today. I’m really glad you came in. What a super mom you are!”
- “It sounds like you are concerned about”

2. Provide factual information

- “We can talk about some things to get breastfeeding going better for you and your baby.”
- “We are committed to helping you fully breastfeed.”
- “It’s best to wait until your baby is at least 4-6 weeks old before using formula because formula will cause you to produce less milk .

3. Describe what you can do

- “We have our full food package to offer fully breastfeeding moms.”
- “Let me have you talk with our breastfeeding counselor.”
- “Here are the resources that we have for breastfeeding help...”

B. Do a Complete Assessment: Open ended questions

Using open-ended questions and probes helps you understand the mother’s breastfeeding goals and identify both her strengths (such as her support system, previous experience, commitment to breastfeeding) and her concerns and needs (such as perceived lack of breast milk, baby growth or weight concerns, need to return to work or school, breastfeeding difficulties). Understanding these will help you offer the best guidance, referrals and most appropriate food package for the mother and baby. Completing the assessment helps you see the big picture so you

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can help prioritize what is most important and not overwhelm the mom with information or advice she doesn't need or want.

Example: "It sounds like you have concerns about breastfeeding your baby. Is it okay if I ask a few questions to better understand how breastfeeding is going?"

Sample questions:

- First, how are you doing?
- How has breastfeeding been going so far?
- What are a few things that have been a bit tough?
- What are the things you're really loving about it?
- How often is she asking to breastfeed?
- For about how long does she usually feed?
- What are some ways she shows you that she's hungry? How about full?
- How has her weight changed since she was born? How do you feel about that?
- Who is available to help you with the baby and support you with BF?
- If we can get things going better, how long would you like to keep breastfeeding?

C. Offer Support and Guidance: Summarize, Offer Menu of Options, Affirm

Once we have completed the assessment and used critical thinking to prioritize mom's concerns, we can ask permission and offer support, education and referrals.

Summarize what you heard. Express empathy.

- "Thank you for describing your breastfeeding experience to me. I understand that this is a difficult situation for you."
- "It sounds like you are dealing with two major challenges. I appreciate your willingness to share these concerns."

Ask permission.

- "I have some information about this issue. Is that something you would be interested in?"
- "Would you like to hear more about?"

Explain what we can do. Offer a menu of options.

- "Of these available options, what would work best for you?"
- "We've talked about several ideas, which would you like try?"

Summarize the plan. Ask what mom thinks of the information that you've shared.

- “Based on what we’ve discussed today, we will be able to provide a full food package for you and a hand pump to help address your concerns. How does that sound?”
- “So we have a plan that includes what we will do and what you want to try. How do you feel about this?”

Offer affirmations. Express confidence in mom’s ability to breastfeed.

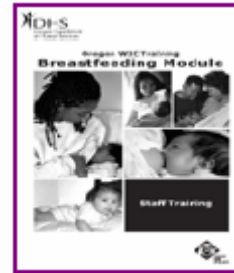
- “It is wonderful that you have chosen to breastfeed your baby. You are definitely on the right track and I know that in a short time, you will be breastfeeding comfortably.”
- “Your commitment to breastfeeding is a great gift for your infant. I am confident that with the plan you made today, you will reach your goals.”

Breastfeeding resources

Staff may feel more comfortable addressing the concerns of breastfeeding moms if they have more information about the issues that are commonly faced during that early postpartum period. There are several resources staff may want to review if they have questions.

- Breastfeeding Training module, specifically:
 - Chapter 3 - Breastfeeding Basics
 - 3-2 *How Often to Breastfeed* (includes feeding cues)
 - 3-4 *How to Make Enough Milk*
 - Chapter 5 – Managing Breastfeeding Problems
 - 5-2 *Inadequate Milk Supply* (includes assessing inadequate milk supply)
 - 5-7 *Fussy Baby* (includes info on normal fussiness)
 - Find it on our website at:
 - http://egov.oregon.gov/DHS/ph/wic/modules.shtml#Dietary_Risk_Training_Module

- Materials from the statewide meeting presentations “The Secrets of Baby Behavior: How Babies Communicate and it’s Importance in Feeding” and “Translating Infant Cues Into the Group Setting” by Jane Heinig on our website at: http://egov.oregon.gov/DHS/ph/wic/swm_registration.shtml



Making this work in my agency (Clinic Management)



Whether we see mothers in person or speak to them on the phone after delivery, we can always congratulate them on the birth of their baby and affirm the decision they have made regarding feeding their baby. Then what will happen? It's time to consider how we will handle our postpartum interactions.

Considerations in managing the postpartum period:

One of the considerations that each clinic will make is deciding when to begin services for infants of postpartum women. Policy 605 outlines processing standards for new applicants.

Infants of moms who were on WIC during their pregnancy are considered new applicants and the processing standards of 20 days following request for services in person must be met. We must treat all these new applicants the same and not differentiate based on breastfeeding status. If we enroll and provide services to breastfeeding infants, we need to also enroll and provide formula to non-breastfeeding babies.

These parameters result in two basic options:

Option 1: Begin service when requested by mom at any time between delivery and her postpartum appointment.

Benefits	Drawbacks
<ul style="list-style-type: none">• Strong customer service with timely response to requests• Assistance with infant feeding available in the early postpartum period• Formula for non breastfeeding infants can begin immediately using the temp newborn process	<ul style="list-style-type: none">• Increased staff time in completing assessments of infant feeding concerns outside of scheduled appointments• Managing walk-ins• Completing temp newborn process

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Option 2: Begin service at the postpartum appointment.

Benefits	Drawbacks
<ul style="list-style-type: none"> • Streamline service • Reduced staff time committed to infant feeding assessments outside of scheduled appointments • Fewer walk-ins • Less use of temp newborn process 	<ul style="list-style-type: none"> • Waiting to issue formula for non-breastfeeding infants • Reliance on referrals to community resources to help meet needs prior to the postpartum appointment

Consider these options when discussing the following questions and scenarios with staff:

- What will we tell our pregnant women regarding contacting the clinic after delivery? Will we encourage them to come in or call or wait until we send them a postpartum appointment?
- If postpartum women call or come into the clinic after delivery, what will we tell them if we are waiting to provide service until the postpartum appointment? If we are providing immediate service, how do we respond to the following situations:
 - A clerk is the first contact. How will CPAs be involved in assigning new food packages?
 - A non-breastfeeding postpartum woman requests formula, how will we enroll the baby in order to issue formula? Will we use a temp newborn process or schedule them for a postpartum appointment in the very near future?
 - A postpartum woman reports that she is fully breastfeeding, how do we issue the extra foods for fully breastfeeding? Who is responsible for handling this? How soon will her postpartum appointment be scheduled?
 - A postpartum woman reports that she is breastfeeding but would like some formula for her less than one-month-old baby, how do we handle this request? Who will she be referred to? When can a breastfeeding consult occur? If follow-up is needed, how will this be managed? How soon will her postpartum appointment be scheduled?
 - A postpartum woman is breastfeeding and receiving human milk or Neosure due to the baby being born prematurely. If she is getting formula from other community resources you may maintain mom's category as fully breastfeeding. Does she need a breastfeeding consult?

How do I handle these changes in TWIST?

Refer to *Food Package* Module, Chapter 2, Lesson 2-1 *Food package issues based on participant category*, pages 45-46.

Our response to formula requests for infants who are less than one month old will depend on the category of the mother making the request. There are three available categories for women between delivery and one month postpartum:

- Fully Breastfeeding
- Non Breastfeeding
- Pregnant



The infant category must be adjusted to match mom's category and will guide the provision of formula for the infant. Infants whose mothers are in the fully breastfeeding or pregnant categories during the first month after delivery will not receive formula from WIC. Infants whose mothers are non breastfeeding can begin to receive formula at any time after delivery

The basic principles to remember in TWIST are:

- TWIST will not allow you to assign the IB or IBN category/designation to infants in the calendar month of their birth. TWIST will not allow you to assign the WB or WBN category/designation to women in the calendar month of their delivery.
- The category/designation of the mother and baby must match in order to be able to print vouchers for either mom or baby.

If a woman calls during her first month postpartum, follow these steps:

Step 1: Determine the category

A) You may leave her as a WP and schedule her for her postpartum appointment.

OR

B) You may follow the temp newborn process, enrolling the baby as an IE or IN and changing mom's category to match. You would then schedule the pair for their recertification.

OR

C) You may enroll the baby as an IE or IN and complete the postpartum recertification appointment for the mom, making her category match her infants.

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Step 2: Printing vouchers

- If mom remains a WP, she may continue to use her WP vouchers. No vouchers are issued for the baby at this time.
- If mom becomes a WE, you may print the Add on modules for any months she already has WP food package vouchers printed (101-2, WP to WE) or print her vouchers for her new WE category. No vouchers are issued for the baby at this time.
 - If the mom and baby change to WB/IB or WBN/IBN after the baby is one month old, the future WE food package vouchers must be voided and replaced with ones appropriate for her category.
- If mom becomes a WN, you must void any future WP food package vouchers and replace them with vouchers appropriate for her WN category. You may print vouchers for the baby.
 - If the mom and baby change to WB/IB or WBN/IBN after the baby is one month old, the future WN food package vouchers may be voided and replaced with ones appropriate for her category.