

Breastfeeding Support Policy for the First Thirty Days of Life
City and County of San Francisco WIC Program

I. Purpose

Due to the advantages of breastfeeding as shown by increasing documentations, and due to the Federal mandate by which the WIC Program promotes and supports breastfeeding, the City and County of San Francisco WIC Program endeavors to support mothers to succeed in breastfeeding by adopting and implementing the State “Breastfeeding Support in the First Thirty Days of Life” Policy. It has been recognized that supplementation with formula during the first month of life may result in breastfeeding complications, and that starting with exclusive breastfeeding precedes the chance of successful breastfeeding.

II. Policy Statement

To ensure that breastfeeding mothers has adequate time to establish a full breast milk supply, WIC Program will not routinely issue formulas to infants less than 30 days old. Any request for formula for breastfeeding infants less than 30 days old, and all breastfeeding mothers (regardless of infant’s age), must be appropriately assessed by the lactation specialist on staff to determine the propriety of supplementation for the infant. Exceptions will be made for infant less than 30 days old when medically indicated or in extenuating circumstances.

III. Protocol

1. During the prenatal period, all pregnant women are informed of the policy that San Francisco WIC Program does not routinely give formula to infants that are less than 1 month of age. This should be done at the prenatal enrollment, at all prenatal appointments and during the breastfeeding class (GA10) that is given prenatally (group or individually).
2. At the first appointment after delivery, which should be within 1-2 weeks or sooner if the mother is calling with breastfeeding concerns, the baby will be enrolled and the mother recertified.
 - A. History of breastfeeding is assessed. Any breastfeeding challenges are reviewed. If there are any breastfeeding concerns, the following should take place:
 1. Evaluate the baby’s weight gain and elimination pattern (number of wet and soiled diapers, as can be found on the Infant Nutrition Questions).
 2. The designated Lactation Specialist of the clinic* may observe the breastfeeding.
 3. Intervene for breastfeeding challenges as needed.
 4. Provide the breastfeeding participant with resources and appropriate referral(s).
 5. Provide the Pediatric Referral for documentation of baby’s weight/length and ask the participant to return this at the second month appointment.
 6. Refer to the WIC Breastfeeding Support Warm Line for follow-ups.
 - B. If no breastfeeding concerns, issue vouchers, document appropriately and make the next appointment.

- C. Refer the breastfeeding participants to the WIC Breastfeeding Support Warm Line for any future questions.
3. The second month appointment will be to assess the breastfeeding.
 - A. Review of breastfeeding practice and follow up with intervention as needed. If any breastfeeding concern, repeat the steps 1 to 6 listed in Part A of #2.
 - B. If no breastfeeding concerns, issue vouchers, document appropriately and make the next appointment.
 4. **For an infant less than 4 weeks old (not for formula-fed infants):**
 - A. Infants should receive the “IB1” packet and the mother should receive the “BE7” packet.
 - B. The exceptions to this policy are extremely rare and should be made only after extensive evaluation. When the situation mandates, the participant will be referred to the dietitian or the Lactation Specialist. The minimum amount of acceptable formula will be issued and the infant and mother will continue to be monitored as appropriate for the situation.
 - C. Explain to the mother that the need for formula may be short term or intermittent and to try to breastfeed first before giving formula if medically possible.

Deciding What Food Packages for Breastfeeding Infants and Mothers

Infant Intake	Infant's Prescription	Mother's Prescription
<p>Fully Breastfeeding A. 0 – 5 months B. ≥ 6 months, fully BF + infant foods + infant food meat</p>	<p>A. IB1 B. 1B2</p>	<p>BE7 or PB7 (if on WIC but not yet recertified)</p>
<p>Combination Feeding for infants ≤ 4 wks old: A. Infant ≤ 4 weeks old, if receiving less than ½ the formula that a fully formula fed infant is allowed (1 – 4 cans powder formula). B. Infant ≤ 4 weeks old, if receiving more than ½ the formula that a fully formula fed infant is allowed (5 – 9 cans powder formula). Both A and B must have the approval of the supervisor due to extenuating circumstances such as hospitalizations of mother or baby, premature birth, or any medical indication etc...</p>	<p>A. IC1 Mostly BF B. IO1 Some BF For both A and B, enter in ISIS the reason for giving formula and the number of cans given. Place a HOLD in ISIS.</p>	<p>A. BC5 B. BO6</p>
<p>Combination Feeding for infants ≥ 1 month old: A. Mostly Breastfeeding 1-3 months, 1-4 cans powdered formula 4-5 months, 1-5 cans powdered formula B. Some Breastfeeding 1-3 months, 5+ cans powdered formula 4-5 months, 6+ cans powdered formula</p>	<p>A. IC1 ICQ B. IO1 IOQ For both A and B, enter in ISIS quantity of formula used/24hrs.</p>	<p>A. BC5 B. BO6</p>
<p>Combination Feeding ≥ 6 months A. Mostly BF + infant food and needs ≤ 4 cans of powder formula or ≤ 12 cans concentrate formula. B. Some BF + infant food and needs ≥ 5cans of powder or ≥ 13 cans concentrate formula.</p>	<p>A. IC2 B. IO2 For both A and B, enter in ISIS quantity of formula used/24hrs.</p>	<p>A. BC5 B. BO6N – no checks</p>
<p>Minimally breastfeeding or Formula Fed A. 0 – 3 months B. 4 – 5 months C. ≥ 6 months, formula + infant food</p>	<p>A. IF1 B. IFQ C. IF2</p>	<p>A. NS6 B. NS6 C. No checks</p>

5. For an infant more than 1 month old, but less than 5 months:

- A. The mother should be praised for breastfeeding efforts and encouraged to continue fully breastfeeding.
- B. If the baby is being exclusively breastfed, he/she should continue to get the IB1 packet, or equivalent depending on the age of the infant and the mother should get the BE7 packet.
- C. If the baby is combination feeding, or the mother requests formula, try to troubleshoot the reason the formula is being used or requested. The counseling can be done by a lactation specialist or be referred to an IBCLC**, depending on the situation. Ensure that the mother fully understands the mechanism of milk supply and demand. Ensure that mother understands that **any** amount of formula given to her baby will interfere with her milk supply.
- D. When determining the amount of formula required by the baby, keep in mind that the baby should not be given formula every day but rather only when the baby is separated from the mother.
- E. If the baby needs formula for a medically indicated reason, tell the mother that the need for formula can be temporary. Tell the mother she should return to fully breastfeeding as soon as possible and should wean off from the formula. During this time the mother will need help in maintaining her milk supply by using a breast pump (manual or electric).
- F. If the reason is inadequate breast milk supply, inform the mother of alternatives to formula such as manual or electric breast pump, hand expression of milk, ways to increase milk supply, other non prescription medicinal options (i.e.: fenugreek, mothers' milk teas or natural galactagogues.)
- G. If even after counseling the mother insists on formula, change the infant's and the mother's prescription as listed on table on page 3.

6. Scheduling of next appointment

The next appointment will be in a month. If the mother is not fully committed to exclusively breastfeeding, only one month of food instruments is issued. This allows for re-evaluation of infant feeding the next month.

7. Documentation

Proper documentation in ISIS (INEP) will help with follow-up at the next appointment. Record the mother's choice if she requests formula after being informed of her options. Record if mother is given a manual breast pump or if an electric breast pump has been issued to increase mother's milk supply. Follow protocol for issuance of an electric breast pump.

8. Support

WIC staff members need to be encouraging and be supportive of the mother's efforts to breastfeed. Staff should be sensitive in addressing the mother's cultural and societal beliefs, support her beliefs but attempt to offer other ways to achieve the same goal. An example might be mother wishing to include family members in the feeding of the baby so they can bond with the baby. Instead of a bottle of formula to be offered by the father of the baby, the mother could express breast milk so that the baby could receive breast milk in the bottle. Also, this doesn't need to be done on a daily basis. The father could also be encouraged to do something else to bond with the baby such as holding the baby, changing baby's diaper, giving the baby a bath, reading a story or singing to the baby.

Inform mothers of the services that WIC offers that will provide support:

- A. The San Francisco Breastfeeding Support Warm Line 415-575-5688
- B. IBCLC or Lactation Specialists (refer to the list on "Breastfeeding Support Services in the Community")
- C. Breastfeeding Consultations at WIC site
- D. Phone consultation by the Lactation Coordinator 415-575-5743
- E. Breastfeeding observations
- F. Breastfeeding equipment such as manual breast pumps
- G. Electric breast pump loan program
- H. Nursing bras and nursing pads for fully breastfeeding mothers
- I. Increased food vouchers for fully breastfeeding mothers

9. Staff Training

All staff will receive a minimum of 20 hours of breastfeeding education in order to be competent and supportive breastfeeding specialists. WIC staff will receive ongoing training at staff meetings.

* Lactation Specialist includes all staff members who have received at least 20 hours of breastfeeding education. Different staff members can take turns to be the assigned person to manage breastfeeding support in the clinic.

** International Board Certified Lactation Counselor (IBCLC) can be located on the list of "Breastfeeding Support Services in the Community"; or available at hospitals and clinics.

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