

2024 Oregon WIC Breastfeeding Inservice

Supporting breastfeeding families in the  
4th trimester when issuing formula



## 2024 Oregon Breastfeeding Inservice

Complete by November 30, 2024

Please complete before issuing Infant 0-3 Month Food Package

About this in-service:

This in-service serves multiple purposes.

1. It is an introduction to the changes in TWIST to the Infant 0-3 month food package
2. Meets our Corrective Action Plan related to documenting the breastfeeding assessment and the resulting tailoring of the food package for our Management Evaluation
3. It meets our requirements for the 2024 Breastfeeding In-Service

This training will take about 60-90 minutes to complete with discussion.

The training can be broken into sections if needed.

This training is designed as a group training. It is not intended to be a self-paced training.

Staff required to complete this in-service:

- All CPAs
- All WIC Nutritionists

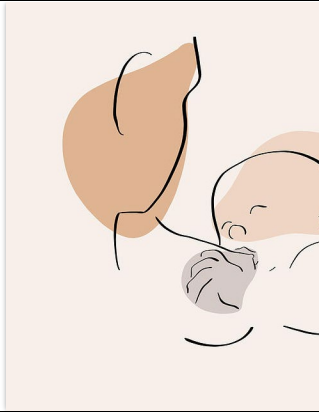
This in-service can be provided by:

- The WIC Nutritionist
- Training Supervisor
- Breastfeeding Coordinator
- The WIC DBE

## Today's Topics

- New food package rule: 0-3 month
- Concept of the 4th Trimester
- Breastfeeding Assessment
- Supplemental formula issuance
- Yielding and referrals
- Documentation

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## Goals for the Training

- Introduce the concept of the 4th trimester
- Inform WIC staff about the new food package rule for 0-1 month
- Strengthen counseling skills when breastfeeding families ask for formula
- Ensure a breastfeeding assessment is completed before issuing formula to a breastfeeding family
- Appropriate yielding, referrals, and follow-ups are offered
- Breastfeeding plans are documented

ME1

- The food package rule .
- Infants now can receive the Mostly BF infant and Mostly BF participant.
- Breastfeeding assessments must be done when a breastfeeding family asks for formula.
- The food package is tailored to provide the least amount of formula the family needs.
- Documentation of the breastfeeding assessment and plan is documented.
- Follow-up plan is made,
- Yielding or referral is offered when appropriate.

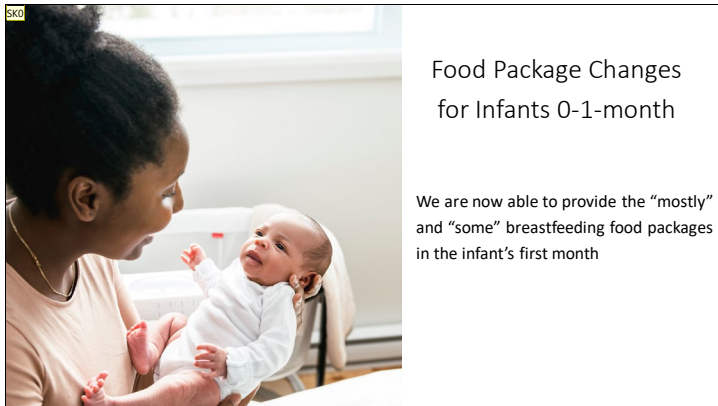
## Objectives for the training

- Describe food package changes for the Infants 0-3 months
- Demonstrate food package tailoring when breastfeeding families request formula
- Use participant centered education skills when a breastfeeding family requests formula
- List required documentation elements
- Describe when to yield and offer a follow-up appointment



Before we begin discussing the breastfeeding assessment process, we need to introduce you to the new food package for infants 0-3 months. This is how families can get formula in the first month if needed.

In this section we'll describe how this new food package works and what to consider when talking with a family – which you will do as part of the breastfeeding assessment.



In Oregon, we have not issued formula to a breastfed infant during the birth month. The Infant 1-3 month food package has been re-defined to accommodate the 0-1 month formula addition for the IB (mostly and some). The food package amounts remain the same for this category. The only change is the name. It is now called the 0-3 month food package.

## **Tailoring the food package is based on the assessment needs of the baby to meet, but not exceed, the infant's nutritional needs.**

As always, the infant and breastfeeding participant must be assigned the same food package category.

The breastfeeding assessment will drive which food package to assign. As a part of the breastfeeding assessment, it is essential to make sure the breastfeeding participant understands the impact on her food package amounts.

For example, if the infant in the birth month falls into the “mostly breastfeeding” category, the breastfeeding participant will receive the same amounts of foods in their food package as they did when pregnant.

However, if the assessment leads to the “some breastfeeding” category in the birth month, the breastfeeding participant will receive fewer foods.

- Less juice
- No whole grains
- Less milk (6 quarts)
- Beans OR Peanut Butter rather than Beans AND peanut butter.

CPD

## 0-3 Month Food Packages

0-3-Month Formula Supplementation Chart Bid formula 90 oz of reconstituted powder			
Mostly Breastfeeding (1-4 cans)	0-3 oz. per day	➡	1 can powder per month
	4-6 oz. per day	➡	2 cans powder per month
	7-9 oz. per day	➡	3 cans powder per month
	10-12 oz. per day	➡	4 cans of powder per month
Some Breastfeeding (5-8 cans)	13-15 oz. per day	➡	5 cans of powder per month
	16-18 oz. per day	➡	6 cans of powder per month
	19-21 oz. per day	➡	7 cans of powder per month
Non Breastfeeding (9 cans)	22-24 oz. per day	➡	8 cans of powder per month
	25-27 oz. Per day	➡	9 cans of powder per month

Here is the specific information about the Infant 0-3 month food packages.

The amount of formula available in the Infant 0-3 month Mostly, Some, and Non Breastfeeding food packages has not changed. The change is the age range for which the food package can be issued.

The information on this slide comes from Policy 713, Use of Supplemental Formula, Appendix A.

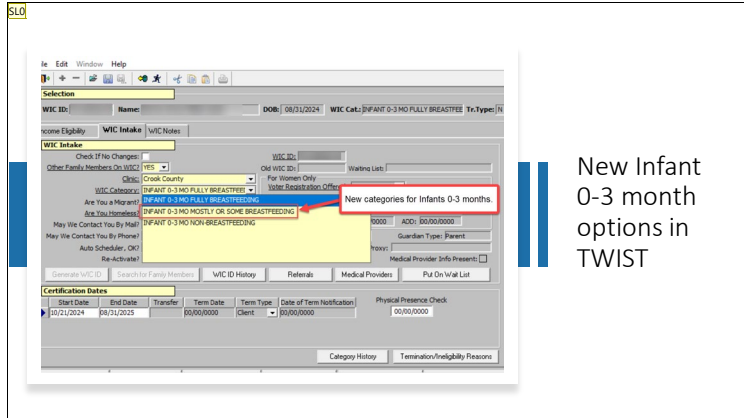
- One can of Similac Advance powder yields 90 ounces of reconstituted infant formula and Gerber Good Start Soy powder yields 91 ounces.

Ask staff:

- How many cans of powdered bid formula does a **mostly** food package contain for the 0-1 month food package?
- And how many cans of powder does the **some** food package contain for the 0-1 month food package?

You will see in TWIST that the formula amounts for the BF Mostly and BF Some food packages are the same for the 0-1-month infant food packages as they are for the 1-3-month infant food packages.





New Infant  
0-3 month  
options in  
TWIST

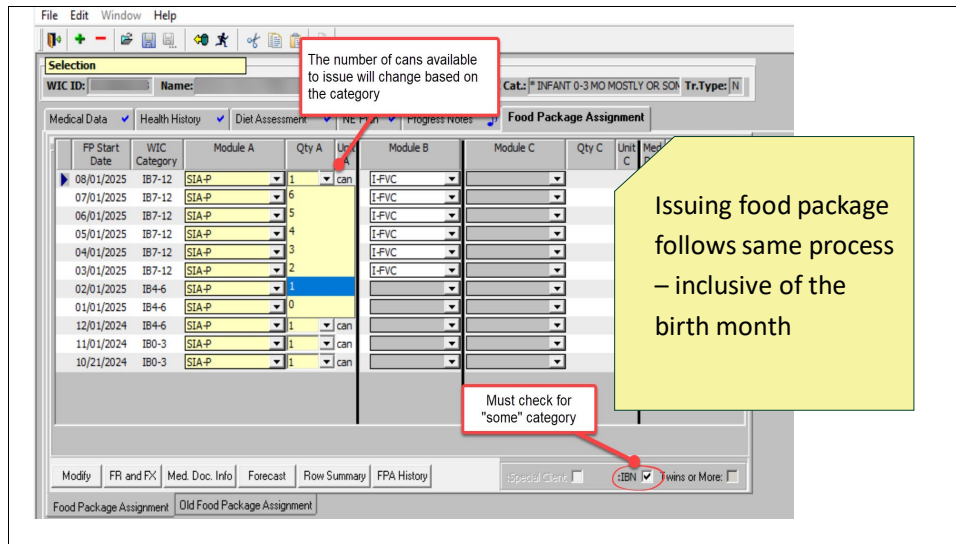
Here's what it looks like in TWIST.

Just as before, the Infant's food package must match the Mom's food package.

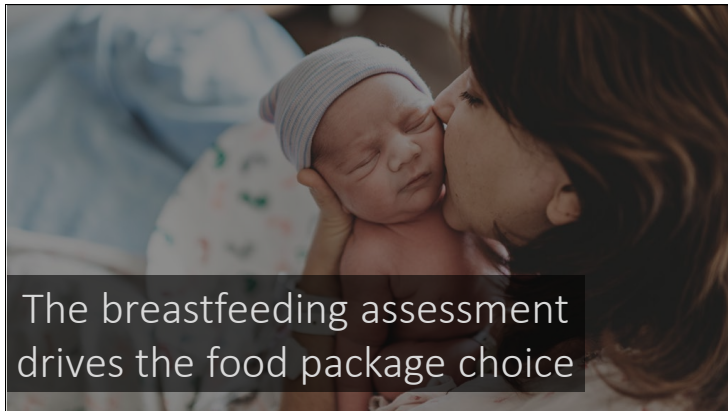
Infant 0-3 month fully breastfeeding = Woman fully breastfeeding

Infant 0-3 month Mostly or Some Breast feeding must be either the Woman some breastfeeding category OR Woman mostly breastfeeding category

Infant 0-3 month non-breastfeeding = Woman non breastfeeding



TWIST will need the IBN box checked to issue the infant some breastfeeding package – just like it does today for Infant 1-3 months.



The breastfeeding assessment drives the food package choice

**Agencies are asked to complete the Breastfeeding in-service prior to assigning the “Mostly” or “Some” Breastfeeding Infant 0-3 month package to a participant.**

This food package category is available with the November 18, 2024 TWIST release. Agencies may wait to begin use of the new food food package category until December, 1, 2024.

**What does FNS expect WIC staff do when formula is issued to a breastfeeding family?**

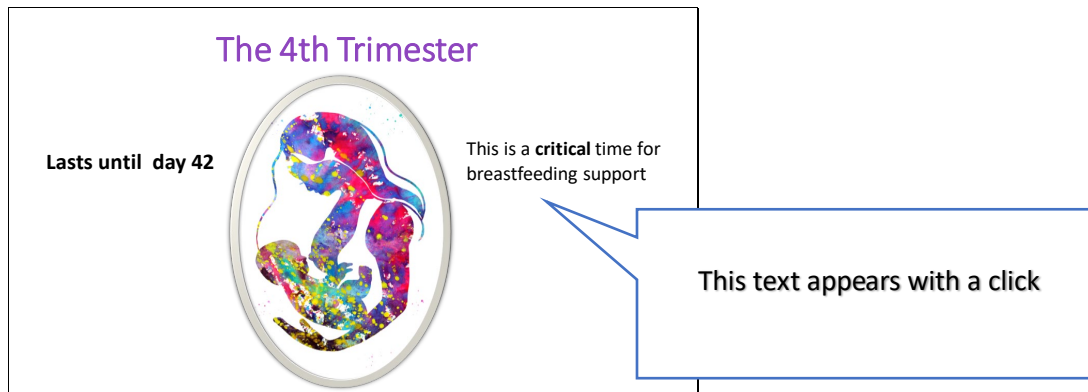
- A breastfeeding assessment is completed
- The minimum amount of formula is issued to best support breastfeeding and meet the infants nutritional needs
- Follow-up appointments are offered when appropriate to assist the family with breastfeeding, lactation, or formula issuance.

You will get a chance to try it out later in the in-service.

Let's move on to the assessment.



## Breastfeeding Assessment



**\*This slide has animation\***

### **Facilitator Notes:**

This is when milk production gets established, and bonding takes place.

The World Health Organization's (WHO's) definition of the **4th trimester** is the early postpartum period immediately after birth through 6 weeks (the first 42 days after birth. )

All babies are born early, so they can fit through the birth canal. Humans are one of the neediest of species. We are meant to be together 24:7. Human milk is relatively low in fat, so babies need to eat often, so we are often found bound to our parents. We are classified as a catch and carry species.

Mom and baby are often referred to as a *dyad*, not to be split.

Brandi Gates-Burgess, a guest speaker at the GOLD Lactation Online Conference in 2023, suggests the BF dyad aim for about 20 hours of Skin To Skin contact per day during the 4th trimester. This allows baby access to breast to get the 10-12 feedings they need during the first few weeks to establish a robust milk supply.

**\*There is so much change happening during the 4th trimester that it makes it a critical time for the breastfeeding dyad and shines the light on their need to be supported.**

- Whenever formula is issued to a breastfeeding dyad, FNS requires a breastfeeding assessment takes place to support them.

### **Reference**

[Policy 713](#), Breastfeeding: Use of Supplemental Formula

**Best practices for  
Breastfeeding Assessment  
and Documentation**



**Facilitator Notes:**

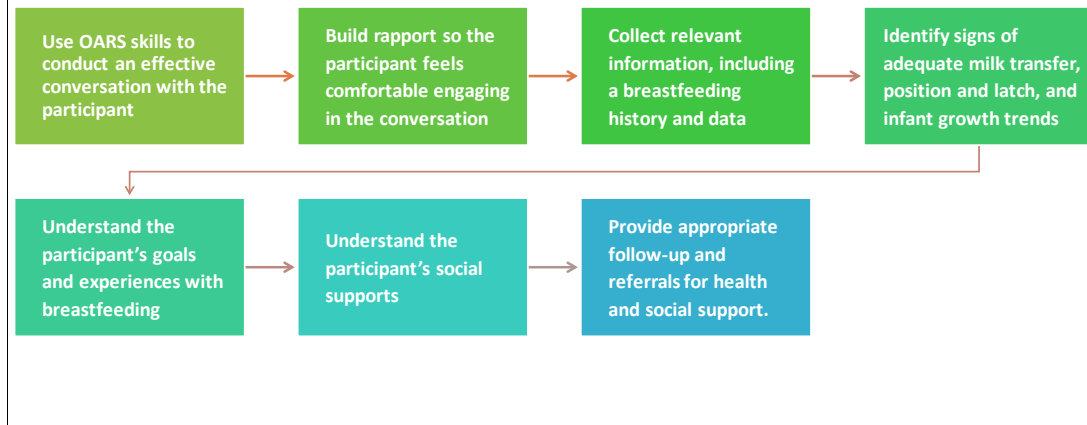
During the management evaluation, FNS did not see documentation that a breastfeeding assessment is done when breastfeeding participants request formula or when a participant changes from non-breastfeeding/partially (Some BF) package to the partially (mostly) breastfeeding package or to the Fully BF food package.

It is important to document when a breastfeeding assessment is completed, any referrals that are recommended, yielding that takes place, the breastfeeding plan and any future follow-ups. The breastfeeding assessment is also important as it ensures we are providing the least amount of formula needed to support the infant's nutritional needs and to support the parent's breastfeeding goals.

**Resource: A note from FNS:**

- If a breastfed infant is assessed to need more than 104 reconstituted ounces prior to reaching one month of age, it would be appropriate to issue the participant a fully formula-feeding/partially (sometimes) breastfeeding food package tailored up to, but not exceeding the maximum amount, and to recommend a follow up appointment to assess how breastfeeding is going.
- It would also be expected that a breastfeeding assessment take place prior to a change in the infant's assigned food package from the fully formula-feeding/partially (sometimes) package to the partially (mostly) breastfeeding package or to the fully breastfeeding package.
- Appropriate support and counseling should also be provided to minimize the number of breastfeeding infants receiving the fully formula-feeding/partially (sometimes) breastfeeding package.

## What is a Breastfeeding Assessment?



### Facilitator Notes:

Breastfeeding Assessment: Collects information related to breastfeeding to determine how breastfeeding is progressing.

Here is a brief look at what a breastfeeding assessment includes:

- Assessment of the participant's milk production, baby's intake, and supplementation practices.
- Hear what recommendations the infant's healthcare provide has.
- The participant's understanding and agreement of breastfeeding plan and amount of formula issued while the breastfeeding concerns/challenges are addressed.

How do we do this? Use our Participant Centered Education (PCE) skills.

Open Ended Questions  
Active Listening  
Reflections  
Summaries

**Build rapport:** A good reminder that people need to connect before they feel safe to receive information or support.

**Collect relevant information including Breastfeeding history and data:** How the participant feels breastfeeding is going and what has happened during their pregnancy and breastfeeding journey that could affect breastfeeding, e.g., pregnancy health issues, preterm delivery, using a nipple shield, infant's birth weight, etc.

**Identify signs of adequate milk transfer, position and latch, and infant growth trends:**

E.g., How long does the infant stay satiated between feeds? What does it feel like when baby feeds? What sounds do you hear when baby feeds? How do you like to hold baby when baby feeds? What was the lowest weight that baby has weighed, when was that?

**Understand the participant's goals and experiences with breastfeeding:** Showing interest in hearing the participants goals can be done by asking them open ended questions: Showing interest in how their birth went is sometimes a good place to start and you can receive a lot of information to understand what is happening with breastfeeding.

If their breastfeeding experience isn't going as planned, sometimes asking a question like this is helpful in understanding what type of help they might be open to receiving. "In a perfect world, what would feeding baby look like?" "I'm interested in hearing more about what got you interested in breastfeeding your baby." "What are some reasons you breastfeed?" (We are trying to figure out if they want to breastfeed for the relationship (bonding) or for health factors. This can help us find out how to best support them with their goals.)

**Understand the participant's social supports:** Who has been your biggest support person with supporting you with your infant feeding goals? Tailoring the breastfeeding plan to match the support and the desire the person has to work through their breastfeeding struggles.

**Referrals/follow-up:** Depending on the assessment findings, the participant may need to be referred to staff with additional lactation and breast/chestfeeding expertise. Schedule a follow up appointment soon after the breastfeeding assessment to reassess breastfeeding and to determine if the breastfeeding plan needs to change or if there a food package changes needing to be made. The participant may be able to return to full breastfeeding.

Handout Suggestion:

- Handout 5-2 Touchpoints for Breastfeeding Assessment



## BREASTFEEDING ASSESSMENT: DYAD

### LEVEL 3 HANDOUT: TOUCHPOINTS FOR BREASTFEEDING ASSESSMENT

An assessment should explore the mother's breastfeeding goals and preference, current knowledge regarding breastfeeding, potential complications, and recommendations from the mother's healthcare provider, mother's support network for successful breastfeeding and the reason for requesting formula.

#### ASSESSMENT AREAS

- Maternal and infant medical condition
- Physician's advice on medical conditions and medications related to breastfeeding
- Mom's breastfeeding goal
- Mom's breastfeeding knowledge and experience
- Mom's perception of breastfeeding success or challenges
- Reason for formula request
- Feeding plan (human milk and formula, complementary foods)
- Feeding pattern (frequency, duration and amount)
- Positioning
- Latch
- Sucking pattern
- Hunger and fullness cues
- Infant behavior
- Infant development skills
- Breastfeeding strike
- Appetite sprouts and growth spurts
- Tolerance (spit up, vomit, reflux)
- Formula tailoring opportunity
- Support network/workplace environment
- Feeding preference (breast only, bottle only, breast and bottle)
- Breastfeeding history
- Mom's breast issues (surgery, flat nipples, engorgement)
- Low milk vs over production

#### SIGNS OF ADEQUATE INTAKE

- Growth pattern
- Wet/dirty diapers
- Milk intake/transfer
- Breast softens after feed
- Baby wakes to feed
- Sleeping pattern

## ADDITIONAL ASSESSMENT

- Hospital/Birth experience
- Basic breast care (i.e. breast massage)
- Expressed milk (pumping or hand)
- Workplace environment
- Milk storage
- Weaning (baby-led or mom-led)
- Breastfeeding aids
- Alternative feeding methods e.g., cup feeding, spoon feeding, and finger feeding
- Alcohol, Drugs, and Smoking
- Teething/biting

## PROBING QUESTIONS FOR ASSESSMENT USE

Probing questions are open-ended questions that help to identify the reason(s) for the formula request. Probing assessment questions include, but are not limited to, the following:

### **Breastfeeding Plan**

- Are you familiar with WIC's food packages for breastfeeding mothers and WIC breastfeeding support services?
- How are you feeding your baby?
- Tell me about your feeding plans.
- What's your breastfeeding goal?

### **Do you plan to give exclusive breastmilk or breastmilk plus formula?**

- Are you familiar with how milk production works?
- Why do you feel like you need formula?
- How much fluid ounces of formula does your baby take per feeding? How often is formula given per day?
- Tell me the concerns you have about breastfeeding.
- What else does the baby eat besides breastmilk?

### **Support**

- Who will be keeping your baby while you are at work? Who else is caring for your baby? Is anyone helping you feed your baby?
- Do you have any concerns about breastfeeding or pumping when you return to work or school?
- Who helps you with breastfeeding?
- What advice has your doctor given you with breastfeeding?

### **Breastfeeding Experience**

- Why are you requesting formula?
- Can you describe your breastfeeding experience with your baby?
- What do you like/dislike about breastfeeding?
- Is this your first baby to breastfeed?
- Do you feel discomfort or pain?
- Describe your baby's suck strength at your breast.
- Do you have medical issues that impact breastfeeding?

### **Breastfeeding feeding Pattern**

- What concerns you most about feedings?
- Tell me about the baby's feeding patterns (how often baby eats, how long, and how baby behaves during and after feedings).
- How often is your baby going to the breast?
- How often are you offering your breast to your baby?
- How long does your baby feed at your breast?
- How does the feeding end?
- Are you expressing your milk to feed your baby or offering formula? If so, how often and how much?

### **Growth**

- What was the baby's birth weight and current weight?
- Tell me about your baby's growth.
- How do you feel about the way your baby is growing?

### **Hunger and Satiety Signs**

- Does the baby fall off the breast on his own or do you end the feeding?
- How do you know if your baby is hungry?
- How do you know when your baby is full?

### **Wet/Soiled Diapers**

- Describe your baby's wet and dirty diapers (how many and how often, as well as color and consistency). What changes have you noticed?
- How many poopy diapers did your baby go through in the last couple of days?

### **Supplementing**

- Is your baby receiving anything else besides breastmilk?
- If you are supplementing, are you using your expressed milk instead of formula and giving the supplement after breastfeeding?
- How long does a feeding last?
- Are you offering both breasts at each feeding?
- What makes you think your baby is satisfied after breastfeeding?
- Describe reason, when, and how much formula is given.

### **Breastfeeding History**

- Are there any signs of discomfort when breastfeeding?
- How do your breasts feel before and after feeding your baby?
- Does it feel like milk isn't fully removed from your breast?
- Describe how your breast feels and any changes to your breast.
- Describe the breast pain. When did you first begin noticing your breast pain?

### **Milk Expression**

- Why are you choosing to pump your milk?
- How often do you pump? Are there sudden changes in how often you breastfeed, such as skipping a few feedings or pumping sessions?
- Have you ever heard of hands-on pumping or breast massage?

### **Sleeping Pattern**

- What is the longest time your baby has slept at one time? How often does this happen?
- How much rest are you getting?
- How long does your baby sleep between feedings?

### **Baby Behavior**

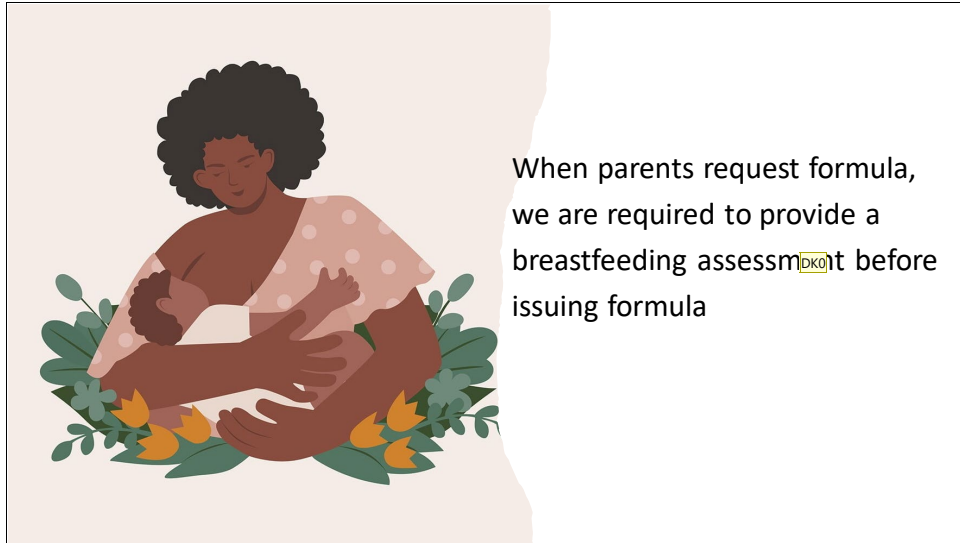
- Describe your baby's exhibiting feeding reflexes (e.g., rooting, opening wide, suckling, etc.).
- How do you calm your baby?
- Tell me how you are feeling when your baby behaves that way.
- What does your baby's behavior seem to be saying to you?

### **Perceived Inadequacy**

- Why do you believe you are not making enough milk?
- Why do you believe that your baby is not tolerating (e.g. spit up, vomit, reflux) your milk?
- Do you hear and see your baby swallow when breastfeeding?

### **Positioning and Latch**

- Describe any challenges you are having with positioning or latch.
- Which breastfeeding positions have you tried?
- Which positions make you and your baby more comfortable?
- Describe some common principles with all breastfeeding positions (see Tips below).
  1. Baby entirely faces the mother's body.
  2. Baby is held close to the mother. There should be no gaps between mom and the baby's body. If the baby's hands are in the way, baby is not close enough.
  3. Baby's head faces the breast and is not turned to the side.
  4. Baby's body, head, shoulders and hips are in a straight line. The neck is not bent.
  5. Mom should not lean over the baby.
- How does the latch feel? How long is your baby able to stay latched?



**\*This slide has a discussion prompt below\***

**Facilitator Notes:**

This can be an uncomfortable encounter for both the participant and for the WIC certifier.

**\*ASK - What has been your experience with these conversations?\***

Thank you for sharing.

We can still support parents' infant feeding goals while meeting the requirement to provide a breastfeeding assessment.

Today, we will be reviewing counseling tips to help you feel more confident when supporting breastfeeding parents who request formula.



Over 90% of Oregon WIC parents start out breastfeeding. This tells us most parents want to breastfeed.

**It isn't always easy.**

**Facilitator Notes:**

Unfortunately, our society does not make it easy for parents to breastfeed. When a parent decides to supplement or switch to formula feeding, it may have less to do with choice and more to do with the countless barriers and challenges parents face.

Fortunately, WIC provides prenatal education which helps build the participant's knowledge and confidence to breastfeed, and in turn can improve breastfeeding outcomes.

Handout suggestion: Handout option: Handout 5-1 Social Support Assessment Questions

BREASTFEEDING ASSESSMENT: PRENATAL

LEVEL 3 HANDOUT: SOCIAL SUPPORT ASSESSMENT QUESTIONS

Assessment Category	Questions	Purpose
<p><b>Social Supports</b></p>	<p>Family Support:</p> <ul style="list-style-type: none"> <li>▪ What have your family members told you about breastfeeding?</li> <li>▪ Who will be supporting you with your new baby?</li> <li>▪ Tell me about others you know who have breastfed that you can turn to for support.</li> <li>▪ Who do you think you will turn to most for advice on caring for your baby?</li> <li>▪ What do your family members tell you about breastfeeding? How important is their support to you?</li> </ul> <p>Community Support:</p> <ul style="list-style-type: none"> <li>▪ Where do you get your greatest support in the community?</li> <li>▪ How much support do you get from social media groups?</li> <li>▪ Tell me about any plans to return to work or school. What kind of support will you have for breastfeeding at work or school?</li> <li>▪ What do you know about your breastfeeding rights when you return to work/school?</li> </ul>	<p>Identify access to support when needed</p> <p>Understanding the influence of family members and level of support mom will receive and might need</p> <p>Identifying sources of support in the community</p>



Our role as WIC staff

**\*This slide has a discussion prompt\***

**\*ASK staff- What is your perception of our role as WIC staff?**

Examples of our role as WIC staff.

Our job is not to change the parents mind or talk them out of introducing formula.

**Our role is to provide accurate information and anticipatory guidance in a non-judgmental way.**

Reference: [PCS setting the stage](#)

Handout suggestion:

- Handout 6-2 Common Infant Issues Summary



PROBLEM SOLVING: COMMON INFANT ISSUES

**LEVEL 3** HANDOUT: COMMON INFANT ISSUES SUMMARY

Infant Problem	Causes	Areas of Assessment	Questions to Ask	Tips/Solutions	When to Refer
<b>Latch Difficulties</b>	<i>See Level 2</i>	<ul style="list-style-type: none"> <li>▪ Baby's latch</li> <li>▪ Mom's breastfeeding goals and experience</li> <li>▪ Breastfeeding knowledge</li> <li>▪ Potential complications</li> <li>▪ Baby's weight patterns and output</li> <li>▪ Supplementation with formula</li> <li>▪ Advice from the baby's HCP</li> </ul>	<ul style="list-style-type: none"> <li>▪ How are you feeding your baby while you work on latch?</li> <li>▪ What other foods does your baby receive? How often and how much?</li> <li>▪ How have your baby's wet and dirty diapers changed?</li> <li>▪ How do you feel about your milk production?</li> <li>▪ What has your baby's HCP told you about your baby's weight?</li> <li>▪ Who else is providing breastfeeding information to you about your baby?</li> <li>▪ What are your breastfeeding goals?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assess mom's milk production, baby's intake, and supplementation practices.</li> <li>▪ If HCP recommends formula supplementation, help mom consider it as a temporary tool until latch and milk production issues are resolved.</li> <li>▪ If the baby needs formula, counsel the mom about returning to full breastfeeding if desired.</li> <li>▪ Tailor food package to assure mom provides sufficient milk for the baby.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to DBE if:                             <ul style="list-style-type: none"> <li>• Basic suggestions for improving latch do not resolve the issues.</li> <li>• Mom wants to transition back to full breastfeeding.</li> <li>• Mom wants to rebuild her milk production.</li> <li>• Mom reports unresolved sore nipples or engorgement as a result of poor latch.</li> </ul> </li> <li>▪ Refer to baby's HCP if latch issues put baby at risk for slow or faltered growth.</li> <li>▪ Refer to peer counselor for ongoing mom-to-mom support.</li> </ul>
<b>Slow Weight Gain</b>	<i>See Level 2</i>	<ul style="list-style-type: none"> <li>▪ Weight trends</li> <li>▪ Mom's concerns about baby's weight</li> <li>▪ Baby's feeding history (feeding routines, environmental factors, early practices, early days at home)</li> <li>▪ Maternal medications or reported breast abnormalities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me more about how the feedings are going.</li> <li>▪ How do your breasts feel before and after feedings?</li> <li>▪ Does your baby act hungry? If so, how do you know?</li> <li>▪ How long do feedings last?</li> <li>▪ What else do you feed your baby? How often and how much?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tailor food package to ensure baby receives adequate nutrition while protecting milk production.</li> <li>▪ If supplements are needed, suggest mom's expressed milk first.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to baby's HCP if baby is at risk for slow or faltered growth.</li> <li>▪ Refer to the DBE for further assistance as needed.</li> <li>▪ Refer to peer counselor for ongoing follow-up support.</li> </ul>

Infant Problem	Causes	Areas of Assessment	Questions to Ask	Tips/Solutions	When to Refer
		<ul style="list-style-type: none"> <li>▪ Medical conditions or recent illness</li> <li>▪ HCP advice</li> <li>▪ Mom's breastfeeding goals</li> </ul>	<ul style="list-style-type: none"> <li>▪ What health concerns do you have about you or the baby?</li> <li>▪ What does your baby's HCP say about your baby's weight?</li> <li>▪ What has your HCP said about medications you are taking while breastfeeding?</li> </ul>		

A WIC Designated Breastfeeding Expert (DBE) has advanced lactation knowledge and experience in human lactation and assists WIC participants with complex breastfeeding problems within the DBE scope of practice.

**1. Maintain lactation professional standards in all aspects of the DBE role.**

- A. Rely on evidence-based approaches for advanced level breastfeeding support.
- B. Respect the privacy, dignity and confidentiality of all WIC participants.
- C. Work collaboratively with WIC staff to implement a care plan for mothers experiencing complex breastfeeding challenges.
- D. Work within the policies and procedures of the WIC program and within the context of WIC's role for breastfeeding support.
- E. Maintain accurate records according to State and local agency policy and procedures.
- F. Refer mom for situations outside the DBE scope of practice or WIC's role for breastfeeding support.
- G. Acquire ongoing continuing education to stay current with lactation knowledge and skills, including opportunities to shadow an IBCLC.
- H. Maintain lactation credentials and certifications, if applicable.

**2. Assist WIC mothers and infants with complex breastfeeding problems.**

- A. Respond to yielding and other referrals for complex breastfeeding problems of WIC mothers from pregnancy through weaning.
- B. Develop and follow up on an individualized care plan for WIC mothers experiencing complex breastfeeding problems in concert with other WIC staff. The DBE:
  - 1. Conducts a breastfeeding assessment (including, understanding moms breastfeeding goals collecting a detailed breastfeeding history, breast assessment, infant assessment and feeding assessment) to identify potential breastfeeding challenge(s).
  - 2. Uses active listening counseling skills to conduct the assessment and build rapport.
  - 3. Develops care plan to include tips/solutions to resolve complex breastfeeding problems within the DBE scope.
  - 4. Collects and documents all relevant information.
  - 5. Communicates the plan with WIC team for implementation.
  - 6. Makes appropriate referrals for further assessment and follow-up, as needed.

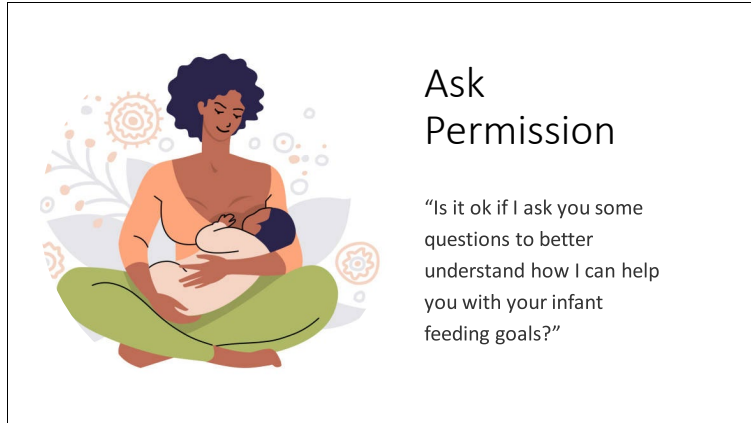
- C. Help mothers meet their breastfeeding goals when facing complex maternal and infant breastfeeding challenges.
- D. Work with WIC Competent Professional Authorities (CPAs) to recommend or tailor appropriate WIC food packages to minimize the use of infant formula.
- E. Assess and issue breastfeeding aids as appropriate to address the complex problem and provide instruction on use, according to State policies and procedures.
- F. Refer mom to her health care provider when mom or baby need further assessment and medical care.
- G. Maintains a list of knowledgeable health care professionals in the area should the mother or baby need to seek these services.

**3. May serve as a WIC and community breastfeeding resource.**

- A. May serve as a breastfeeding resource for the WIC agency including mentoring peer counselors or providing training to other staff and community partners.
- B. Promote consistent messaging about breastfeeding using evidence-based resources.


**4. It is beyond the DBE scope of practice to:**

- A. Diagnose maternal or infant medical breastfeeding conditions (e.g., maternal infection, thrush, hormonal conditions, infant tongue restriction, or medical problems).
- B. Recommend medications, herbal treatments, or medical treatment plans to the mother.
- C. Act beyond the Level 4 WIC Breastfeeding Curriculum for the DBE, unless doing so is within their professional credentialing scope of practice and is permitted by State agency policy.



### Facilitator Notes:

- Before jumping into an assessment, ask permission from the participant to proceed with the conversation.
- **Disclosure and permission** are key to Trauma Informed Care.
- Participants may view care providers with distrust (as gatekeepers with personal agendas).
- As WIC staff, we want to ensure that participants feel like they are being heard and not being pushed in a certain direction or that their needs are being ignored.



Counseling by the CPA includes the following steps:

- Ask open ended questions
- Assess the parent's understanding of the potential impacts on breastfeeding and potential health changes

**\*There is a discussion prompt for this slide**

Facilitator Notes:

- Ask open ended questions
- Explore how breastfeeding is going and learn what the parent's desires and intentions are for continued breastfeeding.
- Assess understanding and potential impacts
- Explore the impact of supplemental formula on milk production, the parent's own health and the health of their infant.

**Ask: What are some examples of effects on**

- Milk production?
- Stooling?
- Breastfeeding parent's health?

Steps for providing empathy and support to breastfeeding parents

**Step 1**

**USE OPEN ENDED QUESTIONS**



Section transition slide



**\*This slide has a discussion prompt\***

Facilitator Notes:

- First, we need to find out what the participants goals are for breastfeeding.
- Do they want to continue breastfeeding or stop all together?

**\*ASK staff- What are some open-ended questions you could ask the participant about their goals?**

Examples of open-ended questions:

- What are your goals for breastfeeding?
- What were some of the reasons you started breastfeeding?
- What led up to your decision to introduce formula?
- What help or support have you already received?



## Open Ended Questions

Use open-ended questions to learn about participant infant feeding experience and breastfeeding goals <sup>SKO</sup>

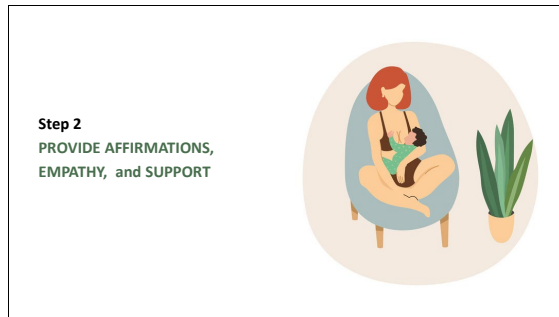


**\*This slide has a discussion prompt\***

**\*ASK staff: Once we know what the participants goals are, what are some open-ended questions you could ask?**

Examples of open-ended questions:

- What do you know about milk supply and supplementation?
- Can you tell me about your current feeding routine?
- Can you tell me more about your work schedule?
- What do you know about infant feeding cues?
- Can you tell me about your feeding routine?
- What do you know about the changes your infant may experience when you introduce formula? Or
- What changes have you noticed since introducing formula?



**\*This slide has a discussion prompt\***

**Facilitator Note:**

It is important to affirm the parent in their abilities before jumping in and trying to solve the problem.

**\*ASK staff- What are some examples of affirmations you could give a parent?\***

Samples of affirmations:

- “You are an amazing parent, and I can tell how much you love your baby.”
- “You know what is best for you baby.”
- “I am here to support you no matter what.”

Agree with the parent...

- *“I see what you mean.”*

Show them they are not alone...

- *“I hear that from other parents.”*

Shine the spotlight...

- *“I think you are doing a great job.”*

Assure them they are good parents...

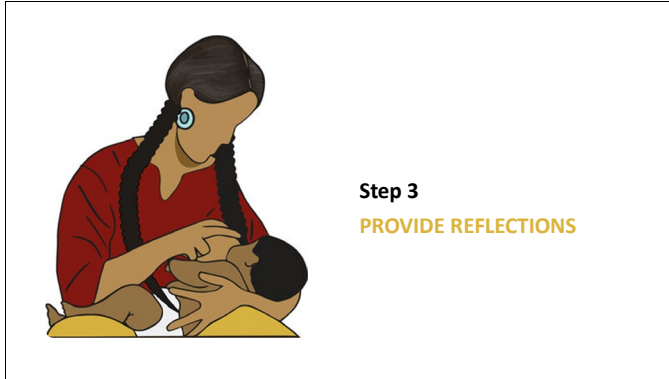
- *“You want the best for your baby.”*

**Parents are not ready for information until they feel they’ve been heard.**

- Sometimes our views as public health employees do not match those of the participant and that is okay.
- We can provide empathy and support regardless of their choices.

**Resource:**

- 3 minute video <https://brenebrown.com/videos/rsa-short-empathy/>
- Handout 2-4 Sample Affirmations



**\*This slide has a discussion prompt\***

**Facilitator Notes:**

A reflection is listening to what the participant is saying, forming an understanding of what they are talking about and then giving voice to that understanding.

**\*ASK staff- What are some examples of reflections?\***

Examples of reflections:

- “You feel like you don’t have enough milk”
- “Breastfeeding as been really challenging and you don’t have a lot of support”
- “You feel like introducing formula is going to be a better fit for your family”



**Facilitator Notes:**

Examples of offering education:

- You're worried about breastfeeding when you go back to work.  
I can help you with a pumping plan if you would like.
- You're concerned that baby never seems satisfied after a feeding.  
I have some information about infant feeding if you are interested.

Offer education  
based on the assessment

- Can I share some information with you about paced bottle feeding?
- Can I share some information with you about formula preparation, handling and storage?
- Can I share some information with you about infant feeding cues?



Review bullets on slide

- Can I share some information with you about paced bottle feeding?
- Can I share some information with you about formula preparation, handling and storage?
- Can I share some information with you about infant feeding cues?



Step 5  
**DETERMINE NEXT STEPS**

Determine a plan together to address concerns or barriers.  
Schedule a follow-up contact if issuing formula.

**\*This slide has a discussion prompt\***

**Facilitator Notes:**

Schedule or plan for follow-up to re-assess breastfeeding and supplementation as needed.

**\*ASK staff - Who do we yield or refer to when circumstances arise that are outside the scope of practice of the CPA?**

Importance of yielding:

- By yielding, you ensure the parent and baby have access to the best care possible to overcome a challenging situation.
- When you yield, you work alongside of the health professional, supporting the parent with breastfeeding
- It is recommended that a WIC DBE tailor the food package when available.
  - However, the CPAs scope of practice also allows them to tailor it.

Let's practice tailoring food packages for the breastfed infant.

**Resources:**

- Staff Roles DBE Level 4 Handout Referral Partners and Scope of Practice of the CPA.
- To learn more about the WIC DBE role, please contact the Oregon WIC Breastfeeding Coordinator.

**Practice tailoring food package**

Johny is 3 weeks old.  
He is breastfeeding and takes 6oz  
of powdered bid formula every day.  
There are 14 days left in the  
current month.

- What WIC category do you assign Johny and his mother?
- How many cans do you issue Johny this month?
- How many cans of formula do you issue next month?

**Click for Infant  
(0-3 month)  
Food package  
details**

**Case study instructions:**

**This slide includes links to details about the food package and charts that will help with the case study. Click the circle in the middle of the slide.**

Here's how it works:

- Discuss the case study.
- When ready, click the green circle to jump to information about the Infant 0-3 month food package.
- Click the red circle on the second resource slide to return to the case study.

The purpose for this scenario is to practice calculating how much formula to issue the participant.

**\*This slide has discussion prompts\***

Read the scenario on the left side of the screen

**\*ASK staff the questions on the slide**

Use the reference slides by clicking the circle to do the math.


**Responses to questions on slide**

- Mostly Breastfed
- 1 can:  $14 \text{ days} \times 6\text{oz} = 84 \text{ oz}$ . 84 oz is less than one can of formula (90oz), so you would issue the least amount of formula that Johny would need.
- 2 cans: Forecasting future months.  $6\text{oz per day} \times 30 \text{ days} = 180\text{oz}/90\text{oz} = 2 \text{ cans}$


Reference Slides for Practicing tailoring food packages

Access this information by clicking the green circle on the screen

CPD



## Infant: 0-3 Month



Food Package Categories	Monthly Maximum Allowances (MMA) of reconstituted powder
Fully Breastfeeding	N/A
Mostly Breastfeeding	90 - 435 fl. oz.
Some Breastfeeding	436 - 776 fl. oz.
Non-Breastfeeding	777-870 fl. oz.

BKT

MJE2

Food Package Reference slide 2 of 3

WIC infants (0-1 month) can now be assigned the following categories: Fully Breastfed, Partially Breastfed (Mostly BF), and Fully Formula Fed (Some BF and fully BF).

- Fully Breastfed infants receive no formula from WIC.
- Mostly BF food packages: Infants can receive **up to** 435 fl. oz. of reconstituted powder.
- Some BF food package: infant receives more formula than the *mostly* breastfed infant and up to the equivalent of one can powder less than a non-breastfed infant (or less 3 cans concentrate or less 3 cans ready-to-feed.)

Resource: Policy 769, Appendix B is being updated with the new food package rule. WIC Monthly Standard Food Packages for Infants. (Reconstituted concentrate amounts can be found in Appendix B.)

- Some Breastfed food package: 436 ounces up to 776 fl. Oz.
- Fully Formula Fed infants receive: Up to 870 fl. oz. Of reconstituted powder.

**Tailoring the food package is based on the assessment needs of the baby to meet, but not exceed, the infant's nutritional needs.**



## Reference Slides for Practicing tailoring food packages

### 0-3 Month Food Packages

0-3-Month Formula Supplementation Chart	
Bid formula 90 oz of reconstituted powder	
0-3 oz. per day	➡ 1 can powder per month
4-6 oz. per day	➡ 2 cans powder per month
7-9 oz. per day	➡ 3 cans powder per month
10-12 oz. per day	➡ 4 cans of powder per month
13-15 oz. per day	➡ 5 cans of powder per month
16-18 oz. per day	➡ 6 cans of powder per month
19-21 oz. per day	➡ 7 cans of powder per month
22-24 oz. per day	➡ 8 cans of powder per month
25-27 oz. Per day	➡ 9 cans of powder per month

Mostly Breastfeeding (1-4 cans)

Some Breastfeeding (5-8 cans)

Non Breastfeeding (9 cans)

[Back to Case Discussion](#)

- The information on this slide comes from [Policy 713, Use of Supplemental Formula, Appendix A.](#)
- One can of Similac Advance powder makes 90 ounces of reconstituted infant formula. Gerber Good Start Soy powder makes 91 ounces.

Ask staff:

- How many cans of powdered bid formula does a “**mostly**” breastfeeding food package contain for the 0-1 month food package?
- And how many cans of powdered bid formula does the “**some**” breastfeeding food package contain for the 0-1 month food package?

You will see in TWIST that the formula amounts for the BF Mostly and BF Some food packages are the same for the 0-1-month infant food packages as they are for the 1-3-month infant food packages.

### More practice tailoring food packages

**Situation**

Dorsey is a 2-week-old infant.  
 His mother wants to exclusively feed him her pumped milk until her milk dries-up.  
 She thinks she will wean him completely when he is 3-months-old.  
 He is drinking about 13oz of formula each day.  
 There are 21 days left in the month.

**Click for Infant  
(0-3 month)  
Food package  
details**

**Questions to consider**

- What WIC category do you assign Dorsey and his mother?
- How many cans of formula do you issue Dorsey for the current month?
- How many cans of formula do you issue for subsequent months?

**Case study instructions:**

**This slide includes links to details about the food package and charts that will help with the case study. Click the circle in the middle of the slide.**

Here's how it works:

- Discuss the case study.
- When ready, click the green circle to jump to information about the Infant 0-3 month food package.
- Click the red circle on the second resource slide to return to the case study.

**\*This slide has discussion prompts\***

The purpose of this scenario is to calculate how much formula to issue the participant. This scenario can also create conversation about creating a follow-up, a potential for making a referral/yielding to the WIC DBE or to a staff person with knowledge about weaning. It also can lead into a conversation about explaining that issuing infant formula affects the quantities and types of foods they and their infant receive and potentially how long the parent will receive WIC benefits.

**\*Read the scenario on the slide and ASK staff the questions on the slide**

Questions and the responses to the questions on the slide:

**Q:** What category do you assign the dyad?

**A:** Some breastfeeding

**Q:** How many cans do you issue in the current month?

**A:** 3 cans: 13oz x 21 days = 273/90oz

**Q:** How many cans do you issue for future months?

**A:** 5 cans: 13oz x 30 days = 390/90oz

(continues on the next page)

**Additional talking points:**

Federal regulations state WIC issues the least amount of formula the participant is using to support and protect breastfeeding.

We would expect to see a follow-up in a couple of weeks to see if the food package needs to be adjusted to meet the infant's needs and to check to see how weaning is going.

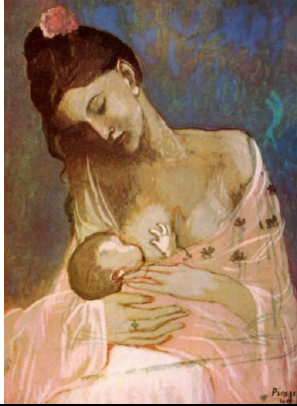
Offering a follow-up with the WIC DBE can assist the participant with a successful weaning experience.

It is important to explain to the family that issuing infant formula affects the quantities and types of foods they and their infant receive and potentially how long the parent will receive WIC benefits.

**Step 6**

**SUMMARIZE THE CONTACT**

- Remind the parent what was discussed and when the next planned contact will be.
- Adjust the food package if needed and document justification for the amount of formula being issued.
- Provide encouragement and share your confidence in them.



Facilitator Prompt:

Read or have someone read the information on slide

## Documentation

- Key components of chart notes
  - Participants goals
  - Education offered and/or given
  - Referrals offered and/or given
  - What follow up is needed
  - Justification for amount of formula issued



### Facilitator Notes:

Documentation serves as a record of what has been done.

- Remember to include information about what kind of education was given, their concerns, what worked and what did not, and any next steps for support.
- If you yield or refer the participant to a WIC DBE or other WIC staff or community partner, document that as well.
- Documentation informs the WIC team about the participant's needs and how they can reinforce and follow up on the support you provided.



Support the parent in their  
infant feeding decisions

**Facilitator Notes:**

- The parent will remember more about how they felt during the appointment than what was said during it.
- When they feel heard and supported about their infant feeding decisions, they will be more likely to come back the next time they need help.
- Remember, the parent is the expert on their infant, and they know what is best for their family.
- Walk next to the parent rather than pulling them along with you.

## Factors that can affect your ability to listen


1. Positions, points of view, and perspectives
2. Listening from stance as an "expert already on the subject"
3. Listening for solutions and not hearing what they are saying
4. Listening with judgment
5. Individual experience, perceptions, beliefs, values
6. Intensity of emotions



**\*This slide has discussion prompts\***

**\*ASK staff- What are some factors and biases that you have that could affect your ability to listen?**

Share some experiences.



5x0

Meet the parent  
where they are

Your job is to listen, inform, and support them, so they can reach their infant feeding goals, whatever those might be.

This enters when the slide is clicked or you hit the space bar or tab button.

**This slide has animations.**  
**The explanatory paragraph will show on a click**

**Facilitator Notes:**

- Remember this is their experience.
- They may choose a different path than you would choose, and that is all right.



Prenatal support is  
important to  
breastfeeding success



**\*This slide has a discussion prompt\***

**Facilitator Notes:**

Providing our participants with information about breastfeeding throughout the entire pregnancy will increase their chances of breastfeeding success.

**\*ASK staff -**

- **What are we already doing to support breastfeeding prenatally?**
- **How can we improve?**
- **Who in our community can we connect participants with?**
- **What other resources are available in our agency and community to support breastfeeding parents?**

Ideas on how to support participants prenatally:

- Help them set up a breastfeeding plan for after they deliver. Encourage them to write it down so a partner can also help advocate for them.
- Encourage them to sign up for breastfeeding classes within our agency or community.

Handout suggestion: Handout 5-1 Knowledge Assessment Questions

## BREASTFEEDING ASSESSMENT: PRENATAL

### LEVEL 3 HANDOUT: KNOWLEDGE ASSESSMENT QUESTIONS

Assessment Category	Questions	Purpose
<b>Knowledge about Breastfeeding</b>	<ul style="list-style-type: none"> <li>▪ What have you heard about breastfeeding?</li> <li>▪ What has your healthcare provider told you about breastfeeding?</li> <li>▪ Tell me about any classes or information you have read about feeding your baby.</li> <li>▪ What have you learned about how to get breastfeeding off to a great start?</li> <li>▪ What more do you want to know about breastfeeding?</li> </ul>	Identify what the mother already knows and her level of preparation
<b>Intention to Breastfeed</b>	<ul style="list-style-type: none"> <li>▪ What are your mom/partner/friends telling you about how to feed your baby?</li> <li>▪ Tell me about others you have seen breastfeed before. What did you think about what you saw?</li> <li>▪ What has your healthcare provider mentioned about your health concerns and breastfeeding?</li> <li>▪ What are you looking forward to most about being a mom?</li> <li>▪ What are some of your goals for your baby?</li> <li>▪ What thoughts do you have about breastfeeding?</li> </ul>	Identify sources of influence in the mother's infant feeding decisions
<b>Prior Breastfeeding Experience</b>	<ul style="list-style-type: none"> <li>▪ Tell me more about your experiences breastfeeding. How did it go?</li> <li>▪ Why did you decide to breastfeed before?</li> <li>▪ What did you like best? What was challenging?</li> <li>▪ What would you need to be successful breastfeeding this baby?</li> </ul>	Understand how prior experiences have shaped the mother's intentions to breastfeed

5x3

**Confidence is Key!**

Confident and committed breastfeeding mothers are the most successful!

A simple line drawing of a woman's head and shoulders in profile, facing right. She is holding a baby against her chest, and the baby's head is visible, latched onto her breast. The drawing is minimalist, using only outlines.

**\*This slide has discussion prompts\***

**Facilitator Notes:**

- A study in 2009 found that mothers, who they labeled as “confident commitment,” were usually successful at breastfeeding.
- These mothers believed in their ability to breastfeed no matter what the obstacles were regardless of social support or common challenges such as sore nipples or newborns having difficulty latching on.

**\*ASK staff- How can we increase our participants confidence and self-efficacy?**



## Case Study

Charlotte gave birth to her baby, Ellie, and was recertified as fully breastfeeding. Two weeks later, Charlotte calls the clinic to request formula. You learn that she is feeling overwhelmed by breastfeeding and is exhausted from the nighttime feedings. She is wondering if introducing some formula would help share some of the responsibility with her partner. She still wants her baby to get breastmilk but is concerned about her mental health.

**Facilitator:** Read or ask someone to read the case study.

The discussion questions are on the next slide.



## Discuss

- What are some positive things that you notice?
- How would you ask permission to continue the conversation?
- What kind of affirmations and reflections could you use?
- What open ended questions could you ask?
- What type of education would you choose to provide?
- What kind of follow up is needed?
- What should be documented?

**\*This slide has a discussion prompt\***

**\*ASK staff the questions on the slide.**

### Facilitator Notes:

- **Positive:** Charlotte has a desire to breastfeed and wants to give breastmilk to her baby
- **Ask Permission:** May I ask you some questions, so I know the best way to help you?
- **Affirmations:** Having a newborn can be exhausting! You are doing such a great job. I can really tell how much you love your baby.
- **Reflections:** It sounds like breastfeeding has been overwhelming and you are hoping introducing formula will help share some of the workload with your partner. You are concerned about your mental health if you continue to exclusively breastfeed.
- **Open-ended questions:** What made you want to breastfeed? What are your goals for breastfeeding? What does your feeding schedule look like?
- **Education:** Education could include milk supply, paced bottle feeding, formula transition and tolerance.
- **Follow-up:** Referral/yielding to IBCLC, RD or whoever has the most breastfeeding experience in your agency, community resources, follow up in a week to see how things are going.
- **Documentation:** Document the interaction and justification for how much formula was provided.

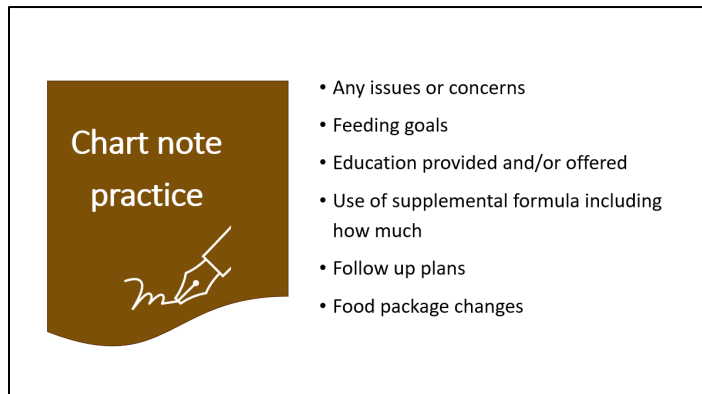


Chart note practice

- Any issues or concerns
- Feeding goals
- Education provided and/or offered
- Use of supplemental formula including how much
- Follow up plans
- Food package changes

**Facilitator Notes:**

Have participants write, or verbally list, a chart note for this situation.

Share and compare their comments to the sample chart note below:

**Sample chart note:**

Charlotte states that she has been breastfeeding for 2 weeks and she is feeling overwhelmed and exhausted. She states that she would like her partner to start taking over some of the nighttime feedings. She has a desire to continue breastfeeding but is worried about her mental health. Charlotte was open to education about milk supply and formula introduction. Offered to schedule an appointment with IBCLC for further assessment and a referral to a local counselor which she accepted. Issued two cans of formula and changed her and Ellie to mostly breastfeeding category as she thinks partner will take over 2 feedings per day. Scheduled an appointment to check in after IBCLC visit.


### Case Study

Charlotte and baby Ellie were recertified as a fully breastfeeding dyad two weeks ago. Today she calls the clinic and is requesting formula. Charlotte tells you that she does not have a desire to continue breastfeeding and she has already introduced formula.



Facilitator prompt: Read, or ask someone to read, the case study

The discussion questions are on the next slide.

<p><b>Discuss</b></p> <ul style="list-style-type: none"><li>• What are some positive things that you notice?</li><li>• How would you ask permission to continue the conversation?</li><li>• What kind of affirmations and reflections could you use?</li><li>• What open ended questions could you ask?</li><li>• What kind of education would you choose to provide?</li><li>• What kind of follow up is needed?</li><li>• What should be documented?</li></ul>	
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**\*This slide has a discussion prompt\***

**\*ASK staff** the questions on the slide.

### **Facilitator Notes:**

**Positive:** Charlotte provided breastmilk for 2 weeks and knows what will work best for her family.

**Ask Permission:** May I ask you some questions, so I know the best way to help you?

**Affirmations:** Thank you for calling today. You know what is best for you baby and your family.

**Reflections:** It sounds like you have already introduced formula and would like to continue only formula feeding.

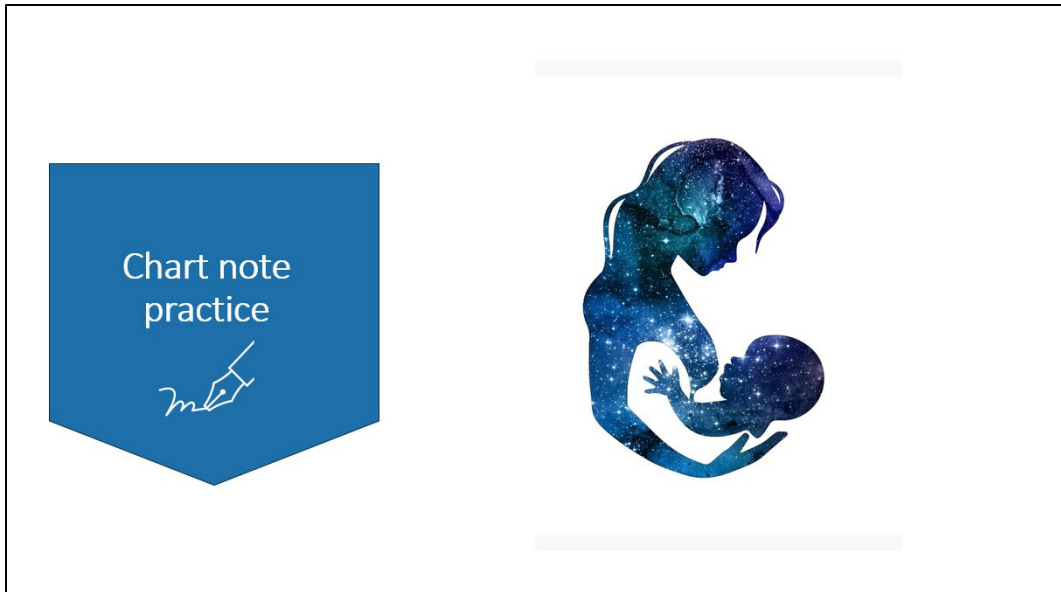
**Open Ended Questions:** Can you tell me about your current feeding routine? What changes have you noticed since introducing formula?

**Education:** Education could include formula preparation, paced bottle feeding, weaning and engorgement.

**Follow Up:** Follow up in a few weeks to check in about formula tolerance. Refer to the WIC DBE for tips about weaning and engorgement if applicable.

**Documentation:** Document the assessment and the rational for how much formula is provided.





**Facilitator Notes:**

Have participants write, or verbally list, a chart note for this situation.

Share and compare their comments to the sample chart note below:

Sample of a chart note:

Charlotte states breastfeeding did not get off to a good start and was painful. She has stopped breastfeeding. Ellie is taking 2-3oz of formula every 2 hours. Offered education about infant hunger and fullness cues and paced bottle feeding which she accepted. She states that she did not have issues weaning and does not feel engorgement in her breasts. She has been giving Ellie a formula that is not covered by WIC. Discussed options and selected a comparable WIC formula. Discussed a plan for transitioning formula and issued a non-breastfeeding food package. Made a note to check in by phone in 2 weeks to assess formula tolerance.

Encourage staff to work through case studies independently using Handout 2-4, Setting Breastfeeding Goals.

PROBLEM SOLVING: SUPPLEMENTATION

LEVEL 3 HANDOUT: SUPPLEMENTATION SUMMARY

Maternal Problem	Causes	Areas of Assessment	Questions to Ask	Tips/Solutions	When to Refer
<b>Combination Feeding</b>	<i>See Level 2</i>	<ul style="list-style-type: none"> <li>▪ Practices in the early days that led to desire to supplement</li> <li>▪ Mother’s reasons for using formula</li> <li>▪ Breastfeeding concerns leading the mother to believe formula would help</li> <li>▪ Advice from family and friends about using formula</li> <li>▪ Any changes in breastfeeding patterns as a result of supplementing with formula</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me more about breastfeeding in the early days and when you began using formula.</li> <li>▪ What are some reasons you decided to begin giving your baby formula supplements?</li> <li>▪ How much formula are you giving your baby and how often?</li> <li>▪ Describe a typical day feeding your baby; when do you offer the breast and when is formula offered?</li> <li>▪ What changes have you noticed with breastfeeding now that your baby is also receiving formula?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tailored food package with least amount of formula needed to meet baby’s nutrition needs.</li> <li>▪ Express milk to maintain production and prevent engorgement.</li> <li>▪ Use mom’s milk as the supplement, when possible.</li> <li>▪ Build production through increased breastfeeding and offering both breasts at feedings.</li> <li>▪ Breastfeed before offering the supplement.</li> <li>▪ Exclusively breastfeed when home with baby.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to DBE for further assessment if:                             <ul style="list-style-type: none"> <li>• Mom reports symptoms of low milk production and wishes to rebuild it.</li> <li>• Baby is not gaining weight or stooling appropriately.</li> <li>• Mom needs assistance with using alternative feeding device.</li> </ul> </li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>

PROBLEM SOLVING: SUPPLEMENTATION

LEVEL 3 HANDOUT: SUPPLEMENTATION SUMMARY

Maternal Problem	Causes	Areas of Assessment	Questions to Ask	Tips/Solutions	When to Refer
<b>Weaning from Formula</b>	<ul style="list-style-type: none"> <li>▪ Baby is fussy on formula</li> <li>▪ Mother wants to recapture closeness/bond</li> <li>▪ Health concerns of the baby</li> <li>▪ Mom’s milk production declined, and she wishes to rebuild it</li> <li>▪ Mom was not ready to wean baby to formula</li> </ul>	<ul style="list-style-type: none"> <li>▪ Feeding history and reasons mom began formula supplements</li> <li>▪ Reasons for discontinuing the formula</li> <li>▪ Milk production issues that contributed to using formula</li> <li>▪ Maternal or infant medical concerns</li> <li>▪ Factors that might affect milk production</li> <li>▪ How long she has been supplementing</li> <li>▪ Frequency, timing, and amounts of formula vs. breastmilk given baby</li> <li>▪ Factors that might affect safe transition back to the breast</li> <li>▪ Mom’s realistic expectations about the process of transitioning back to breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>▪ What were the reasons you began using formula?</li> <li>▪ Tell me more about your reasons for wanting to discontinue formula.</li> <li>▪ How long have you been using formula and how much do you give your baby currently?</li> <li>▪ Describe a typical day regarding feedings at the breast and with formula.</li> <li>▪ What medical concerns are you aware of that might affect your ability to return to breastfeeding?</li> <li>▪ Tell me what you have already tried to get your baby to feed at the breast. How did it go?</li> <li>▪ Tell me what you expect the process might be like to transition your baby back to full breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assign an appropriate food package with the least amount of formula needed to meet baby’s nutrition needs.</li> <li>▪ Gradually decrease formula supplements while simultaneously increasing mom’s production capacity.</li> <li>▪ Options for decreasing supplements: selecting times when baby is least interested in supplements or when mom produces more milk; decreasing supplements spaced out over several feedings throughout day (1/2 ounce at 4 feedings throughout day) not 2 ounces at one feeding).</li> <li>▪ Work with DBE to help mom rebuild her milk production.</li> <li>▪ Monitor the baby’s growth during the transition with weight checks.</li> <li>▪ Monitor changes in milk production during the transition.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to DBE for further assessment to:                             <ul style="list-style-type: none"> <li>• Help rebuild milk production</li> <li>• Recommend an appropriate formula discontinuation plan</li> <li>• Monitor production and any equipment/aids needed</li> </ul> </li> <li>▪ Refer to healthcare provider if slow or faltered growth.</li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>

### **Goal-Setting Practice #1**

Alisa is pregnant with her second baby. She tells the CPA that she formula-fed her first baby because nobody in her family was able to make milk. Plus, she thought it would be more convenient for her. Her baby had a number of ear infections but otherwise was fine. She is not really interested in trying breastfeeding with this baby.

1. What might the mother be feeling?
2. Is she ready, unsure, or not ready to consider breastfeeding her second baby?
3. What specific goal might be acceptable and realistic for her?

### **Goal-Setting Practice #2**

Olivia is at WIC for a postpartum recertification after the birth of her baby girl a week ago. She tried to breastfeed in the hospital, but the baby did not latch well and lost more than 10% of her birth weight. She was told to give formula supplements until her milk volume increases. She started feeling engorged 3 days ago, but she is nervous about discontinuing formula. She would like to get some formula from WIC “just in case,” but is also interested in continuing to breastfeed for as long as she can.

1. What might the mother be feeling?
2. Is she ready, unsure, or not ready to make a change toward exclusive breastfeeding?
3. What specific goal might be acceptable and realistic for her?

### **Goal-Setting Practice #3**

Anita is a WIC mom pregnant with twins. Anita is curious about how breastfeeding might help simplify feedings at her house, but she is concerned about being able to make enough milk for two babies. She did breastfeed her first child for 6 weeks but ended up supplementing due to low milk production.

1. What might the mother be feeling?
2. Is she ready, unsure, or not ready to breastfeed her twins?
3. What specific goal might be acceptable and realistic for her?

### Goal-Setting Practice #1

Alisa is pregnant with her second baby. She tells the CPA that she formula-fed her first baby because nobody in her family was able to make milk. Plus, she thought it would be more convenient for her. Her baby ended up being “sickly” but otherwise was fine. She is not really interested in trying breastfeeding with this baby.

1. What might the mother be feeling?  
*She might be feeling overwhelmed. She might feel comfortable using formula. She might be worried about her next baby also being sickly, but if she breastfeeds, she might not have family support or acceptance for that decision.*
2. Is she ready, unsure, or not ready to consider breastfeeding her second baby?  
*Alisa might not be ready. She is comfortable with what she knows and her family practices, and believes that her first child was fine, even though he was sickly.*
3. What specific goal might be acceptable and realistic for her?  
*Alisa might need to set a simple goal of learning more about breastfeeding. Commitment begins with knowledge, and if she learned more and could connect with others who have breastfed, it might not seem so foreign to her.*

#### *Possible goals:*

- I will talk to a peer counselor today to learn more about how breastfeeding might improve the health of my baby.
- I will invite my mother to join me in attending a prenatal breastfeeding class next month.

## Resources

- FNS/USDA WIC Works website; Policy and Guidance  
[https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC-Breastfeeding-Policy-and-Guidance\\_1.pdf](https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC-Breastfeeding-Policy-and-Guidance_1.pdf)
- Table for determining supplemental formula amounts for the partially breastfed infant, [Policy 713, Appendix A](#)
- Staff Roles DBE Level 4 Handout Referral Partners and Scope of the CPA (Email attachment)
- Oregon WIC Breastfeeding Coordinator contact information  
Korina Skaff, BA, IBCLC  
[Korinaskaff2@oha.oregon.gov](mailto:Korinaskaff2@oha.oregon.gov)  
971-212-4880

## References

- [Policy 713 Use of Supplemental Formula](#)
- [Policy 769 Assigning WIC Food Packages](#)
- [WIC Breastfeeding Policy and Guidance](#)
- [WIC Works Resource System RE: Food Package I: Infants](#)
- [Supplemental issuance of formula, CFR Title 7, Subtitle B, Chapter II, Subchapter A, Part 246](#)
- [Oregon WIC Breastfeeding Rates](#)

## Optional

- Review the [WIC Breastfeeding Check-In tool](#)
- Review the [WIC Infant Formula Tailoring Calculator](#)
- Review Brene Brown video on Empathy, 3 minutes <https://brenebrown.com/videos/rsa-short-empathy/>

## References

- [Policy 713 Use of Supplemental Formula](#)
- [Policy 769 Assigning WIC Food Packages](#)
- [WIC Breastfeeding Policy and Guidance](#)
- [WIC Works Resource System RE: Food Package I: Infants](#)
- [Supplemental issuance of formula, CFR Title 7, Subtitle B, Chapter II, Subchapter A, Part 246](#)
- [Oregon WIC Breastfeeding Rates](#)

## Resources

- Table for determining supplemental formula amounts for the partially breastfed infant [Policy 713, Appendix A](#)
- Staff Roles: WIC DBE Level 4 Handout, Referral Partners and Scope of the CPA (Email attachment)
- [PCS setting the stage](#)
- [2021 Breastfeeding Inservice](#)- Infant feeding counseling tips
- FNS Breastfeeding Training handouts  
These have been inserted next to appropriate slides.  
General reference handouts are at the end of the document.
  - Handout 2-4-SampleAffirmations.pdf
  - Handout-2-4-SettingBreastfeedingGoals.pdf
  - Handout-5-1-SocialSupportAssessmentQuestions.pdf
  - Handout-5-1-KnowledgeAssessmentQuestions.pdf
  - Handout-5-2 TouchpointsForBreastfeedingAssessment.pdf
  - Handout-6-2-Level3-CommonInfantIssuesSummary.pdf
  - Handout-6-3-Level3-LowMilkProductionSummary.pdf
  - Handout-6-4-Level3-Supplementation Scenarios-Fillable.pdf
  - Handout-6-4-SupplementationSummary.pdf
  - Handout-8-ReferralPartners.pdf



## Optional

- Review the [WIC Breastfeeding Check-In tool](#)
- Review the [WIC Infant Formula Tailoring Calculator](#)
- Review Brene Brown video on Empathy (3 minutes)  
<https://brenebrown.com/videos/rsa-short-empathy/>
- Oregon WIC Breastfeeding Coordinator contact information
  - Korina Skaff, BA, IBCLC
  - Email: [Korina.skaff2@oha.oregon.gov](mailto:Korina.skaff2@oha.oregon.gov)
  - Cell: 971-212-4880

## PROBLEM SOLVING: LOW MILK PRODUCTION

### LEVEL 3 HANDOUT: LOW MILK PRODUCTION SUMMARY

Issue	Causes	Areas of Assessment	Questions to Ask	Tips/Solutions	When to Refer
<p><b>Delayed Milk Production</b></p>	<ul style="list-style-type: none"> <li>▪ Birth experience (long labor, C-section delivery).</li> <li>▪ Retained placenta.</li> <li>▪ Medical conditions (e.g., diabetes, obesity, hormonal concerns, breast surgery).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Timing of the first breastfeed and frequency of feedings.</li> <li>▪ Medical conditions of the mother.</li> <li>▪ Mother’s birth experience.</li> <li>▪ Breastfeeding experience.</li> <li>▪ Postpartum bleeding.</li> <li>▪ Baby’s weight patterns in the early days.</li> <li>▪ Jaundice.</li> <li>▪ Baby’s behaviors (e.g., lethargy, fussiness).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tell me more about why you believe your milk production has not increased.</li> <li>▪ Tell me about your birth experience. How long did your labor last and how did you deliver your baby?</li> <li>▪ How did things go in the first few days?</li> <li>▪ What breastfeeding concerns do you have?</li> <li>▪ How does your baby act most of the time?</li> <li>▪ Tell me about any continued heavy bleeding you might be experiencing.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Give anticipatory guidance on the normal course of lactation and practices to help establish production.</li> <li>▪ Encourage frequent feedings or express milk 8-12 times in 24 hours.</li> <li>▪ Show the mother other positions for breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to DBE for further assessment if:                             <ul style="list-style-type: none"> <li>• Mom reports physiological conditions that could affect long-term production.</li> <li>• Baby needs to be supplemented with an alternative feeding device.</li> <li>• Mom needs a breast pump.</li> </ul> </li> <li>▪ Refer to healthcare provider if:                             <ul style="list-style-type: none"> <li>• Mom reports heavy bleeding, low milk production.</li> <li>• Mom has untreated medical conditions.</li> <li>• Baby is at risk of inadequate growth.</li> </ul> </li> <li>▪ Refer to peer counselor for ongoing support.</li> </ul>

Issue	Causes	Areas of Assessment	Questions to Ask	Tips/Solutions	When to Refer
<p><b>Low Milk Production</b></p>	<ul style="list-style-type: none"> <li>▪ Ineffective milk removal due to:               <ul style="list-style-type: none"> <li>• Baby has weak suck.</li> <li>• Baby has congenital issues (e.g., heart problem).</li> <li>• Mom is engorged.</li> <li>• Ineffective use of breast pump.</li> </ul> </li> <li>▪ Supplements.</li> <li>▪ Certain medications (including contraceptives with estrogen) or herbal supplements.</li> <li>▪ Smoking.</li> <li>▪ Prior breast surgery.</li> <li>▪ Subsequent pregnancy.</li> <li>▪ Insufficient glandular tissue.</li> <li>▪ Hormonal conditions (e.g., PCOS, hypothyroidism).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Signs of perceived milk insufficiency vs. true low milk production.</li> <li>▪ Medical conditions.</li> <li>▪ Prior surgeries on the breast.</li> <li>▪ Health practices (e.g., smoking, excessive alcohol use).</li> <li>▪ Baby's weight patterns.</li> <li>▪ Breastfeeding frequency.</li> <li>▪ Supplementation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Why do you believe you are not making enough milk?</li> <li>▪ What are others telling you about how much milk you are making?</li> <li>▪ What else does your baby receive besides your milk? How often?</li> <li>▪ How do your breasts feel before and after feedings?</li> <li>▪ What was your baby's birth weight at 2 weeks?</li> <li>▪ What is your healthcare provider telling you about your baby's growth?</li> <li>▪ Are you or your baby facing any medical conditions?</li> <li>▪ What did your healthcare provider say about any medications (including contraceptives) you are taking while breastfeeding?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rule #1: Feed the baby.</li> <li>▪ Rule #2: Protect milk production.</li> <li>▪ Rule #3: Address causes of low milk production.</li> <li>▪ Assign appropriate food package tailored to provide minimal formula to meet baby's nutritional needs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refer to DBE for further assessment if:               <ul style="list-style-type: none"> <li>• Mom does not feel breast changes occurred.</li> <li>• Mom reports hormonal conditions or breast issues (e.g., flat/inverted nipple, hypoplastic breasts)</li> <li>• Baby is not stooling or gaining weight appropriately.</li> <li>• Baby has a suspected tongue tie or other sucking/feeding anomaly.</li> <li>• Mom wishes to increase her milk production after experiencing a decline in production.</li> </ul> </li> <li>▪ Refer to healthcare provider if:               <ul style="list-style-type: none"> <li>• Baby has not regained birth weight by 2 weeks.</li> <li>• Baby has medical problems affecting the ability to transfer milk.</li> <li>• Baby is at risk for inadequate growth.</li> <li>• Mom reports symptoms of mastitis or breast abscess.</li> <li>• Mom has a hormonal condition that is compromising production.</li> </ul> </li> </ul>

## PROBLEM SOLVING: SUPPLEMENTATION

## LEVEL 3 HANDOUT: SCENARIOS

Use the Handout, “Touchpoints for Breastfeeding Assessment,” as you consider next steps in assigning food packages for breastfeeding participants in the following scenarios.

**Situation #1**

A new mother comes to WIC with her 5-day-old baby. She tells the CPA she is breastfeeding, but she would also like to get formula because her baby does not sleep well and is so fussy. Her mother told her she is starving her baby, and she worries she is not making enough milk.

*What assessment areas from the handout, “Touchpoints for Breastfeeding Assessment,” could be included in the CPA assessment before assigning a food package?*

*What probing questions could help you determine more information?*

**Situation #2**

The mother of a 2-month-old baby calls the WIC clinic. She reports she has been exclusively breastfeeding but plans to return to work in another week. She wants to know if it would be possible to change her food package so she can start receiving formula since she knows she will probably have to wean the baby once she is back at work.

*What assessment areas from the handout, “Touchpoints for Breastfeeding Assessment,” could be included in the CPA assessment before assigning a food package?*

*What probing questions could help you determine more information?*

**Situation #3**

A mother of three children comes to WIC with her 1-month-old baby. Her other children were breastfed for around a month each. The mother reports she is breastfeeding and supplementing with an ounce or two of formula after each feeding. She says her healthcare provider told her it was okay to use formula, too, to help the baby gain sufficient weight. She is wondering if she should increase the amount of formula since the baby does not seem satisfied after feedings at the breast.

*What assessment areas from the handout, "Touchpoints for Breastfeeding Assessment," could be included in the CPA assessment before assigning a food package?*

*What probing questions could help you determine more information?*