**Breastfeeding Report - LA Plan**

**FY 2025**

**Local Agency Name:** Click or tap here to enter text.

**WIC Director:** Click or tap here to enter text.

**The person writing the breastfeeding report:** Click or tap here to enter text.

**Plan Period:** FY 2025 (October 1, 2024- September 30, 2025);

**Instructions (please read)**

The purpose of this breastfeeding report is to provide an update to the State WIC Office on what is currently happening at your agency for breastfeeding and to make plans for future improvements to breastfeeding practices and initiatives in the next year.

**Table of contents:**

* Main sections of the report are indicated in **green.**
* The six strategies we are working towards for your **Breastfeeding Goal Action Plan** are indicated in **purple.**

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## **WIC Staff Roles Specific to Breastfeeding** [**Back to Top**](#_top)

Please list your local agencies’ WIC staff members who have roles specific to breastfeeding (i.e. Breastfeeding Coordinator, Breastfeeding Peer Counseling Coordinator, Designated Breastfeeding Expert, and Breastfeeding Peer Counselors). More information about job duties and qualifications of these roles can be found in the NE WIC Procedure, [Breastfeeding-WIC staff roles](http://dhhs.ne.gov/WIC%20Procedure%20Manuals/Breastfeeding%20-%20WIC%20Staff%20Roles.pdf).

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| Name of WIC staff | Start date (month & year) | WIC role-specific to breastfeeding | | | | Advanced BF Credentials | | | Hours/week in BF role | Caseload/month  *(for BFPCs & DBEs)* |
| BF Coordinator | BFPC  Coordinator | Designated BF Expert | BFPC | IBCLC | CLC | Other  *(Please specify)* |
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| **Y** | **N** |  |
|  |  | Does your local agency have WIC staff participating in the Breastfeeding Coordinator’s meetings offered by the state every other month? |

Both the BF Program Coordinator and the LA Director participate in the bi-monthly meetings.

## **State-Required Breastfeeding Training** [**Back to Top**](#_top)

Please in include all WIC staff at your agency in the table below. Indicate their WIC role, their advanced breastfeeding credential (if applicable), and if they have completed the FNS Breastfeeding Curriculum, Breast Pump Training, and BFPC training.

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| Name of WIC staff | WIC role | | | | Advanced BF Credentials | | | | | Completed FNS Breastfeeding  Curriculum (Appropriate Level based on WIC Role) | | | | | Completed State Breast Pump Training (Agencies with Pump programs, CPAs only) | | Completed BFPC Training Checklist (Agencies with BFPC programs, BFPCs only) | |
| Clerk | BFPC | CPA | Other *(Please specify)* | Yes | Year | IBCLC | CLC | Other  *(Please specify)* | Level 1  Yes | Level 2  Yes | Level 3  Yes | Level 4  Yes | Year | Yes | Year | Yes | Year |
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## **Breastfeeding Training for WIC Staff** [**Back to Top**](#_top)

Please include all WIC staff at your agency in the table below. Please specify what breastfeeding training your staff has completed in the past year, and describe any goals and plans for training staff in breastfeeding in FY 2025.

|  |  |  |  |  |  |  |
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| Name of WIC staff | WIC role | | | | Breastfeeding training completed in FY 2024 | Future plans for breastfeeding training in FY 2025 |
| Clerk | BFPC | CPA | Other *(Please specify)* |
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## **General Breastfeeding Support Assessment** [**Back to Top**](#_top)

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| **Update provided in the Action Plan BF Goal document.**  **Local Agency Strategy 1: Promote and support exclusive breastfeeding for all WIC mothers and their infants.** |
| **Local Agency Strategy 2: Enhance the breastfeeding network of support in your community.** |

## **Local Agency Participation in State Breastfeeding Strategies**

**Joint Strategy 1: Improve communication, access to, and organization of breastfeeding resources, enhancing collaboration between all agencies (state and local).**

**Joint Strategy 2: Implement the FNS WIC Breastfeeding Curriculum. (completed with the update of section of State-Required Breastfeeding Training)**

## **Breast Pumps** [**Back to Top**](#_top)

**Joint Strategy 3: Increase and maintain the local WIC agencies in Nebraska with breast pump (BP) programs to at least 75% (10/13)**

**Please complete the below sections on breast pumps if your agency has a WIC Breast Pump Program**

**My agency does not currently have a breast pump program (skip to Breastfeeding Peer Counseling Section)**

**General Breast Pump Assessment**

|  |  |  |
| --- | --- | --- |
| **Y** | **N** |  |
|  |  | Are all breast pumps issued documented in Journey? |
|  |  | Are all breast pumps issued by a CPA? |
|  |  | Have all CPAs who are issuing pumps gone through the NE WIC Breast Pump Training? |
|  |  | When issuing breast pumps, is a breastfeeding assessment completed using the [Breast Pump Questionnaire](https://dhhs.ne.gov/WIC%20Documents/Breastfeeding%20Aids%20and%20Accessories%20-%20Breast%20Pump%20Questionnaire.pdf) and [Breast Pump Questionnaire Key](https://dhhs.ne.gov/WIC%20Documents/Breastfeeding%20Aids%20and%20Accessories%20-%20Breast%20Pump%20Questionnaire%20Key.pdf) to determine if the participant should be issued a breast pump from the WIC program and which pump best fits her needs and is most cost-effective for the WIC Program? |
|  |  | When issuing a breast pump, are required education topics reviewed by a CPA and documented in Journey?   * Required education topics include: Hand Expression, pumping plans, returning to work/school, breast pump assembly, breast pump use, breast pump cleaning, storage of breast milk, and who to call for help. (These topics are included in the Breast Pump Release Form/Loan Agreement) * See the [WIC Breastfeeding Resources Site](https://partners-dhhs.ne.gov/WICResources/Pages/Home.aspx), Breast Pump Programs for all staff, for videos and handouts that can be used for these topics. |
|  |  | Is the [Breast Pump Agreement](https://dhhs.ne.gov/WIC%20Documents/Breastfeeding%20Aids%20and%20Accessories%20-%20Breast%20Pump%20Agreement.pdf) reviewed with a signature collected in Journey for all pumps issued? (Multi-User, Single-User, and Manual) |
|  |  | Are all pumps issued documented in your agency’s breast pump log?   * An example breast pump log that can be downloaded and modified for your agency is located on the [WIC Breastfeeding Resources Site](https://partners-dhhs.ne.gov/WICResources/Pages/Home.aspx), Breast pumps for WIC Directors and Coordinators, Breast pump forms. |
|  |  | For all pumps issued, are clients followed up within 24-72 hours of pump issuance by a CPA. This follow-up contact should be documented in the “Care plan” in Journey. The purpose of the contact is to determine if there are any questions on pump use, if any issues/reasons for providing a pump have been resolved, and to provide breastfeeding education and support as needed. |
|  |  | For multi-user pumps, are clients followed up with monthly for a nutrition education visit until the breast pump has been returned? |

## Breastfeeding Peer Counseling [Back to Top](#_top)

**Joint Strategy 4: Increase and maintain the local WIC agencies in Nebraska with Breastfeeding Peer Counseling (BFPC) programs to at least 75% (10/13).**

**Please complete the below sections if your agency has a Breastfeeding Peer Counseling Program**

**My agency does not currently have a Breastfeeding Peer Counseling Program (please skip the below section)**

|  |  |  |
| --- | --- | --- |
| **Y** | **N** |  |
|  |  | Does your local agency peer counseling program meet all components of the [FNS WIC Breastfeeding Model for Peer Counseling](http://dhhs.ne.gov/WIC%20Procedure%20Manuals/Breastfeeding%20Peer%20Counselor%20-%20Program%20Requirements.pdf)? |
| **Y** | **N** | **Program staffing** |
|  |  | Are any of your peer counselors bilingual?  If so, how many and what languages?  Spanish; Number of peers: Click or tap here to enter text.  Other (Describe: Click or tap here to enter text.); Number of peers: Click or tap here to enter text. |
| Please select the settings where the peer counselors work: | | |
|  | | Scheduled Office Time *Approximate hours per week: 12-16 hours per week* |
|  | | Work at home *Approximate hours per week:* less than 5 |
|  | | Home visits |
|  | | Support groups |
|  | | Hospital Visits |
|  | | Assists with WIC prenatal classes |
|  | | Other (please describe): Click or tap here to enter text. |
| **Y** | **N** | **Supervision and Management** |
|  |  | Do you have adequate supervision of peer counselors by staff with advanced lactation training? Adequate supervision is defined as having at least .25 full time employee (FTE) supervisor for every 5 peer counselors. |
|  |  | Do you routinely monitor the work of peer counselors through spot checks, chart reviews or contact forms? |
|  |  | Do you schedule routine meetings to discuss case studies with peer counselors? |
|  |  | Do you utilize the state-provided BFPC Monitoring forms?   * These forms can be found on the [WIC Breastfeeding Resources Site](https://partners-dhhs.ne.gov/WICResources/Pages/Home.aspx), BFPC for WIC Directors and Coordinators, Monitoring Peer counselors |
|  |  | Does your local agency conduct an annual needs assessment that identifies each of the following:   1. The 2 top priorities for your target audience 2. Where gaps exist in breastfeeding services and resources within your local agency and the community that can be addressed by peer counseling; and 3. Where improvements in your program are needed? |
| How do you verify the hours a peer counselor works? | | |
|  | | |
| How does your agency keep the peer counselors informed of what is happening in the WIC clinic and the WIC clinic staff aware of what is happening with the BFPC program? | | |
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| **Y** | **N** | **Orientation and Training** |
|  |  | Does the BFPC Coordinator train new peer counselors using the NE WIC BFPC training checklist, including going over the *FNS WIC Breastfeeding* curriculum? Training materials can be found on the [WIC Breastfeeding Resources Site](https://partners-dhhs.ne.gov/WICResources/Pages/Home.aspx). |
|  |  | Do you routinely observe newly trained peer counselors during contacts with mothers to provide guidance and affirmation? |
|  |  | Do you have opportunities for peer counselors to observe and shadow experienced lactation experts and experienced peer counselors? |
|  |  | Are peer counselors trained on, and sign the scope of practice outlined in the [NE WIC Procedures](http://dhhs.ne.gov/WIC%20Procedure%20Manuals/Breastfeeding%20Peer%20Counselor%20-%20Scope%20of%20Practice.pdf), and continue to do so annually? |
|  |  | Do peers sign a statement of confidentiality? |
|  |  | Are new WIC staff (i.e. CPAs and clerks) oriented to the BFPC program? |
| **Y** | **N** | **General** |
|  |  | Do peer counselors routinely attend staff meetings as a part of the WIC team? |
|  |  | Are peer counselors available outside clinic hours? |
|  |  | Do you have a process/protocol in place for WIC staff to refer WIC participants to peer counselors as part of your usual WIC certification assessment and nutrition education process? |
|  |  | Do you have a written protocol that describes how peer counselors can refer WIC participants to the WIC CPA and WIC Designated Breastfeeding Expert for assistance with problems outside of their scope of practice for timely assistance? This includes after-hour referrals. |
|  |  | Are all peer counseling contacts documented in Journey? |
|  |  | Are peer counselor’s caseloads routinely updated in Journey? |
|  |  | If peer counselors are keeping track of contacts and caseload outside of Journey, are they doing this in a manner that keeps protected health information safe? |
|  |  | Do peer counselors routinely contact mothers, at a minimum, monthly during pregnancy and more frequently as the due date nears – such as every 1-2 weeks? |
|  |  | Do peer counselors routinely contact mothers, at a minimum, every 2-3 days in the first week after delivery AND within 24 hours if the mother reports problems with breastfeeding AND weekly throughout the rest of the first month? |
|  |  | Do peer counselors routinely contact mothers after a woman’s first month postpartum, at a minimum, monthly, as long as things are going well? |
|  |  | Do peer counselors routinely contact mothers after a woman’s first month postpartum, at a minimum, 1-2 weeks before the mother plans to return to work or school? |
| **Y** | **N** | **Partnerships** |
|  |  | Does your BFPC program collaborate with local hospitals.  If yes, please describe the partnership: |
|  |  |  |
|  |  | Does your agency have community partners to enhance the effectiveness of the BFPC program?  If yes, please describe the partnership: |
|  |  |  |