

Comments on Supplemental Nutrition Program for Women, Infants and Children (WIC) Local Agency Recognition of Exemplary Breastfeeding Support Practices

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To Whom It May Concern:

The United States Breastfeeding Committee (USBC) wishes to provide comments regarding criteria for recognizing exemplary breastfeeding practices in local WIC agencies. We applaud the USDA Food and Nutrition Service in its efforts to continue promoting and supporting breastfeeding for the women and children that it serves. Recognition of local WIC agencies that provide exemplary breastfeeding care and services is a powerful incentive for the development of strong breastfeeding promotion and support activities. Such agencies can serve as models for all local WIC agencies in their efforts to strengthen and expand breastfeeding as a priority within the WIC program.

Criteria for breastfeeding recognition awards for local WIC agencies should include:

- Performance measurements of breastfeeding. While it is important to consider the number or percentage of
 mothers initiating breastfeeding, award criteria should also consider the duration and exclusivity of
 breastfeeding as indicators of exemplary service. Mothers and infants derive the maximum health benefits from
 breastfeeding when it is exclusive for six (6) months (not combined with infant formula) and continues with
 appropriate complementary food until one year or beyond. Data should be collected on exclusivity and duration
 at each visit.
- 2. The effectiveness of a peer counselor program. While many agencies have breastfeeding peer counselors, many local agencies do not. Peer counselor effectiveness should be assessed not only for rates of breastfeeding initiation, but also for exclusivity and duration of breastfeeding in the mothers peer counselors reach. Peer counselors are more effective when they are sufficient in number and trained to handle basic breastfeeding support. It is also helpful if peer counselors can visit WIC mothers while still in the hospital to answer early questions and support initial breastfeeding efforts.
- 3. The extent to which the agency or clinic has partnered with other entities to build a supportive breastfeeding environment for women participating in WIC. Exemplary partnering might include:
 - Working with the hospitals where the local agency's mothers give birth to urge lactation care and services that follow the Ten Steps to Successful Breastfeeding.
 - Contacting local employers to assist in creating worksite accommodations for WIC mothers. A major
 reason mothers abandon or avoid breastfeeding is the need to return to work shortly after the birth of
 an infant. The Affordable Care Act requires many employers, but not all, to make reasonable
 accommodations for mothers to express milk while at work.

- Creating a network of postpartum support for mothers and infants that require a higher level of care for a complex medical situation. This could include partnering with any of the following groups to increase access to community lactation services when needed: state or local breastfeeding coalitions, state chapters of the American Academy of Pediatrics, state chapters of the U.S. Lactation Consultant Association, International Board Certified Lactation Consultants (IBCLCs), churches, and/or faith-based organizations.
- 4. What additional elements should FNS consider as a component of the selection criteria for this local agency recognition program? FNS might consider creative ways that agencies provide optimal breastfeeding support, such as:
 - Using social media to deliver breastfeeding messages to pregnant and breastfeeding mothers (Facebook, Twitter, texting).
 - Using the Internet to provide remote consultation for complex problems or situations. Webcams and Skype offer the possibility for mothers to be present in a WIC agency and seen remotely by a lactation consultant for a complex problem consultation.
 - Reaching out to community entities where mothers tend to gather or visit (nail and beauty salons, churches, malls, community centers, pharmacies).
 - Providing access to IBCLCs, preferably on staff, to resolve more complicated lactation concerns. WIC
 currently requires registered dietitians to counsel for high risk nutritional problems. Recognizing states
 with employment of IBCLCs could help select agencies for special recognition.

Sincerely,

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Chair