



Breastfeeding Coordinator's Resource Toolkit

Washington State Department of Health

WIC Nutrition Program

October 2024





Welcome!

Congratulations on becoming the Breastfeeding Coordinator for your agency or clinic. As the Breastfeeding Coordinator, you'll work with your Coordinator to help set the tone for breast/chestfeeding promotion and support in your clinic. Your energy and passion help keep WIC staff motivated to learn more about how to help WIC participants meet their infant feeding goals.

The purpose of this toolkit is to help familiarize you with the role and responsibilities of Breastfeeding Coordinators and provide you with valuable information and wonderful resources. Enjoy it in good health! There's no need to print it, just save the link to your "Favorites" for quick reference.

Please let us know about your new role by asking your Coordinator to complete the [WIC Staff and Clinic Change Form](#) and to include your name, role, and contact information. Once we receive this information, we'll add you to the Local Agency Directory and the appropriate email lists.

Most of the information you need to begin your journey as a Breastfeeding Coordinator is in the Washington State WIC Policy and Procedure Manual, [Volume 1, Chapter 15 – Breastfeeding](#). Add this link to your "Favorites" for quick reference. You'll want to read the whole chapter as time allows. You can access it from the [Washington WIC policy page](#).

WIC has promoted lactation since the program's inception in the early 1970's. In 1989, USDA mandated that each state and local WIC agency have a Breastfeeding Coordinator. As the Breastfeeding Coordinator, you're part of a long history of supporting lactation in WIC. Feel free to learn more about the [legislative history of breastfeeding in WIC](#).



Source: United States Breastfeeding Committee



CONTENTS

Welcome!	1
Section 1: The role and requirements of a Breastfeeding Coordinator	4
What training do I need as the Breastfeeding Coordinator?	4
What are the main duties of a Breastfeeding Coordinator?	4
Section 2: Program policy requirement	6
I've heard a lot about breast/chestfeeding policies. Why are policies so important?	6
What's the difference between a policy and a protocol?	6
How do I learn more about state WIC breast/chestfeeding policies?	6
Section 3: Your agency's Nutrition Services Plan and Statement of Work (SOW) related to lactation services	7
What is the Nutrition Services Plan (NSP)	7
What's required in the Nutrition Services Plan?	7
Requirements for partner engagement	8
Time Study considerations for breast/chestfeeding promotion	8
Requirements for breast pumps and supplies	8
When is the Nutrition Services Plan due?	9
How creative can I be? I have some ideas for fun breast/chestfeeding projects I know staff and participants will enjoy.	9
What's a SOW? I know it's not a pig!	10
Section 4: Required lactation support training	10
What lactation support training is required for WIC staff?	10
Section 5: Breast/chestfeeding data-what's available and how to interpret it	12
Why does WIC collect breast/chestfeeding data?	12
How do I get my agency's annual breast/chestfeeding data?	12
Where does the data come from?	12



Section 6: Breastfeeding Food Packages in the first 30 days of life	15
What are the rules about breastfeeding food packages in the first 30 days of life?	15
Infant Food Packages	16
The Do's and Don'ts of breastfeeding food packages in the first 30 days of life:	17
	17
Section 7: WIC breast pumps	18
What about breast pumps?	18
Section 8: Purchasing breastfeeding items for your clinic	20
What can I buy to promote and support breast/chestfeeding with WIC families?	20
Section 9: Breast/chestfeeding education materials	21
What breast/chestfeeding education materials are available for participants and staff?	21
Section 10: Your state office breastfeeding team	23
Whom can I contact with questions?	23



Section 1: The role and requirements of a Breastfeeding Coordinator

What training do I need as the Breastfeeding Coordinator?

To learn about the training requirements for Breastfeeding Coordinators, see [Chapter 15 – Breastfeeding Policy: Breastfeeding Coordinator](#).

If you don't meet the requirements now, talk to your Coordinator. Your Coordinator can work with the state office breastfeeding team to develop a training plan for you.

What are the main duties of a Breastfeeding Coordinator?

In addition to having some lactation knowledge and a willingness to learn more, the best qualification is enthusiasm and a passion for feeding human milk!

The duties of the Breastfeeding Coordinator are to work with the Coordinator to:

1. Assure your agency has required written breast/chestfeeding policies in place to meet state and local requirements.
2. Assure those policies are followed.
3. Assure staff has the required initial and ongoing breast/chestfeeding training.
4. Assure your clinic is breast/chestfeeding friendly. Create a comfortable place in the clinic for participants to breast/chestfeeding. See Chapter 15 – Breastfeeding Policy: [Breastfeeding Friendly Clinic](#).
6. Participate in completing the breast/chestfeeding section of the Nutrition Services Plan.
7. Be the “Point of Contact” for the State WIC Breastfeeding Coordinator and other state staff for issues related to providing human milk.

“The best part of being the breastfeeding Coordinator is helping my staff get the tools they need to support breastfeeding families. It takes a village to feed a child and I’m happy to be part of that village.”



Talk to your Coordinator about blocking out time on the schedule for your new Breastfeeding Coordinator duties. It's important to have time set aside so you can be successful in your new role. You may need more time before World Breastfeeding Week and before the Nutrition Services Plan is due. More about these later.

Depending on the size of your agency, you may want to ask about sharing the responsibilities with other staff. Other Breastfeeding Coordinators tell us that having another person manage the breast pump program or plan the World Breastfeeding Week activities is a big help. Sharing responsibilities will help you have time to revise policies or work on other projects. Working with another person often makes the work more fun too! Talk to your Coordinator about the possibility of sharing the position or some of the duties.

If your clinic has Peer Counselors, learn about the program requirements so you can support them and help your staff tap into their skills and expertise. Check out these resources:

- [Peer Counseling Program Training](#) checklists and toolkits on the DOH webpage.
- [Chapter 15- Breastfeeding](#), Policy: USDA Breastfeeding Peer Counseling Program.





Section 2: Program policy requirement

I've heard a lot about breast/chestfeeding policies. Why are policies so important?

Policies are important because they help everyone get on the same page. When staff know state and local agency breast/chestfeeding policies, they can confidently support participants to meet their breast/chestfeeding goals. Effective policies help enhance the quality of lactation promotion among all staff – especially any who may be reluctant or feel they lack the confidence to support lactation. Following policies helps ensure all participants receive equally high-quality services and breast/chestfeeding support.

Good policies are like recipes – follow them, but don't be afraid to think outside the box or to let staff think outside the box. While the policy needs to be followed at a minimum. Don't let it stop staff from going beyond what's written to provide high-quality care to your participants while staying within scope their scope. The Breastfeeding Coordinator works with the Coordinator to develop local agency breastfeeding policies or protocols.

The policies in Chapter 15 have two - primary functions to support lactating participants:

1. Provide the required actions WIC staff must do and,
2. Spell out what policies local agencies must have in place.

Local agencies will need policies for issuing and tracking breast pumps as well as for breastfeeding aids. These must be in place before ordering supplies. There will be other required policies to write if your agency chooses to have a Breastfeeding Peer Counseling Program (BFPC). If you have questions about a policy requirement, talk to your Coordinator. You both may want to contact your state office breast/chestfeeding team for further help. We are here to support you and your participants.

What's the difference between a policy and a protocol?

The responsibility of the state office is to interpret federal regulations and state law and provide guidance in the form of policies and procedures. We know that for many local agencies, it's not an easy process to get policies approved so they write "protocols" instead. This is fine. The main point here is to have guidelines written, so others know what to do and how to do them. For simplicity – we use the term "policies" in this kit.

How do I learn more about state WIC breast/chestfeeding policies?

The state breast/chestfeeding policies are in Volume 1, [Chapter 15–Breastfeeding](#) of the WIC Policy Manual. State staff can also be a good resource if policy questions arise. The [Policy Support](#) call line is available to help you answer state WIC policy questions. Your Local Program Consultant or Breastfeeding Team member is also available for further guidance. Where do I start?



Take a deep breath. You don't have to do it all at once and you don't have to do it alone. Most likely, your agency already has breast/chestfeeding policies or protocols in place. Work with the Coordinator to find out which policies are current. You will be working together to develop your agency policies and procedures. Becoming familiar with what has already been developed is a good place to start.

As you read over them ask yourself:

- When was the last time your agency's breast/chestfeeding policies/protocols were updated?
- Is this what staff do now?
- Could we improve our policies/protocols to save staff time or serve participants better?
- Are staff following the policies for tracking, issuing, and cleaning pumps? Are they following procedures for documenting pump issuance?
- If staff aren't following state and local policies, what are the barriers?

If you can't find your agency's policies or protocols, your state office breast/chestfeeding team may have copies of your clinic's breast/chestfeeding policies or protocols on file. We can also share sample policies if needed.

Section 3: Your agency's Nutrition Services Plan and Statement of Work (SOW) related to lactation services

What is the Nutrition Services Plan (NSP)

The Nutrition Services Plan is a document that agencies use in planning their:

- Nutrition services activities
- Lactation promotion and support activities
- Participant shopping experience activities

The state office provides guidance annually on requirements for the NSP. The NSP must include:

- An evaluation of last year's NSP objectives and action plans
- A report on any special project, if applicable.
- A current NSP based on the guidance sent by state staff

The Coordinator, Breastfeeding Coordinator, Nutritionist, and other designated staff work together in developing the Nutrition Services Plan, see [Volume 2, Chapter 2, Nutrition Services Plan](#). Lactation Promotion and Support is a Core Job Responsibility because of this it will be a prominent part of the NSP. [Chapter 15 – Breastfeeding](#) describes how the Breastfeeding Coordinator and the Coordinator/WIC RD(s) work together to develop the Nutrition Services Plan.

What's required in the Nutrition Services Plan?

There are two main requirements for the breastfeeding section of the Nutrition Service Plan.

1. A plan on how your agency will engage partners to improve community-based-lactation support.
 2. An updated Breast Pump Inventory Report provided by the state office.
-



Requirements for partner engagement

Requirements for partner engagement are:

1. List activities that support your agency's breast/chestfeeding objectives.
2. Provide lactation and breast/chestfeeding promotion activities to the community following WA WIC policy and in alignment with FNS yearly required percentage of time for this promotion.

Time Study considerations for breast/chestfeeding promotion

For timekeeping purposes, consider what engagement activities are done in the community. There is a list of common WIC functions completed by clinic staff by federal cost type. Use this list to identify the cost type for WIC functions when completing time studies and for timekeeping. Find more information about time study in [Volume 2 Chapter 3. WIC Functions by Federal Cost Type](#)

Requirements for breast pumps and supplies

An inventory of all breast pumps and breastfeeding supplies at each site is required using Cascades inventory. Take a physical inventory of pumps and supplies in your clinic. At least once a year for personal use pumps and supplies. At least twice a year for multi-user pumps to account for pump stock and check for lost, stolen, or missing pumps to meet this requirement.

We require local agencies to track multi-user electric breast pump inventory. This is done by comparing the pumps in the clinic to the Cascades inventory. Pumps are entered into Cascades inventory by entering the pump by serial number under Manufacturer and State Inventory Number (Agency State code plus multi-user breast pump serial number).

1. Take an inventory by reviewing the serial numbers of pumps in the clinic:
 - Run a detailed report of Serialized Inventory Products located under Operations reporting in Cascades to compare multi-user pump inventory to pumps available in your clinic.
 - Engage the help of staff to locate any missing pumps.
 - Report lost, stolen, and damaged multi-user electric pumps to state office staff by completing the [Lost, Stolen or Damaged Multi-user Breast Pump Report](#).
2. After reviewing the multi-user pumps in the Serialized Inventory Products report, check clinic inventory to see if there are pumps in your clinic that are not on the Cascades Serialized Inventory Products report. Assure they belong to your clinic and add them to your clinic Cascades Inventory.

Ask your Coordinator or the person managing the breast pumps for assistance with breast pump inventory. A State multi-user pump inventory report is required with the Nutrition Service Plan. If you can't find the State



multi-user pump inventory, contact WICbreastpumps@doh.wa.gov, for assistance or to request an updated inventory copy. Learn more about tracking breast pump inventories in [Chapter 15-Breastfeeding](#) under Track Electric Breast Pump Inventory.

Don't forget to remove pumps reported to the state office as "damaged and destroyed" from your inventory.

When is the Nutrition Services Plan due?

The [Nutrition Services Plan](#) is typically due October 31st. The Communications and Training Team will send a memo to Coordinators, Nutritionists, and Breastfeeding Coordinators with the requirements and due dates.

"We meet annually to talk about what breast/chestfeeding projects we want to do the next year. Before we meet, my peer counselors ask their moms what we can do to better support them. They always have such great ideas!"

How creative can I be? I have some ideas for fun breast/chestfeeding projects I know staff and participants will enjoy.

As long as your agency meets the requirements, you can be as creative as you want in developing your objectives and carrying out your action plans.



What's a SOW? I know it's not a pig!

Your agency's Statement of Work (SOW) is a list of tasks and activities your agency has agreed to do to get WIC funding. Some of these items are called "deliverables". Deliverables are tangible (something you can hold in your hand) and identify what the Department of Health (DOH) and WIC expect to see from your agency. Good deliverables are evidence of the work DOH is paying your agency to do.

Your agency's SOW includes breast/chestfeeding promotion activities. Talk with your Coordinator about how much is budgeted from WIC Nutrition Services and Administration (NSA) funding for lactation promotion activities yearly. There are no separate breast/chestfeeding funds unless you budget them. Determine how much money you'll need for the coming year's activities and work with your Coordinator to ensure this amount is reflected in your agency's Budget Workbook.



Section 4: Required lactation support training

What lactation support training is required for WIC staff?

All WIC staff providing direct participant services must participate in lactation training a minimum of four hours per year. As the Breastfeeding Coordinator, you're required to complete Levels 1, 2, 3, & 4 of The WIC Breastfeeding Curriculum in the Learning Center initially and then at least 8 hours of lactation training per year. See [Chapter 15- Breastfeeding](#), page 9 Policy: Staff Breastfeeding Education and Training. If you have questions about how to get the training you need, contact the state office breast/chestfeeding team.

Newly hired staff are required to complete specific training within the first 6 months of employment as well as some additional training within the first year. Working with the Coordinator will ensure new staff have time to complete these requirements. Training will include, but are not limited to, orientation in local agency breastfeeding policies, Baby Behavior course in the Learning Center, and the Breastfeeding Curriculum. The Breastfeeding Curriculum is made up of 4 levels of training courses. A staff's role in WIC will determine how many levels of training will need to be completed. For a more in-depth description of new staff training see [Chapter 15- Breastfeeding](#), page 9 Policy: Staff Breastfeeding Education and Training.

The Washington State Department of Health WIC Training Materials page offers many wonderful options for WIC training. Also, you will find staff training modules on the Learning Center (LC) online portal. If you're unfamiliar with the LC or need a password, talk to your WIC Coordinator.



Work with your Coordinator to ensure new and experienced staff have access to lactation training that meets their needs and allows them to grow in their knowledge and skills. Frontline staff are your most important resource in helping identify participants having challenges with feeding their baby. Assure they have the training and confidence to identify potential breast/chestfeeding concerns and to offer a level of support appropriate to their role in a participant-centered way. For examples of roles related to promoting and supporting lactation, see section 4: Appendix A, [Chapter 15-Breastfeeding](#).

Staff resources:

- [Red Flags for Clerks and CPAs](#)
- [Common Lactation Issues Summary](#)
- [Certifier Competency Training Worksheet - Breastfeeding](#)
- [Breast/chestfeeding Resources](#)
- Lactation Counseling Plans (coming soon)





Section 5: Breast/chestfeeding data-what's available and how to interpret it

Why does WIC collect breast/chestfeeding data?

Collecting breast/chestfeeding data is a federal requirement.

The data:

- Provides a way to track the incidence and prevalence of breast/chestfeeding among WIC participants.
- Helps us gauge the effectiveness of our efforts.
- Provides information to researchers.
- Help WIC staff complete the required Nutrition Services Plan.

USDA uses the data to recognize and award states that have high rates of or significant improvement in breast/chestfeeding among WIC participants.

How do I get my agency's annual breast/chestfeeding data?

Currently, we have two types of breast/chestfeeding reports: the Breastfeeding Initiation Report (BFIR) and the Early Supplementation and Duration Report (ESDR).

Breastfeeding Initiation Report (BFIR)

This report shows breast/chestfeeding by race, and ethnicity, and identifies feeding status. It also combines totals for the number of infants breast/chestfeeding and totals by clinic, agency, and state.

Early Supplementation and Duration Report (ESDR)

This report provides information about infant formula supplementation by day 3 and breast/chestfeeding duration greater than 6 months.

These reports are uploaded to your agency's MFT folders twice a year in January and July and as requested. If you have questions about your agency's breast/chestfeeding data, talk to your Coordinator, Nutritionist, or state office breastfeeding team.

Where does the data come from?

The data comes from the required fields in the Cascades **Participant Demographics** screen. Infants are only counted at the first clinic they participate in. The BFIR only includes infants who participated and were born during the reporting period. The information needed for both reports is required to be completed during the certification. on the Participant Demographics screen and depicted on the images below.



GOMEZ Family
Family ID: F00100000265
256 ST
ADNA, WA 98522

MARIA LUCINDA

General Information

Identity Information

Last Name **GOMEZ** First Name **MARIA** M.I.

Nickname Suffix Maiden Name

Proof of Identification **Driver's license/State ID card** Date of Birth **11/1/2000**

Age **20 years and 11 months** WIC Category **Breastfeeding woman**

Race/Ethnicity

Declared Observed

Race

- American Indian or Alaskan Native
- Asian
- Black or African American
- White
- Native Hawaiian or Pacific Islander

Ethnicity **Hispanic**

JAHA Family
Family ID: F00100000264
3467 ST
ADNA, WA 98522

MACY GOODWIN

General Information

Identity Information

Last Name **GOODWIN** First Name **MACY** M.I.

Nickname Suffix Gender Male Female

Proof of Identification **ProviderOne Adjunct Program Verification** Date of Birth **2/2/2021**

WIC Category **Infant** Age **8 months**

Race/Ethnicity

Declared Observed

Race

- American Indian or Alaskan Native
- Asian
- Black or African American
- White
- Native Hawaiian or Pacific Islander

Ethnicity **Non-Hispanic**





The second location that data is derived from is the **Health Information screen**. In the example below, four areas are highlighted: 1) Are you breastfeeding, 2) Ever breastfed, 3) Age supplementation was given and 4) Do you give your baby any formula. These questions are vital for accurate reports. Infants are only counted as having ever breastfed using the "Ever Breastfed" variable on the Breastfeeding Information field. The "unknown" status can be used in situations such as with a foster baby.

GOMEZ Family
Family ID: F00100000265
256 ST
ADNA, WA 98522

MARIA LUCINDA

Infant / Child Health Information

Breastfeeding Information

MARIA GOMEZ

Data Collection Date: 12/10/2021

Breastfeeding Frequency

Age Infant Stopped Breastfeeding

Age Supplement Was Given

Number of Wet Diapers / 24 hr Period

Number of Stools / 24 hr Period

Do you give your baby any formula?
 Yes No

Are you breastfeeding?
 Yes No

Ever Breastfed?
 Yes No Unknown

JAHA Family
Family ID: F00100000264
3467 ST
ADNA, WA 98522

MACY GOODWIN

Infant / Child Health Information

Breastfeeding Information

MACY GOODWIN

Data Collection Date: 12/10/2021

Breastfeeding Frequency

Age Infant Stopped Breastfeeding

Age Supplement Was Given

Number of Wet Diapers / 24 hr Period

Number of Stools / 24 hr Period

Do you give your baby any formula?
 Yes No

Are you breastfeeding?
 Yes No

Ever Breastfed?
 Yes No Unknown

The accuracy of this data depends on how thorough staff are at remembering to talk to participants about how infant feeding is going and updating the required fields in Cascades, especially when the caregiver reports changes to their infant's feeding status.



Section 6: Breastfeeding Food Packages in the first 30 days of life

What are the rules about breastfeeding food packages in the first 30 days of life?

The rules for issuing food packages to breast/chestfeeding participants and babies in the first 30 days of life are different than those afterward. Working through a few Breastfeeding Food Package Scenarios as a group makes for a valuable in-service activity. Remember, lactation promotion and support is everybody's job!

We realize that this can be confusing, so we developed [the Breastfeeding \(BF\) Infant and Participant, First Month of Life](#) tool for CPAs who will be prescribing food benefits to the dyad. Have a discussion with participants about their thoughts and feelings surrounding feeding their baby. It is important that education is provided about the options for the different packages and what each will mean for both milk supply and for their future food package.

Do a Breastfeeding Review, assess the type of support needed for infant feeding, and determine if formula is being provided. If formula is needed, a CPA can issue the minimum number of formula benefits that meet the baby's needs. Give the least amount of formula required and encourage continued breast/chestfeeding to help protect milk supply.

Learn more about the Breastfeeding Review, in [Chapter 15-Breastfeeding](#), Policy: The Breastfeeding Review, and watch **DOH STATE WIC The Breastfeeding Review Part 1** and **DOH STATE WIC The Breastfeeding Review Part 2** in the Learning Center.

When a parent comes in to certify a baby who is breast/chestfeeding and taking formula in the first month of life, staff must complete a Breastfeeding Review.





Infant Food Packages

For the infant's **first month** of life (30 days) there are three food prescriptions:

Food Prescription	Infants Who Are	Breastfeeding Status
Fully Breastfeeding (BF)	Fully BF and no formula	Fully Breastfed
Partially BF <= Half Package (Pkg.)	Mostly BF and no more than 1 can of formula	Partially Breastfed <= Half Pkg
Fully Formula Fed (FF)	Fully formula fed Or BF some and needing 2 or more cans of formula	Fully Formula Fed Or Partially Breastfed > Half Pkg

Note: If an adult BF participant hasn't had prior BF experience, we recommend keeping them in the PG category through their eligibility period and provide the pregnancy food prescription. This is a delicate time for new breast/chestfeeding families as they learn to feed their babies. It is important to provide all the education that participants need to make the best choice for themselves and their babies.

Important! In the first 30 days of an infant's life, if a participant is certified as Fully BF and a Fully BF prescription or one can of formula is issued; and any benefits are used; you can only provide one can of formula max within the first 30 days. This is a federal rule and it's against policy to issue more formula, Cascades doesn't alert or prevent you from issuing. See [Volume 1, Chapter 23 WIC Foods](#) for additional guidance. The infant's food package determines which food package is available for the lactating participant. See [Volume 1, Chapter 23 WIC Foods](#). Cascades suggests a food prescription based on the information entered in the Breastfeeding section of the Health information screen.

The foods and types of foods can change as well as food rules, find the latest guidance on the WIC Program Forms and Materials page, under [WIC Benefits and Foods](#).

If formula is requested, remember to do a breastfeeding review, assess support needs, and tailor the food packages to support breast/chestfeeding.

Remember: The parent is eligible for the pregnant food prescription until the last day of the month their infant turns 6 weeks old.



The Do's and Don'ts of breastfeeding food packages in the first 30 days of life:

Do:

- **A Breastfeeding Review anytime a breast or chestfeeding participant requests formula or an increase in formula for their infant.**
- **Keep the breast/chestfeeding participant in the pregnant category if you issue any formula to baby in the first 30 days of life.**
- **Use your best participant-centered and WIC connects skills to provide support that meets their needs.**
- **Respect every caregiver's feeding decision.**

Don't:

- **Certify a participant as non-BF if they are providing their milk to their baby 1 or more times a day.**
- **Routinely issue formula to a breast/chestfeeding infant.**
- **Provide additional formula benefits if the participant was certified as Fully BF, received one can of formula and any benefits were used.**
- **Try to convince a BF participant to keep breast/chestfeeding. Instead, listen to their concerns and address them.**



Section 7: WIC breast pumps

What about breast pumps?

Washington WIC provides breast pumps and breastfeeding supplies to local agencies at no cost. Most clinics have pumps but not all, because having pumps is optional.

Refer to [Chapter 15-Breastfeeding](#), Section 2: Breast Pump Policies for information on ordering and tracking breast pumps, participant education and follow-up requirements, documentation of issuance, and sample forms. Remember, the Breastfeeding Coordinator and the person managing your clinic's breast pump program don't have to be the same person. Talk to your Coordinator about getting help if you need it.

Staff who issue breast pumps:

- Must receive training on breastfeeding support, on how breast pumps work, and how to demonstrate their use to participants
- Follow state and local agency breast pump policies or protocols
- Evaluate the participant's need for a breast pump and determine which pump will best meet the needs of the participant. You can review "Guidelines for Issuing Breast Pumps" in Chapter 15, Section 2, Page 33
- Complete a breast pump agreement, issuance, and alerts in Cascades
- Complete follow-up calls and documentation after a breast pump is issued

To help keep track of these valuable resources work with your Coordinator to ensure staff:

- Follow [Chapter 15-Breastfeeding](#), Section 2: Breast Pump Policies.
- Store [Breast Pump Release of Liability forms](#) in participant's file under the health information screen in Cascades and refer to [Chapter 15-Breastfeeding](#), for guidance.
- Submit a [Lost, Stolen or Damaged Breast Pump Report](#) within 3 business days after 2 unsuccessful attempts to recover the pump.
- Keep accurate multi-user breast pump inventories at least twice yearly, and more often if possible.

Feel free to contact state office breastfeeding team for help managing your breast pump program. Use the [Breast Pump Supply Order Form](#) to order breast pumps and supplies for your clinic. The order form is fillable and available on the [Department of Health WIC Program Forms and Materials](#) page located under Internal Links. The [Breast Pump Supply Order Form link](#) is also available in [Chapter 15-Breastfeeding](#), see Policy: Order Breast Pumps, Pump Kits, and Breast Pump Supplies. If you or your Coordinator have questions about pump supply, send an email to wicbreastpumps@doh.wa.gov about your question.





Section 8: Purchasing breastfeeding items for your clinic

What can I buy to promote and support breast/chestfeeding with WIC families?

As the Breastfeeding Coordinator, you may want to purchase incentive items or breastfeeding aids. Talk to your Coordinator *before* ordering to find out how much your clinic has budgeted for these items. We suggest meeting with your Coordinator before the WIC Budget workbook is due (September 30 of each year) to plan your breastfeeding activities and purchases to ensure you have money budgeted.

Washington WIC often provides incentives for World Breastfeeding Week (WBW) to local agencies free of charge. We'll send a memo about our plans a few months before WBW. Incentive items can be ordered free of charge from the [Fulfillment Center](#). Here are some examples:

- Hot/Cold packs
- Infant teething bibs
- Nursing scarf/cover
- Infant t-shirts
- Other items

Before purchasing breastfeeding items, review [Volume 2, Chapter 4 - Allowable Costs](#), to learn how and where to purchase them. Work with your Coordinator and fiscal staff to ensure that the items you buy are billed to your agency's account number and not the state office. Other than WBW supplies, the state WIC office pays only for the breast pumps and breastfeeding supplies on your clinic order form.

Not all breastfeeding items are allowed with WIC funds. Review [Volume 2, Chapter 4 - Allowable Costs](#) to see what items are WIC allowed. If you want to order items that aren't WIC allowed, you must use non-WIC funds.

If you still have questions about what's allowed after reviewing the information talk with your Coordinator or your [state office breastfeeding team](#).

Hot/Cold Pack with a QR Code





Section 9: Breast/chestfeeding education materials

What breast/chestfeeding education materials are available for participants and staff?

Giving consistent, evidence-based messages instills confidence in our WIC families and helps them trust WIC as a good source of information.

Washington WIC provides a variety of educational materials for Breastfeeding Coordinators, staff, and participants. All staff should have access to these materials. Most materials are available to order free from the [Fulfillment Center](#) or find them on the [WIC Program Forms and Materials page](#). Ask your Coordinator or the person ordering materials for help if you can't find something.

Have staff review participant handouts, books, and brochures. You can do this individually or discuss it at a staff meeting. This is a great way to ensure everyone in WIC is giving the same infant feeding and nutrition messages.

Online educational resources

WIChealth.org is another resource for WIC participants and staff. WIChealth provides online nutrition education including information on pregnancy and lactation in English and Spanish. If you need more information about WIChealth ask your WIC Coordinator. Information can also be found on the [DOH WIC website](#) and in the [Learning Center](#).

The Washington State Department of Health (DOH) website contains a wealth of information about the [WIC program](#) and [lactation](#).

The [Breastfeeding Resources](#) spreadsheet on the DOH website lists hundreds of reliable resources, including video clips, handouts, online resources, and much more. Many resources are suitable for caregivers, employers, WIC staff, and medical professionals.

Other resources

Every few years Ginna Wall, RN, MN, IBCLC, with Evergreen Perinatal Education compiles a list of research articles titled Outcomes for Breastfeeding vs. Formula Feeding. It's a handy reference when communicating with doctors, legislators, and other health professionals. This isn't a participant handout.



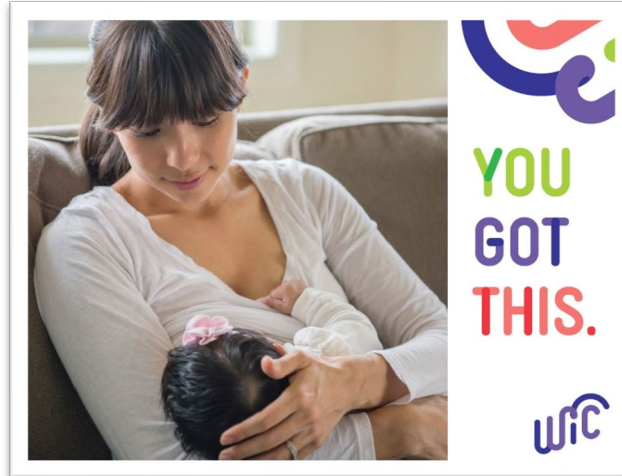


Section 10: Your state office Breastfeeding Team

Whom can I contact with questions?

Your state WIC Breastfeeding Team is here for you. We're here to answer questions, provide guidance, problem-solve or just listen. We mostly work weekdays from 8 a.m. to 5 p.m. although individual staff's schedules vary. You can always leave us a message or send us an email.

State staff person	Areas of expertise	Contact information
Lezly Hughes State WIC Breastfeeding Coordination Supervisor	<ul style="list-style-type: none"> Breastfeeding Peer Counselor program management Breastfeeding budget Special project funds 	Lezly.Hughes@doh.wa.gov (360) 236-3650
Rachel August Breastfeeding and Peer Counseling Consultant Breast Pump Subject Matter Expert (SME)	<ul style="list-style-type: none"> Peer Counseling Program Breast Pump Policy, and Inventory Allowable costs for the BFPC program Training 	Rachel.August@doh.wa.gov (360) 236-3654 Kiana.Robinson@doh.wa.gov 360-236-3653 Contact: WICbreastpumps@doh.wa.gov For questions regarding pump and supply ordering, multi-user inventory report and packing slips.
Kiana Robinson Administrative Assistant	<ul style="list-style-type: none"> Breast pump orders and inventory 	
Malia Silverthorne Breastfeeding and Peer Counseling Consultant Anna Coughlin Breastfeeding and Peer Counseling Consultant	<ul style="list-style-type: none"> Peer Counseling Program Allowable costs for BFPC program Social media Breastfeeding materials Training 	Malia.Silverthorne@doh.wa.gov 360-236-3649 Anna.Coughlin@doh.wa.gov 360-236-3620
Shevonne Tsegaye Lactation Promotion and Equity Consultant	<ul style="list-style-type: none"> Peer Counseling Program Lactation and Infant Feeding-Friendly Environments (LIFE) Program Lactation Equity Donor Milk Breastfeeding Materials Training WIC lactation reports 	Shevonne.Tsegaye@doh.wa.gov 360-236-3627





This institution is an equal opportunity provider.
Washington WIC doesn't discriminate.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

DOH 961-1306 October 2024

