



Memorandum

#10-023

TO: Regional Medical Directors for
Health Service Regions 4/5, 6 & 5 South, 9/10 and 11
WIC Local Agency Directors

FROM: Linda Brumble, Unit Manager
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: March 11, 2010

SUBJECT: FY 2010 Peer Counselor Program Priorities and Best Practices

The State Agency has established Peer Counselor Program priorities for FY2010 based on USDA's *Loving Support Model for Peer Counselor Programs*. We have also compiled a best practices report featuring activities recommended by Texas WIC local agencies with the highest breastfeeding rates.

Please use the attached documents for guidance as you enhance and expand your Peer Counselor Programs during FY2010.

If you have any questions or require additional information, please contact Jewell Stremmer, Peer Counselor Coordinator, at (512) 341-4593 or Jewell.Stremmer@dshs.state.tx.us.

Attachments:
FY2010 Peer Counselor Program Priorities
Best Practices for Peer Counselors

FY2010 Peer Counselor Program Priorities

Increasing peer counselor salaries:

Since wage scales vary by location, we are recommending the peer counselor be paid “between the level of the clerk and the LVN or more.” Local agencies need to develop a salary range in relation to other positions at their agency that encourages peer counselors to stay in their positions rather than moving into clerk or CA positions for higher salaries. The national *Loving Support Model for Peer Counselor Programs* cited increasing traditionally low peer counselor salaries as a priority to add stability to the program. The model requires that this be done first, before using the funding to expand services.

Creating a career ladder:

In addition to increasing your base peer counselor rate, the State Agency encourages local agencies to create a career ladder. Local agencies may choose to create a peer counselor coordinator position, a senior peer counselor position, and/or assistant breastfeeding coordinator position. Add job duties to the experienced peer counselor’s position with added responsibilities, such as training and mentoring new counselors, presenting periodic breastfeeding training to other staff at your agency, scheduling and supervising other counselors, etc.

Creating full-time peer counselor positions:

The ideal model for a peer counselor program will have both full and part-time peer counselor positions. When recruiting new mothers who can bring their babies to work and role model breastfeeding, having them work a limited number of hours is ideal. As those babies get older and the counselor gains knowledge and experience, she may want to work more hours. Many agencies find establishing full-time peer counselor positions (when funding allows) enables them to keep those experienced counselors.

Making peer counselor positions 100% breastfeeding:

The State Agency encourages local agencies to move any peer counselors who may be staffing a dual role position where peer counselor duties are combined with other duties to 100% breastfeeding duties when funding allows. Some agencies have combined peer counselor duties with clerk or CA duties because they were trying to keep peer counselors who wanted to work more hours and they were not funded for peer counselor duties for those additional hours. Many counselors and other WIC staff have reported this can create a stressful situation. If funding allows, the priority is to move all peer counselors to 100% peer counselor duties.

Creating new Peer Counselor Programs:

The State Agency strongly encourages any local agency that does not have a Peer Counselor Program to establish one as soon as possible and will provide funding and technical assistance to ensure each Texas WIC local agency has a Peer Counselor Program by the end of FY2010.

Extending peer counselor services to clinics not previously served:

Local agencies are strongly encouraged to hire additional counselors necessary to provide peer counselor services at all clinic sites.

Expanding hospital peer counselor services:

Peer counselors are assisting mothers with breastfeeding at seventy-five (75) Texas hospitals and in many Neonatal Intensive Care Units. The State Agency strongly encourages expansion of hospital peer counselor services to provide more help to mothers in initiating breastfeeding and to provide anticipatory guidance and follow-up. WIC local agencies in large cities are encouraged to make peer counselor presence in hospitals a priority.

Creating a peer counselor position to staff a breastfeeding helpline and after hours breastfeeding support through in-person counseling and providing pumps when WIC clinics are closed:

The Loving Support Model identifies peer counselors as a resource that fills the gap in services when other breastfeeding support is not available. Please see the attached *Best Practices for Peer Counselors* for more information.

Sending counselors to conferences and workshops:

Plan to send your peer counselors to breastfeeding training workshops and/or conferences. The following trainings and conferences are available in Texas during FY2010.

Workshops:

- ❖ DSHS Training Workshops:
 - ❖ Principles of Lactation Management
 - ❖ Lactation Counseling and Problem Solving
 - ❖ Breastfeeding Management
 - ❖ Breastfeeding the Compromised Infant
 - ❖ Managing Breastfeeding Complications
 - ❖ Peer Counselor Trainer Workshop (send counselors who will help manage your Peer Counselor Program and help train new counselors)

Conferences:

- ❖ The International Lactation Consultants Association (ILCA) Conference will be held in San Antonio July 21-25.
<http://www.ilca.org/i4a/pages/index.cfm?pageid=3305>
- ❖ The La Leche League Texas Area Conference will be held in Round Rock (near Austin), June 25-27 <https://www.lalecheleague.org/Area/AreaTX.html>
- ❖ The Hale Hartmann Conference will be held in Amarillo June 9-12
<http://www.ibreastfeeding.com/content/page/hartmann-hale-conference>

Sending breastfeeding coordinators and peer counselors coordinators to the Peer Counselor Trainer Workshop:

The State Agency strongly encourages local agencies to send any breastfeeding coordinators and/or peer counselor coordinators who have not attended the Peer Counselor Trainer Workshop within the last 5 years to the PCTW during FY2010.

Peer counselor preparation for the IBCLC exam:

If you have experienced counselors who are interested in preparing to take the IBCLC exam, local agencies can purchase study materials and pay the exam fee.

Best Practices for Peer Counselors

Local agencies with the highest breastfeeding rates report these peer counselor activities:

1. **Peer counselors talk to all pregnant moms** highlighting benefits of breastfeeding and WIC support and benefits for breastfeeding mothers.
 - ❖ Individual counseling with all pregnant mothers during the certification process
 - ❖ Short presentation at every prenatal class
2. **Peer counselors talk to all new mothers when they call for their first WIC appointment** after the baby is born, regardless of whether the mother is calling for breastfeeding support or formula. If the peer counselor is not available the clerk will make a list of moms for the peer counselor to call back as soon as possible.
 - ❖ Often a mother is breastfeeding up until she calls for formula and needs help to continue breastfeeding. Peer counselors can provide the information and support needed.
 - ❖ Even if mother started with formula feeding or the baby was formula fed in the hospital, the mother may want to breastfeed until she can get in for her WIC appointment. (And, once she starts, she may continue.)
 - ❖ Most mothers can build a milk supply during the first few weeks, even if they did not breastfeed at birth.
 - ❖ New mothers can often make same-day or next-day, in-person appointments with the peer counselor for breastfeeding assistance, without having to wait for their WIC appointment.
3. **Peer counselors talk to breastfeeding moms requesting formula.** Revised policy *BF 01.0* requires that any breastfeeding mother who asks for formula must receive counseling to attempt to help her continue breastfeeding and that her food package cannot be changed until after her counseling session. The counselor can help determine the appropriate food package and the food package can only be changed with approval from the CA or WCS.
3. **Peer counselors bring their babies to work in the WIC clinic and breastfeed** in the waiting room, classroom, etc. Role modeling breastfeeding is proven to have a tremendous positive impact on breastfeeding rates.

5. **Peer counselors make hospital visits.** Even hospitals with a lactation consultant or a lactation services program, welcome peer counselors because lactation counseling is time intensive and they usually do not have enough staff to adequately serve all their mothers. Since research has proven the value of mother-to-mother support, knowledgeable providers welcome peer support for their clients.

6. **Peer counselors provide breastfeeding support through a helpline, in-person counseling and providing pumps when WIC clinics are closed.** Peer counselors should be used to fill the gap in services when mothers need help and WIC offices are closed. After hours availability gets mothers through critical times when no one else is available and they may abandon breastfeeding if not supported. Therefore, the State Agency strongly recommends establish a peer counselor position where all or part of the counselor's regular hours are scheduled during times when WIC clinics are closed. To insure accountability for off site work, call logs are regularly monitored with spot checks. The counselors are not "on call," in addition to taking after hours calls, they have regular duties that are performed during their scheduled hours from home:
 - ❖ calling pregnant moms from Foxfire reports
 - ❖ returning calls from mothers who called to make appointment and did not get to talk to a peer counselor that day
 - ❖ making follow-up calls
 - ❖ preparing bulletin boards, etc.
 - ❖ keeping pumps at home or in the trunk of their cars so they can provide them to WIC clients who request services through the after hours hotline, or networking with the hospital or other community providers
 - ❖ providing in-person counseling