



Memorandum

#12-042

TO: WIC Regional Directors
WIC Local Agency Directors

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

DATE: May 11, 2012

SUBJECT: New Breastfeeding Communication Tool for Breastfeeding Encounters

This memo announces a new optional form that is available for WIC agencies to communicate breastfeeding observations and interventions in the client's chart.

The *New Breastfeeding Communication Tool*, stock number **13-06-13947**, is formatted to allow Peer Counselors or other WIC staff to very quickly convey important breastfeeding information and ensure appropriate follow up. It can be maintained in the client's chart documenting a prenatal visit and two breastfeeding encounters, but is not intended to replace other Peer Counselor forms. The form is being sent to all local agencies that responded to the pre-order survey and will be available in the WIC Catalog under Breastfeeding Forms. Please refer to the attached *Suggestions for Using the Breastfeeding Communication Tool* if your local agency chooses to use this tool.

If you have any questions or require additional information, please contact Janet Jones, Breastfeeding Training Specialist, Nutrition Education/Clinic Services Unit, at (512) 341-4519 or janet.jones@dshs.state.tx.us, or Tracy Erickson, WIC Breastfeeding Coordinator, Nutrition Education/Clinic Services Unit, at (512) 3410-4521 or tracy.erickson@dshs.state.tx.us.

Attachment

Suggestions for Using the Breastfeeding Communication Tool

Prenatal Contact

Identified Barriers/Concerns - During this contact, try to assess mother's knowledge and attitude about breastfeeding and discussing any barriers. This section lists some of the most common barriers and topics that might be discussed. Use the "other" section if a mom has a concern not listed or has no perceived barriers (e.g. she is excited about breastfeeding)

Topics Discussed- Document any education given, her current support system, referrals, or anything else that would be important to follow up with on the next visit.

Breastfeeding / PP Contact

Breastfeeding Concerns- Once the client has her baby, she may have issues that arise. Common issues are listed in this section. The CA or PC can refer to the prenatal contact section for previously identified barriers or concerns and follow up with the mom about how things are going. Below are a few specifics about how to document effectively in this section.

- Nipple pain_____ In the space provided specify where the pain is located or severity for instance: tip, base of nipple, or crack at tip
- Breast pain _____ i.e. engorged, Left breast, plug. This tool can be used by staff at all levels of expertise, documenting mom's reports or actual assessment.
- Concern for infant weight gain / loss – circle whether there was significant gain or loss then record the weight on the line next to it. *BW (Birth Weight) *CW (Current Weight)
- BF equipment questions – specify on the lines below i.e. back to work, pump not working, or pumping hurts etc.

Education /Support –Summarize the education given, referrals made, and equipment issued.

- Basic breastfeeding management –indicates that a PC, CA or IBCLC has evaluated positioning and latch, how often and how long the baby is breastfeeding, and other management topics such as breast compression to keep the baby actively suckling at the breast.
- Nipple / breast assessment (if applicable) Notes can be made here if the PC, CA, or IBCLC examines the breasts or nipples. Document education given, such as sore nipple treatment, tips for engorgement,
- Soothing Techniques - This would refer to teaching the mother coping techniques when the baby is crying but not necessarily hungry (i.e. gassy, fussy, sleepy). Examples include:

- Soothing a baby using repetitive motions (gently bouncing or patting) or repetitive sounds (“shhhhhh” or “it’s OK baby, it’s OK baby”)
 - Teaching burping techniques
 - Encouraging skin-to-skin contact to calm a baby
- Signs of milk transfer - This would include diaper counts but depending on the expertise of the breastfeeding staff it could also include teaching the mother to listen and recognize audible and visual cues that the baby is swallowing or signs of satiety and weight gain markers.
- Infant assessment - This could be the place to document observations or issues that require basic breastfeeding management that a PC could address or issues that may need a referral such as a baby that appears to have low muscle tone, jaundice (yellow skin/eyes), or dehydration, tongue tie or birth trauma, bruising, asymmetry etc.
- Milk supply regulation- If the mom is pumping to increase supply, is being taught to down regulate her milk supply in the case of oversupply or overactive let-down reflex, or weaning her baby it can be documented here. Use the notes section, if needed.

Breastfeeding Communication Tool

Parent/Guardian:

DOB:

Baby's name:

DOB:

Prenatal Contact

Peer Counselor:

Date:

Identified Barriers/Concerns

- | | | |
|--|--|--|
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Going back to work/school | <input type="checkbox"/> Breastfeeding in public |
| <input type="checkbox"/> Fear of pain | <input type="checkbox"/> Lack of family support | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> History of breastfeeding difficulty | <input type="checkbox"/> Medical concerns | _____ |
| Specify: _____ | Specify: _____ | |

Topics Discussed

- | | | |
|---|---|---|
| <input type="checkbox"/> Benefits of breastfeeding | <input type="checkbox"/> Support available through WIC | <input type="checkbox"/> Referral _____ |
| <input type="checkbox"/> Latch/positioning | <input type="checkbox"/> Rights of the breastfeeding mother | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Engorgement/establishment of supply | <input type="checkbox"/> Tips for nursing discreetly | _____ |
| <input type="checkbox"/> Pumping – <input type="checkbox"/> work <input type="checkbox"/> school <input type="checkbox"/> other | <input type="checkbox"/> Prenatal education materials given | |

Breastfeeding/PP Contact

Peer Counselor:

Date:

Breastfeeding Assessment

- | | | |
|--|---|---|
| <input type="checkbox"/> Nipple pain _____ | <input type="checkbox"/> Supply concerns | <input type="checkbox"/> BF equipment questions |
| <input type="checkbox"/> Breast pain _____ | <input type="checkbox"/> low supply <input type="checkbox"/> oversupply | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Difficulty with latch or position | <input type="checkbox"/> Confidence/BF management | _____ |
| <input type="checkbox"/> Baby fussy at breast | <input type="checkbox"/> Concern for infant weight gain/loss | BW: CW: |

Education Support

- | | | |
|---|---|--|
| <input type="checkbox"/> Assistance with latch/positioning | <input type="checkbox"/> Soothing techniques | <input type="checkbox"/> Gave praise/encouragement |
| <input type="checkbox"/> Basic breastfeeding management | <input type="checkbox"/> Milk supply regulation (note plan below) | <input type="checkbox"/> Pumping techniques |
| <input type="checkbox"/> Importance of breastfeeding | <input type="checkbox"/> Taught signs of milk transfer | <input type="checkbox"/> work/school <input type="checkbox"/> supply |
| <input type="checkbox"/> Nipple/breast assessment (if applicable) | <input type="checkbox"/> Infant assessment (if applicable) | <input type="checkbox"/> Referral _____ |
| Note _____ | Note _____ | <input type="checkbox"/> Equipment issued _____ |
| <input type="checkbox"/> Other | | |

Notes

WIC Staff:

Date:

Additional Information/Follow-up

