

# Utilizing WIC to Enhance Hospital Breastfeeding Policies and Practices

California Breastfeeding Summit  
January 27-28, 2011



Marin County Department of Health Services WIC  
Program

Susan Martinelli, Breastfeeding Peer Counselor Program Coordinator

# What's happening in Marin County?

- One delivery hospital in the County. Recent change in administration.
- Previous administration not interested in pursuing Baby Friendly Certification.
- County as a whole has high breastfeeding rates.
- 2500 births per year in Marin. 1600 of those are at Marin General. About 45% are WIC program participants.
- 65% mono-lingual Spanish speakers.
- Most are relatively new immigrants working in service jobs.



# Hospital rates for Marin General Hospital

## Marin County Breastfeeding and Hospital Performance

- County average breastfeeding rates:  
Any – 97.7% Exclusive – 74.1%
- Ranked 9th in the state for  
exclusive breastfeeding

## Exclusive Breastfeeding by Ethnicity

Ethnicity	% Exclusive	State Average
African American	*	33.1
American Indian	*	56.6
Asian	56.7	43.8
Multiple Race	73.9	55.8
Pacific Islander	*	36.3
Other	*	44.3
White	74.7	63.6
Hispanic	76.1	32.4
Missing	*	*
<b>TOTAL</b>	<b>74.1</b>	<b>42.7</b>

**Data Source:** California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2007.  
**Prepared by:** California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Program.

- 97.7% Any breastfeeding in 2007.
- 74.1% exclusive breastfeeding.
- Nearly a quarter of babies are not exclusively breastfed by hospital discharge.

# History of Marin's PC Program



- Currently have six PCs. Five bi-lingual in Spanish.
- Marin has had some form of PC program since 1992.
- USDA funded PC program since 2006.
- Started PCs in Marin General Hospital in 1997.
- Currently have two PCs working in the hospital 4 days a week.
- No WIC IBCLC in the hospital.
- One WNA provides hospital support and functions like a PC.

# What is the role of the WIC peer counselor in the hospital?

- Support exclusive breastfeeding.
- Encourage early, frequent breastfeeding on cue.
- Help new mothers understand normal newborn behavior and cues.
- Provide families with anticipatory guidance on the early weeks of breastfeeding.
- Identify early, those mothers with breastfeeding problems and refer appropriately.
- Facilitate communication between the mother and hospital staff.
- Facilitate follow up support through WIC.
- Refer eligible families to WIC.
- The PCs do not provide hands on assistance.



# Making the Connections



- What is your target population?
- Identify the local hospitals with the highest percentage of Medi-Cal births.
- Do any of them have an existing lactation program?
- What collaborations already exist?
- Is there an IBCLC on staff of the hospital?
- Who are the champions or supportive contacts in the hospital?
- Are their supportive providers in the community?

# The MOU

- Get help from your legal department.
- Include the intent of the project; to increase exclusive breastfeeding, and provide continuity of care after discharge.
- Describe the responsibilities of the WIC program and hospital.
- Describe services provided. What will be the PC's scope of work?
- Describe how PC's will be oriented to the hospital and receive necessary trainings and immunizations. Will they follow the guidelines for volunteers?



# MOU continued



- What trainings and support will the WIC IBCLC provide to the PCs?
- How will referrals be handled to hospital staff?
- How will the PC document her contacts with moms and babies?
- How will WIC participants be identified?
- Will the PCs give out WIC pumps and other breastfeeding aids, and if so how and where will they be stored?
- How will confidentiality be maintained?
- Scheduling and reporting absences.
- Will there be access to WIC data base (ISIS) and Peer Counselor Data Base (PCDB)?

# Possible Challenges



- PCs used as translators.
- PCs being asked to provide support outside their scope of work.
- PCs being asked to see mothers not on WIC.
- PCs having conflicts with hospital staff while advocating for WIC participants.
- Lack of in hospital IBCLC support for breastfeeding concerns outside the PC's scope.

# Solutions?

---

- Ongoing hospital staff orientation is vital.
- Clear scope of work from the beginning.
- Support PCs to have clear boundaries.
- Communicate regularly with hospital staff on how to refer to WIC for follow up support.
- Have PC supervisor presence in the hospital regularly.
- Maintain good communication with hospital administration and staff.
- Foster strong collaborations with health care providers.
- Support the hospital to embrace the Ten Steps or Baby Friendly Hospital Certification.
- Share breastfeeding data with hospital administration and staff.
- Collaborate on breastfeeding related events in the community.
- Share WIC participant feedback on care received.

# Next Steps for Marin

---

- Update and re-establish MOU with new hospital administration.
- Expand to include IBCLC and CLE/ WNA support in the hospital.
- Increase hospital support to 6 days per week.
- Participate on a committee to pursue Baby Friendly Hospital Certification.

# WIC Breastfeeding Support in the Hospital:

Truly a Winning Collaboration!  
Thank You!



# References

---

Chapman DJ, Damio G, Young S, Perez-Escamilla R. (2004) Effectiveness of breastfeeding peer counseling in a low-income, predominantly Latina population: A randomized controlled trial. *Arch Pediatr Adolesc Med* 158: 897–902.

Chapman DJ, Damio G, Perez-Escamilla R. (2004) Differential response to breastfeeding peer counseling within a low-income, predominantly Latina population. *Journal of Human Lactation* 20(4):389–396.

DiGirolamo AM, Grummer-Strawn LM, Fein S. Maternity care practices: implications for breastfeeding. *Birth* 2001;28(2):94–100.

McLeod D, Pullon S, Cookson T. Factors influencing continuation of breastfeeding in a cohort of women. *Journal of Human Lactation* 2002;18(4):335–43.

A Merewood... - Peer Counselors for Breastfeeding Mothers in the Hospital Setting: Trials, Training, Tributes, and Tribulations. *J Hum Lact* February 2003 vol. 19 no. 1 72-76

Y Bronner, T Barber, J Vogelhut... Breastfeeding Peer Counseling: Rationale for the National WIC Survey. *J Hum Lact* May 2001 vol. 17 no. (2) 119-125

JM Guise, V Palda, C Westhoff, The Effectiveness of Primary Care-Based Interventions to Promote Breastfeeding: Systematic Evidence Review and Meta-Analysis for the US Preventive Services Task Force. *Annals Family Med* 2003 Jul-Aug;1(2):70-8.

A Merewood, LB Chamberlain, JT Cook. The Effect of Peer Counselors on Breastfeeding Rates in the Neonatal Intensive Care Unit: Results of a Randomized Controlled Trial. *AssocArch Pediatr Adolesc Med*. 2006;160:681-685.