

APPENDIX A
WEB SURVEY

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OMB No.: 0584-xxxx
Expiration Date: xx-xx-201x



Special Supplemental Nutrition Program for Women, Infants, and Children Breastfeeding Policy Inventory

(WIC BPI)

Part 1: Policies and Practices

06/13/12

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average [State: 0.5/Local: 0.9] hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Login screen

OMB No.: 0584-xxxx
Expiration Date: xx-xx-201x

Welcome to the *WIC Breastfeeding Policy Inventory!*

[Box for user name] [Box for password]

- To access the survey, please enter your user name and password in the boxes above.
- You may complete the survey all at once or save your responses and return at a later time. We encourage you to take breaks.
- You will be able to complete some modules in whatever order you choose. Some modules must be completed first before you may select others.
- Please use the buttons and links on each page to move through the survey. Using “Enter” or your browser’s “Back” function may cause errors.
- You may mark more than one answer to questions with check boxes next to the response options: .
- You can only mark one answer to questions with radio buttons next to the response options: .
- If you are returning to finish your saved survey, you will return to the point where you left off. **You will not be able to go backward to questions you answered before logging out.**
- When you have finished the survey, please keep a copy of your responses for your records. You will be able to review and print your responses at the end of the survey.
- If you have trouble accessing the survey, or if you have questions, please contact the help desk at <<email address>> or [telephone number].

Include the OMB control number and expiration date, the FNS and Mathematica logos, and the burden statement.

First page after login

The study is being conducted for the U.S. Department of Agriculture, Food and Nutrition Service (FNS). The purpose of the study is to understand State and local WIC agencies’ breastfeeding measures as well as their breastfeeding promotion policies and practices. Information from the WIC Breastfeeding Policy Inventory will help FNS as well as State and local WIC agencies learn more about nationwide efforts to promote breastfeeding among WIC participants. The WIC BPI is not an audit or compliance check.

FNS has authority to conduct this study under the Healthy, Hunger-Free Kids Act of 2010 (P.L. 111-296). Your agency’s participation is required by law.

The Agency Director, Breastfeeding Coordinator, or other knowledgeable staff should complete this survey. We encourage you to circulate the survey among appropriate staff, if necessary, to obtain all responses. During this part of the survey, we will ask about your agency’s policies and practices to promote breastfeeding

You may find it helpful to gather this information before starting the survey, but you will be able to save your progress and return at a later time if you need to.

Your agency will be identifiable to FNS in the survey data, but neither your agency nor individual respondents will be named in any publications. Please refer to the <<frequently asked questions>> document for more information.

Screen to display when respondents save and leave the survey

Thank you for providing information for the WIC BPI. Your responses have been saved and you may return any time. When you log back in to the survey, you will start at the first unanswered question. You will not be able to go back to questions you answered previously. All WIC agencies are required to complete the survey by [date].

If you have questions or need assistance with the survey, please contact the help desk at <<email address>> or [telephone number].

A. Agency and Staff Overview (State and Local)

This section provides an overview of your agency and agency staff. [Please answer these questions about your State agency only, not for the local agencies within your State.]

A.1 (STATE) Does your State WIC agency provide direct services to participants?
1=Y
0=N

A.2 (LWA OR A.1=1) How many clinic sites does your agency directly operate?
___ ___ ___ clinic sites

A.3 (LWA OR A.1=1) [How many of your agency’s clinic sites are/Is your agency’s clinic site] hospital-based? *If no sites are hospital-based, enter “0.”*
___ ___ ___ hospital-based clinic sites

A.4 (LWA OR A.1=1; IF A.2>1) How many miles from your agency’s administrative office is your closest clinic site located?
___ ___ ___ . ___ miles

A.5 (LWA OR A.1=1; SHOW “FARTHER” IF A.2=2; SHOW “FARTHEST” IF A.2>2) How many miles from your agency’s administrative office is your [farther/farthest] clinic site located?
___ ___ ___ . ___ miles

A.6 [Does your agency/Do local agencies in your State] operate [a peer counseling program/peer counseling programs]?
1=Y
0=N

A.7 (STATE) Does your State have a State WIC breastfeeding committee, group, or workgroup that develops or oversees WIC breastfeeding policies and practices?
1=Y
0=N

A.8 [SHOW B IF A.6=1; SHOW C IF (A.6=1 AND LWA OR A.1=1); SHOW D IF LWA OR A.1=1] For each paid staff position listed below, please indicate the number of full-time equivalents (FTEs) currently serving in each position within your [State/local] agency. If a person divides her time across more than one title, please allocate her FTEs to each category according to how she divides her time. If a position is currently unfilled, enter “0.”

- a. Breastfeeding Coordinator ___ ___ ___ . ___ FTEs
- [b. Peer Counseling Program Coordinator] ___ ___ ___ . ___ FTEs
- [c. Peer Counselor] ___ ___ ___ . ___ FTEs
- [d. WIC Designated Breastfeeding Expert] ___ ___ ___ . ___ FTEs

Definitions provided via hyperlink:

Full-time equivalent (FTE): An FTE of 1 represents one person serving 40 hours per week in that position. An FTE of 0.5 indicates one person working 20 hours per week, or half-time, in that position.

State Breastfeeding Coordinator: A staff person who coordinates the State’s WIC breastfeeding efforts.

Local Agency Breastfeeding Coordinator: A staff person who oversees planning, implementation, evaluation, and training of breastfeeding activities in the local WIC agency.

Peer Counseling Program Coordinator: A staff person who oversees planning, implementation, evaluation, and training of peer counseling program activities.

Peer Counselor: A paraprofessional, hired from the target population, who serves as a model for breastfeeding behaviors. This staff person is available to mothers outside of the usual clinic hours and environment. Please include all peer counselor FTEs, regardless of the funding source for the peer counseling program.

WIC Designated Breastfeeding Expert: A staff member with specialized lactation training who is referred to when other staff face breastfeeding situations outside of their scope of practice. WIC designated breastfeeding experts may include individuals who are International Board Certified Lactation Consultants (IBCLCs), Certified Lactation Educators (CLEs) or Certified Lactation Counselors (CLCs). They may be nurses or perform other functions in an agency or clinic. For this category, do not include staff who may be IBCLCs, CLEs, or CLCs but do not have lactation-related job responsibilities.

A.9 [A.6=1 AND (LWA OR A.1=1) AND A.9C>0] How many people are currently serving as peer counselors with your agency?

___ Peer Counselors

A.10 (IF ALL A.8=0) Across all staff at your [State/local] agency, about how many full-time equivalents (FTEs) provide breastfeeding services?

___ FTEs

A.11 (LWA OR A.1=1; SHOW FILL IN 1 AND 2 IF A.2>1) Does your agency provide breastfeeding support groups to WIC participants?

1=Yes[, at all clinic sites]

[2=Yes, at some clinic sites]

0=N

A.12 (STATE; SHOW C IF A.6=1) Does your agency have any policies that exceed federal requirements for WIC programs that address any of the following topics? *If the State policies are identical to the federal requirements, mark "no."* (Y/N for each)

a. Staff training

b. Participant breastfeeding education

[c. Peer counseling]

d. Prenatal participant contact

e. Postpartum participant contact

f. Breastfeeding aids

g. Food package issuance

h. Breastfeeding referrals and coordination

i. Outreach activities

j. The clinic environment

A.13 (STATE) Does your State agency assess the outcomes of local agencies' breastfeeding policies and practices? For example, does your agency determine whether agencies with specific practices have better breastfeeding initiation rates? *Please do not include USDA management evaluation activities in your response.*

1=Y

0=N

A.14 (STATE AND A.13=1) How often does your State agency assess the outcomes of local agencies' breastfeeding policies and practices?

1=More than once a year

2=Once a year

3=Less than once a year

4=No set schedule

B. Staff Training (State and Local)

In this section, we will ask you about your agency's procedures for training agency staff. First, we will ask about the training that new employees complete, and then we will ask about ongoing training or continuing education activities. **[Please answer these questions about training staff at your State agency only. Do not include training staff at the local agencies within your State.]**

B.1 (SHOW 1 AND 2 AND 4 IF LWA OR A.1=1; SHOW 3 IF [LWA OR A.1=1] AND A.6=1) Which of the following agency staff receive breastfeeding promotion training when they are newly hired? (Mark all that apply.)

[1=Clerical or support staff]

[2=Competent Professional Authorities (CPAs) / Certifying Authorities (CAs)]

[3=Peer counselors]

[4=WIC designated breastfeeding experts]

5=Breastfeeding coordinators

6=Nutritionists

Definitions provided via hyperlink:

Peer Counselor: A paraprofessional, hired from the target population, who serves as a model for breastfeeding behaviors. This staff person is available to mothers outside of the usual clinic hours and environment. Please include all peer counselor FTEs, regardless of the funding source for the peer counseling program.

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State Breastfeeding Coordinator: A staff person who coordinates the State's WIC breastfeeding efforts.

Local Agency Breastfeeding Coordinator: A staff person who oversees planning, implementation, evaluation, and training of breastfeeding activities in the local WIC agency.

Nutritionist: A staff member who provides individual or group nutrition education or counseling, usually State-licensed. Nutritionists may also have credentials such as Registered Dietitian.

B.2 (IF LWA SHOW 1) Who developed the breastfeeding-related training your agency uses for new hires? (Mark all that apply.)

[1=Our own or another local WIC agency]

2=Our own or another State WIC agency

3=USDA, Food and Nutrition Service (for example, *Using Loving Support to Grow and Glow*)

4=A breastfeeding support organization

5=An educational or public health institution (for example, a university)

6=A vendor

B.3 (LWA OR A.1=1) Are your agency's new employee breastfeeding training procedures written down in a formal policy?

1=Y

0=N

B.4 (SHOW 1 AND 2 AND 4 IF LWA OR A.1=1; SHOW 3 IF [LWA OR A.1=1] AND A.6=1) Which of the following staff receive ongoing breastfeeding training? (Mark all that apply.)

[1=Clerical or support staff]

[2=Competent Professional Authorities (CPAs) / Certifying Authorities (CAs)]

[3=Peer counselors]

[4=WIC designated breastfeeding experts]

5=Breastfeeding coordinators

6=Nutritionists

7=None of these

Definitions provided via hyperlink:

Peer Counselor: A paraprofessional, hired from the target population, who serves as a model for breastfeeding behaviors. This staff person is available to mothers outside of the usual clinic hours and environment. Please include all peer counselor FTEs, regardless of the funding source for the peer counseling program.

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Nutritionist: A staff member who provides individual or group nutrition education or counseling, usually State-licensed. Nutritionists may also have credentials such as Registered Dietitian.

B.5 (IF ANY IN B.4; SHOW SELECTED OPTIONS) How often must staff complete ongoing breastfeeding training? If the frequency varies by position, please select the most frequent option.

	Monthly	Quarterly	Twice per year	Once per year	Less often than once per year	No set schedule
[Clerical or support staff]	1	2	3	4	5	6
[CPAs/CAs]	1	2	3	4	5	6
[Peer counselors]	1	2	3	4	5	6
[WIC designated breastfeeding experts]	1	2	3	4	5	6
[Breastfeeding coordinators]	1	2	3	4	5	6
[Nutritionists]	1	2	3	4	5	6

B.6 (IF LWA SHOW 1) Who developed the content your agency uses for ongoing breastfeeding training? (Mark all that apply.)

[1=Our own or another local WIC agency]

2=Our own or another State WIC agency

3=USDA, Food and Nutrition Service (for example, *Using Loving Support to Grow and Glow*)

4=A breastfeeding support organization

5=An educational or public health institution (for example, a university)

6=A vendor

B.7 (LWA OR A.1=1) Which of the following credentials are held by at least one member of your breastfeeding staff? (Mark all that apply.)

1=International Board Certified Lactation Consultant (IBCLC)

2=Certified Lactation Educator (CLE)

3=Certified Lactation Counselor (CLC)

4=Other credential in lactation management (specify)

5=None of these

B.8 (LWA OR A.1=1) Are any of your agency's staff trained on using food packages to promote breastfeeding?

1=Y

0=N

B.9 (LWA OR A.1=1; B.8=1) Does this training specifically address using food packages to promote exclusive breastfeeding?

1=Y

0=N

B.10 (LWA OR A.1=1) Are your agency's ongoing breastfeeding training procedures written down in a formal policy?

1=Y

0=N

C. Participant Breastfeeding Education (State and Local)

The following questions are about breastfeeding education offered to WIC participants. **[Please answer these questions about your State agency only, not for the local agencies within your State.]**

C.1 (LWA OR A.1=1) Who developed the content your agency uses for participants' breastfeeding education? (Mark all that apply.)

1=Our own or another local WIC agency

2=Our own or another State WIC agency

3=USDA, Food and Nutrition Service

4=A breastfeeding support organization (specify)

5=An external educational or public health institution (for example, a university) (specify)

6=An external vendor

D=Don't know

C.2 (SHOW 6 IF STATE) How often does your [State/local] agency update participant breastfeeding education materials?

1=More than once per year

2=Once per year

3=Once every two years

4=Less than once every two years

5=No set schedule

[6=Our State agency does not update participant breastfeeding education materials]

C.3 (LWA OR A.1=1) In which languages does your agency offer breastfeeding education for participants? (Mark all that apply.)

- 1=English
- 2=Spanish
- 3=Chinese
- 4=French
- 5=Korean
- 6=A Native North American language
- 7=Vietnamese
- 8=Language(s) other than those listed above (specify)

C.4 (LWA OR A.1=1) In which of the following formats is breastfeeding education delivered to participants? (Mark all that apply.)

- 1=In-person group sessions
- 2=In-person individual sessions
- 3=Print materials
- 4=Telephone
- 5=Computer in the clinic
- 6=Website
- 7=Email
- 8=Instant messaging service, with or without video (for example, Skype, FaceTime, Google Chat, Yahoo! Messenger)
- 9=Text messages

C.5 (C.4=1 OR 2) When do pregnant participants typically receive in-person breastfeeding education? *[Please include breastfeeding education delivered by peer counselors in your response.]* (Mark all that apply.)

- 1=Whenever participants request it
- 2=At each certification visit
- 3=At each clinic visit
- 4=Twice per certification period
- 5=Quarterly
- 6=Monthly
- 7=Other

C.6 (C.4=1 OR 2) When do postpartum participants typically receive in-person breastfeeding education? *[Please include breastfeeding education delivered by peer counselors in your response.]* (Mark all that apply.)

- 1=Whenever participants request it
- 2=At each certification visit
- 3=At each clinic visit
- 4=Twice per certification period
- 5=Quarterly
- 6=Monthly
- 7=Other

C.7 (C.4=1 OR 2; DISPLAY 2 WHEN C.4=2; DISPLAY 5 WHEN C.4=1) What techniques does your agency use for in-person breastfeeding education sessions with participants? (Mark all that apply.)

- 1=Lecture or presentation
- [2=Motivational interviewing]
- 3=Cultural tailoring of the content
- 4=Practice or role playing
- [5=Facilitated discussion]
- 6=Participants set the agenda

C.8 (LWA) Are your agency's breastfeeding education procedures written down in a formal policy?
 1=Y
 0=N

D. Peer Counseling (State and Local if A.6=1)

Questions in this section are about peer counseling.

D.1 (IF A.6=1; IF [LWA OR A.1=1] AND A.2>1) What number or percentage of [your clinic sites/local agencies in your State] currently have peer [counselors/counseling programs]?
 ___ ___ ___ or ___ ___ ___ %

D.2 (IF [LWA OR A.1=1] AND A.6=1) Do pregnant participants participate in the peer counseling program?
 1=Y
 0=N

D.3 (IF A.6=1) About what percentage of [pregnant and] postpartum participants across [your clinic sites/local agencies in your State] are enrolled in the peer counseling program?
 ___ ___ ___ %

D.4 (IF [LWA OR A.1=1] AND A.6=1) Is enrollment in the peer counseling program automatic?
 1=Y
 0=N

D.5 (IF [LWA OR A.1=1] AND A.6=1 AND D.4=0; SHOW 1 IF D.2=1) How are participants enrolled in the peer counseling program? (Mark all that apply.)
 [1=Enrollment is offered at the prenatal certification visit]
 2=Enrollment is offered at the postpartum certification or recertification visit
 3=Participants request to be enrolled
 4=Participants are enrolled only when peer counselors can add to their caseload
 5=Participants are randomly selected for participation
 6=Participants are referred if they are experiencing breastfeeding problems

D.6 (IF [LWA OR A.1=1] AND A.6=1) For each of the following prenatal and postpartum time periods, what is the minimum frequency of contact attempts a peer counselor will make with program participants?

	Weekly	Monthly	Other (specify)
Prenatal	1	2	3
First week postpartum	1	2	3
Two to four weeks postpartum	1	2	3
Five to 12 weeks postpartum	1	2	3
Thirteen to 24 weeks postpartum	1	2	3

D.7 (IF [LWA OR A.1=1] AND A.6=1) Are your agency's breastfeeding peer counselor program procedures written down in a formal policy?
 1=Y
 0=N

E. Prenatal Participant Contact (Local and States if A.1=1)

Questions in this section are about breastfeeding-related contacts with pregnant WIC participants. Questions about postpartum contacts are in another section. **[Please answer these questions only about your State agency's policies and practices, not about the local agencies within your State.]**

E.1 (SHOW 2 IF A.6=1) When a pregnant woman enrolls in WIC, how is breastfeeding promoted? (Mark all that apply.)

1=Give her a breastfeeding promotion kit

[2=Enroll her in the peer counselor program]

3=Include her in prenatal breastfeeding education classes

4=Offer her participation in a breastfeeding support group

5=Provide individual breastfeeding counseling

6=Give her information about the greater quantity or variety of foods in the fully breastfeeding food package

7=Other

E.2 In the first, second, and third trimesters, how often do most pregnant participants receive contacts that include breastfeeding promotion and support? [*Please include contacts with a peer counselor in your response.*] (Response options: Once per trimester, twice per trimester, monthly, more than once per month but not weekly, weekly)

	Once per trimester	Twice per trimester	Monthly	More than once per month but not weekly	Weekly
First trimester	1	2	3	4	5
Second trimester	1	2	3	4	5
Third trimester	1	2	3	4	5

E.3 (SHOW 3 IF A.11=1 OR 2; SHOW QUESTION TEXT IF A.6=1) In which of the following locations may interactions with pregnant participants take place? [*Please include contacts with a peer counselor in your response.*] Do not include appointment reminders in your response. (Mark all that apply.)

1=Clinic

2=Nutrition education classes

[3=Breastfeeding support groups]

4=Participants' homes

5=Telephone

6=Hospitals

7=Other off-site locations

E.4 Are your agency's prenatal participant contact procedures written down in a formal policy?

1=Y

0=N

F. Postpartum Participant Contact (Local and States if A.1=1)

Questions in this section are about breastfeeding-related contacts with postpartum WIC participants. Questions about prenatal contacts are in another section.

F.1 (SHOW QUESTION TEXT IF A.6=1) After a pregnant WIC participant has given birth, who initiates contact, the participant or your agency? [*Please include peer counselors in your response.*] (Y/N for each)

1=Participant notifies agency

2=Agency contacts participant around her expected date of delivery

F.2 (F.1=2) Within how many days of participants' expected date of delivery does your agency try to contact them?

___ days

F.3 (F.1=2; SHOW 3 IF A.6=1) Which agency staff typically contact participants after delivery? (Mark all that apply.)

1=Clerical or support staff

2= Competent Professional Authorities (CPAs) / Certifying Authorities (CAs)

[3=Peer counselors]

4=WIC designated breastfeeding experts

5=Breastfeeding coordinators

6=Nutritionists

Definitions provided via hyperlink:

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State Breastfeeding Coordinator: A staff person who coordinates the State's WIC breastfeeding efforts.

Local Agency Breastfeeding Coordinator: A staff person who oversees planning, implementation, evaluation, and training of breastfeeding activities in the local WIC agency.

Nutritionist: A staff member who provides individual or group nutrition education or counseling, usually State-licensed. Nutritionists may also have credentials such as Registered Dietitian.

F.4 (SHOW 3 IF A.6=1; SHOW 5 IF A.11=1 OR 2) When a woman enrolls in WIC after giving birth, how is breastfeeding promoted? (Mark all that apply.)

1=Conduct a breastfeeding assessment

2= Give her a breastfeeding promotion kit

[3=Enroll her in the peer counseling program]

4=Include her in breastfeeding education classes

[5=Offer her participation in a breastfeeding support group]

6=Provide individual breastfeeding counseling

7= Give her information about the greater quantity and variety of foods in the fully breastfeeding food package

8=Other

F.5 (SHOW QUESTION TEXT IF A.6=1) How many contacts do most participants at your agency receive in the first week postpartum? *[Please include contacts with a peer counselor in your response.]*

___ contacts

F.6 (SHOW QUESTION TEXT IF A.6=1) What is the minimum number of contacts postpartum women at your agency receive in the first six months postpartum? *[Please include contacts with a peer counselor in your response.]*

___ contacts

F.7 (SHOW 3 IF A.11=1 OR 2; SHOW QUESTION TEXT IF A.6=1) In which of the following locations may interactions with postpartum participants take place? *[Please include contacts with a peer counselor in your response.] Do not consider appointment reminders as an interaction in this question. (Mark all that apply.)*

1=Clinic

2=Nutrition education classes

[3=Breastfeeding support groups]

4=Participants' homes

5=Telephone

6=Hospitals

7=Other off-site locations

F.8 Are your agency's postpartum participant contact procedures written down in a formal policy?

1=Y

0=N

G. Breastfeeding Aids (State and Local)

Breastfeeding aids are items which directly support the initiation and continuation of breastfeeding. Allowable breastfeeding aids can be purchased with federal funds. In this section, we ask about your agency's policies and procedures for using breastfeeding aids. **[Please answer these questions about your State agency's policies and practices only, not about the local agencies within your State.]**

G.1 (LWA OR A.1=1) Which of the following breastfeeding aids does your agency make available to WIC participants? (Y/N for each)

a. Breast pumps

b. Breast shells

c. Nipple shields

d. Nursing supplementers

e. Breast milk storage bags

G.2 (STATE AND [LWAs IF ANY IN G.1]) [Does your State agency maintain a list of breastfeeding aids from which local agencies must choose/Does your agency choose breastfeeding aids only from an approved list?]

1=Y

0=N

G.3 (LWA OR A.1=1) Are your agency's breastfeeding aids issuance practices written down in a formal policy?

1=Y

0=N

G.4 (LWA OR A.1=1; IF G.1A=1) Please indicate whether your agency loans or gives each of the following types of pumps to participants. (Response options: Agency does not distribute pump type; yes, loans; yes, gives)

	No, agency does not distribute pump type	Yes, loans	Yes, gives
Manual pumps	1	2	3
Pedal pumps	1	2	3
Single-user electric pumps	1	2	3
Multi-user electric / hospital grade pumps	1	2	3

G.5 (LWA OR A.1=1; IF >1 IN G.4; SHOW SELECTED PUMPS) Which pump type does your agency distribute most often?

[1=Manual pumps]

[2=Pedal pumps]

[3=Single-user electric pumps]

[4=Multi-user electric / hospital grade pumps]

G.6 (LWA OR A.1=1; IF G.1A=1; SHOW FILL IF >1 IN G.4) What are the issuance conditions for the pump type that your agency issues [most often]? (Mark all that apply.)

1=All mothers who request one

2=All mothers certified as fully or partially breastfeeding

3=All mothers certified as fully breastfeeding only

4=All mothers committed to exclusive breastfeeding for a minimum duration

5=Mothers returning to work or school

6=Mother/infant separation (other than work or school)

7=Mother or infant feeding problem

8=Other (specify)

G.7 (LWA OR A.1=1; IF G.1A=1) Which of the following other breast pump issuance policies or practices does your agency follow? Please mark "yes" even if the policy or practice applies only under certain conditions. (Y/N for each.)

a. Breast pump training may count as a nutrition education contact

b. Participants are required to complete breast pump training

c. Clinic staff must follow up with participants who have been issued a breast pump

d. Breast pumps may be issued to a participant proxy

e. Participants may be required to make a deposit before a breast pump is issued

f. Participants may purchase a breast pump from our agency for a cost lower than retail price

g. Third parties (e.g., clinics or hospitals) are contracted to issue breast pumps to WIC participants

G.8 (IF G.7E=1) How much does your agency charge as a deposit before a breast pump is issued?

\$ _____ . _____

H. Food Package Issuance (State and Local)

Federal guidance outlines detailed procedures for classifying participants and issuing food packages. This section asks about any additional policies or practices that agencies may follow when issuing food packages, including infant formula, to participants. [**Please answer these questions about your State agency's policies and practices only, not about the local agencies within your State.**]

H.1 Under which circumstances [does your agency/do local agencies in your State] allow formula to be issued to fully breastfeeding participants in the first month postpartum if participants request it? (Mark all that apply.)

1=When a doctor prescribes formula

2=When the mother no longer wants to exclusively breastfeed

3=Never

4=Other (specify)

H.2 (LWA OR A.1=1) What steps do clinic staff take when a participant on a fully breastfeeding food package requests formula? (Mark all that apply.)

1=Formula is issued without any additional steps taken

2=Participant receives counseling about benefits of breastfeeding

3=Participant receives counseling about changing food packages

4=A minimum amount of formula is provided based on assessment

5=Other (specify)

H.3 (LWA OR A.1=1) Are your agency's procedures for formula issuance to fully breastfeeding participants written down in a formal policy?

1=Y

0=N

I. Breastfeeding Referrals and Coordination (State and Local)

WIC clinics may refer participants to specialized WIC staff or to other health and social service providers when warranted. In this section, we ask questions about breastfeeding referrals and coordination. **[Please answer these questions about your State agency's policies and practices only, not about the local agencies within your State.]**

I.1 (LWA OR A.1=1) To which of the following individuals or organizations outside of your WIC agency may your staff refer participants for breastfeeding-related issues? (Mark all that apply.)

1=Another WIC agency

2=Lactation professional

3=Breastfeeding support organization

4=Health care provider

5=Breast pump purchase/loan program

6=Non-WIC-operated breastfeeding helpline

7=Home visiting program

8=Staff do not refer participants outside our agency for breastfeeding-related issues

Definition provided via hyperlink:

Helpline: A local or toll-free telephone number that is dedicated to providing information on breastfeeding. Staff may either answer calls as they come in, or women may leave messages and calls are returned later. Helplines are sometimes also referred to as hotlines or warmlines. They do not include the clinic telephone number where participants call for other purposes such as scheduling appointments.

I.2 [Does your State agency maintain a list of organizations or individuals that local agencies may use for referring participants with breastfeeding-related issues]/[Does your agency use a standardized list of organizations or individuals when referring participants for breastfeeding-related issues]?

1=Y

0=N

I.3 (LWA OR A.1=1) Does your agency provide helpline services to WIC participants? (Y/N for each.)

a. Our own agency-operated breastfeeding helpline

b. State WIC agency-operated breastfeeding helpline

Definition provided via hyperlink:

Helpline: A local or toll-free telephone number that is dedicated to providing information on breastfeeding. Staff may either answer calls as they come in, or women may leave messages and calls are returned later. Helplines are sometimes also referred to as hotlines or warmlines. They do not include the clinic telephone number where participants call for other purposes such as scheduling appointments.

I.4 (STATE AND A.1≠1) Does your agency operate a breastfeeding helpline?

1=Y

0=N

Definition provided via hyperlink:

Helpline: A local or toll-free telephone number that is dedicated to providing information on breastfeeding. Staff may either answer calls as they come in, or women may leave messages and calls are returned later. Helplines are sometimes also referred to as hotlines or warmlines. They do not include the clinic telephone number where participants call for other purposes such as scheduling appointments.

I.5 (LWA OR A.1=1) Are your agency's breastfeeding referrals and coordination practices written down in a formal policy?

1=Y

0=N

J. Outreach Activities (State and Local)

Questions in this section are about any outreach activities your agency does. **[Please answer these questions about the outreach activities of your State agency only, not about local agencies within your State.]**

J.1 (LWA OR A.1=1; SHOW QUESTION TEXT IF A.6=1) Do your agency's staff participate in teaching prenatal classes in a hospital? *[Please do not include contacts with a peer counselor in your response.]*

1=Y

0=N

J.2 (LWA OR A.1=1; SHOW QUESTION TEXT IF A.6=1) Do your agency's staff provide postpartum in-hospital breastfeeding support? *[Please include contacts with a peer counselor in your response.]*

1=Y

0=N

J.3 (SHOW 4 IF [LWA OR A.1=1] AND A.6=1) Has your agency planned or participated in any of the following to promote breastfeeding in the past year? (Mark all that apply.)

1=Social marketing campaign

2=World Breastfeeding Week event

3=Community health fair

[4=Peer counseling program promotion in the community]

5=Other

6=None of these

Definition provided via hyperlink:

Social marketing: *The application of commercial marketing strategies to promote positive health behaviors.*

J.4 Does your agency promote breastfeeding through outreach to or collaborations with each of the following? (Y/N for each.)

a. Hospitals, clinics, or doctors' offices

b. Worksites

c. Child care facilities

d. Faith based organizations

e. Schools

J.5 (IF ANY IN J.4; SHOW SELECTED OPTIONS) Does your agency have a memorandum of understanding in place with any of the following in order to promote breastfeeding through outreach or collaborations? (Y/N for each.)

[a. Hospitals, clinics, or doctors' offices]

[b. Worksites]

[c. Child care facilities]

[d. Faith based organizations]

[e. Schools]

J.6 (LWA OR A.1=1) Are your agency's outreach practices written down in a formal policy?

1=Y

0=N

K. The Clinic Environment (Local and States if A.1=1)

These next questions are about any additional elements that promote breastfeeding in your clinic site or sites.

K.1 (LWA OR A.1=1) As part of their routine interactions with WIC participants, which of the following are clinic staff instructed to do? (Y/N for each.)

- a. Assume all postpartum participants initiated breastfeeding
- b. Treat exclusive breastfeeding as the norm
- c. Respect each mother's infant feeding decision
- d. Encourage participants to breastfeed anywhere in the clinic
- e. Use breastfeeding-friendly language
- f. Offer breastfeeding support to participants on a walk-in basis
- g. Promote breastfeeding for as long as possible or preferred by both the participant and her infant

K.2 (LWA OR A.1=1; IF ANY IN K.1) Are guidelines for staff interactions with WIC participants written down in a formal policy?

1=Y
0=N

K.3 (LWA OR A.1=1) Which of the following are routinely available in your agency's clinics? (Mark all that apply.)

- 1=Posters showing breastfeeding
- 2=Informational bulletin boards on breastfeeding
- 3=Breastfeeding materials featuring ethnically diverse parents and infants
- 4=Chairs, pillows, foot stools, or other furniture to make breastfeeding mothers more comfortable
- 5=Private space for breastfeeding such as lactation rooms or cubbies
- 6=None of these

K.4 (LWA OR A.1=1; K.3≠6) Is the use of these breastfeeding promotion elements written down in a formal policy?

1=Y
0=N

L. Other Policies and Practices (State and Local)

These final questions are about any other policies or practices your agency uses to promote breastfeeding that were not already covered in the survey, as well as policies and practices you would recommend to other agencies or would like to implement in your own agency.

L.1 (LWA OR A.1=1) Which of the following incentives does your agency provide to participants to initiate or continue breastfeeding? (Y/N for each.)

- a. Items without monetary value such as certificates
- b. Items of nominal value

L.2 (L.1B=1) What items of nominal value does your agency provide as incentives to participants to initiate or continue breastfeeding?

L.3 Please briefly describe any additional policies or practices that your [State/local] agency uses to promote breastfeeding that were not already covered elsewhere in this survey.

L.4 If you were to recommend one of your [State/local] agency's existing breastfeeding policies or practices to other WIC agencies, what would you recommend, and why?

L.5 If you could implement one policy at your [State/local] agency to improve participants' breastfeeding, what would it be? What barriers do you face implementing that policy?

L.6 Please share any additional comments you have about your agency's breastfeeding policies and practices.

L.7. In a few months, we will contact your agency to complete Part 2 of the WIC Breastfeeding Policy Inventory. Part 2 has questions about breastfeeding data systems, measurement, and reporting. Please provide the name, email address, and telephone number of the person in your agency who can answer these questions. *If you are the person who can answer the questions in Part 2 of the survey, please provide your own contact information.*

Name:	Email address:	Telephone number:

Submit screen

Thank you for completing Part 1 of the WIC Breastfeeding Policy Inventory!

Please review and print a copy of your agency's responses. If you are satisfied with your responses, please click on the submit button below. Once you submit your survey, you will not be able to make any additional changes. If you need to correct anything, please contact the help desk at <<email address>> or [telephone number] for assistance.

If someone tries to log in to a completed survey

Thank you for your interest in completing Part 1 of the WIC Breastfeeding Policy Inventory. Someone from your agency submitted the survey on [date]. If you believe you are getting this message in error, please contact the help desk at <<email address>> or [telephone number] for assistance.

OMB No.: 0584-xxxx
Expiration Date: xx-xx-201x



***Special Supplemental Nutrition Program for
Women, Infants, and Children Breastfeeding
Policy Inventory***

(WIC BPI)

***Part 2: Breastfeeding Data Systems, Measures,
and Reporting***

06/13/12

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average [State: 1.6/Local: 0.8] hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Login screen

OMB No.: 0584-xxxx
Expiration Date: xx-xx-201x

Welcome to the *WIC Breastfeeding Policy Inventory!*

[Box for user name] [Box for password]

- To access the survey, please enter your user name and password in the boxes above.
- You may complete the survey all at once or save your responses and return at a later time. We encourage you to take breaks.
- Please use the buttons and links on each page to move through the survey. Using “Enter” or your browser’s “Back” function may cause errors.
- You may mark more than one answer to questions with check boxes next to the response options: .
- You can only mark one answer to questions with radio buttons next to the response options: .
- If you are returning to finish your saved survey, you will return to the point where you left off. **You will not be able to go backward to questions you answered before logging out.**
- When you have finished the survey, please keep a copy of your responses for your records. You will be able to review and print your responses at the end of the survey.
- If you have trouble accessing the survey, or if you have questions, please contact the help desk at <<email address>> or [telephone number].

Include the OMB control number and expiration date, the FNS and Mathematica logos, and the burden statement.

First page after login

The study is being conducted for the U.S. Department of Agriculture, Food and Nutrition Service (FNS). The purpose of the study is to understand State and local WIC agencies’ breastfeeding measures as well as their breastfeeding promotion policies and practices. Information from the WIC Breastfeeding Policy Inventory will help FNS as well as State and local WIC agencies learn more about nationwide efforts to promote breastfeeding among WIC participants. The WIC BPI is not an audit or compliance check.

FNS has authority to conduct this study under the Healthy, Hunger-Free Kids Act of 2010 (P.L. 111-296). Your agency’s participation is required by law.

The Agency Director, Breastfeeding Coordinator, or other knowledgeable staff should complete this survey. We encourage you to circulate the survey among appropriate staff, if necessary, to obtain all responses. During this part of the survey, we will ask about:

- The breastfeeding measures your agency collects, such as initiation, duration, exclusivity, and intensity
- Current estimates for some of the measures your agency collects
- How breastfeeding information is stored and to whom it is reported

You may find it helpful to gather this information before starting the survey, but you will be able to save your progress and return at a later time if you need to.

Your agency will be identifiable to FNS in the survey data, but neither your agency nor individual respondents will be named in any publications. Please refer to the <<frequently asked questions>> document for more information.

Screen to display when respondents save and leave the survey

Thank you for providing information for the WIC BPI. Your responses have been saved and you may return any time. When you log back in to the survey, you will start at the first unanswered question. You will not be able to go back to questions you answered previously. All WIC agencies are required to complete the survey by [date].

If you have questions or need assistance with the survey, please contact the help desk at <<email address>> or [telephone number].

M. WIC Data Systems and Data Linkages (State and Local)
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In this and the following sections, we will refer to the computer system used to certify participants as the **WIC Information System**. In this section, we ask about any other data systems your agency uses to store breastfeeding information, *in addition to the system your agency uses to certify clients*. We also ask whether your agency links its breastfeeding data with other sources.

M.1 An administrative data system could be used, for example, for administering nutrition education, peer counseling, breast pump issuance, or something else related to WIC program operations. The data system may be a database, spreadsheet, or some other data storage system. Does your agency store breastfeeding information in an administrative data system that is separate from the WIC Information System?

1=Y

0=N

M.2 (M.1=1; SHOW 2 IF A.6=1) What other administrative data system does your agency use to store participant information? (Mark all that apply.)

1=State health department database

[2=Peer counseling program database]

3=Breast pump issuance database

4=Nutrition education database

5=Other (specify)

IF ONLY ONE SELECTED IN M.2: *We will refer to the [FILL FROM M.2] as the **Other Administrative System** throughout the survey.*

M.3 (IF >1 IN M.2; SHOW SELECTED ITEMS) Which database contains the greatest amount of breastfeeding information?

1=State health department database

[2=Peer counseling program database]

[3=Breast pump issuance database]

[4=Nutrition education database]

[5=(FILL FROM M.2)]

*We will refer to the [FILL FROM M.3] as the **Other Administrative System** throughout the survey.*

M.4 (M.1=1) Does your agency's Other Administrative System include all WIC participants or just a subset of them?

1=All WIC participants

2=A subset of WIC participants

M.5 Does your agency maintain a separate data system that is not used to administer the WIC program (for example, a separate data system containing survey data or qualitative information from interviews or focus groups with participants)?

1=Y

0=N

M.6 (M.5=1) Is a survey that your agency administers the basis for a separate data system?

1=Y

0=N

*We will refer to this as the **Separate Data System** throughout the survey.*

M.7 (M.1=1 OR M.6=1) Which of the following are reasons for your agency to maintain more than one data system? (Mark all that apply.)

1=WIC Information System cannot track every aspect of program operations

2=WIC Information System cannot produce desired reports

3=Our agency wanted to collect information that we do not collect as part of routine program operations

4=Our agency staff do not trust breastfeeding estimates produced from the WIC Information System

5=Other (specify)

M.8 Are your agency's breastfeeding data in the WIC Information System linked with other data sources?

1=Y

0=N

M.9 (M.8=1) What other data sources are linked to your agency's breastfeeding data? (Mark all that apply.)

1=Survey data collected by another entity

2=Newborn genetic screening data

3=Vital records data

4=Medicaid data

5=Other (specify)

M.10 (M.8=1) In what ways does your agency use the linked data from an external source? (Mark all that apply.)

1=Service delivery or program management

2=Program evaluation

3=Research

4=Other

N. Breastfeeding Measures Overview (State and Local)

The questions in this section ask about the data system or systems where your agency stores breastfeeding information collected from participants. We are interested in knowing whether your agency collects information on breastfeeding initiation, duration, exclusivity, and intensity, and any other measures. Agencies define measures differently. Some examples of each measure are listed below.

Breastfeeding Measure	Example(s) of the Measure
Initiation	Did a mother breastfeed or feed breast milk to her child at least once? Did a child ever receive a fully or partially breastfeeding food package?

io n	
D u r a t i o n	<p>If a mother is no longer breastfeeding her child, what was the date she stopped?</p> <p>For how many weeks or months did a mother breastfeed or pump milk to feed her child?</p> <p>For how many weeks or months has a mother continued to breastfeed her child?</p>
E x c l u s i v i t y	<p>For how many weeks or months did a mother feed her child only breast milk?</p> <p>Is a child receiving a fully breastfeeding food package?</p> <p>Is the child not receiving any formula from WIC?</p>
In t e n s i t y	<p>How many feedings were breast milk, out of the total number of feedings?</p>

N.1 (SHOW OTHER ADMIN SYS IF M.1=1; SHOW SEPARATE DATA SYS IF M.6=1) For each breastfeeding measure in the following table, which data system[s] stores the breastfeeding data your agency [collects from participants/receives from local WIC agencies in your State]? Please mark "yes" if a measure is stored even if you are not able to produce an estimate from the data.

	WIC Information System	[Other Administrative System]	[Separate Data System]
A. Initiation	Y/N	Y/N	Y/N
B. Duration	Y/N	Y/N	Y/N
C. Exclusivity	Y/N	Y/N	Y/N
D. Intensity	Y/N	Y/N	Y/N
E. Other breastfeeding measure (specify)	Y/N	Y/N	Y/N
F. Other breastfeeding measure (specify)	Y/N	Y/N	Y/N
G. Other breastfeeding measure (specify)	Y/N	Y/N	Y/N

Definitions provided via hyperlink:

The WIC Information System is the system your agency uses to certify participants. The Other Administrative System is a separate database or some other method of data storage that your agency uses to administer the WIC program. A Separate Data System includes information on WIC participants but it is not used for service provision.

N.2 (N.1E=1) How does your agency define [FILL FROM N.1E]? How does your agency collect information about it from participants?

N.3 (N.1F=1) How does your agency define [FILL FROM N.1F]? How does your agency collect information about it from participants?

N.4 (N.1G=1) How does your agency define [FILL FROM N.1G]? How does your agency collect information about it from participants?

O. Breastfeeding Initiation Measurement (State and Local; IF IN ADMINISTRATIVE SYS IN N.1A)

Earlier, you indicated that your agency [collects/receives] information on breastfeeding initiation. The following questions ask about how your agency defines and measures initiation.

O.1 (LWA OR A.1=1; SHOW 5 IF A.6=1) During which of the following encounters is breastfeeding initiation assessed? (Mark all that apply.)

1=Before the first postpartum WIC clinic visit

2=Postpartum certification visit

3=Later recertification visits

4=Other WIC clinic visits

[5=Peer counseling encounters]

6=Other (specify)

O.2 (IF LWA OR A.1=1 SHOW "DO CLINIC STAFF ASK") [Does your agency store information on/Do clinic staff ask] whether a mother ever breastfed her child?

1=Y
0=N

O.3 (IF LWA OR A.1=1 SHOW "DO CLINIC STAFF ASK") [Does your agency store information on/Do clinic staff ask] whether a mother is currently breastfeeding her child?

1=Y
0=N

O.4 (O.2=1 AND O.3=1) Which question is asked first?

1=Ever breastfed
2=Currently breastfeeding

O.5 Does your agency collect breastfeeding initiation information from a source other than a parent or caregiver, such as hospital staff or records?

1=Y
0=N

O.6 (LWA OR A.1=1; O.2=1) Which of the following questions is closest to how clinic staff ask a mother whether she ever breastfed her child?

1=Did your baby ever receive breast milk?
2=Did you breastfeed or feed breast milk to your baby at least once?
3=Did you ever breastfeed or express breast milk to feed your baby after delivery?
4=Did you ever breastfeed or express breast milk to feed your new baby after delivery, even for a short period of time?
5=Did you make any attempt to breastfeed, whether it was successful or not?

O.7 (LWA OR A.1=1; O.3=1) Which of the following questions is closest to how clinic staff ask a mother whether she is currently breastfeeding her child?

1=Are you now breastfeeding your baby?
2=Are you currently breastfeeding?
3=What type of milk did your baby consume the most in the past week?
4=Have you stopped breastfeeding altogether?
5=Are you still breastfeeding or feeding expressed milk to your baby?

O.8 (SHOW ADMINISTRATIVE SYS IN N.1A) How does your agency determine breastfeeding initiation in the data system[s] shown? (Mark all that apply.)

	[WIC Information System]	[Other Administrative System]
1=Mothers who initiated breastfeeding 2=Infants receiving fully or partially breastfeeding food packages	1,2	1,2

Definitions provided via hyperlink:

The WIC Information System is the system your agency uses to certify participants. The Other Administrative System is a separate database or some other method of data storage that your agency uses to administer the WIC program.

P. Breastfeeding Duration Measurement (State and Local; IF IN ADMINISTRATIVE SYS IN N.1B)

Earlier, you indicated that your agency [collects/receives] information on breastfeeding duration. The following questions ask about how your agency defines and measures duration.

P.1 (LWA OR A.1=1; SHOW 5 IF A.6=1) During which encounters is breastfeeding duration assessed? (Mark all that apply.)

- 1=Before the first postpartum WIC clinic visit
- 2=Postpartum certification visit
- 3=Later recertification visits
- 4=Other WIC clinic visits
- [5=Peer counseling encounters]
- 6=Other (specify)

P.2 (LWA OR A.1=1) Which of the following questions is closest to how clinic staff ask about breastfeeding duration?

- 1=How long did your baby at least partially breastfeed?
- 2=How old was your baby the first time you fed him or her anything other than breast milk?
- 3=How many weeks or months did you breastfeed or pump milk to feed your baby?
- 4=Mother is asked whether she is still breastfeeding. If she responds “no,” she is asked the date she stopped.
- 5=Mother is asked whether she is still breastfeeding. If she responds “no,” she is asked how long she gave breast milk to her baby.

P.3 (SHOW ADMINISTRATIVE SYS IN N.1B) How does your agency determine how long a mother breastfed her child in the data system[s] shown?

	[WIC Information System]	[Other Administrative System]
1=The difference between dates when breastfeeding started and ended 2=The length of time as reported by the mother 3=The length of time an infant receives a fully or partially breastfeeding food package 4=Other (specify)	1,2,3,4	1,2,3,4

Definitions provided via hyperlink:

The WIC Information System is the system your agency uses to certify participants. The Other Administrative System is a separate database or some other method of data storage that your agency uses to administer the WIC program.

P.4 (P.3=1; SHOW ADMINISTRATIVE SYS IN N.1B) In the data system[s] shown, what is the end date that your agency uses to determine how long a mother breastfed her child? *For example, a mother visits the WIC clinic on October 1 and is asked if she is currently breastfeeding her child. She says she stopped on September 15. If the end date used to determine how long she breastfed her child is September 15, please mark “1.” If October 1 is used to determine how long she breastfed her child, please mark “2.”*

	[WIC Information System]	[Other Administrative System]
1=The date as reported by the mother	1,2	1,2

2=The date the mother's report was recorded		
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Definitions provided via hyperlink:

The WIC Information System is the system your agency uses to certify participants. The Other Administrative System is a separate database or some other method of data storage that your agency uses to administer the WIC program.

Q. Breastfeeding Exclusivity Measurement (State and Local; IF IN ADMINISTRATIVE SYS IN N.1C)

Earlier, you indicated that your agency [collects/receives] information on breastfeeding exclusivity. The following questions ask about how your agency defines and measures exclusivity.

Q.1 (LWA OR A.1=1; SHOW 5 IF A.6=1) During which encounters is exclusive breastfeeding assessed? (Mark all that apply.)

- 1=Before the first postpartum WIC clinic visit
- 2=Postpartum certification visit
- 3=Later recertification visits
- 4=Other WIC clinic visits
- [5=Peer counseling encounters]
- 6=Other (specify)

Q.2 (LWA OR A.1=1) Which of the following questions is closest to how clinic staff ask about breastfeeding exclusivity?

- 1=What did you feed your baby in the past 24 hours? If formula was introduced, how much?
- 2=How are you feeding your baby?
- 3=How long did you give (just or only) breast milk to your baby?
- 4=Do you only give your baby breast milk and vitamin supplements?
- 5=Is your baby receiving any solids, water, or other liquids besides breast milk?
- 6=Did you feed your baby anything other than breast milk?
- 7=How old was your baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?
- 8=How old was your baby when he/she was first fed formula?
- 9=How old was your baby when he/she was first fed anything other than breast milk or formula?
- 10=Other (specify)

Q.3 (SHOW ADMINISTRATIVE SYS IN N.1C) How does your agency define breastfeeding exclusivity in the data system[s] shown?

	[WIC Information System]	[Other Administrative System]
1=Infant receives no solids, water, or other liquids besides breast milk 2=Infant receives fully breastfeeding food package 3=Other (specify)	1,2,3	1,2,3

Definitions provided via hyperlink:

The WIC Information System is the system your agency uses to certify participants. The Other Administrative System is a separate database or some other method of data storage that your agency uses to administer the WIC program.

Q.4 (SHOW ADMINISTRATIVE SYS IN N.1C) In the data system[s] shown, how does your agency determine how long an infant is exclusively breastfed?

	[WIC Information System]	[Other Administrative System]

1=The difference between dates between when exclusive breastfeeding started and stopped 2=The number of days, weeks, or months as reported by the mother 3=The length of time an infant receives a fully breastfeeding food package 4=Other (specify)	1,2,3,4	1,2,3,4
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Definitions provided via hyperlink:

The *WIC Information System* is the system your agency uses to certify participants. The *Other Administrative System* is a separate database or some other method of data storage that your agency uses to administer the WIC program.

R. Breastfeeding Intensity Measurement (State and Local; IF IN ADMINISTRATIVE SYS IN N.1D)

Earlier, you indicated that your agency [collects/receives] information on breastfeeding intensity. The following questions ask about how your agency defines and measures intensity.

R.1 (LWA OR A.1=1; SHOW 5 IF A.6=1) During which encounters is breastfeeding intensity assessed? (Mark all that apply.)

- 1=Before the first postpartum WIC clinic visit
- 2=Postpartum certification visit
- 3=Later recertification visits
- 4=Other WIC clinic visits
- [5=Peer counseling encounters]
- 6=Other (specify)

R.2 (LWA OR A.1=1) Which of the following questions is closest to how clinic staff ask about breastfeeding intensity?

- 1=How many times a day (past 24 hours) was your baby fed the following foods?
- 2=In the past seven days, how often was your baby fed each of the following foods?

R.3 (STATE AND A.1≠1) What is the recall period over which breastfeeding intensity is determined?

- 1=24 hours
- 2=Seven days
- 3=Other (specify)

R.4 (SHOW ADMINISTRATIVE SYS IN N.1D) How does your agency define breastfeeding intensity in the data system[s] shown?

	[WIC Information System]	[Other Administrative System]
1=The percentage of liquid feedings that are breast milk 2=The percentage of total feedings, including solid foods, that are breast milk 3=Other (specify)	1,2,3	1,2,3

Definitions provided via hyperlink:

The WIC Information System is the system your agency uses to certify participants. The Other Administrative System is a separate database or some other method of data storage that your agency uses to administer the WIC program.

R.5 (SHOW ADMINISTRATIVE SYS IN N.1D) Which of the following types of fields in the data system[s] shown are used to record breastfeeding intensity? (Mark all that apply.)

	[WIC Information System]	[Other Administrative System]
1=A field recording the percentage of total feedings that were breast milk 2=Separate fields recording the number of breast milk and non-breast milk feedings 3=A field indicating whether breast milk feedings exceed a certain threshold such as 50 percent 4=Other (specify)	1,2,3,4	1,2,3,4

Definitions provided via hyperlink:

The WIC Information System is the system your agency uses to certify participants. The Other Administrative System is a separate database or some other method of data storage that your agency uses to administer the WIC program.

S. Current Breastfeeding Estimates (State and Local; IF N.1A=1 OR N.1B=1 OR N.1C=1 OR N.1D=1 OR N.1E=1 OR N.1F=1 OR N.1G=1)

The following questions ask whether you *could* provide estimates for the breastfeeding measures that your agency collects. Later, we may ask for actual estimates, depending on what is available.

S.1 (SHOW MEASURES AND DATA SYSTEMS FROM N.1) For each breastfeeding measure listed below, please indicate whether you could provide an estimate of it [from each data system]. *This estimate may be based, for example, on a report that your agency can generate directly, [a report that the State agency or the Centers for Disease Control and Prevention provided to your agency], a calculation you perform on the data, or something else.*

Breastfeeding Measure	[WIC Information System]	[Other Administrative System]	[Separate Data System]
[A. Initiation]	Y/N	Y/N	Y/N
[B. Duration]	Y/N	Y/N	Y/N
[C. Exclusivity]	Y/N	Y/N	Y/N
[D. Intensity]	Y/N	Y/N	Y/N
[E. FILL FROM N.1E]	Y/N	Y/N	Y/N
[F. FILL FROM N.1F]	Y/N	Y/N	Y/N
[G. FILL FROM N.1G]	Y/N	Y/N	Y/N

Definitions provided via hyperlink:

The WIC Information System is the system your agency uses to certify participants. The Other Administrative System is a separate database or some other method of data storage that your agency uses to administer the WIC program. A Separate Data System includes information on WIC participants but it is not used for service provision.

S.2 (IF ANY MEASURES STORED IN >1 DATA SYSTEM IN S.1; SHOW MEASURES AND DATA SYSTEMS FROM S.1) For each of the following breastfeeding measures, please indicate the data system in which most of your agency's breastfeeding information is stored.

Breastfeeding Measure	[WIC Information System]	[Other Administrative System]	[Separate Data System]
[A. Initiation]	Y/N	Y/N	Y/N
[B. Duration]	Y/N	Y/N	Y/N
[C. Exclusivity]	Y/N	Y/N	Y/N
[D. Intensity]	Y/N	Y/N	Y/N
[E. FILL FROM N.1E]	Y/N	Y/N	Y/N
[F. FILL FROM N.1F]	Y/N	Y/N	Y/N
[G. FILL FROM N.1G]	Y/N	Y/N	Y/N

Definitions provided via hyperlink:

The WIC Information System is the system your agency uses to certify participants. The Other Administrative System is a separate database or some other method of data storage that your agency uses to administer the WIC program. A Separate Data System includes information on WIC participants but it is not used for service provision.

S.3 (SHOW Q TEXT IF ANY MEASURE STORED IN >1 DATA SYSTEM IN S.1; SHOW A-C IF [O.8≠1 OR P.3=3 OR Q.4=3] AND [S.1A=1 OR S.1B=1 OR S.1C=1]; SHOW D IF O.8=1 AND S.1A=1; SHOW E AND F IF P.3≠3 AND S.1B=1; SHOW G AND H IF Q.4≠3 AND S.1C=1; SHOW I IF S.1D=1) For each breastfeeding measure listed below, please rate how difficult it would be for your agency to report a recent estimate. Please consider the type of the estimate, how readily available it is, and which agency staff might be involved in finding or generating the estimate. *[Please answer for the data system in which most of your agency's breastfeeding information is stored.]*

	Difficulty rating (1=impossible, 6=extremely easy)
[A. Percentage of infants receiving fully, partially, and non-breastfeeding food packages at <u>age two weeks</u>]	1, 2,3,4,5,6
[B. Percentage of infants receiving fully, partially, and non-breastfeeding food packages at <u>age three months</u>]	1, 2,3,4,5,6
[C. Percentage of infants receiving fully, partially, and non-breastfeeding food packages at <u>age six months</u>]	1, 2,3,4,5,6
[D. Percentage of infants who initiated breastfeeding]	1, 2,3,4,5,6
[E. Percentage of infants who were breastfed for at least <u>six months</u>]	1, 2,3,4,5,6
[F. Average length of time infants were breastfed]	1, 2,3,4,5,6
[G. Percentage of infants who were exclusively breastfed for at least <u>three months</u>]	1, 2,3,4,5,6
[H. Average length of time infants were exclusively breastfed]	1, 2,3,4,5,6
[I. Percentage of total feedings that are breast milk feedings for infants <u>age three months</u>]	1, 2,3,4,5,6

EXCLUSIVITY: PERCENT INFANTS ON FULLY BREASTFEEDING FOOD PACKAGES (Q.4=3 AND ADMINISTRATIVE SYS IN S.1C)

S.4 (SHOW 2 IF S.3A≠1; SHOW 5 IF S.3B≠1) For which of the following infant ages or range of ages could your agency report the percentages of infants receiving fully, partially, and non-breastfeeding food packages? *Please select a range of ages only if your agency could not produce an estimate for any single time point included in the range.* (Mark all that apply.)

- 1=In-hospital
- [2=Two weeks]
- 3=One month (four weeks)
- 4=Two months (eight weeks)
- [5=Three months (13 weeks)]
- 6=Zero to three months
- 7=Four to six months
- 8=None of these

S.5 (S.4≠8; SHOW OPTION FROM S.4 CLOSEST TO THREE MONTHS) For the infant age listed below, please enter the most recent percentage of infants receiving fully, partially, and non-breastfeeding food packages, as well as the total number of infants included in the age category.

	Per cent age of infants receiving	Per cent age of infants receiving	Per cent age of infants receiving	Total number of infants in the
	g	g	g	the

	fully bre astf eedi ng food pac kag e	parti ally bre astf eedi ng food pac kag e	non - bre astf eedi ng food pac kag e	age cate gory
[A. Infants age three months]				
[B. Infant age closest to three months]				

S.6 (S.4#8) Over what months did your agency collect the data for reporting the percentage of infants receiving the various food packages?

_____, _____ to _____, _____
 (month, year) (month, year)

S.7 (S.4#8) What is the source of these estimates? (Mark all that apply.)

- 1=An estimate calculated by hand in the local agency
- 2=A report generated by local agency
- 3=A report generated by State agency
- 4=A report generated by the CDC
- 5=Performed custom query of data system
- 6=Other (specify)

S.8 (S.4#8) Please share anything else about what these estimates represent (for example, the population, time period, etc.).

EXCLUSIVE BREASTFEEDING ESTIMATES NOT BASED ON FOOD PACKAGES (Q.4#3 AND ADMINISTRATIVE SYS IN S.1C)

S.9 (SHOW DATA SYSTEMS IN S.1C) For the data system[s] shown, could you provide an estimate of the percentage of infants who were exclusively breastfed for a minimum length of time (for example, at least three months, six months, or some other length of time)?

	Yes	No
[a. WIC Information System]	1	0
[b. Other Administrative System]	1	0
[c. Separate Data System]	1	0

Definitions provided via hyperlink:

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S.10 (SHOW DATA SYSTEMS IF S.9A=1 OR S.9B=1 OR S.9C=1; SHOW 5 IF S.3G#1) For the data system[s] shown, for which of the following lengths of time could your agency produce an estimate of percentage of infants who were breastfed exclusively for at least that length of time? (Mark all that apply.)

	[WIC Information System]	[Other Administrative System]	[Separate Data System]
1=One week 2=One month (four weeks) 3=Six weeks 4=Two months (eight weeks) [5=Three months (13 weeks)] 6=Four months 7=Five months 8=Six months (26 weeks) 9=Other (specify)	1,2, ...,9	1,2, ...,9	1,2, ...,9

Definitions provided via hyperlink:

The WIC Information System is the system your agency uses to certify participants. The Other Administrative System is a separate database or some other method of data storage that your agency uses to administer the WIC program. A Separate Data System includes information on WIC participants but it is not used for service provision.

S.11 (S.3H≠1; SHOW DATA SYSTEMS IF S.9A=1 OR S.9B=1 OR S.9C=1) For the data system[s] shown, could you provide an estimate of the average length of time infants are exclusively breastfed?

	Yes	No
[a. WIC Information System]	1	0
[b. Other Administrative System]	1	0
[c. Separate Data System]	1	0

Definitions provided via hyperlink:

The WIC Information System is the system your agency uses to certify participants. The Other Administrative System is a separate database or some other method of data storage that your agency uses to administer the WIC program. A Separate Data System includes information on WIC participants but it is not used for service provision.

EXCLUSIVITY: PERCENT EXCLUSIVELY BREASTFED FOR AT LEAST THREE MONTHS (S.10=5)

Please use information from the [DATA SYSTEM IN S.1C OR S.2C] to provide your agency's most recent estimate of the percentage of infants who were exclusively breastfed for at least three months.

We would also like to know more about what the estimate represents. For example, does it represent all infants born in a given time period, such as the year 2011 or the month of February, or does it represent mothers certified for WIC in a given period, or some other population? What time period does the estimate represent?

S.12 What percentage of infants were exclusively breastfed for at least three months?
 _____ %

S.13 What is the total number of infants on which that percentage is based?
 _____, _____, _____

S.14 What is the population that this estimate represents?
 1=Infants born in a given time period that exclusively breastfed for at least three months
 2=Mothers or infants initially certified in a given time period that exclusively breastfed for at least three months
 3=Infants born to mothers who were enrolled in WIC during pregnancy that exclusively breastfed
 4=Other (specify)

S.15 Does this estimate only include infants over three months old who are no longer exclusively breastfeeding?
 1=Y
 0=N

S.16 Over what months did your agency collect the data for reporting the percentage of infants that were exclusively breastfed for at least three months?
 _____, _____ to _____, _____
 (month, year) (month, year)

S.17 What is the source of your agency's estimate of breastfeeding exclusivity?
 1=An estimate calculated by hand in the local agency
 2=A report generated by local agency
 3=A report generated by State agency
 4=A report generated by the CDC
 5=Performed custom query of data system
 6=Other (specify)

S.18 Please share anything else about what this estimate represents (for example, the population, time period, etc.).

EXCLUSIVITY: AVERAGE EXCLUSIVE BREASTFEEDING DURATION (S.9=0 AND S.11=1)

Please use the information from the [DATA SYSTEM IN S.1C OR S.2C] to provide your agency's most recent estimate of the average length of time infants were exclusively breastfed.

We would also like to know more about what the estimate represents. For example, does it represent all infants born in a given time period, such as the year 2011 or the month of February, or does it represent mothers certified for WIC in a given period, or some other population? What time period does the estimate represent?

S.19 What is the average length of time infants were exclusively breastfed?

- _____, _____
 1=Days
 2=Weeks
 3=Months

S.20 What is the total number of infants included in this average?

_____, _____, _____

S.21 What population is included in this estimate?

- 1=Infants born in a given time period
 2=Mothers or infants initially certified in a given time period
 3=Infants born to mothers who were enrolled in WIC during pregnancy
 4=Other (specify)

S.22 Does this estimate only include infants who are no longer exclusively breastfeeding?

- 1=Y
 0=N

S.23 Over what months did your agency collect the data for reporting the average length of time infants were exclusively breastfed?

_____, _____ to _____, _____
 (month, year) (month, year)

S.24 What is the source of your agency's estimate of breastfeeding exclusivity?

- 1=An estimate calculated by hand in the local agency
 2=A report generated by local agency
 3=A report generated by State agency
 4=A report generated by the CDC
 5=Performed custom query of data system
 6=Other (specify)

S.25 Please share anything else about what this estimate represents (for example, the population, time period, etc.).

BREASTFEEDING INTENSITY ESTIMATES (S.1D=1)

Please use the information from the [DATA SYSTEM IN S.1D OR S.2D] to provide your agency's most recent estimate of breastfeeding intensity and some additional information about the estimate.

S.26 For which of the following infant ages or range of ages could your agency produce an estimate of breastfeeding intensity? *Please select a range of ages only if your agency could not produce an estimate for any single time points included in that range.* (Mark all that apply.)

- 1=In-hospital
- 2=Two weeks
- 3=One month (four weeks)
- ...
- 5=Three months (13 weeks)
- ...
- 14=12 months (52 weeks)
- 15=Zero to three months
- ...
- 18=10 to 12 months
- 19=Other (specify)

S.27 (S.26=5) For infants age three months, what percentage of total feedings are breast milk feedings?

_____ %

S.28 (S.26≠5; SHOW AGE INCLUDING OR CLOSEST TO THREE MONTHS) For infants age [months], what percentage of total feedings are breast milk feedings?

_____ %

S.29 What is the total number of infants included in this estimate?

_____, _____, _____

S.30 Over what months did your agency collect the data for reporting the percentage of feedings that were breast milk feedings?

_____, _____ to _____, _____
 (month, year) (month, year)

S.31 What is the source of your agency's estimate of breastfeeding intensity?

- 1=An estimate calculated by hand in the local agency
- 2=A report generated by local agency
- 3=A report generated by State agency
- 4=A report generated by the CDC
- 5=Performed custom query of data system
- 6=Other (specify)

S.32 Please share anything else about what this estimate represents (for example, the population, time period, etc.).

ESTIMATES FOR OTHER BREASTFEEDING MEASURES (S.1E=1 OR S.1F=1 OR S.1G=1)

S.33 (S.1E=1) Please provide your agency's most recent estimate for [FILL FROM N.1E], who is included in it, and the months over which your agency collected the data included in the estimate.

S.34 (S.1F=1) Please provide your agency's most recent estimate for [FILL FROM N.1F], who is included in it, and the months over which your agency collected the data included in the estimate.

S.35 (S.1G=1) Please provide your agency's most recent estimate for [FILL FROM N.1G], who is included in it, and the months over which your agency collected the data included in the estimate.

T. Breastfeeding Data Collection (State and Local; ANY DATA STORAGE IN N.1)

The questions in this section are about how breastfeeding measures and other breastfeeding-related information is collected and stored.

T.1 (LWA OR A.1=1; SHOW 3 IF A.6=1) Which of the following staff typically collect breastfeeding information from participants? (Mark all that apply.)

1=Clerical or support staff

2=Competent Professional Authorities (CPAs) / Certifying Authorities (CAs)

[3=Peer counselors]

4=WIC designated breastfeeding experts

5=Nutritionists

Definitions provided via hyperlink:

Peer Counselor: A paraprofessional, hired from the target population, who serves as a model for breastfeeding behaviors. This staff person is available to mothers outside of the usual clinic hours and environment. Please include all peer counselor FTEs, regardless of the funding source for the peer counseling program.

WIC Designated Breastfeeding Expert: A staff member with specialized lactation training who is referred to when other staff face breastfeeding situations outside of their scope of practice. WIC designated breastfeeding experts may include individuals who are International Board Certified Lactation Consultants (IBCLCs), Certified Lactation Educators (CLEs) or Certified Lactation Counselors (CLCs). They may be nurses or perform other functions in an agency or clinic. For this category, do not include staff who may be IBCLCs, CLEs, or CLCs but do not have lactation-related job responsibilities.

Nutritionist: A staff member who provides individual or group nutrition education or counseling, usually State-licensed. Nutritionists may also have credentials such as Registered Dietitian.

T.2 (LWA OR A.1=1) For breastfeeding measures stored in the WIC Information System, do agency staff first record information on paper forms or do they enter information directly into the system?

1=Use paper forms

2=Enter information directly

3=Both

T.3 (LWA OR A.1=1; IF A.2>1) How does your agency obtain breastfeeding information from your WIC clinic sites?

- 1=Shared data system
- 2=Clinics submit electronic reports
- 3=Clinics submit paper reports
- 4=Other

T.4 (STATE AND A.1≠1) How does your State agency obtain breastfeeding information from local WIC agencies?

- 1=Shared data system
- 2=Local agencies submit electronic reports
- 3=Local agencies submit paper reports
- 4=Other

T.5 (LWA AND T.2=2 OR 3) Are all of the breastfeeding-related data fields, such as dates, drop-down boxes, or yes/no indicators, all shown on the same screen in the WIC Information System?

- 1=Y
- 0=N

T.6 (IF T.2=1 OR 3 SHOW 2 AND 3) What quality control procedures are in place to ensure accurate participant breastfeeding information is recorded in the WIC Information System? (Mark all that apply.)

- 1=The WIC Information System has required fields
- [2=Paper forms are marked to indicate required fields]
- [3=Paper records are checked against the WIC Information System as an audit]
- 4=Compare local agency estimates to State-generated estimates
- 5=Staff confirm queries run as intended
- 6=Other

T.7 (LWA OR A.1=1; SHOW 13 IF ANY IN G.1; SHOW 14 IF A.6=1) Which of the following factors that may influence a woman's ability or willingness to breastfeed does your agency store in a data system? (Mark all that apply.)

- 1=Prenatal WIC participation
- 2=Prenatal breastfeeding intention
- 3=Prior breastfeeding experience
- 4=In-hospital breastfeeding experience
- 5=Early postpartum breastfeeding experience
- 6=Reasons for feeding choice
- 7=Maternal health information such as body mass index or history of cardiovascular disease, diabetes, or anemia
- 8=Infant health issues such as prematurity, low birth weight, developmental problem, or feeding problem
- 9=Timing of return to work or school
- 10=Breastfeeding contraindications
- 11=Number of breastfeeding referrals
- 12=Reasons for breastfeeding referrals
- [13=Breastfeeding aid issuance]
- [14=Peer counseling program participation]
- 15=Breastfeeding education contacts

- T.8 (SHOW SELECTED ITEMS IN 1-10 IN T.7) Does your agency determine whether breastfeeding outcomes differ based on any of the following maternal or infant factors? (For example, if your agency can determine whether participants who had in-hospital breastfeeding experience breastfeed for more weeks than participants who did not have in-hospital breastfeeding experience, please mark “yes” for response d.) (Y/N for each)
- [a. Prenatal WIC participation]
 - [b. Prenatal breastfeeding intention]
 - [c. Prior breastfeeding experience]
 - [d. In-hospital breastfeeding experience]
 - [e. Early postpartum breastfeeding experience]
 - [f. Reasons for feeding choice]
- [g. Maternal health information such as body mass index or history of cardiovascular disease, diabetes, or anemia]
- [h. Infant health issues such as prematurity, low birth weight, developmental problem, or feeding problem]
 - [i. Timing of return to work or school]
 - [j. Breastfeeding contraindications]

- T.9 (SHOW SELECTED ITEMS IN 11-15 IN T.7) Does your agency determine whether breastfeeding outcomes differ based on any of the following agency factors? (For example, if your agency can determine whether participants who had more breastfeeding education contacts breastfeed for more weeks than participants who had fewer breastfeeding education contacts, please mark “yes” for response e.) (Y/N for each)
- [a. Number of breastfeeding referrals]
 - [b. Reasons for breastfeeding referrals]
 - [c. Breastfeeding aid issuance]
 - [d. Peer counseling program participation]
 - [e. Breastfeeding education contacts]

U. Separate Data Systems (State and Local; IF M.5=1)

The questions in this section are about the separate data system that your agency maintains.

U.1 (M.6=0) Earlier, you indicated that your agency maintains a separate data system containing breastfeeding information but the data are not from a survey that your agency administers. What is the source of the data in your agency’s separate data system? (Mark all that apply.)

- 1=CDC’s Pregnancy or Pediatric Nutrition Surveillance System (PNSS or PedNSS)
- 2=Qualitative interviews with WIC participants
- 3=Focus groups with WIC participants
- 4=Other (specify)

U.2 (M.6=1) What was the most recent year your agency administered a survey to WIC participants?

U.3 (M.6=1; SHOW 3 IF A.6=1) Which of the following groups or populations does your agency target with your surveys? (Mark all that apply.)

- 1=Pregnant participants
- 2=Postpartum participants
- [3=Peer counseling program participants]
- 4=Mothers of infant and child WIC participants

U.4 (M.6=1) Does your agency survey the entire group or population, or a sample?

- 1=Entire group or population
- 2=Sample

U.5 (M.6=1) Can the survey data that your agency collects be linked to participant records in the WIC Information System?

1=Y

0=N

U.6 (U.5=1) In what ways does your agency use the linked survey data? (Mark all that apply.)

1=Service delivery or program management

2=Program evaluation

3=Research

4=Other

V. Breastfeeding Reporting (State and Local)

The previous sections asked questions about how your agency collects information on participants' breastfeeding and requested current estimates. The questions in this section are about how your agency reports that information.

V.1 (IF STATE SHOW B; IF LWA OR A.1=1 SHOW C) In addition to USDA's reporting requirements, to whom are your agency's breastfeeding estimates reported? How frequently are breastfeeding-related reports generated for each audience internal to WIC and external to WIC?

	No	Real-time	Monthly	Quarterly	Once or twice per year	Less often than once per year
	reporting to this audience	(reports can be generated				

			a s n e e d e d				
<i>Internal to WIC</i>							
a. State WIC agency	1	2	3	4	5	6	
[b. Local agencies]	1	2	3	4	5	6	
[c. Local agency or clinic staff]	1	2	3	4	5	6	
<i>External to WIC</i>							
d. FN S regional office	1	2	3	4	5	6	
e. CDC	1	2	3	4	5	6	

f. Other federal agency (specify)	1	2	3	4	5	6
g. State or local health authority	1	2	3	4	5	6
h. State or local legislators	1	2	3	4	5	6
i. Hospitals	1	2	3	4	5	6
j. Community coalitions	1	2	3	4	5	6
k. Researchers	1	2	3	4	5	6
l. Professional organization	1	2	3	4	5	6

con fer enc es							
m. Pe er- revi ew ed pub lica tion s	1	2	3	4	5	6	
n. Pu blic	1	2	3	4	5	6	

V.2 Now we would like for you to share copies of breastfeeding reports your agency produced from at least the past year. Please include reports meant for both internal and external audiences. For reports available on a public website, please copy and paste the URL into the corresponding text field. For reports available as electronic files, please upload the appropriate files. For each report, please provide a brief description of the report's content and the intended audience. Note: These reports will not be shared outside of FNS.

Websites URL	Description

Electronic files File	Description

Note to FNS: This question will be designed to accept a larger number of inputs than what is displayed as an example here.

V.3 Please share any additional comments you have about your agency's breastfeeding measures and data systems.

Submit screen

Thank you for completing Part 2 of the WIC Breastfeeding Policy Inventory!

Please review and print a copy of your agency's responses. If you are satisfied with your responses, please click on the submit button below. Once you submit your survey, you will not be able to make any additional changes. If you need to correct anything, please contact the help desk at <<email address>> or [telephone number] for assistance.

If someone tries to log in to a completed survey

Thank you for your interest in completing Part 2 of the WIC Breastfeeding Policy Inventory. Someone from your agency submitted the survey on [date]. If you believe you are getting this message in error, please contact the help desk at <<email address>> or [telephone number] for assistance.