

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN BREASTFEEDING POLICY INVENTORY

(WIC BPI)

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

Web survey screenshots

July 26, 2013

WELCOME TO PART 2 OF THE WIC BREASTFEEDING POLICY INVENTORY!

User Name 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.
- If you use "Return to Start of Section" or need to change your answers from a module review page, your answers will not be saved from the section start forward. Answers before the section will be saved.
- 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.** You may be able to use "Return to Start of Section" or change
- 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 on review screens throughout the survey and on the final review screen at the end of the survey. To
- If you have trouble accessing the survey, or if you have questions, please contact the help desk at survey@wicbpi.org or 855-282-8433 (toll-free).

Conducted by:
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600 Alexander Park
Princeton, NJ 08540



Welcome to Part 2 of the WIC Breastfeeding Policy Inventory!

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.

Please include all clinic sites that your agency oversees in your responses throughout the survey.

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.

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 0584-0574. The time required to complete this information collection is estimated to average 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.



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WIC Data Systems and Data Linkages

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.

M1. Does your agency store breastfeeding information in an administrative data system that is separate from the WIC Information System? 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.

Yes
 No



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WIC Data Systems and Data Linkages

M2. What other administrative data system does your agency use to store participant information?

Select all that apply

State health department database
 Peer counseling program database
 Breast pump issuance database
 Nutrition education database
 Other (Please specify)



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WIC Data Systems and Data Linkages

M3. Which database contains the greatest amount of breastfeeding information?

- State health department database
- Peer counseling program database
- Breast pump issuance database
- Nutrition education database



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WIC Data Systems and Data Linkages

M4. *We will refer to the State health department database as the Other Administrative System throughout the survey.*

Does your agency's Other Administrative System include all WIC participants or just a subset of them?

- All WIC participants
- A subset of WIC participants



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WIC Data Systems and Data Linkages

M5. 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)?

Yes
 No



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WIC Data Systems and Data Linkages

M6. Is a survey that your agency administers the basis for a separate data system?

Yes
 No



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WIC BPI Survey

WIC Data Systems and Data Linkages

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



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WIC BPI Survey

WIC Data Systems and Data Linkages

M7. Which of the following are reasons for your agency to maintain more than one data system?

Select all that apply

- WIC Information System cannot track every aspect of program operations
- WIC Information System cannot produce desired reports
- Our agency wanted to collect information that we do not collect as part of routine program operations
- Our agency staff do not trust breastfeeding estimates produced from the WIC Information System
- Other (Please specify)



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WIC Data Systems and Data Linkages

M8. Are your agency's breastfeeding data in the [WIC Information System](#) linked with other data sources?

Yes
 No



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WIC Data Systems and Data Linkages

M9. What other data sources are linked to your agency's breastfeeding data?

Select all that apply

Survey data collected by another entity
 Newborn genetic screening data
 Vital records data
 Medicaid data
 Other (Please specify)



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WIC Data Systems and Data Linkages

M10. In what ways does your agency use the linked data from an external source?


Select all that apply

Service delivery or program management

Program evaluation

Research

Other (Please specify)



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Review All Responses for Module M

- The responses on this page are for review only. Please review all of your answers in Module M to verify they are correct before you proceed with the rest of the survey.
- If you need to change any of your answers, please click the "Change Answers" button. You will be taken to the beginning of Module M. Please make any changes in the section.
- To continue your survey, please click the "Continue the Survey" button. **Once you click "Continue the Survey" you will not be able to change your answers in Module M.**
- To print a copy of your responses, go to the "File" menu, and click "Print." Once the "Print" menu appears, you can click "Print" or "Ok."

M1. Does your agency store breastfeeding information in an administrative data system that is separate from the WIC Information System? 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.

Yes
 No

M2. What other administrative data system does your agency use to store participant information?

Select all that apply

State health department database

Peer counseling program database

Breast pump issuance database

Nutrition education database

Other (Please specify)

M3. Which database contains the greatest amount of breastfeeding information?

State health department database

Peer counseling program database

Breast pump issuance database

Nutrition education database

M4. We will refer to the as the Other Administrative System throughout the survey.

Does your agency's Other Administrative System include all WIC participants or just a subset of them?


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Breastfeeding Measures Overview

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?
Duration	If a mother is no longer breastfeeding her child, what was the date she stopped? For how many weeks or months did a mother breastfeed or pump milk to feed her child? For how many weeks or months has a mother continued to breastfeed her child?
Exclusivity	For how many weeks or months did a mother feed her child only breast milk? Is a child receiving a fully breastfeeding food package? Is the child not receiving any formula from WIC?
Intensity	How many feedings were breast milk, out of the total number of feedings?



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Breastfeeding Measures Overview

N1. For each breastfeeding measure in the following table, which data system(s) store(s) the breastfeeding data your agency collects from participants? 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	
	Yes	No	Yes	No	Yes	No
Initiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exclusivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other breastfeeding measure (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other breastfeeding measure (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other breastfeeding measure (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Breastfeeding Measures Overview

N2. How does your agency define Other breastfeeding measure 1? How does your agency collect information about it from participants?



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Breastfeeding Measures Overview

N3. How does your agency define Other breastfeeding measure 2? How does your agency collect information about it from participants?



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Breastfeeding Measures Overview

N4. How does your agency define Other breastfeeding measure 3? How does your agency collect information about it from participants?



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Breastfeeding Initiation Measurement

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

O1. During which of the following encounters is breastfeeding initiation assessed?

Select all that apply

- Before the first postpartum WIC clinic visit
- Postpartum certification visit
- Later recertification visits
- Other WIC clinic visits
- Peer counseling encounters
- Other (Please specify)



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Breastfeeding Initiation Measurement

02. Do clinic staff ask whether a mother ever breastfed her child?

Yes
 No



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Breastfeeding Initiation Measurement

03. Do clinic staff ask whether a mother is currently breastfeeding her child?

Yes
 No



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Breastfeeding Initiation Measurement

04. Which question is asked first?

- Ever breastfed
- Currently breastfeeding



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Breastfeeding Initiation Measurement

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

- Yes
- No



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Breastfeeding Initiation Measurement

06. Which of the following questions is closest to how clinic staff ask a mother whether she ever breastfed her child?

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



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Breastfeeding Initiation Measurement

07. Which of the following questions is closest to how clinic staff ask a mother whether she is currently breastfeeding her child?

- Are you now breastfeeding your baby?
- Are you currently breastfeeding?
- What type of milk did your baby consume the most in the past week?
- Have you stopped breastfeeding altogether?
- Are you still breastfeeding or feeding expressed milk to your baby?



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Breastfeeding Initiation Measurement

Q8. How does your agency determine breastfeeding initiation in the data system(s) shown?

Mark all that apply per row

	WIC Information System	Other Administrative System
Mothers who initiated breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
Infants receiving fully or partially breastfeeding food packages	<input type="checkbox"/>	<input type="checkbox"/>



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Breastfeeding Duration Measurement

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

P1. During which encounters is breastfeeding duration assessed?

Select all that apply

- Before the first postpartum WIC clinic visit
- Postpartum certification visit
- Later recertification visits
- Other WIC clinic visits
- Peer counseling encounters
- Other (Please specify)



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Breastfeeding Duration Measurement

P2. Which of the following questions is closest to how clinic staff ask about breastfeeding duration?

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



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Breastfeeding Duration Measurement

P3. How does your agency determine how long a mother breastfed her child in the data system(s) shown?

Mark all that apply per row

	WIC Information System	Other Administrative System
The difference between dates when breastfeeding started and ended	<input type="checkbox"/>	<input type="checkbox"/>
The length of time as reported by the mother	<input type="checkbox"/>	<input type="checkbox"/>
The length of time an infant receives a fully or partially breastfeeding food package	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Breastfeeding Duration Measurement


P4. 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 "The date as reported by the mother". If October 1 is used to determine how long she breastfed her child, please mark "The date the mother's report was recorded."

Mark all that apply per row

	WIC Information System	Other Administrative System
The date as reported by the mother	<input type="checkbox"/>	<input type="checkbox"/>
The date the mother's report was recorded	<input type="checkbox"/>	<input type="checkbox"/>

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Breastfeeding Exclusivity Measurement

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


Q1. During which encounters is exclusive breastfeeding assessed?

Select all that apply

- Before the first postpartum WIC clinic visit
- Postpartum certification visit
- Later recertification visits
- Other WIC clinic visits
- Peer counseling encounters
- Other (Please specify)

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Breastfeeding Exclusivity Measurement

Q2. Which of the following questions is closest to how clinic staff ask about breastfeeding exclusivity?

- What did you feed your baby in the past 24 hours? If formula was introduced, how much?
- How are you feeding your baby?
- How long did you give (just or only) breast milk to your baby?
- Do you only give your baby breast milk and vitamin supplements?
- Is your baby receiving any solids, water, or other liquids besides breast milk?
- Did you feed your baby anything other than breast milk?
- 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)?
- How old was your baby when he/she was first fed formula?
- How old was your baby when he/she was first fed anything other than breast milk or formula?
- Other (Please specify)

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Breastfeeding Exclusivity Measurement

Q3. How does your agency define breastfeeding exclusivity in the data system(s) shown?

Mark all that apply per row

	WIC Information System	Other Administrative System
Infant receives no solids, water, or other liquids besides breast milk	<input type="checkbox"/>	<input type="checkbox"/>
Infant receives fully breastfeeding food package	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Breastfeeding Exclusivity Measurement

Q4. In the data system(s) shown, how does your agency determine how long an infant is exclusively breastfed?

Mark all that apply per row

	WIC Information System	Other Administrative System
The difference between dates between when exclusive breastfeeding started and stopped	<input type="checkbox"/>	<input type="checkbox"/>
The number of days, weeks, or months as reported by the mother	<input type="checkbox"/>	<input type="checkbox"/>
The length of time an infant receives a fully breastfeeding food package	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>

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Review All Responses for Module Q

- The responses on this page are for review only. Please review all of your answers in Module Q to verify they are correct before you proceed with the rest of the survey.
- If you need to change any of your answers, please click the "Change Answers" button. You will be taken to the beginning of Module Q. Please make any changes in the section.
- To continue your survey, please click the "Continue the Survey" button. Once you click "Continue the Survey" you will not be able to change your answers in Module Q or prior modules.
- To print a copy of your responses, go to the "File" menu, and click "Print." Once the "Print" menu appears, you can click "Print" or "Ok."

Q1. During which encounters is exclusive breastfeeding assessed?

Select all that apply

- Before the first postpartum WIC clinic visit
- Postpartum certification visit
- Later recertification visits
- Other WIC clinic visits
- Peer counseling encounters
- Other (Please specify)

Q2. Which of the following questions is closest to how clinic staff ask about breastfeeding exclusivity?

- How long did you give (just or only) breast milk to your baby?
- Do you only give your baby breast milk and vitamin supplements?
- How old was your baby when he/she was first fed formula?
- How are you feeding your baby?
- What did you feed your baby in the past 24 hours? If formula was introduced, how much?
- How old was your baby when he/she was first fed anything other than breast milk or formula?
- Is your baby receiving any solids, water, or other liquids besides breast milk?
- 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)?
- Did you feed your baby anything other than breast milk?

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WIC BPI Survey

Breastfeeding Intensity Measurement


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

R1. During which encounters is breastfeeding intensity assessed?

Select all that apply

- Before the first postpartum WIC clinic visit
- Postpartum certification visit
- Later recertification visits
- Other WIC clinic visits
- Peer counseling encounters
- Other (Please specify)

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WIC BPI Survey

Breastfeeding Intensity Measurement

R2. Which of the following questions is closest to how clinic staff ask about breastfeeding intensity?

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

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Breastfeeding Intensity Measurement

R3. What is the recall period over which breastfeeding intensity is determined?

- 24 hours
- Seven days
- Other (Please specify)



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Breastfeeding Intensity Measurement

R4. How does your agency define breastfeeding intensity in the data system(s) shown?

Mark all that apply per row

	WIC Information System	Other Administrative System
The percentage of liquid feedings that are breast milk	<input type="checkbox"/>	<input type="checkbox"/>
The percentage of total feedings, including solid foods, that are breast milk	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Breastfeeding Intensity Measurement

R5. Which of the following types of fields in the data system(s) shown are used to record breastfeeding intensity?
 Mark all that apply per row

	WIC Information System	Other Administrative System
A field recording the percentage of total feedings that were breast milk	<input type="checkbox"/>	<input type="checkbox"/>
Separate fields recording the number of breast milk and non-breast milk feedings	<input type="checkbox"/>	<input type="checkbox"/>
A field indicating whether breast milk feedings exceed a certain threshold such as 50 percent	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>

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Current Breastfeeding Estimates

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. Please answer all questions using the information your agency currently has. If your State WIC agency provides breastfeeding reports to your local agency, please do not request reports for the purposes of this survey.


S1. For each breastfeeding measure listed below, please indicate whether you could provide an estimate of it from each data system(s) shown. 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.

Some responses might be marked "yes" if you indicated previously that you store a measure in a data system. Please review all responses carefully and change the selections if necessary.

	WIC Information System		Other Administrative System		Separate Data System	
	Yes	No	Yes	No	Yes	No
Initiation	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Duration	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Exclusivity	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensity	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other breastfeeding measure 1	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other breastfeeding measure 2	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other breastfeeding measure 3	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Current Breastfeeding Estimates

S2. For each of the following breastfeeding measures, please indicate the data system in which most of your agency's breastfeeding information is stored.

	WIC Information System	Other Administrative System	Separate Data System
Initiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exclusivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Current Breastfeeding Estimates

S3. For each breastfeeding measure listed below, please rate how difficult it would be for your agency to report a recent estimate, with 1 indicating that it would be impossible to report, and 6 indicating that it would be extremely easy. 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.

	Impossible					Extremely Easy
Percentage of infants receiving fully, partially, and non-breastfeeding food packages at <u>age two weeks</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percentage of infants receiving fully, partially, and non-breastfeeding food packages at <u>age three months (13 weeks)</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percentage of infants receiving fully, partially, and non-breastfeeding food packages at <u>age six months</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percentage of infants who initiated breastfeeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percentage of infants who were breastfed for at least <u>six months</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Average length of time infants were breastfed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percentage of infants who were exclusively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Food Package-Based Estimates

S4. 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. Please do not request reports from your State WIC agency for the purposes of this survey.

Select all that apply

- In-hospital
- Two weeks
- One month (four weeks)
- Two months (eight weeks)
- Three months (13 weeks)
- Zero to three months
- Four to six months
- None of these



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Food Package-Based Estimates

S5. 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.

	Percentage of infants receiving fully breastfeeding food package	Percentage of infants receiving partially breastfeeding food package	Percentage of infants receiving non-breastfeeding food package	Total number of infants in the age category
Infants age one month (four weeks)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

S6. Over what months did your agency collect the data for reporting the percentage of infants receiving the various food packages?

Month	Year	Month	Year
Please Select ▾	Please Select ▾	Please Select ▾	Please Select ▾



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Food Package-Based Estimates

S7. What is the source of these estimates?

Select all that apply

- An estimate calculated by hand in the local agency
- A report generated by local agency
- A report generated by State agency
- A report generated by the CDC
- Performed custom query of data system
- Other (Please specify)



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Food Package-Based Estimates

S8. Please share anything else about what these estimates represent (for example, the population, time period, etc.).



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Exclusive Breastfeeding Estimates

S9. 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)? *Please do not request reports from your State WIC agency for the purposes of this survey.*

	Yes	No
WIC Information System	<input type="radio"/>	<input type="radio"/>
Other Administrative System	<input type="radio"/>	<input type="radio"/>



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Exclusive Breastfeeding Estimates

S10. 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 per row

	WIC Information System	Other Administrative System
One week	<input type="checkbox"/>	<input type="checkbox"/>
One month (four weeks)	<input type="checkbox"/>	<input type="checkbox"/>
Six weeks	<input type="checkbox"/>	<input type="checkbox"/>
Two months (eight weeks)	<input type="checkbox"/>	<input type="checkbox"/>
Three months (13 weeks)	<input type="checkbox"/>	<input type="checkbox"/>
Four months	<input type="checkbox"/>	<input type="checkbox"/>
Five months	<input type="checkbox"/>	<input type="checkbox"/>
Six months (26 weeks)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>



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Exclusive Breastfeeding Estimates

S11. For the data system(s) shown, could you provide an estimate of the average length of time infants are exclusively breastfed? Please do not request reports from your State WIC agency for the purposes of this survey.

	Yes	No
WIC Information System	<input type="radio"/>	<input type="radio"/>
Other Administrative System	<input type="radio"/>	<input type="radio"/>



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Exclusive Breastfeeding Estimates

Please use information from the WIC Information System 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?

S12. What percentage of infants were exclusively breastfed for at least three months?


Percentage

S13. What is the total number of infants on which that percentage is based?

Infants

S14. What is the population that this estimate represents?

- Infants born in a given time period that exclusively breastfed for at least three months
- Mothers or infants initially certified in a given time period that exclusively breastfed for at least three months
- Infants born to mothers who were enrolled in WIC during pregnancy that exclusively breastfed
- Other (Please specify)



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Exclusive Breastfeeding Estimates

S15. Does this estimate only include infants over three months old who are no longer exclusively breastfeeding?

Yes
 No



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Exclusive Breastfeeding Estimates

S16. Over what months did your agency collect the data for reporting the percentage of infants that were exclusively breastfed for at least three months?

Month	Year	Month	Year
Please Select	Please Select	Please Select	Please Select



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Exclusive Breastfeeding Estimates

S17. What is the source of your agency's estimate of breastfeeding exclusivity?

- An estimate calculated by hand in the local agency
- A report generated by local agency
- A report generated by State agency
- A report generated by the CDC
- Performed custom query of data system
- Other (Please specify)

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Exclusive Breastfeeding Estimates

S18. Please share anything else about what this estimate represents (for example, the population, time period, etc.).

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Taskbar: 3:12 PM 7/11/2013

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Exclusive Breastfeeding Estimates

Please provide your agency's most recent estimate of the average length of time infants were exclusively breastfed. If applicable, please provide this estimate from the system in which most of your agency's breastfeeding information is stored.

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?

S19. What is the average length of time infants were exclusively breastfed?

Days
 Weeks
 Months


S20. What is the total number of infants included in this average?

Infants

S21. What population is included in this estimate?

Infants born in a given time period
 Mothers or infants initially certified in a given time period
 Infants born to mothers who were enrolled in WIC during pregnancy
 Other (Please specify)

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Exclusive Breastfeeding Estimates

S22. Does this estimate only include infants who are no longer exclusively breastfeeding?

Yes
 No

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WIC BPI Survey

Exclusive Breastfeeding Estimates

S23. Over what months did your agency collect the data for reporting the average length of time infants were exclusively breastfed?

Month	Year	Month	Year
Please Select	Please Select	Please Select	Please Select



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WIC BPI Survey

Exclusive Breastfeeding Estimates

S24. What is the source of your agency's estimate of breastfeeding exclusivity?

- An estimate calculated by hand in the local agency
- A report generated by local agency
- A report generated by State agency
- A report generated by the CDC
- Performed custom query of data system
- Other (Please specify)



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Exclusive Breastfeeding Estimates

S25. Please share anything else about what this estimate represents (for example, the population, time period, etc.).



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Breastfeeding Intensity Estimates

Please use the information from the Other Administrative System to provide your agency's most recent estimate of breastfeeding intensity and some additional information about the estimate.

S26. 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.

Select all that apply

- In-hospital
- Two weeks
- One month (four weeks)
- Two months (eight weeks)
- Three months (13 weeks)
- Six months (26 weeks)
- Nine months
- Twelve months
- Zero to three months
- Four to six months
- Seven to nine months
- Ten to 12 months
- Other (Please specify)



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Breastfeeding Intensity Estimates

S27. For infants age three months, what percentage of total feedings are breast milk feedings?

Percentage



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Breastfeeding Intensity Estimates

S28. For infants age two weeks, what percentage of total feedings are breast milk feedings?

Percentage



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Breastfeeding Intensity Estimates

S29. What is the total number of infants included in this estimate?

Infants



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Breastfeeding Intensity Estimates

S30. Over what months did your agency collect the data for reporting the percentage of feedings that were breast milk feedings?

Month	Year	Month	Year
Please Select	Please Select	Please Select	Please Select



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Breastfeeding Intensity Estimates

S31. What is the source of your agency's estimate of breastfeeding intensity?

- An estimate calculated by hand in the local agency
- A report generated by local agency
- A report generated by State agency
- A report generated by the CDC
- Performed custom query of data system
- Other (Please specify)



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Breastfeeding Intensity Estimates

S32. Please share anything else about what this estimate represents (for example, the population, time period, etc.).



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Estimates of Other Breastfeeding Measures

S33. Please provide your agency's most recent estimate for Other breastfeeding measure 1, who is included in it, and the months over which your agency collected the data included in the estimate.



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Estimates of Other Breastfeeding Measures

S34. Please provide your agency's most recent estimate for Other breastfeeding measure 2, who is included in it, and the months over which your agency collected the data included in the estimate.



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Estimates of Other Breastfeeding Measures

S35. Please provide your agency's most recent estimate for Other breastfeeding measure 3, who is included in it, and the months over which your agency collected the data included in the estimate.



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http://wicbpidew.mathematica.net/Custom/Review# WIC BPI Survey

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Review All Responses for Module S

- The responses on this page are for review only. Please review all of your answers in Module S to verify they are correct before you proceed with the rest of the survey.
- If you need to change any of your answers, please click the "Change Answers" button. You will be taken to the beginning of Module S. Please make any changes in the section. You will need to re-answer questions.
- To continue your survey, please click the "Continue the Survey" button. Once you click "Continue the Survey" you will not be able to change your answers in Module S or prior modules.
- To print a copy of your responses, go to the "File" menu, and click "Print." Once the "Print" menu appears, you can click "Print" or "Ok."

S1. For each breastfeeding measure listed below, please indicate whether you could provide an estimate of it from each data system(s) shown. 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.

Some responses might be marked "yes" if you indicated previously that you store a measure in a data system. Please review all responses carefully and change the selections if necessary.

	WIC Information System		Other Administrative System		Separate Data System	
	Yes	No	Yes	No	Yes	No
Initiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exclusivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S2. For each of the following breastfeeding measures, please indicate the data system in which most of your agency's breastfeeding information is stored.

Some responses might be marked "yes" if you indicated previously that you store a measure in a data system. Please review all responses carefully and change the selections if necessary.

	WIC Information System	Other Administrative System	Separate Data System
Initiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exclusivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Breastfeeding Data Collection

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

T1. Which of the following staff typically collect breastfeeding information from participants?

Select all that apply

- Clerical or support staff
- Competent Professional Authorities (CPAs) / Certifying Authorities (CAs)
- Peer counselors
- WIC designated breastfeeding experts
- Nutritionists



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Breastfeeding Data Collection

T2. 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?

- Use paper forms
- Enter information directly
- Both



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Breastfeeding Data Collection

T3. How does your agency obtain breastfeeding information from your WIC clinic sites?

- Shared data system
- Clinics submit electronic reports
- Clinics submit paper reports
- Other (Please specify)



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Breastfeeding Data Collection

T4. How does your State agency obtain breastfeeding information from local WIC agencies?

- Shared data system
- Local agencies submit electronic reports
- Local agencies submit paper reports
- Other (Please specify)



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Breastfeeding Data Collection

T5. 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?

Yes
 No



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Breastfeeding Data Collection

T6. What quality control procedures are in place to ensure accurate participant breastfeeding information is recorded in the WIC Information System?

Select all that apply

The WIC Information System has required fields
 Paper forms are marked to indicate required fields
 Paper records are checked against the WIC Information System as an audit
 Compare local agency estimates to State-generated estimates
 Staff confirm queries run as intended
 Other (Please specify)



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Breastfeeding Data Collection

T7. Which of the following factors that may influence a woman's ability or willingness to breastfeed does your agency store in a data system?

	Yes	No
Prenatal WIC participation	<input type="radio"/>	<input type="radio"/>
Prenatal breastfeeding intention	<input type="radio"/>	<input type="radio"/>
Prior breastfeeding experience	<input type="radio"/>	<input type="radio"/>
In-hospital breastfeeding experience	<input type="radio"/>	<input type="radio"/>
Early postpartum breastfeeding experience	<input type="radio"/>	<input type="radio"/>
Reasons for feeding choice	<input type="radio"/>	<input type="radio"/>
Maternal health information such as body mass index or history of cardiovascular disease, diabetes, or anemia	<input type="radio"/>	<input type="radio"/>
Infant health issues such as prematurity, low birth weight, developmental problem, or feeding problem	<input type="radio"/>	<input type="radio"/>
Timing of return to work or school	<input type="radio"/>	<input type="radio"/>
Breastfeeding contraindications	<input type="radio"/>	<input type="radio"/>
Number of breastfeeding referrals	<input type="radio"/>	<input type="radio"/>
Reasons for breastfeeding referrals	<input type="radio"/>	<input type="radio"/>
Peer counseling program participation	<input type="radio"/>	<input type="radio"/>
Breastfeeding education contacts	<input type="radio"/>	<input type="radio"/>



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Breastfeeding Data Collection

T8. Does your agency determine whether breastfeeding outcomes differ based on any of the following maternal or infant factors? (For example, an agency that could determine whether participants who had in-hospital breastfeeding experience breastfed for more weeks than participants who did not have in-hospital breastfeeding experience would mark "yes" if response choice: "in-hospital breastfeeding experience is shown.")

	Yes	No
Prenatal WIC participation	<input type="radio"/>	<input type="radio"/>
Prior breastfeeding experience	<input type="radio"/>	<input type="radio"/>
In-hospital breastfeeding experience	<input type="radio"/>	<input type="radio"/>
Early postpartum breastfeeding experience	<input type="radio"/>	<input type="radio"/>
Reasons for feeding choice	<input type="radio"/>	<input type="radio"/>
Infant health issues such as prematurity, low birth weight, developmental problem, or feeding problem	<input type="radio"/>	<input type="radio"/>
Timing of return to work or school	<input type="radio"/>	<input type="radio"/>
Breastfeeding contraindications	<input type="radio"/>	<input type="radio"/>



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Breastfeeding Data Collection

T9. Does your agency determine whether breastfeeding outcomes differ based on any of the following agency factors? (For example, an agency that could determine whether participants who had more breastfeeding education contacts breastfeed for more weeks than participants who had fewer breastfeeding education contacts, would mark "yes" if response choice: breastfeeding education contacts is shown.)



	Yes	No
Number of breastfeeding referrals	<input type="radio"/>	<input type="radio"/>
Breastfeeding aid issuance	<input type="radio"/>	<input type="radio"/>
Peer counseling program participation	<input type="radio"/>	<input type="radio"/>
Breastfeeding education contacts	<input type="radio"/>	<input type="radio"/>

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Separate Data Systems

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

U1. 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?



Select all that apply

- CDC's Pregnancy or Pediatric Nutrition Surveillance System (PNSS or PedNNS)
- Qualitative interviews with WIC participants
- Focus groups with WIC participants
- Other (Please specify)

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Separate Data Systems

U2. What was the most recent year your agency administered a survey to WIC participants?

Please Select ▾



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Separate Data Systems

U3. Which of the following groups or populations does your agency target with your surveys?

Select all that apply

- Pregnant participants
- Postpartum participants
- Mothers of infant and child WIC participants



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Separate Data Systems

U4. Does your agency survey the entire group or population, or a sample?

- Entire group or population
- Sample



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Separate Data Systems

U5. Can the survey data that your agency collects be linked to participant records in the WIC Information System?

- Yes
- No



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Separate Data Systems

U6. In what ways does your agency use the linked survey data?

Select all that apply

- Service delivery or program management
- Program evaluation
- Research
- Other (Please specify)



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Breastfeeding Reporting

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.

V1. 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 WIC and external to WIC?

Mark all that apply per row

	No reporting to this audience	Real-time reports can be generated as needed	Monthly	Quarterly	Once or twice per year	Less often than once per year
State WIC agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FNS regional office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other federal agency (specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State or local health authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State or local legislators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community coalitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional organization conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-reviewed publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Breastfeeding Reporting

V2. 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.


Website URL	Description
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Electronic File	Description
<input type="button" value="Browse..."/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="text"/>

Do you need to add more Website URLs or Electronic Files?

Yes
 No

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Breastfeeding Reporting

V2. Share additional 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.

Website URL	Description
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Electronic File	Description
<input type="button" value="Browse..."/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="text"/>

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Breastfeeding Reporting

V3. Please share any additional comments you have about your agency's breastfeeding measures and data systems.



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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 survey@wicbpi.org or 855-282-8493 (toll-free) for assistance.

[Submit](#) [Quit](#)

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