OMB Control No.: 0584-0524 Expiration Date: 9/30/2019

WIC BREASTFEEDING CURRICULA AND TRAINING PROJECT DESIGNATED BREASTFEEDING EXPERT SURVEY

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 0584-0524. The time required to complete this information collection is estimated to average 15 minutes 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.

Thank you for completing the survey for the WIC Breastfeeding Curricula and Training project. This project is funded by the USDA Food and Nutrition Services (FNS) under a cooperative agreement with Every Mother, Inc. This survey is being conducted to collect information regarding the role of WIC Designated Breastfeeding Expert (DBE). State agencies and selected local agencies are being asked to complete this survey to provide the project team with an understanding of the qualifications, training and experience of individuals who are designated as DBE, as well as the role they play in providing breastfeeding support to WIC mothers. Your responses to the survey questions will be combined with responses from others to develop a summary that will be used to inform development of breastfeeding training resources.

The survey does not ask you to provide your name or the name of your WIC agency. No respondent names will be identified in the survey summary or any reports prepared with the survey responses.

Please complete the survey by [MM/DD/YY].

Most questions include a "button" or a "box" to select a response. Some questions require numbers or text responses. The survey will take about 15 minutes to complete.

WIC Breastfeeding Curricula and Training Project Survey Help Desk

If you have any problems completing the survey, please contact:

[Toll-free phone number]

WIC-Training-Feedback@altarum.org

1.	In what region of the country do you work? Please use the map of USDA FNS regions to identify you region. [Select one]					
	□Western Region (WRO)					
	□Mountain Plains Region (MPRO)					
	Southwest Region (SWRO)					
	□Midwest Region (MWRO)					
	□Northeast Region (NERO)					
	□Mid-Atlantic Region (MARO)					
	□Southeast Region (SERO)					
	SWRO TX					
2	Which has the suite of the true of WIC according to the property of the suite of th					
2.	Which <u>best describes</u> the type of WIC agency/program where you work? [Select one]					
	Local WIC agency/clinic/program					
	☐ Indian Tribal Organization or U.S. Territory WIC agency/program					
	☐ WIC State agency in a State or District of Columbia					
Pro	ogramming Note: If response to question 2 is choice #1 (local WIC site/clinic/agency) or #2 (Indian					
	bal Organization or U.S. Territory WIC agency), go to question 3. If response is choice #3 (WIC State					
	ency/office in a State or District of Columbia), go to question 5.					
3.	Which most closely matches your primary role in the WIC Program? [Select one]					
	☐ WIC Program Manager, Director, Supervisor					
	☐ Nutritionist, Registered/Licensed Dietitian, WIC CPA or Certifier, Nutrition Assistant					
	☐ Breastfeeding Coordinator					
	☐ Breastfeeding Peer Counseling Program Supervisor/Manager					
	☐ Lactation Consultant, Educator, Counselor					
	☐ Breastfeeding Peer Counselor					
	☐ Other (please describe):					
4.	What is the approximate number of <u>pregnant and breastfeeding women</u> your local agency/program					
	serves each month?					
	□1-100 women					
	□101-250 women					
	□251-500 women					
	□501-750 women					
	□751-1,000 women					
	□1,001-2,000 women					
	□2,001 or more women					
5.	Which of the following most closely matches your primary role in the WIC Program? [Select one]					
	☐ State Director					

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	☐ State Nutritionist, Nutrition Coordinator
	☐ State Breastfeeding Coordinator
	☐ State Breastfeeding Peer Counseling Program Manager/Coordinator
	☐ State Breastfeeding Trainer
	☐ Other (please describe):
	thway 1:
tha	ogramming Note: The following questions will appear for respondents that respond to question 2 at they work in a local WIC site/clinic/agency or an Indian Tribal Organization or US Territory WIC ency (response choices 1 and 2).
WI	C DESIGNATED BREASTFEEDING EXPERT CHARACTERISTICS
ind wh	e 2013 WIC Nutrition Services Standards describe the WIC Designated Breastfeeding Expert as "an lividual who is an expert with special experience or training in helping breastfeeding mothers and o provides breastfeeding expertise and care for more complex breastfeeding problems when WIC ff face situations outside their scope of practices."
6.	How many WIC Designated Breastfeeding Experts (DBE) does your local agency/program currently have? [Programming Note: Numeric entry-2 characters]
7.	Are you a WIC DBE? ☐ Yes ☐ No
a D mo	the next several questions, if you <u>are</u> a WIC DBE, provide the information about you. If you are <u>not</u> BE, provide information about your local agency/program's DBE. If your local agency/program has bre than one DBE, provide information about the person that has been a DBE for the longest time riod.
8.	Number of years of experience assisting mothers with complex breastfeeding problems/needs (include years at WIC and in other settings): Less than 1 year 1-3 years 4-6 years 7-10 years 11-15 years 16 or more years

9. Number of years of experience working for WIC (include years in any role at any local agency/program):

☐ DBE is not a WIC employee ☐ Less than 1 year ☐ 1-3 years ☐ 4-6 years ☐ 7-10 years ☐ 11-15 years ☐ 16 or more years
10. Average hours per week performing WIC DBE duties: ☐ 1-10 hours ☐ 11-20 hours ☐ 21-30 hours ☐ 31 or more hours
11. WIC DBE is supervised by: WIC director/coordinator Site/clinic supervisor Registered dietitian (RD) Breastfeeding coordinator Breastfeeding peer counselor program supervisor/manager Nurse/nurse manager Other (describe):
12. Other current WIC job roles or titles in addition to DBE (Select all that apply): No other WIC roles or titles WIC director/coordinator Site/clinic supervisor Registered dietitian (RD) Degreed nutritionist, not RD Competent Professional Authority Trained nutrition paraprofessional (e.g., nutrition assistant, nutrition aide, diet tech) Nurse/nurse practitioner Administrative/clerical/support staff Lactation consultant, educator, counselor Breastfeeding coordinator Breastfeeding peer counselor program supervisor/manager Breastfeeding peer counselor Other (describe):

	Credentials or certifications (Select all that apply):
	☐ Registered Dietitian (RD)
	☐ Licensed Dietitian/Nutritionist (LD/LN)
	☐ Dietetic Technician, Registered (DTR)
	☐ Registered Nurse (RN)
	☐ Licensed Practical Nurse (LPN)
	☐ International Board Certified Lactation Consultant (IBCLC)
	☐ Certified Lactation Consultant (CLC)
	☐ Certified Lactation Educator (CLE)
	☐ Certified Lactation Specialist (CLS)
	□ No credentials
	☐ Other (describe):
14.	Breastfeeding training/continuing education completed over the past 3 years (Select all that apply): Loving Support® Through Peer Counseling: A Journey Together – for WIC Managers. Loving Support® Through Peer Counseling: A Journey Together – for Peer Counselors. Using Loving Support® to Grow and Glow in WIC CLC training
	☐ CLE training
	☐ CLS training
	☐ IBCLC prep course
	☐ Breastfeeding continuing education
	□ None
	☐ Other (describe):
	Utilei (describe).
WI	DESIGNATED BREASTFEEDING EXPERT ROLE
15.	At your local agency/program, how do WIC mothers who need help with breastfeeding get referred to the DBE? (Select all that apply.)
	☐ WIC staff bring mothers who need help to the DBE while they are in the WIC clinic/office
	 □ Breastfeeding peer counselors refer women to the DBE for help outside their scope of practice □ WIC staff contact the DBE to follow-up with mothers who need help □ WIC staff make an electronic referral to the DBE □ WIC staff provide mothers who need help with the DBE contact information □ The DBE sees all breastfeeding mothers when they enroll their babies □ Other (describe):
16.	 □ Breastfeeding peer counselors refer women to the DBE for help outside their scope of practice □ WIC staff contact the DBE to follow-up with mothers who need help □ WIC staff make an electronic referral to the DBE □ WIC staff provide mothers who need help with the DBE contact information □ The DBE sees all breastfeeding mothers when they enroll their babies □ Other (describe): What are the most common breastfeeding problems or concerns of the pregnant mothers the DBE
16.	 □ Breastfeeding peer counselors refer women to the DBE for help outside their scope of practice □ WIC staff contact the DBE to follow-up with mothers who need help □ WIC staff make an electronic referral to the DBE □ WIC staff provide mothers who need help with the DBE contact information □ The DBE sees all breastfeeding mothers when they enroll their babies □ Other (describe):
16.	□ Breastfeeding peer counselors refer women to the DBE for help outside their scope of practice □ WIC staff contact the DBE to follow-up with mothers who need help □ WIC staff make an electronic referral to the DBE □ WIC staff provide mothers who need help with the DBE contact information □ The DBE sees all breastfeeding mothers when they enroll their babies □ Other (describe): □ What are the most common breastfeeding problems or concerns of the pregnant mothers the DBE works with? (Select up to 8.) □ Concerns about past breastfeeding experiences (e.g. baby wouldn't latch, insufficient supply)
16.	□ Breastfeeding peer counselors refer women to the DBE for help outside their scope of practice □ WIC staff contact the DBE to follow-up with mothers who need help □ WIC staff make an electronic referral to the DBE □ WIC staff provide mothers who need help with the DBE contact information □ The DBE sees all breastfeeding mothers when they enroll their babies □ Other (describe): □ What are the most common breastfeeding problems or concerns of the pregnant mothers the DBE works with? (Select up to 8.) □ Concerns about past breastfeeding experiences (e.g. baby wouldn't latch, insufficient supply) □ Concerns about breastfeeding after returning to work or school
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16.	□ Breastfeeding peer counselors refer women to the DBE for help outside their scope of practice □ WIC staff contact the DBE to follow-up with mothers who need help □ WIC staff make an electronic referral to the DBE □ WIC staff provide mothers who need help with the DBE contact information □ The DBE sees all breastfeeding mothers when they enroll their babies □ Other (describe): What are the most common breastfeeding problems or concerns of the pregnant mothers the DBE works with? (Select up to 8.) □ Concerns about past breastfeeding experiences (e.g. baby wouldn't latch, insufficient supply) □ Concerns about breastfeeding after returning to work or school □ Inverted nipples, breast surgery, breast anomalies or other breast conditions □ Pregnant with multiples
16.	□ Breastfeeding peer counselors refer women to the DBE for help outside their scope of practice □ WIC staff contact the DBE to follow-up with mothers who need help □ WIC staff make an electronic referral to the DBE □ WIC staff provide mothers who need help with the DBE contact information □ The DBE sees all breastfeeding mothers when they enroll their babies □ Other (describe): □ What are the most common breastfeeding problems or concerns of the pregnant mothers the DBE works with? (Select up to 8.) □ Concerns about past breastfeeding experiences (e.g. baby wouldn't latch, insufficient supply) □ Concerns about breastfeeding after returning to work or school □ Inverted nipples, breast surgery, breast anomalies or other breast conditions □ Pregnant with multiples □ History of preterm birth(s)
16.	□ Breastfeeding peer counselors refer women to the DBE for help outside their scope of practice □ WIC staff contact the DBE to follow-up with mothers who need help □ WIC staff make an electronic referral to the DBE □ WIC staff provide mothers who need help with the DBE contact information □ The DBE sees all breastfeeding mothers when they enroll their babies □ Other (describe): □ What are the most common breastfeeding problems or concerns of the pregnant mothers the DBE works with? (Select up to 8.) □ Concerns about past breastfeeding experiences (e.g. baby wouldn't latch, insufficient supply) □ Concerns about breastfeeding after returning to work or school □ Inverted nipples, breast surgery, breast anomalies or other breast conditions □ Pregnant with multiples □ History of preterm birth(s) □ Obesity

	☐ Mother is HIV positive
	☐ Other (describe):
	, , , , , , , , , , , , , , , , , , , ,
17.	What are the <u>most common</u> problems or concerns of breastfeeding mothers the DBE works with
	during the first month postpartum? (Select up to 8.)
	□ Problems with latching
	☐ Real or perceived low milk production
	☐ Sore or damaged nipples
	☐ Breast engorgement or plugged ducts
	☐ Mastitis or abscess
	☐ Thrush
	☐ Infant reflux
	☐ Formula has been started or requested by mother
	☐ Physician recommends weaning or supplemental formula
	☐ Breastfeeding multiples
	☐ Breastfeeding when mother and infant separated
	Concerns about infant's weight gain
	□ Jaundice
	☐ Preterm/near term infant
	☐ Cleft lip/palate or tongue tie
	☐ Infant illness or health conditions that may impact breastfeeding
	☐ Mother's health conditions or medications that may impact breastfeeding
	☐ Dietary concerns/restrictions while breastfeeding
	☐ Mother in treatment for drug or alcohol use
	☐ Other (describe):
18.	What are the <u>most common</u> problems or concerns of breastfeeding mothers the DBE works with
	after the first month postpartum? (Select up to 8.)
	•
	☐ Problems with latching
	☐ Problems with latching ☐ Real or perceived low milk production
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother □ Physician recommends weaning or supplemental formula
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother □ Physician recommends weaning or supplemental formula □ Breastfeeding multiples
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother □ Physician recommends weaning or supplemental formula □ Breastfeeding multiples □ Breastfeeding when mother and infant are separated
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother □ Physician recommends weaning or supplemental formula □ Breastfeeding multiples □ Breastfeeding when mother and infant are separated □ Concerns about infant's weight gain
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother □ Physician recommends weaning or supplemental formula □ Breastfeeding multiples □ Breastfeeding when mother and infant are separated □ Concerns about infant's weight gain □ Baby refusing/not interested in breastfeeding
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother □ Physician recommends weaning or supplemental formula □ Breastfeeding multiples □ Breastfeeding when mother and infant are separated □ Concerns about infant's weight gain
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother □ Physician recommends weaning or supplemental formula □ Breastfeeding multiples □ Breastfeeding when mother and infant are separated □ Concerns about infant's weight gain □ Baby refusing/not interested in breastfeeding
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother □ Physician recommends weaning or supplemental formula □ Breastfeeding multiples □ Breastfeeding when mother and infant are separated □ Concerns about infant's weight gain □ Baby refusing/not interested in breastfeeding □ Preterm/near term infant
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother □ Physician recommends weaning or supplemental formula □ Breastfeeding multiples □ Breastfeeding when mother and infant are separated □ Concerns about infant's weight gain □ Baby refusing/not interested in breastfeeding □ Preterm/near term infant □ Cleft lip/palate or tongue tie
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother □ Physician recommends weaning or supplemental formula □ Breastfeeding multiples □ Breastfeeding when mother and infant are separated □ Concerns about infant's weight gain □ Baby refusing/not interested in breastfeeding □ Preterm/near term infant □ Cleft lip/palate or tongue tie □ Infant illness health conditions that may impact breastfeeding
	 □ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother □ Physician recommends weaning or supplemental formula □ Breastfeeding multiples □ Breastfeeding when mother and infant are separated □ Concerns about infant's weight gain □ Baby refusing/not interested in breastfeeding □ Preterm/near term infant □ Cleft lip/palate or tongue tie □ Infant illness health conditions that may impact breastfeeding □ Mother's health conditions or medications that may impact breastfeeding
	□ Problems with latching □ Real or perceived low milk production □ Sore or damaged nipples □ Breast engorgement or plugged ducts □ Mastitis or abscess □ Thrush □ Infant reflux □ Formula has been started or requested by mother □ Physician recommends weaning or supplemental formula □ Breastfeeding multiples □ Breastfeeding when mother and infant are separated □ Concerns about infant's weight gain □ Baby refusing/not interested in breastfeeding □ Preterm/near term infant □ Cleft lip/palate or tongue tie □ Infant illness health conditions that may impact breastfeeding □ Mother's health conditions or medications that may impact breastfeeding □ Dietary concerns/restrictions while breastfeeding

	Min	11-20 Min	21-30 Min	31-45 Min	46-60 Min	More than 60 Min	Don't Know
Pregnant Woman							
Breastfeeding Woman, during first month postpartum							
Breastfeeding Woman, after first month postpartum							
Provide mothers with Provide mothers with Make hospital visits Make home visits Conduct electronic conduct these	n breastf	-				-	
here does the DBE ref at apply?) Mother or baby's hea IBCLC or other lactati Medical specialists (e Registered dietitian	althcare on expe	provider rt					

	☐ Participation on breastfeeding coalition or task force
	☐ None of these ☐ Other (describe):
WIG	C DESIGNATED BREASTFEEDING EXPERT SKILLS, TRAINING NEEDS, EXPERIENCES
23.	What are the <u>most important</u> skills or qualities for selecting a DBE? (<i>Select up to 6.</i>)
	Experience working with breastfeeding mothers and infants
	☐ Understanding the barriers and challenges low-income mothers face ☐ Personal experience with breastfeeding
	☐ Credentialed as an IBCLC
	☐ Clinical training in assisting mothers with breastfeeding problems
	Experience as a WIC Competent Professional Authority
	☐ Understanding of the culture of WIC participants (cultural awareness/competence)
	☐ Excellent communication/counseling skills☐ Understanding of the community environment and breastfeeding resources
	☐ Passion for helping women achieve their breastfeeding goal
	☐ Other (describe):
24.	What types of training are most important for a DBE? (Select up to 6.)
	☐ Clinical breastfeeding training ☐ How to work with WIC/low-income mothers
	☐ Cultural awareness/competence
	☐ Breastfeeding scope of practice for DBE and other WIC staff
	\qed Building community partnerships/strengthening community support for breastfeeding mothers
	Communication and counseling skills
	☐ Motivational interviewing☐ How to work with hospitals and healthcare providers
	☐ Other (describe):
25	NAME of the control of the office of booking a DDF in control of the control of the office of the control of
25.	What are the greatest benefits of having a DBE in your local agency/program? (Select up to 4.)
	☐ Mothers receive timely and appropriate assistance with breastfeeding problems ☐ Peer counselors and WIC staff value having a resource for mothers with problems
	☐ DBE strengthens overall breastfeeding support in the local agency/program
	\square Greater collaboration with community breastfeeding partners
	Improved communication and relationships with hospitals and healthcare providers
	☐ Improved breastfeeding rates (e.g. exclusivity, duration) ☐ Other (describe):
26.	What are the <u>biggest challenges</u> for the DBE(s) in your local agency/program? (Select up to 6.)
	☐ DBE has multiple job roles; not enough time dedicated to breastfeeding support
	☐ Insufficient time or funds for breastfeeding training/continuing education
	☐ Lack of individuals with the expertise to be a DBE
	 □ DBE time with breastfeeding mothers is too short or not frequent enough □ Compensation is not adequate for the DBE job requirements or qualifications
	☐ Lack of time to work with others in the community
	□ DBE serves a large geographic area

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]]]	□ Too few DBE for the WIC caseload □ Issues with referral process □ DBE unable to make hospital or home visits with mothers □ Lack of understanding or support for the DBE role from administers/managers □ Other (describe):
(What "best practices" or suggestions do you have for making the role of DBE most beneficial or for overcoming challenges associated with the DBE role? Programming Note: Unlimited text field.
Prog	way 2: gramming Note: The following questions will appear for respondents that respond to question 2 they work in a WIC State agency in a state or the District of Columbia (response choice 3).
WIC	DESIGNATED BREASTFEEDING EXPERT QUALIFICATIONS AND SCOPE OF PRACTICE
indiv prov face inclu Cour	WIC Nutrition Services Standards describe the WIC Designated Breastfeeding Expert as "an vidual who is an expert with special experience or training in helping breastfeeding mothers and who ides breastfeeding expertise and care for more complex breastfeeding problems when WIC staff situations outside their scope of practices. Individuals with this designation can be WIC staff ading Breastfeeding Coordinators, Peer Counselor Coordinators, IBCLCs, Certified Lactation as physicians or nurses."
E [Has your State agency developed guidelines or requirements for WIC Designated Breastfeeding Expert (DBE) qualifications? ☐ Yes ☐ No

Programming Note: If response is "no", skip to question 30.

9. Which of the following are included in the guidelines or requirements for DBE qualifications?
(Select all that apply.)
☐ Breastfeeding credential or certification
☐ Formal education or degree
☐ Completion of specific breastfeeding training courses and/or hours of training
Requirements for breastfeeding continuing education
☐ Other training or experience, e.g. clinical training, cultural competence
□ Experience working with women with complex breastfeeding problems/needs
☐ Experience working in WIC in a specific role (e.g. CPA) and/or number of years
☐ Personal breastfeeding experience☐ Other personal characteristics
☐ Other
rogramming Note: for each response selected for question 29, display a box for text entry and
nstruction "Please describe" (see example below). Unlimited text field.
Please describe:
[Toyt field]
[Text field]
 O. What, if any, State agency review or notification is required for individuals selected to be local agency/program DBEs? (Select all that apply.) DBE candidate's qualifications are reviewed by State agency with approval/denial State agency is notified of name and qualifications of DBE when they are selected DBE information is in local nutrition education plan or other documents provided to State agency State agency includes review of DBE qualifications as part of management evaluations No review or notification required Other (describe):
1. Has your State agency developed guidelines or requirements for the DBE scope of practice? ☐ Yes
□ No
rogramming Note: If response is "no", skip to question 33.
2. What is included in the DBE scope of practices? (Select all that apply.)
\square Breastfeeding problems, issues, needs to be addressed by DBE
\square Breastfeeding problems, issues, needs to be referred to a healthcare provider or other resource
☐ Guidelines for physical contact, e.g. touching baby or breast
☐ Authority/parameters for prescribing/changing WIC food package prescriptions
☐ Authority/parameters for issuing breast pumps or breastfeeding aids
☐ Guidelines for providing mothers with support in hospitals, home or other locations ☐ Guidelines for working with healthcare providers, hospitals, community partners
☐ Other

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Programming Note: for each response selected for question 32, display a box for text entry and instruction "Please describe". Unlimited text field.

33.	Has your State agency developed local agency/program guidelines or requirements for the number of DBEs or ratio of DBEs to participants? ☐ Yes ☐ No
	33a: Programming Note: If response is "yes", display a box for text entry with instruction "Please describe". Unlimited text field.
WIC	DESIGNATED BREASTFEEDING EXPERTS IN LOCAL AGENCIES/PROGRAMS
34.	What percentage of local agencies/programs have a DBE? ☐ Less than 25% ☐ 25-50% ☐ 51-75% ☐ Greater than 75%, but less than 100% ☐ 100%
35.	What, if any, other WIC roles or job titles are most common for individuals who are DBEs? (Select all that apply.) WIC director/coordinator Site/clinic supervisor Registered dietitian (RD) Degreed nutritionist, not RD Competent Professional Authority Trained nutrition paraprofessional (e.g., nutrition assistant, nutrition aide, diet tech) Nurse/nurse practitioner Administrative/clerical/support staff Lactation consultant, educator, counselor Breastfeeding coordinator Breastfeeding peer counselor program manager Breastfeeding peer counselor No other WIC roles Other (describe):
36.	Does your State agency have guidelines or protocols for WIC staff referral of mothers to the DBE? Yes No 36a: Programming Note: If response is "yes", display a box for text entry with instruction "Please describe". Unlimited text field.
37.	What approaches are used <u>most often</u> by WIC staff in your local agencies/programs to refer mothers to the DBE? (<i>Select all that apply.</i>) □ WIC staff bring mothers who need help to the DBE while they are in the WIC clinic/office

	 □ Breastfeeding peer counselors refer women to the DBE for help outside their scope of practice □ WIC staff contact the DBE to follow-up with mothers who need help □ WIC staff provide mothers who need help with the DBE contact information □ WIC staff make an electronic referral to the DBE □ The DBE sees all breastfeeding mothers when they enroll their babies □ Other (describe):
38.	What, if any, other breastfeeding support activities are most often part of the local agency/program DBE role? (Select all that apply.) Training/mentoring of peer counselors or other WIC staff Training for non-WIC staff, e.g. other clinic staff, healthcare providers, hospital staff Collaboration with healthcare providers and hospitals Participation on breastfeeding coalition or task force None of these Don't know/not sure Other (describe):
39.	What types of training or topics are most important for DBEs in your local agencies/programs? (Select up to 6.) Clinical breastfeeding training How to work with WIC/low-income mothers Cultural awareness/competence Breastfeeding scope of practice for DBE and other WIC staff Building community partnerships/strengthening community support for breastfeeding mothers Communication and counseling skills Motivational interviewing How to work with hospitals and healthcare providers Other (describe):
40.	What are the greatest benefits of having a DBE in local agencies/programs? (Select up to 4.) Mothers receive timely and appropriate assistance with breastfeeding problems Peer counselors and WIC staff have an essential resource for mothers with problems DBE strengthens overall breastfeeding support in the local agency/program Greater collaboration with community breastfeeding partners Improved communication and relationships with hospitals and healthcare providers Improved breastfeeding rates (e.g. exclusivity, duration) Other (describe):
41.	What are the biggest challenges for DBEs in your local agencies/programs? (Select up to 4.) DBEs have multiple job roles; not enough time dedicated to breastfeeding support Insufficient time or funds for breastfeeding training/continuing education Lack of individuals with the expertise to be a DBE DBE time with breastfeeding mothers is too short or not frequent enough Compensation is not adequate for the DBE job requirements or qualifications Lack of time to work with others in the community DBE serves a large geographic area Too few DBEs for the local agency/program WIC caseload Issues with referral process

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\square DBEs unable to do hospital or home visits with mothers	
\square Lack of understanding or support for the DBE role from administers/managers	
☐ Other (describe):	
42. What "best practices" or suggestions do you have for making the role of DBE most beneficial or for overcoming challenges associated with the DBE role? Programming Note: Unlimited text field.	or

Programming Note: Display after survey is submitted.

Your responses have been submitted. Thank you for taking the time to complete this survey!