


MEMORANDUM

ACTION MEMO #16-25

TO: District Nutrition Services Directors

FROM: Angela Hammond-Damon, IBCLC 
Deputy Director, Operational & Nutrition Services
Georgia WIC Program

DATE: May 19, 2016

RE: Implementation of the Peer Counselor Database (PCDB)

The purpose of this memorandum is to confirm an official Peer Counselor Database (PCDB) implementation date; and provide guidance documents on the use of the PCDB and supervisory quality assurance processes.

The PCDB will be utilized by Peer Counselors (PCs) to track, document, schedule, and refer case managed participants to District Lactation Specialists. All health districts with a Breastfeeding Peer Counseling Program will be expected to utilize the PCDB to manage their programs, track their participants' information, and build reports to support PC efficacy. Effective June 1, 2016, all PC programs must have implemented the use of the PCDB.

Upon implementation, all users must have a login and password set up by Public Health Foundation Enterprises. Should you require new login/password information for new PCs, please complete the attached "Employment Security Affidavit" in its entirety and submit via fax to the number on the form. For login/password reset or other IT concerns, please email, wicpcdb@phfewic.org, and copy Shlonda.smith@dph.ga.gov and Patricia.cwiklinski@dph.ga.gov, detailing your problem for assistance.

Enclosed are documents that must be utilized to implement the use of the PCDB:

- Peer Counselor Participant Survey
- Peer Counselor Observation Checklist
- Peer Counselor Database Employee Security Affidavit
- Peer Counselor Database Talking Points
- Peer Counselor Database PDF Forms (Intended for use if the system is not available)
 - New Participant Enrollment
 - Adding a Baby/New Baby
 - Peer Counselor Contact



These documents are located on the District Resource page and found by clicking on:

1. Training and Resources
2. Nutrition
3. Peer Counselor Resources

Action Steps:

1. Ensure that all PCs have access to the PCDB via computer and secure internet connection
2. Confirm that all PCs have system login/passwords for use.
3. Train PCs on use of the system by June 1, 2016.
4. Begin use of system at the commence of training.
5. Submit proof of training to Breastfeeding Peer Counseling Specialist by June 15, 2016.

If you have any questions regarding this information, please contact Patricia Cwiklinski at 404-656-9874 prior to June 1, 2016. Thereafter, you may contact Shlonda Smith at 404-463-0901.

Attachments

c: Debra L. Keyes, MA, RD - Director, Georgia WIC Program
District Health Directors
District Program Managers
WIC Deputy Directors
WIC Managers

Peer Counselor Participant Survey

“This is _____ from (Health Dept., Clinic, or what term you use to best describe your local agency to participants). I work with the Breastfeeding Peer Counselors there. We are calling you in an effort to assess our Peer Counseling Program. Is this a good time for a short survey regarding your participation in our Peer Counseling Program?”

Peer Counselor Name: _____		Has your PC called and/or contacted you regularly?	How has her contacts been helpful to you?	Would you use the PC Program in the future?	In your opinion, how can we improve our program to better support breastfeeding moms?
1)	Mother's Name: _____ WIC ID #: _____ Date of Survey: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2)	Mother's Name: _____ WIC ID #: _____ Date of Survey: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3)	Mother's Name: _____ WIC ID #: _____ Date of Survey: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4)	Mother's Name: _____ WIC ID #: _____ Date of Survey: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Surveyor's Signature & Title: _____

Date: _____

*The "Peer Counselor Participant Survey" is intended to allow Peer Counselor Managers to evaluate services provided by Peer Counselors.

Number of Hours Worked by Peer Counselor:	Required Number of "Peer Counselor Participant Surveys" Monthly for each PC
0-20 Hours Week	2
More than 20 Hours a Week	4

Peer Counselor Observation Checklist

Peer Counselor: _____ **Clinic:** _____ **Month:** _____
WIC ID: _____ **Participant Category:** _____ **Reviewer:** _____

BREASTFEEDING COUNSELING	RATING	COMMENTS
Personalizes session by using participant's name & background information.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Prioritizes topics to discuss	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Asks open-ended questions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rating Scale: Frequently Rarely Never
Probes using appropriate questions to assess mother's situation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Uses counseling skills such as reflective listening and affirmation of feelings appropriately.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Education was based on participant responses	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Counseling: Accurate information provided	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Counseling: Culturally appropriate information provided	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gave Handouts related to participant needs and interests	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Uses breast models, dolls when appropriate	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reviews previous infant feeding experiences and/or that of other family or friends.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explores mother's current and future feeding plan for her infant.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explores participant's thoughts of information shared during counseling session.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

BREASTFEEDING COUNSELING	RATING	COMMENTS
Explores participant's thoughts and feelings about breastfeeding.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
New breastfeeding goal documented?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ends the counseling session on a positive note and offers appropriate follow-up and referrals as needed.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Properly referred to senior Lactation Consultant when needed.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

WHAT WENT WELL
WHAT CAN BE DONE DIFFERENTLY
WHAT I WILL WORK ON - Improvement Goal(s)

Peer Counselor signature: _____ Date: _____

Reviewer signature: _____ Date: _____

EMPLOYEE SECURITY AFFIDAVIT- GEORGIA WIC PHFE-WIC Peer Counselor Database

I will comply with the security requirements as stated:

1. I understand that each time I enter my logon ID and password; I am responsible for all information entered (i.e., documentation of the participant information, hospital information, breastfeeding information) on my terminal for the entire period I am logged on;
2. I will exercise all security requirements to preserve data integrity and confidentiality; especially when I am logged onto the Peer Counselor Database when not at a WIC authorized place (i.e., home, coffee shop)
3. I am aware of the confidential nature of my logon password;
4. I will not share my logon ID or password with any other individual, including applicants, participants, and other WIC staff;
5. I will take all precautions and efforts necessary to protect the visual observation of my logon ID and password when I enter it into the Peer Counselor Database;
6. I will treat my password as confidential information and change my password every 6 months (as prompted by the system) to ensure security is maintained;
7. I will logon to only one terminal at a time with a valid Breastfeeding Peer Counselor Database logon ID;
8. I am aware that the information contained in this database includes protected health information and WIC participant information must be protected as confidential, consistent with the Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 7 C.F.R. § 246.26(d), and other applicable federal and state laws, regulations, and policies;
9. I will utilize any protected health information and/or WIC participant information only for the purposes of the PHFE-WIC Peer Counselor Database;
10. I will not disclose any protected health information and/or WIC participant information to any third parties; and
11. I understand that appropriate disciplinary action (as determined by the State or local agency) may be taken against me if I do not comply with these security requirements.

User/employee name (print full name)	Title	WIC Clinic
User/employee signature		WIC System Logon ID
User/employee email		Phone
Supervisor name (print full name)		Title
Supervisor signature		Date
District name		What functionality do you want to give this person? ADMIN LC or PC
District ID Number		

Write the answer to **one** of the questions below. You will be asked to provide the answer to this question in the future when changes to your USER information are required.

Security Question #1 What was the name of first pet?	Security Question #2 From what high school did you graduate?	Security Question #3 What is the name of your favorite hobby?	Security Question #4 In what city were you born?
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Please FAX this form to 626-208-1464

If you have questions about the Breastfeeding Peer Counselor Database,
please email wicpcdb@phfewic.org or call 626-856-6650

First Week Talking Points

1. How are you enjoying nursing your baby so far?
2. Tell me about your baby's eating habits...
What else, if anything are you feeding the baby?

About how many times a day is your baby eating/nursing?

How does your baby behave before eating? What about after?
3. Tell me about your supply concerns....

How many diapers do you get within a 24 hour period?
4. What happened at your last MD appointment for the baby and yourself?
5. What have you heard about skin to skin?
6. Hearing a baby cry can be stressful/how do you handle times when your baby cries?
7. What can you tell me about your support system....
8. How can I help you meet your breastfeeding goals?

Second/Third Week Talking Points

1. Tell me about your most recent MD appointment for the baby and yourself?
2. Tell me about your baby's eating habits...
What are you feeding the baby? How does this make you feel?

About how many times a day is your baby eating/nursing?

How does your baby behave before eating? What about after?
3. Explain to me about how your breasts feel?
4. Tell me about your sleeping/eating patterns?
5. How is the baby feeding at night?
6. Hearing a baby cry can be stressful/how do you handle times when your baby cries?
7. What can you tell me about your family or community breastfeeding support?
8. How can WIC help you reach your breastfeeding goals?

How has your breastfeeding goal changed since we last talked?

What caused you to change your goal?
9. What conversations and arrangements have you made with your employer/school as a breastfeeding mom?

Four/Six Weeks Talking Points

1. What else, if anything are you feeding the baby? How does this make you feel?

About how many times a day is your baby eating/nursing?

How does your baby behave before eating? What about after?
2. Tell me what's different or new about breastfeeding now...
3. What is your breastfeeding plan for the upcoming months?
4. What are your plans to ensure your baby receives your milk while you are away?
5. How long are you going to be away from the baby?
6. What arrangements have you made with your employer/school as a breastfeeding mother?
7. What type of breast pump are you planning to use at work or school?
8. Share with me any concerns you have about breastfeeding at work or school...
9. Tell me about your breastfeeding support at home, work, or school.

Three and Four Month Talking Points

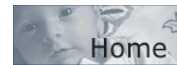
1. What happened at your baby's last MD appointment?
2. Tell me about your baby's eating habits...
 - a. What are you feeding baby?
 - b. About how many times a day is your baby eating/nursing?
 - c. How does your baby behave before eating? What about after?
3. Can you share some milestones your baby has accomplished since we last talked?
4. Tell me about your times away from the baby. How are you being supported at work/school to express milk?
5. I am so proud of you! Tell me about any concerns you have about breastfeeding a three/four (3/4) month old...
6. Has your breastfeeding plan/goals changed since we last talked?
7. How can WIC help you reach your breastfeeding goal?

Six and Nine Month Talking Points

1. Tell me about your baby's last MD appointment.
2. Tell me about your baby's eating habits...
 - a. What else, if anything, are you feeding baby?
 - b. About how many times a day is your baby eating/nursing?
3. Tell me about your times away from the baby. How are you being supported at work/school to express milk?
4. Share with me any concerns you have with feeding your baby at six (6) months (or nine months).
5. Has your breastfeeding goal changed since we last talked?
6. How can WIC help you reach your goal?



BF Peer Counselor Database



New Participant

Clinic
 Assigned counselor
 Family WIC ID
 First name
 Last name
 DOB
 Street
 City
 State
 ZIP
 Home phone Enter none if no phone
 Work phone
 Cell phone ☐ Text Enabled
 Email
 Message Plans

Birth country
 Ethnicity
 Preferred language
 Highest grade in school
 Estimated due date required

Problems with this pregnancy? (do not include nausea/vomiting)
 (What problems, if any, did you have with this pregnancy?)
 (Que problema, si alguno, ha tenido con este embarazo?)

- ☐ Diabetes
☐ Blood pressure
☐ Bed rest
☐ Other pregnancy problem

Planned Delivery Hospital
 Children (currently)
 Number of children breastfed

Longest breastfed

Concerns about breastfeeding? (check all that apply)
 (What concerns do you have about breastfeeding?)
 (Que dudas tiene acerca de la lactancia?)

- ☐ Lack of support
☐ Wasn't successful before
☐ Returning to work / school
☐ Heard it was painful or previously experienced pain
☐ Concerns about milk supply
☐ Concerns about ability to actually breastfeed
☐ Breast surgery/implants
☐ HCP doesn't recommend it
☐ Other

Breastfeeding Support If no one else enter PC.
 (Besides the support I will provide as your peer counselor, who else will be your main support for breastfeeding?)
 (Aparte del apoyo que yo le ofrezco, quién más le podría ayudar en la lactancia?)
 Consent to use data?



(How many of those children did you breastfeed?)
 (¿A cuantos le dio el pecho?)
 (What was the longest you breastfed any of your children?)
 (¿Cuál fue el tiempo más largo que amamantó?)

Consent for Breastfeeding Peer Counselor Data Analysis

In order to see what aspects of the peer counselor program are most helpful for breastfeeding women, we would like your permission to analyze the information we collect. We will not use your name or any identifying information about you or your baby for this analysis. We will not share any personal information about you. Your decision will not affect your participation in the Breastfeeding Peer Counselor Program, or your participation in the WIC Program.

Will you give permission for these data to be analyzed by WIC?

Autorización para analizar la información del programa de apoyo de la lactancia.

Necesitamos su permiso para analizar la información que se ha obtenido, para ver en que forma el programa de apoyo de la lactancia puede ayudarle hacer más útil a las madres que desean alimentar al bebé con el pecho. No usaremos información personal de usted, ni se usara su nombre u otra información de su bebé para este análisis. Su decisión de participar o no participar en esté estudio no afectara su participación en el programa de apoyo de la lactancia o en el programa de WIC.

¿Da usted permiso para que la información sea analizada por el programa de WIC?

PCDB Page ID : MomInsert.aspx

Browser: Internet Explorer 11 Java: 0 JavaScript: YES
Agency: 6 Augusta User Name: Shonda B. Smith LogonID: SSMITH Database: GeorgiaTest
PCDB System supported by PHFE WIC



BF Peer Counselor Database



Adding a Baby

Mom
 First name
 Last name
 DOB required
 Gender
 Weight (LBS)
 Weight (OZ)



The following questions all refer to the hospital experience

Delivery Hospital
 Delivery type
 Gestational age

Health problems at birth

- | | | |
|---|--|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Meconium aspiration | <input type="checkbox"/> Breathing problems |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Cleft palate | <input type="checkbox"/> Downs syndrome |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Other | |

When was the first feeding?

*(How soon after the delivery did you put the baby to the breast?)
(¿Cuándo le ofreció el pecho a su bebé por primera vez?)*

Baby in room with you ☐ yes

*(Was the baby in the same room with you all the time)
(¿Estuvo su bebé con usted en el cuarto todo el tiempo?)*

Bottles in hospital

- ☐ Glucose water
 ☐ Water
 ☐ Formula

Pacifier in hospital ☐ yes

Rate Nursing

*(How would you rate the breastfeeding support you received from nursing staff while in the hospital?)
(¿Cómo evaluaría el apoyo que usted recibió acerca de la lactancia, de parte de las enfermeras mientras su estadia en el hospital?)*

Rate Lactation Consultant

*(How would you rate the breastfeeding support you received from a LC?)
(¿Habla en el hospital una especialista de lactancia y cómo evaluaría el apoyo o ayuda que recibió de parte de ella?)*



BF Peer Counselor Database



Insert Prenatal Contact

Participant

WIC ID

Contact Date

Contact type

Length of contact

Intervention Level

BF Class

Intend to BF?

Notes

Date off program

Reason off program

Date of next contact

 (EDD is 04/01/16)

Reason for next contact



*(How long do you plan to breastfeed this new baby?)
(¿Por cuánto tiempo piensa darle pecho a este bebé?)*

PCDB Page ID : ContactPrenatalInsert.aspx

Browser: Internet Explorer 11 Java: 0 JavaScript: YES
Agency: 6 Augusta User Name: Shonda B. Smith Login ID: SSM ITH Database: GeorgiaTest
PCDB System supported by PHFE WIC