Section 6: Scope of Practice

Overview
This section addresses roles and responsibilities of peer counselors, scope of practice, and referral networks for WIC participants experiencing problems beyond the peer counselor’s scope.

Learning Objectives
WIC managers will be able to:
- Identify the general scope of practice for a peer counselor.

Topics Covered
- Scope of practice for peer counselors
- Job description that supports that scope of practice
- Limitations of peer counselors
- Career ladder options

Time: 45 minutes

Materials and Supplies

Handouts
- Assessment and Planning 1: FNS Loving Support© Model
- Job Description 3: WIC Breastfeeding Peer Counselor
- Job Description 4: WIC Senior Breastfeeding Peer Counselor
- Job Description 5: WIC Lactation Consultant
- Report Form 1: Peer Counselor Client Contact Form
- Report Form 2: Sample Peer Counselor Weekly Activity Log
- Staffing and Supervision 5: Scope of Practice for WIC Peer Counselors
- Staffing and Supervision 6: Scope of Practice for IBCLCs
- Staffing and Supervision 7: When to Yield
- Staffing and Supervision 20: Peer Counselor Intake Form
- Staffing and Supervision 21: Peer Counselor Career Ladder
Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint™
- Computer with Microsoft PowerPoint 2007 or higher
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system
Training Facilitator Notes

Contact Guidelines: Peer Counselor Role

- Peer counselors are an important adjunct to WIC program services.
- The WIC local agency competent professional authority (CPA) conducts a complete WIC breastfeeding assessment using Value Enhanced Nutrition Assessment principles and techniques. The CPA provides appropriate education and referrals to peer counselors as necessary.
- Peer counselors supplement, but do not replace, the work of CPAs and lactation professionals.
- Peer counselors can help fill gaps in service. They can devote the time to help mothers explore their barriers and concerns, and they are available outside the usual clinic hours.
- A peer counselor provides basic information and support to new moms to support normal breastfeeding. They make referrals when they experience problems beyond their training.

What Mothers Expect in the Early Days

- Mothers, especially first-time mothers, often have unrealistic expectations about what breastfeeding will be like.
- Their information may be based on what friends and family have told them.
- They might have received little information about breastfeeding during pregnancy. When the baby is born, they might be met with hospital practices that do not support breastfeeding.
- New mothers often report feeling overwhelmed. They might also lack support from family members.

Peer Counselors Fill the Gap

- Peer counselors help fill the gap in services. They:
  - Provide prenatal breastfeeding promotion and support to mothers, helping them visualize how breastfeeding can work for them.
  - Connect WIC mothers to other health programs and services that can help during pregnancy and beyond.
  - Prepare mothers for what to expect in the early days of breastfeeding and encourage them to attend prenatal classes.
  - Call or visit mothers in the hospital to help them with early concerns.
  - Follow up when they are home from the hospital and make referrals to the WIC Designated Breastfeeding Expert as needed.
  - Provide ongoing support as the baby grows to help mothers feel confident with breastfeeding as new questions arise.
Activity: Filling the Gap

**Purpose:** To help managers examine ways peer counselors can fill the gap in WIC services to breastfeeding mothers.

**Time Needed:** 10 minutes

**Instructions:**
1. Divide the training attendees into small groups of 4-6 each.
2. **For larger groups:** Divide trainees into as several small groups as needed.
3. **For smaller groups and one-on-one learning:** Conduct as a general group discussion.
4. Assign a different time period to each small group. If there are more than 4 groups, more than one group can discuss the same period.
   - Pregnancy
   - The early days
   - The first month
   - Beyond the first month
5. Ask groups to identify (a) what may be going on emotionally and physically in a mother’s life during that period of time that may affect her infant feeding decisions; (b) the role of WIC clinic staff during this period; and (c) how a peer counselor could complement the care of WIC staff as an adjunct to WIC services.
6. Ask groups to report on their findings as you get to each time period on your slides.

**Points for Discussion:**
- What makes it hard for women to continue breastfeeding when these emotional and physical demands are present?
- What made Stephanie’s second breastfeeding experience so different from the first?
- What is the role of the WIC staff? How can a peer counselor provide expanded services?

**Take-Away Points:**
- For mothers to be successful with breastfeeding it takes an entire team of support.
- WIC staff support the mother, prescribe appropriate food packages, counsel her about breastfeeding, and make referrals. Peer counselors complement that care by delving deeper to explore concerns and needs, and to get mothers the support she needs to continue breastfeeding.

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**Contact Guidelines: Pregnancy**

**How Peer Counselors Help: Pregnancy**

- Research shows that prenatal counseling with WIC participants can have a significant impact on a mother’s infant feeding decisions.¹
- Peer counselors help mothers explore their individual barriers to breastfeeding, which often change as the pregnancy unfolds. They help mothers prepare for the hospital experience to get breastfeeding off to a great start, and connect them to sources of support.

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Research completed as part of the WIC “Infant and Toddler Feeding Practices Study 2: Intention to Breastfeed” shows major shifts over the last 20 years in WIC women’s beliefs and acceptance about breastfeeding. Pregnant WIC women are more aware today of the important reasons to breastfeed, and are less likely to believe negative aspects of breastfeeding (e.g., that it will tie the mother down or be too embarrassing in public). This helps explain why the breastfeeding initiation rates are at an all-time high among both the general population (80%) and the WIC population (73.1%).

Breastfeeding duration rates decline quickly, and exclusivity rates are far below the recommendations of the American Academy of Pediatrics. Healthy People 2020 goals are to increase exclusive breastfeeding rates at 3 months to 46.2% and 25.5% at 6 months. The CDC National Immunization Survey shows significant disparities across racial, socioeconomic, and educational lines.

Studies show that prenatal education is linked to longer breastfeeding duration and exclusivity rates among low-income populations. This is especially true when education helps prepare mothers for breastfeeding and helps them prevent and manage early concerns.

**Timing Contacts During Pregnancy**

- Research shows higher breastfeeding rates with high intensity peer support initiatives that include contacts beginning early in pregnancy and more frequent contacts as the due date approaches.
- Most women make their infant feeding decisions during pregnancy and often before their first contact with a health professional. Decisions are often made during or before their first trimester of pregnancy. However,

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5 CDC, 2012.


8 Chapman, 2010.


women who initially plan to formula feed can change their minds when they receive information and support from a peer counselor.

- Teen mothers, who typically have lower breastfeeding rates, are more likely to make their initial infant feeding decisions much later in the pregnancy or in the early postpartum period.\(^\text{13}\)
  - Peer counselors play an important role in helping the teen mother make an informed decision, helping them prepare for a positive hospital experience, and connecting them to sources of support.
  - Peer counselors who were themselves teen mothers can be important role models. Agencies with significant teen mom populations may wish to actively recruit peer counselors among former teen moms who breastfed successfully despite their age.

**Relationship Building**

- Breastfeeding support begins by establishing a relationship with the mother before her baby is born to help build trust and confidence.
- Peer counselors who make contacts in pregnancy can build relationships to help establish important connections with participants so women feel empowered and confident working through concerns that might arise.
- Peer counselors report it is difficult to build a relationship with someone they have not met and cannot see (e.g., through telephone “cold calls”). A telephone-only peer support program might not be as effective in increasing breastfeeding rates.\(^\text{14}\) This is why many WIC agencies encourage peer counselors to use some hours for in-clinic consults with new mothers.
- Section 7, “Practice Settings for Peer Counselors,” provides strategies for effective communication mechanisms with WIC participants, including text messaging and social media.

**Contact Guidelines: The Early Days**

**How Peer Counselors Help: The Early Days**

- During the early first few days postpartum, peer counselors are an invaluable link to help and support new mothers.

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Too often postpartum women who initially intend to breastfeed return to WIC for formula after delivery. Peer counselors can play a critical role in filling the gap in services a new mother experiences after hospital discharge and before her next WIC appointment.

The CDC reported in its *Morbidity and Mortality Weekly Report* that 6 out of 10 women do not meet their breastfeeding goals. This can have long-term implications on infant and child health, as longer duration rates are associated with improved health outcomes.

Lactation is a time-sensitive physiologic process that is impacted by experiences in the first hours and days after birth. Research shows that unsupportive hospital practices and policies make it difficult for women to continue. Mothers who deliver in hospitals with unsupportive practices and policies are 8 times more likely to discontinue breastfeeding.

When phone calls and visits to the hospital are allowed, peer counselors help mothers with some of these early concerns. They offer support and make appropriate referrals to the WIC Designated Breastfeeding Expert.

Peer counselors usually talk with mothers about basic issues such as positioning and latching the baby, how often to feed the baby, tips for success, and helping mothers see what is “normal.”

**Timing Contacts during the Early Days**

Research supports frequent contacts with new mothers in the early days:

- Every 2-3 days in the first week or so.
- Within 24 hours if the mother reports problems with breastfeeding.

CDC data from the National Immunization Survey shows that the biggest drop-off in breastfeeding exclusivity occurs within the first week.

- Mothers are recovering from pregnancy and delivery. Their hormones are dramatically shifting, and postpartum depression can set in.
- Many mothers feel vulnerable and unsure of themselves.
- Mothers are often fatigued and might be in pain. Family pressure to switch to formula can be intense.

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16 Grummer-Strawn L, Li R, Perrine C, Scanlon K, Fein S. Infant feeding and long-term outcomes: results from the year 6 follow-up of children in the infant feeding practices study II. *Pediatrics*. 2014;134;S1. Available at [http://pediatrics.aappublications.org/content/134/Supplement_1/S1.full.html](http://pediatrics.aappublications.org/content/134/Supplement_1/S1.full.html).


• Many WIC women doubt their ability to make milk, interpreting their baby’s fussy behaviors as a visual sign that they are not making sufficient milk and need to supplement with infant formula.20

- Research among WIC women shows that the demands and stresses are great in the early days. The WIC Infant Feeding Practices Survey reports that one-fourth of new WIC breastfeeding mothers begin supplementing formula before the first week has ended. Half have started supplementing by the end of the second week.21 [Note: a follow-up study, “Feeding My Baby,” will be completed in 2018.]

- Peer counselors should be prepared to discuss the most commonly reported issues for supplementing and weaning during this period: concerns about milk production and painful or uncomfortable breasts.

- Peer counselors are a lifeline to new mothers during this critical weaning period. They help mothers know whether their baby is getting enough and yield her immediately if she is struggling. They offer her encouragement and support to continue breastfeeding during this transition period.

- Agencies should consider “scale up” programs (with more phone calls, hospital visits, or home visits) to provide more intensive face-to-face assistance, if funds allow.22

**Contact Guidelines: The First Month**

**How Peer Counselors Help: The First Month**

- Peer counselors continue to offer ongoing help and support during the first month. During this period mothers are establishing milk production and adjusting to the new demands of motherhood and breastfeeding.

- This is an ideal time for peer counselors to promote exclusive breastfeeding and the WIC food packages for fully breastfeeding mothers, and to answer common questions mothers have.

- They help mothers gain confidence in their milk production, and encourage them if family members and friends are not supportive.

**Weighing Baby**

- Some agencies provide portable baby scales for peer counselors to conduct simple weight checks outside the WIC clinic. This can help reassure new mothers that their baby is doing well. If the mother’s concerns are not alleviated or if weight gain is inadequate, the mother should be referred to the WIC Designated Breastfeeding Expert.

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FNS requires that peer counselors receive adequate training and supervision and access to a WIC Designated Breastfeeding Expert. Policies must be in place surrounding the use of scales and their purpose.

Use of clinical pre- and post-test weights for mother-infant dyads should be conducted by the WIC Designated Breastfeeding Expert or other lactation experts in the clinic. NSA funds must be used to purchase scales that will be used by staff other than peer counselors.

**Timing Contacts during the First Month**
- Contacts with new mothers should continue frequently during the first month:
  - Weekly after breastfeeding is going smoothly.
  - Within 24 hours if mothers experience problems.
- Frequent, regular contacts will help mothers gain confidence they are doing well. They also allow peer counselors to address changing situations that may affect the mother’s perceptions about how breastfeeding is going.

**Contact Guidelines: Beyond the First Month**

**How Peer Counselors Help: Beyond the First Month**
- After the first month as the baby grows, mothers continue to have questions and concerns, including returning to work or school, a primary factor in early weaning.
- Peer counselors continue to offer ongoing help and support. This includes helping mothers work breastfeeding into their lives.
- If mothers are returning to work or school, peer counselors encourage them to continue breastfeeding, help them find creative solutions for expressing milk when they are away from baby, and help them access breast pumps.
- They also help mothers deal with basic challenges such as breastfeeding in public, managing a nursing baby with other activities, and dealing with challenges of older babies such as starting solid foods and teething.
- Peer counselors promote the WIC food packages and make referrals to WIC.
- They also connect mothers to other mothers in the community for support.

**Timing Contacts beyond the First Month**
- Beyond the first month, peer counselors in most successful programs initiate calls or contacts with new mothers:
  - Monthly, as long as things are going well.
  - Around 1-2 weeks before the mother plans to return to work or school and a day or two after she returns.
- Once breastfeeding is well established, mothers continue to have questions and issues throughout the course of lactation. Without peer support, they often rely on advice from family and friends, or from the Internet.
Focusing contacts with mothers before and after they return to work allows them to give guidance tailored specifically to the mother’s work situation, and to prepare them for their return to the workplace. Research shows that most breastfeeding women wean their baby within the first month after they return to work. This is a critical time period for support.

### Setting Contact Priorities

- Some WIC agencies might find it difficult to follow these ideal contact guidelines if funding is limited. In setting priorities for contacts, WIC programs must have all components of the *Loving Support* Model in place and seek to target peer counseling services when participants need it most, such as the third trimester and first month after birth.

- FNS advises agencies to use funding to ensure a high quality program, even though the number of women they can reach, or the length of time services are provided, may be smaller.

- When setting priorities:
  - Meet with clinic staff to devise a system to streamline referrals and make the most of peer counselor hours.
  - Assure that the WIC clinic structure has clear referral protocols so that peer counselors focus their hours on basic information and support.
  - Examine the clinic appointment system and determine ways to improve efficiency for peer counselor contacts. For example, consider scheduling pregnant women on the same day(s) so that peer counselors time is more efficient.
  - Explore group education opportunities. Many clinics issue food package checks at the end of these classes to encourage attendance, and peer counselors often assist by providing breastfeeding education.
  - Examine other ways to help peer counselors meet participants. In one clinic, the CPA pages the peer counselor for an initial contact with a pregnant woman or breastfeeding mom who is being certified.
  - Explore text message options, including automated texts timed for certain pregnancy weeks or postpartum periods.
  - Prioritize early postpartum and late pregnancy contacts over early pregnancy contacts.
  - Collaborate with local hospitals to encourage improved hospital practices. When mothers get off to a good start, less time will be needed by peer counselors to address challenges.
Scope of Practice: PC Scope

Peer Counselor Job Description

**Loving Support® Model:** “Defined job descriptions for peer counselors”

Handouts

Job Description 3: WIC Breastfeeding Peer Counselor

- The sample job description for peer counselors outlines their basic activities.
- Basic job duties include counseling mothers, documenting contacts, making referrals, attending staff meetings, growing her knowledge about breastfeeding, and functioning as a part of the WIC team.

Scope of Practice

**Loving Support® Model:** “Defined scope of practice that supports normal breastfeeding”

Handouts

Staffing and Supervision 5: Scope of Practice for WIC Peer Counselors

Staffing and Supervision 6: Scope of Practice for IBCLCs

- Medical and allied health care providers and other health professionals all operate within a defined “scope of practice.”
- A scope helps a practitioner know where he or she is going, and what lane to travel in. When each person travels within their appropriate lane of care, everyone can function together more smoothly for the best patient outcomes.
- A scope of practice describes the range of activities practitioners are permitted to perform and is based on their education and training.
- A scope of practice aligns with the terms of professional licensure. This helps protect the provider and the patient, and clarifies referral protocols. This reduces liability risk and helps everyone know what to expect.
- Although a WIC peer counselor is not a licensed medical professional, a defined scope of practice helps everyone know the situations in which peer counselors can provide services and the types of information they give to help reduce liability risk.
- Staffing and Supervision 5, Scope of Practice for WIC Peer Counselors provides this defined scope. Ask peer counselors to review their Scope of Practice and sign to indicate their acceptance. This can be signed again annually as part of the annual performance appraisal process.

WIC Peer Counselor Scope of Practice

- The peer counselor scope of practice is based on the FNS **Loving Support®** training curriculum for peer counselors. The focus of the curriculum is on supporting normal breastfeeding. Peer counselors provide basic information and support, including:
  - Performing in a professional manner in all aspects of her role.
  - Encouraging and supporting mothers to breastfeed.
Teaching Tip
Ask participants to discuss the definition of “normal breastfeeding” and what it might mean in the context of peer counseling support.

Scope of Practice: Designated Expert
Role of the WIC Designated Breastfeeding Expert

Loving Support® Model: “Timely access to a WIC Designated Breastfeeding Expert for assistance with problems outside of peer counselor scope of practice”

Handout
Staffing and Supervision 6: Scope of Practice for IBCLCs

- Peer counselors should not provide services beyond their basic scope of practice. Instead, peer counselors should have access to a WIC Designated Breastfeeding Expert (DBE) to handle complex breastfeeding problems.
- DBEs can be WIC staff who achieved advanced lactation training and experience (such as an IBCLC) or a contract professional in the community. (See Section 3, “Program Planning,” which outlines NSS guidelines.)
- DBEs assist in such situations as:
  - Premature infants recently discharged from the NICU.
  - Infants who are not gaining appropriate weight.
  - Babies who refuse to breastfeed.
  - Mothers recovering their milk supply.
  - Infants transitioning from supplementation to full breastfeeding.
  - Infants who are failing to thrive or who have congenital anomalies.
  - Mothers with hormone conditions.
  - Mothers with previous breast surgery.
  - Mothers with sore nipples that do not resolve.
  - Any breastfeeding situation that does not resolve within 24 hours.
- DBEs operate under a separate scope of practice for their profession (See Staffing and Supervision 6: Scope of Practice IBCLCs). The DBE also makes appropriate referrals to medical professionals, nutritionists, hospital nurses, social workers, etc. for situations beyond their scope of practice.
- DBEs refer mothers to peer counselors for support and basic breastfeeding assistance.
Section 6: Scope of Practice

- Peer counselors are part of a full team of support for WIC families who each refer to one another as needed to help mothers meet their goals.

**Making Referrals**

- Supervisors should work with clinic staff and peer counselors to develop a realistic plan for how referrals should be made and when.
- Normally the peer counselor should not simply tell a mother to contact the DBE. A true referral might need a more proactive approach.
  - In the clinic setting, the peer counselor might take the mother to the office of the DBE, dietitian, or other referral source. She can introduce the mother and explain the situation. When appropriate, the peer counselor might remain with the mother to help the mother feel comfortable and to retain the relationship for follow-up support.
  - If a referral resource is not available, the peer counselor can place a phone call or text for urgent referral needs, or electronic or paper referrals for non-urgent situations.
  - Phone, text, or email protocols should be developed for peer counselors working outside the WIC clinic setting and hours.

**Picture Story: Miami-Dade Baby**

- The Miami-Dade WIC peer counseling program has a team approach with clearly defined scopes of practice for all staff. All peer counselors are supervised by WIC Designated Breastfeeding Experts who are IBCLCs, and referral networks are well established and clearly communicated.
- This strong, clear system made the difference in a recent situation that became “life or death” for one infant.
- The mother of a 10-day-old breastfed infant was seen by a peer counselor at the WIC clinic. As part of the initial intake screening, the peer counselor learned that while most things seemed normal, the baby was eating nonstop at day 10 and had not had a bowel movement for 24 hours. An immediate referral was made to the IBCLC.
  - The IBCLC saw the mother and baby (whose pediatric visit was not due for another two weeks). She undressed the baby for a weight check using a digital scale accurate to 2 gm. She recognized visible signs of dehydration and was alarmed that the baby’s weight loss was 30% - a drop from 7 lb/14 ozs at birth to 5 lbs/8.8 ozs at day 11.
  - The IBCLC phoned the pediatrician and made arrangements to have the baby seen immediately. The baby was hospitalized with sodium levels that put the infant at risk of seizures, kidney damage, and death.
  - The baby was hospitalized and began hydration therapy, and was discharged 8 days later back at birth weight with all levels back to normal.
• The IBCLC helped the mother increase her milk production, which had declined due to inefficient feeding. The peer counselor provided emotional support, assuring the mother she was not at fault for not recognizing that the baby was in trouble, and affirming her decision to breastfeed.

• The team approach at Miami-Dade is the ideal model to bring about the best outcomes for WIC mothers and infants. Staff know and practice within their scope of practice and know when to refer to someone else. In this situation, it resulted in a happy and positive outcome for this WIC family.

Scope of Practice: Preventing Scope Creep

Handout

Staffing and Supervision 20: Peer Counselor Participant Intake Form

• Program managers can help prevent “scope creep” from occurring among peer counselors. Scope creep can occur as a natural process of growing skills, when peers do not have access to a qualified expert, when scope of practice is not discussed, when they are not well supervised, and when clinic staff make inappropriate referrals to peer counselors for lactation issues that are beyond the peer counselor scope of practice.

• It is the responsibility of supervisors to mentor peer counselors in the early days of their job and to monitor their contacts to help them stay within their scope.
  • Train peer counselors before allowing them to contact WIC participants. Share examples of situations that should be referred.
  • Determine a systematic approach for making referrals.
  • Provide peer counselors with names of referral sources and appropriate situations when referrals should be made.
  • Review expectations frequently and at monthly staff meetings.
  • Review and discuss the peer counselor’s documentation of contacts.
  • Praise peer counselors when appropriate referrals are made.
  • Share case examples during staff meetings.
  • Maintain ongoing communication with peer counselors.

• Miami-Dade WIC peer counselors use an intake form to assess possible issues that need to be referred. This puts their scope of practice front and center. Red flag issues are highlighted in red to serve as a reminder for referrals. An adapted version of this intake form is available with the handout, “Staffing and Supervision 20: Peer Counselor Client Intake Form.”

Scope of Practice: When to Yield

Handout

Staffing and Supervision 7: When to Yield

• Peer counselors should refer situations that are beyond their training. This includes common problems that do not begin improving within...
24 hours of the intervention, or when there are medical situations for the mother or infant. Referring these situations is imperative in reducing liability risk.

- The referral concept used in the peer counselor training is called “Yielding.”
  - Some situations require a peer counselor to smoothly “hand off” or “yield” a mother to more experienced professionals.
  - Merriam-Webster defines “yield” as “to give place or precedence, acknowledge the superiority of someone else; to give way to become succeeded by someone or something else.”

- To “yield” does not mean the peer counselor tells the mother to call the DBE. The peer counselor should make an immediate, direct referral for help.
- Peer counselors continue to travel alongside the mother to support and encourage her while others assist her.
- “Staffing and Supervision 7: When to Yield” lists general situations addressed in the peer counseling curriculum that normally should be yielded to the DBE or health care providers. This is not an exhaustive list. A situation that a peer counselor finds uncomfortable, or one that lies outside her scope of basic information and support, should be yielded.
- Suggest that peer counselors ask themselves the following questions:
  1. Did I learn how to manage this in my peer counselor training program?
  2. Is this skill listed in my job description and scope of practice?
  3. Is this situation listed in the “When to Yield” document?

• One local agency suggests peer counselors ask these additional questions, and if the answer to either is yes, these situations should be referred to the DBE:
  1. Will I need to touch the mother’s breasts to help her with this situation?
  2. Will I need to examine the baby or the baby’s mouth?

Scope of Practice: Documentation

Documenting Contacts

Handout

Report Form 1: Peer Counselor Contact Log

• Documenting all contacts with mothers is an integral part of the peer counselor’s job duties. Documentation provides:
  • Record of the advice given.
  • Method to refer problems to appropriate WIC staff.
  • Measurement for effectiveness.
  • Plan for follow-up care for the mother and baby.
  • Method to monitor peer counselor activities.

• Peer counselors usually keep an electronic or hard copy contact log for each mother they follow. They document all contacts, information covered, and referrals made. In many agencies contact logs become part of the WIC participant’s permanent record or are filed in the clinic or with the supervisor.

• Peer counselors usually file hard copy documents in a notebook organized alphabetically or by the month of the mother’s due date or baby’s birth date. The supervisor then reviews the notebook on a monthly basis.

• For electronic documentation, supervisors spot check participant contacts to review education provided and referrals made.

• Peer counselors are responsible for securing all documentation they record away from the WIC clinic. Agencies should discuss with peer counselors the methods required by their agency to keep the mother’s information confidential and protected.

• Some agencies provide locked file boxes to store documentation. If a computer is provided, peer counselors should be trained to close down the computer so that a mother’s information is not readily visible to other family members or individuals.
Other Documentation

Handout

Report Form 2: Sample Peer Counselor Weekly Activity Log

- Many peer counselors create tickler cards organized by due date or age of the baby. These serve as reminders of when mothers need to be contacted. Ticklers can be created electronically or manually using index cards.

- Most agencies require peer counselors to complete a weekly activity sheet to note the contacts made and the amount of time charged. This is helpful to document contacts made outside the WIC clinic environment.

- Many agencies require that supervisors conduct spot checks of names recorded on the weekly activity sheets of peer counselors who work from home. This verifies the contact and assures that mothers are receiving appropriate assistance. Reviewing electronic records on a period basis is also a way to spot check the work of peer counselors.