# Breastfeeding Peer Counselor Program Monitoring Form

| Agency/Clinics:   |       | Date of On-Sit | Date of On-Site Monitoring Visit: |  | Reviewer: |  |
|---|-------|----------------|-----------------------------------|--|-----------|--|
| BFPC Supervisor:<br>BFPC(s):  |       |                | Annual Report Comments:           |  |           |  |
| Chart Review Area (Y= In Compliance/N= Out of Compliance/D= Discussion) |       |                |                                   |  |           |  |
| HHID/WIC ID/Initials  |       |                |                                   |  |           |  |
| Infant DOB  |       |                |                                   |  |           |  |
| Cert. Start/End Dates   |       |                |                                   |  |           |  |
| Min. Contacts Made  | Y/N/D | Y / N / D      | Y/N/D                             | Y/N/D  | Y/N/D     |  |
| Documentation   | Y/N/D | Y / N / D      | Y/N/D                             | Y/N/D  | Y/N/D     |  |
| Scope of Practice   | Y/N/D | Y/N/D          | Y/N/D                             | Y/N/D  | Y/N/D     |  |
| Program Management (On-site Evaluation)                                 |       |                |                                   |  |           |  |
| BFPC program manager qualifications:<br>BFPC qualifications:            |       |                | -                                 | Completed mandatory training?<br>Completed mandatory training? |           |  |
| Describe system of referral from clinic to BFPC:                        |       |                |                                   |  |           |  |
| Describe system of referral from BFP to lactation professional:         |       |                |                                   |  |           |  |
| Other Program Comm  | ents: |                |                                   |  |           |  |

## **Breastfeeding Peer Counselor Program Monitoring Form**

#### **Pre-Monitoring Activities**

- Notification of monitoring in conjunction with general program review
- Pull random charts for review (mother's only)
  - $\circ$  5 for small agencies
  - $\circ$  10 for medium agencies
  - $\circ$  15 for large agencies
- Chart Review Areas
  - Contacts Reviewed
    - During pregnancy when possible
    - Every 2-3 days in the first 7-10 days post-partum
    - Weekly for the remainder of the 1<sup>st</sup> month
    - Monthly after the first month of infant's life
    - Within 24 hours if problem is reported
    - Different frequency (mom's request) or declination of contacts will be documented
  - $\circ$  Documentation
    - MSPIRIT Managed Notes ('Breastfeeding'), and
    - Breastfeeding Contacts
    - Documentation within 5 business days by BFPC
- Scope of Practice
  - If applicable, referred to breastfeeding expert when necessary
  - Practiced in the scope of 'normal' breastfeeding support
- Pump Issuance (if applicable)
  - Review any documentation related to assessment and follow up

Reference Nutrition Services Standards:

https://wicworks.fns.usda.gov/wicworks/Topics/WICnutStand.pdf

### **On-Site Review**

- Discuss program management questions with relevant staff
- Observe BFPC contacts, referral process and workspace if possible
- Discuss general monitoring topics during the Exit Interview

#### **Post-Monitoring Activities**

- Complete all documentation
- Send comments, discussion topics and findings in report in conjunction with general program review
- Corrective Action due within 30 days of report
- Breastfeeding Coordinator to approve/respond with follow-up