NEW MEXICO WIC Peer Counseling

PC Policy # 15:

Required Contacts and Closing Case

Purpose: *The purpose of this policy is to ensure WIC participants are referred to the Peer Counseling (PC) Program to receive timely, consistent, and high-quality support through clearly defined standards for initial contact, ongoing communication, and documentation. PCs are required to respond promptly to referrals and provide prenatal or breastfeeding support in alignment with contract guidelines and NM WIC approved procedures. Furthermore, this policy outlines the mandatory protocols for case transfers, closures, and administrative transitions following a PCs resignation or termination to guarantee a seamless continuity of care.*

1. Initial Referral and Contract Requirements

- PCs rely on WIC clinic staff to give them referrals. The referrals are active, certified WIC prenatal or breastfeeding participants who are currently receiving WIC benefits.
- PCs must contact all prenatal or breastfeeding referrals within **24-48 hours** of receiving the referral, and provide updates back to the WIC clinic staff who sent the referral.
    - If a PC has trouble contacting a client within 24-48 hours, the PC must reach out to the Team Leader (TL) to ensure contact information is correct or ask for assistance with reaching the client.
- PCs may provide **basic** breastfeeding support to WIC participants whose case has been closed within a month, but breastfeeding assistance is still needed for:
    - Re-lacation
    - Weaning

  In these cases, PCs must refer clients to the PC DBE or WIC clinic DBE as appropriate.

  If the breastfeeding is over a year, the PC must refer the client to WIC clinic staff or WIC clinic DBE.

For documentation requirements see PC Client Contact Documentation Process

2. Required Contact Schedule and Topic

Prenatal Referrals

- **Required Contact Frequency**
    - **1st & 2nd Trimester:** At least **every other month**
    - **3rd Trimester:** At least **monthly**

- **Discussion Topics May Include but are not limited to:**
  - Barriers and sources of support
  - Benefits of breastfeeding
  - Encouraging exclusive breastfeeding
  - Anticipatory guidance (trimester changes, breast changes, etc.)
  - Promotion of WIC "Feeding Your Baby" classes

Breastfeeding/Postpartum Referrals:

- **Required Contact Frequency:**
  - **Day 1-14 postpartum**: Contact within 3 days of delivery, then again 7-10 days
  - **Day 15 to 12 months postpartum**: At least monthly

- **Discussion Topics May Include but are not limited to:**
  - Breastfeeding on demand and milk production.
  - Encouraging exclusive breastfeeding; avoiding artificial nipples.
  - Soreness, latch, and positioning
  - Risks of early supplementation.
  - Referral for high-risk concerns (mother or infant)
  - Promotion of WIC breastfeeding classes and certification.
  - Growth spurts (refer to WIC Nutritionist for growth concerns) and infant behavior
  - Returning to work/school, breastfeeding in public, outings, sleep patterns.
  - Introduction to solid foods (refer to WIC for nutrition concerns)
  - Guidance for breastfeeding 6-12 mo. (teething, baby behavior, etc).
  - Encourage breastfeeding to at least 12 months or longer.
  - For more high risk breastfeeding concerns see Talking with Moms for counseling and referral tips.

Note: Some WIC participants may require more follow-up based on their breastfeeding goals. If this is the case, PCs may exceed the minimum required contacts at their discretion.

3. Session Length Expectation

Initials sessions: Up to 45 -60 minutes

- The first prenatal or breastfeed session with the client.
- Focus on rapport building, prenatal breastfeeding education and/or breastfeeding support, assessing the client's needs, providing foundational breastfeeding information, and establishing individualized support.

Follow up sessions: Up to 30 minutes

- Any session after the initial appointment.
- Focus on progress, ongoing support, answering questions, and addressing any new concerns related to pregnancy and/or breastfeeding.

4. Documentation Requirements:

PC must:

- Document all contacts within 24 hours .
- Chart all counseling interactions within 24 hours of contacting them.
- Use approved program forms, including:
  - Prenatal Intake Form
  - Breastfeeding Intake Form
  - Subjective, Objective, Assessment, Plan (SOAP) Note
- Document all unsuccessful contacts attempts in the Initial Client Spreadsheet,.
- Refer to PC Client Contact Documentation Process

5. Case Closure

A client case must be closed if any of the following occur:

- Client stopped breastfeeding and does not plan to resume.
- Breastfeeding infants reached 1 year of age.
- Client requests services to end.
- Client moves out of state.
- Pregnancy ends without a live birth (still born, miscarriage, termination, etc.)
  - PC must submit a referral to a PC DBE or a WIC clinic DBE
  - In these cases, the PC may offer one final contact of support if the client agrees or has requested the additional support.
- If the PC is unable to make an initial contact within **one month**, the PC must notify the TL to let her know the case was never opened.
- If an active client becomes unreachable for 2 months, the case should be closed.

    - An active client is defined as a client who the PC has completed an initial session, making it an open case.
- A PC resigns, has been terminated or is moving to another region
    - If this happens, the LPCC and the PC will discuss the client's level of support to decide whether the client case should be closed or transferred to another PC.

Upon client case closure:

- The PC will complete the closed case summary provided by the LPCC.
- Follow the PC Client Contact Documentation Process

6. Transfers

Client Transfers to Another New Mexico (NM) WIC clinic

- A client may be transferred to another PC if they transfer to another NM WIC clinic or the client may remain with the same PC if it aligns with the client's needs and preferences and is appropriate and feasible.

- Transfers may be situational and the PC must work with the LPCC to coordinate a smooth and timely transfer process.

PC Transfers to Another Clinic or Region

- When a PC transfers to another clinic or region, it is determined by the LPCC if the client is reassigned to a new PC within the region or if the client remains the same PC if it aligns with the client's needs and preferences and is appropriate and feasible.

- Transfers may be situational and the PC must work with the LPCC to coordinate a smooth and timely transfer process.

7. Resignation

- A 30-day notice is required of the PC for resignation
- A coordinated exit plan must be completed to ensure continuity of care.
- Final payment will be issued to the PC upon completion of PC Resignation Exit Checklist