

Memorandum of Understanding By and Between the Hidalgo County WIC Program and McAllen Medical Center

Goal

The purpose of this Memorandum of Understanding “MOU” is to begin a partnership between the **Hidalgo County WIC Program “WIC”** and the **McAllen Medical Center** in McAllen, Texas.

The goal of the “MOU” is to improve breastfeeding initiation and duration rates among WIC participants and WIC eligible mothers who deliver their infants at the Hospital through providing WIC Breastfeeding Peer Counselors (PC).

Terms of Agreement

WIC agrees to provide the following personnel and services for WIC participants and WIC eligible clients at the Hospital.

1. A Breastfeeding Peer Counselor “PC” who has been trained through the WIC Breastfeeding Peer Counseling Program will provide basic breastfeeding education, support, and referrals for WIC participants and WIC eligible mothers during rounds at the Hospital.
2. The PC will be screened by the Hospital volunteer office to ensure that PC meets all the requirements necessary to provide patient care in the Hospital, and will comply with all the guidelines provided by the volunteer office.
3. An International Board Certified Lactation Consultant “IBCLC” or breastfeeding expert from the Hospital will provide additional training on working in the Hospital, and will mentor the PC until she is competent to conduct rounds independently.
4. The WIC Breastfeeding Coordinator will provide technical assistance and to mediate any concerns that may arise.
5. Scope of work for the WIC PC in the hospital includes providing encouragement and support, and basic education on:
 - Reason to breastfeed;
 - Overcoming barriers to breastfeeding;
 - Colostrum quantity and benefits;
 - Normal course of breastfeeding;
 - Positioning and latch;
 - Skin-to-skin and its benefits;
 - Maintaining adequate milk production;
 - Normal infant output;
 - Preventing common problems;
 - Anticipatory guidance to prepare for post-discharge needs; and
 - Resources for breastfeeding support.
6. Duties of the WIC PC are to:
 - Check in with the hospital nurse or lactation consultant;
 - Make rounds with all WIC and WIC-eligible mothers to assess their interest in breastfeeding and to provide basic assistance;
 - Observe a feeding with in accordance with hospital policy to check positioning and latch;
 - Report any breastfeeding concerns that are beyond the PC’s scope of practice to the patient’s assigned nurse or lactation consultant, and the WIC designated breastfeeding expert;
 - Keep accurate records for all contacts and submit them in a timely manner to the WIC Breastfeeding Coordinator and to the hospital nurse following proper procedures.
 - Give breastfeeding literature provided by the WIC Program;

- Refer WIC eligible mothers to the WIC office for follow-up with the WIC designated breastfeeding expert to arrange for an electric breast pump, if necessary;
- Arrange for follow-up contacts after discharge if agreeable to the mother; and
- Assist patients with accessing WIC services.

7. Hospital will:

- Designate a contact person to whom the WIC PC will report;
- Facilitate rounds in conjunction the WIC Agency;
- Provide the WIC PC with referrals of breastfeeding mothers under their care who demonstrate a need for breastfeeding support;
- Provide the WIC PC with space to store breastfeeding education materials;
- Work with the WIC Breastfeeding Coordinator to report any concerns, and to regularly communicate progress of the services being provided; and
- May require a Hospital orientation for the WIC PC through the volunteer program.

8. This Agreement may be terminated by either party without cause upon thirty (30) days written notice.

Acknowledge of Agreement

The term of this MOU shall continue until terminated by either party with a thirty (30) Day notice. This MOU is of no force or effect until signed by both the Hospital and WIC Agency.

Name of Hospital
Hospital Address

McAllen Medical Center
301 West Expressway 83
McAllen, Texas 78503

Name of WIC Agency
WIC Agency Address

Hidalgo County WIC Program
3105 W. University Dr.
Edinburg, Texas 78539
(956) 381-4632 – 1(800) 889-5595

Signature

Print name

Title

Date

APPROVED AS TO FORM:
Atlas, Hall & Rodriguez, LLP

By: _____
Stephen L. Crain

Signature

Print name

Title

Date

ATTEST:

By: _____