

POLICY AND PROCEDURE MANUAL

5. Nutrition Education and Training

5.02 Breastfeeding Education and Peer Counseling Program

A. POLICY

PA WIC shall provide breastfeeding education to encourage breastfeeding through a combination of promotional, educational and support activities.

B. PROCEDURE

1. Breastfeeding Promotion and Education

- a. The local agency shall institute a strategy for breastfeeding promotion, follow-up, and support for pregnant and breastfeeding participants.
 - i. Breastfeeding shall be promoted among all pregnant participants using the following guidelines:
 - aa. Staff shall follow the breastfeeding promotion guidance in the State Agency self-study modules and one day training. In general, promotional contacts should inquire about the participant's feelings/attitudes toward breastfeeding through personal interview and provide appropriate education to counter any barriers identified. The Prenatal Questionnaire may be used to gather information about participants' breastfeeding views but the survey may not substitute for personal interview.
 - bb. All pregnant participants shall receive written materials describing the advantages of breastfeeding. Participants who are adamant in their decision not to breastfeed must, at a minimum, be made aware of the advantages.
 - cc. All pregnant participants shall be informed of the contraindications to breastfeeding according to the guidance given in Attachment 1.
 - dd. All pregnant participants shall be informed of the contents of Food Package 7 and that it is available for any mother who chooses to exclusively breastfeed her baby.
 - ii. Follow-up breastfeeding information shall be provided to those participants who are planning to breastfeed or are undecided. Follow-up, when feasible, should include:
 - aa. Information which addresses their individual needs and concerns.
 - bb. Opportunities to involve family members and peer example.
 - cc. Instruction to participants on informing hospital staff of their intent to breastfeed.

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- iii. Adequate support for the new breastfeeding mother after delivery should comply with the guidelines in the WIC Breastfeeding manual and training modules. In general, it should include:
 - aa. Provision of breastfeeding management counseling. Counseling should be based on the breastfeeding assessment policies and support offered should comply with guidelines in the breastfeeding manual and training modules. Mechanisms for providing support should include: in-clinic contacts, follow-up phone calls by WIC staff (particularly during the critical period 3-10 days postpartum), peer counselors or lactation consultants, telephone hotline, and referrals to breastfeeding support groups.
 - bb. Provision of a maximum food package for the breastfeeding mother unless individual assessment indicates a need for a reduced food package.
 - cc. Provision of supplemental formula to the nursing infant only when indicated. If formula is provided, the food package should be tailored to the assessed needs. In such cases, the mother should receive information about the negative impact of supplemental formula on milk supply. Refer to the state policy on Issuance of Supplemental Formula to Breastfed Infants.
- b. The local agency shall provide a positive clinic environment through the following means:
 - i. Eliminate or remove from view posters, notepads, cups, can of formula, or other products that promote use of formula or convey mixed messages about breastfeeding. Educational materials on formula preparation, bottle feeding, etc. that are produced by formula companies or other sources shall not be prominently displayed. However, they may be provided to participants when appropriate.
 - ii. Promote a positive and supportive clinical attitude toward breastfeeding promotion by including WIC goals and philosophy regarding breastfeeding in the orientation of all agency staff. It is important that all staff refrain from conveying any negative attitudes or opinions about breastfeeding.
 - iii. Where possible, the local agency shall provide a supportive environment in which women can breastfeeding their infants (i.e. a comfortable breastfeeding area, chairs with arms, etc.). The waiting area should be used to promote breastfeeding as the "norm."
 - iv. Staff shall not accept complimentary formula for personal use.
- c. The local agency shall encourage staff members to attend local or statewide breastfeeding training programs in addition to the State Agency sponsored training. The State Agency will notify local agencies of available training opportunities.

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- d. Local agencies shall use the breastfeeding resource materials that are listed in Attachment 2. If local agencies opt to purchase or develop substitute materials, they shall notify the State Agency of the materials they intend to use. If other materials are used to supplement the materials, the State Agency does not need to be notified. Breastfeeding materials should be carefully selected for appropriate content based on each participant's individual needs (i.e. promotional vs. "how to" materials, needs of the working mother, etc.). The materials selected should also be relevant to the participant's cultural and racial-ethnic viewpoint.
 - e. The local agency shall contact health care providers and community organizations to coordinate breastfeeding promotion efforts. Efforts should be made to inform other agencies of WIC goals and philosophy regarding breastfeeding as well as to identify those outside of WIC who have an interest in breastfeeding. The local agency is encouraged to establish a coordinating group to help promote breastfeeding in its service area.
 - f. Evaluation of breastfeeding activities shall be reported in the Breastfeeding Plan. Annual guidance on how to prepare the plan shall be provided by the State Agency.
2. Breastfeeding Screening, Assessment, and Documentation
- a. An infant/mother feeding assessment screening shall be completed at the infant certification. An additional growth check shall also be completed at the 4-6 month period.
 - b. The infant/mother feeding assessment screening shall consist of an evaluation of the infant's dietary questionnaire and infant growth pattern.
 - i. Refer to the Grow Baby Grow Modules in the WIC Anthropometric Manual for detailed guidance on evaluating the growth of breastfed infants.
 - ii. Refer to Policy 3.03 for detailed guidance on how to evaluate the infant dietary questionnaire for potential breastfeeding problems or concerns. Refer to Policy 3.03 for a copy of the infant's dietary questionnaire.
 - c. If infant growth is not within normal limits for age of the infant and/or the dietary questionnaire reveals a breastfeeding problem or that the mother is giving supplemental formula, a detailed breastfeeding assessment shall be completed.
 - i. Refer to Policy 3.03 for a copy of the detailed breastfeeding assessment form. This form is printed on the back of the Infant Food Frequency.

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Instructions for completing the assessment are included on the form. This form must be completed and maintained in the file of any participant who needs a detailed breastfeeding assessment.

- d. Only CPAs or paraprofessionals who have successfully completed WIC Breastfeeding Training 1 and 2 and passed the proficiency test shall complete the infant/mother feeding assessment screening, the detailed breastfeeding assessment, and provide breastfeeding support and/or referrals. If a breastfeeding assessment is completed by a paraprofessional and supplemental formula is needed, the CPA shall issue a supplemental food package.
 - e. Additional follow-up screenings and detailed breastfeeding assessments shall be done any time a breastfeeding problem or a growth problem is identified.
 - f. All breastfeeding information provided shall be in compliance with the Pennsylvania WIC Program handbook, "Breastfeeding Promotion and Support: A How-to Guide for WIC Staff."
 - g. Breastfeeding support information and referrals shall be documented in the Nutrition Education Topic Code and referral field in the MIS.
 - h. The following information shall be documented in the MIS comments (Refer to Attachment 3 for examples):
 - i. Results of the infant/mother feeding assessment screening.
 - ii. Results of the detailed breastfeeding assessment.
 - iii. The mother's breastfeeding plan/goal(s).
 - iv. Any other pertinent information, such as referrals, planned follow-up, mother's commitment level, etc.
3. Breastfeeding Staffing
- a. Every local agency must designate a person to act as the breastfeeding coordinator. The qualifications, experience, and duties for this position are set forth below:
 - i. Qualifications: Be a qualified nutritionist, certified lactation consultant, or qualified CPA. (The nutrition education coordinator may also function as the breastfeeding coordinator.)
 - ii. Experience: Training in breastfeeding promotion and management techniques. A minimum of one year's experience in breastfeeding is highly desirable.
 - iii. Duties: The following responsibilities must be carried out by the breastfeeding coordinator or a designee:

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- aa. Document staff progress in completing the State Agency breastfeeding modules during the first six months of hire, schedule staff for the one day State Agency Breastfeeding Training after successfully completing the modules and required supervisor follow-up activities, and complete annual proficiency testing of staff.
 - bb. Conduct chart reviews and monitor staff performance for compliance on breastfeeding procedures and objectives that are addressed in the breastfeeding policies, breastfeeding plan guidance, and the State Agency breastfeeding manual and training modules.
 - cc. Ensure that all staff pass the post-test and the required follow-up activities in the milk expression and storage module prior to issuing breast pumps.
 - dd. Maintain ample clinic supplies of the current versions of breastfeeding brochures or reproducible flyers.
 - ee. In-service staff on any revisions to the WIC breastfeeding manual and maintain the most recent edition of the manual at each primary clinic site.
 - ff. Remain current on the Breastfeeding Training modules and the one day training.
 - gg. Annually review clinic environment for use of breastfeeding posters, bulletin boards, and other means which establish breastfeeding as the cultural norm.
 - hh. Prepare the Breastfeeding Plan using the annual guidance provided by the State Agency.
 - ii. Review the semi-annual Breastfeeding Tracking Report distributed by the State Agency and update staff on the data.
 - jj. Plan and coordinate activities for World Breastfeeding Week.
 - kk. Network with local hospitals, physician offices, La Leche League, etc. and encourage formation of a local breastfeeding coalition.
- b. The breastfeeding coordinator shall document completion of duties on the form in Attachment 4. The local agency clinic manager shall sign the form and submit it with the annual Breastfeeding Plan.
4. Breastfeeding Peer Counseling Programs
- a. The guidelines in this section pertain to local agencies that have a formal, paid peer counseling program using USDA funds.
 - b. The peer counseling program shall be operated by a peer counselor and managed by a peer counselor supervisor. A WIC Breastfeeding peer counselor

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is a paraprofessional support person who gives basic breastfeeding information and encouragement to pregnant and breastfeeding WIC participants. A peer counselor supervisor shall be responsible for recruiting, training, and monitoring peer counselors, training local agency WIC staff on the role and importance of peer counselors, and conducting outreach efforts to establish community partnerships. The peer counselor supervisor reports to the Local Agency Clinic Manager and sends semi-annual progress reports to the State Agency. Refer to Attachment 5 for the peer counselor job description and Attachment 6 for the peer counselor supervisor job description.

- c. Prior to counseling participants, peer counselors shall be trained on breastfeeding promotion and support techniques, communication and counseling, confidentiality, and referrals.
- d. Training of peer counselors, peer counselor supervisors, and local agency staff shall be done using standardized programs provided by the State Agency which are based on the USDA Loving Support model. Procedures for program monitoring, continuing education, and outreach shall be established by the State Agency. The training programs and schedule are outlined in Attachment 7.
- e. In addition to the standardized Loving Support training, peer counselors shall also receive continuing education and support through:
 - i. Initial one-on-one orientation: peer counselor will work with the peer counselor supervisor to provide contacts to breastfeeding moms.
 - ii. Local agency staff in-services: as part of the WIC team, peer counselors will be required to attend any in-services scheduled by the local agency.
 - iii. The one day face-to-face state breastfeeding training.
 - iv. Weekly phone and email updates with supervisor.
 - v. Peer counselor meetings and in-services.
 - vi. Additional trainings based on State Agency approval.
- f. Peer counselors shall provide breastfeeding contacts using interactive counseling techniques at specific time frames before and after delivery. Contacts may be person-to-person or by phone. The required time frames for providing contacts, recommended topics for inclusion at each contact, and the appropriate setting for each contact are described in Attachment 8.
- g. Each local agency shall develop a tracking system that peer counselors can use to contact participants within the required time frames. This tracking system must receive State Agency approval. Suggested methods for tracking include but are not limited to:

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- i. Cardex system where participant names are filed according to the date they must be contacted.
 - ii. Calendar where they write down the participant's name on the date she should be contacted.
 - iii. Access or similar database utilization.
- h. Peer counselors must have email and phone texting capability to be able to make contacts with participants who require or prefer this method of communication.
- i. Peer counselors must maintain strict confidentiality of participant records and sign the confidentiality agreement and cell phone agreement forms. Before leaving any voice or electronic messages for participants, peer counselors must ask the participant for permission and have them sign the "Permission to Leave Messages" form. Refer to Attachment 9 for all forms.
- j. Peer counselors shall provide breastfeeding information within their scope of practice based on the training received. They will refer participants with difficult problems to the peer counselor supervisor and/or the local agency breastfeeding coordinator for immediate follow-up. If neither is available, the peer counselor will contact other lactation experts in their area. Peer counselors will use the breastfeeding resource list that is provided by the State Agency. The peer counselor supervisor shall update this list as community partnerships are established.
- k. To help establish a referral system as well as promote the peer counselor program within the community, the peer counselor supervisor shall develop partnerships with stakeholders in the area. These partnerships may include, but are not limited to: local breastfeeding coalitions, La Leche League or other local breastfeeding support groups, hospital lactation consultants, Early Head Start, Healthy Beginnings Plus clinics, and Cooperative Extension. These partners will be given the opportunity to support the program by:
 - i. Taking referrals from peer counselors.
 - ii. Providing an in-service for peer counselors.
 - iii. Promoting the program with health care providers.
 - iv. Referring clients to the program.
 - v. Providing a breastfeeding support group.
- l. Peer counselors shall respond to any calls from participants on the same working day. If there is no peer counselor available, the call will be forwarded to the peer counselor supervisor or local agency breastfeeding coordinator. Peer counselors shall also provide participants with a number they can call after hours in case of emergencies. This may be a cell phone provided by the local agency or a number connected to an answering machine which will be routinely checked by

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the peer counselors. Peer counselors can determine what times are suitable for participants to call or to check calls on the answering machine. Although providing 24-hour emergency coverage would be ideal, peer counselors should, at a minimum, be available until 9:00 PM, including weekends.

- m. Peer counselors shall respond to any referrals from outside sources on the same working day. If there is no peer counselor available, the call will be forwarded to the peer counselor supervisor or local agency breastfeeding coordinator. To generate more referrals from physician offices, a letter or informational packet regarding the program shall be sent to the office in the area announcing the availability of breastfeeding services for their WIC patients. To further increase program awareness, the peer counselor will fax a follow-up consult form (Attachment 10) to keep physicians informed of breastfeeding services provided to their patients. Before providing any information to the physician, participants must sign a release form in accordance with Policy 1.07.
- n. Peer counselors shall document their monthly caseload, maintain client contact files, and record hours worked on weekly time sheets using the forms in Attachments 11-13. Peer counselors are not required to complete the progress notes section of Attachment 12 if the local agency opts to use the MIS comments section instead. In lieu of Attachment 13, time sheets developed by the local agency may be used. If peer counselors also perform other WIC job functions, the time sheets must document peer counselor hours separately.
- o. Peer counselor funds may only be used for expenses authorized under the USDA Peer Counselor Program. All receipts for peer counselor expenses and staffing time sheets must be maintained for fiscal audit purposes. Refer to Attachment 14 for allowable Peer Counselor Program costs.
- p. The peer counselor supervisor shall monitor peer counselors to ensure consistency of services and to confirm that the support they offer is professional, confidential, and accurate. Monitoring will also be used as a way to encourage and praise peer counselors and to be flexible to their schedule and transportation needs. Refer to Attachments 15-16 for the monitoring schedule and forms.
- q. The peer counselor supervisor will send semi-annual reports to the State Agency using the form listed in Attachment 17.
- r. Peer counselors will be compensated for the following:
 - i. Hours worked: Minimum starting salary for peer counselors is established at \$8.00 per hour. If funding is available, local agencies can start at a higher wage and include fringe benefits.

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- ii. Training expenses: Peer counselors will be reimbursed for travel expenses in accordance with Policy 2.02 – Allowable Expenses.
- iii. Transportation: Peer counselors will be reimbursed for travel expenses to attend training or provide home or hospital visits. Mileage will be compensated in accordance with Policy 2.02 – Allowable Expenses. Peer counselors who are able to use public transportation can be issued passes in lieu of mileage reimbursement.
- iv. Phone calls: Peer counselors will be issued phone cards or cell phones to receive after hour calls from participants if needed. Peer counselors will document after hour calls on their time sheets for wage compensation.

5. Breast Pump Purchase, Rental, and Distribution

- a. WIC food funds and NSA funds may be used to purchase or rent breast pumps to support the initiation or continuation of breastfeeding. Breast pumps may not be provided to participants solely as an inducement or incentive to breastfeed. Local agencies shall refer to Attachment 18 for specific guidance on choosing, purchasing, and distributing breast pumps to participants.
- b. When requesting funding for breast pumps in the annual budget, the local agency shall submit a “Request to Purchase/Rent Breast Pumps” form (Attachment 19) to the State Agency’s Breastfeeding Coordinator. The State Agency Breastfeeding Coordinator must approve this request prior to any purchases.
- c. Participants may be offered breast pumps at no charge provided the item does not represent a significant investment of Program resources. Participants may also be charged a fee for the pump, if necessary, to cover costs. The fee charged may not exceed the actual cost of the item paid by the agency.
- d. Participants may be charged a refundable deposit on pumps that are loaned. The local agency may opt to retain the deposit for Program use if the participant fails to return the pump or returns it in unacceptable condition.
- e. Before offering the participant a breast pump, staff shall determine if the participant’s insurance plan reimburses for breast pumps. If breast pumps are a reimbursable item, staff shall refer the individual to their primary insurance provider. However, if the participant must wait an unreasonable amount of time in order to receive a pump through her provider or if the provider does not cover a pump that is suitable to her needs, staff may issue the participant a pump.

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- f. Before distributing breast pumps, local agencies shall submit an application form to the Drug Registration Section, Pennsylvania Department of Health. Refer to Attachment 20.
- g. A completed Breast Pump Receipt Form (Attachment 21) shall be maintained in the file of all participants who are issued a breast pump. The type of breast pump issued, the reason, and the date returned (if applicable) shall be documented in the MIS.
 - i. The 'single use pump' section shall be completed if the participant is given a non-returnable, personal use pump.
 - ii. The "electric pump rental agreement" section shall be completed if the participant receives a hospital grade rental pump. To receive a rental pump from WIC, participants must be willing to sign the release of confidentiality and provide contact information so that the agency can retrieve the pump if not returned in a timely manner. If the local agency has a rental contract with a pump supplier, the participant may also need to sign any forms required in their rental contract.
- h. Prior to issuing any pumps, staff must complete the state agency self-study module "WIC's Breast Pump Program" and pass the post test and follow-up activities. As part of the requirements for this module, staff members will also be trained on operation and use of all breast pumps at the local agency. Instructions shall be in accordance with the manufacturers' instructions and WIC's Breastfeeding Promotion and Support manual.
- i. Participants shall receive education by trained, designated staff, the proper use of breast pumps prior to their distribution and receive follow-up at their next clinic visit.
- j. Mothers shall be informed that selling, giving away or failing to return a breast pump provided by WIC for her personal use can result in having to reimburse the WIC Program for the cost of the pump.
- k. Local agencies which purchase their own hospital grade electric pumps shall have a procedure in place to retrieve them if participants fail to return them in a timely manner. Procedures may include phone calls, registered letters, and providing participants with one month of FIs at a time until the pump is returned. Pumps which are not retrieved may be handed over to a collection agency or reported to insurance, if covered under your policy. Local agencies which have a rental agreement with a pump supplier shall follow the procedures of their rental contract.
- l. Each local agency shall maintain an inventory system to account for all pumps delivered to the local agency, distributed to individual clinics, and issued or

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loaned to participants. The inventory system must provide a running balance at both the central receiving/distribution point and the individual clinics. A count of all pumps issued or loaned to participants during the current fiscal year shall be submitted to the State agency at the end of the fiscal year. See Attachment 22.

- m. Inventory reconciliation shall be completed on a monthly basis. Local agencies shall use the forms in Attachments 23 and 24. These forms may be converted into a spread sheet if additional space is needed. Local agencies may develop their own forms but they must be preapproved by the State Agency and supply the same information as listed on the attachments.

- n. Pumps cannot be stock piled from one year to another. Pumps should be ordered at intervals throughout the year according to current usage.

6. Purchase and Distribution of Breastfeeding Aids

- a. WIC Nutrition Services and Administration (NSA) funds may be used to purchase aids, such as breast shells and nursing bras that directly support the initiation or continuation of breastfeeding in accordance with current state policy on Nutrition Education and Breastfeeding Expenditures. Breastfeeding aids may not be provided to participants solely as an inducement to consider or continue breastfeeding. Local agencies shall refer to Attachment 25 for guidance on when these items are to be provided to the participant.
- b. Participants may be offered breastfeeding aids at no charge provided the item does not represent a significant investment of Program resources. Participants may also be charged a fee for breastfeeding aids, if necessary, to cover costs. The fee charged may not exceed the actual cost of the item paid by the agency.
- c. The breastfeeding coordinator shall train and designate specific staff members who may provide instruction to participants on the use of breastfeeding shells. Participants shall receive education on the proper use of breast shells prior to their distribution.
- d. Instructions given to participants shall be in accordance with the PA WIC Program handbook "Breastfeeding Promotion and Support – A How-to Guide for WIC Staff" and documented accordingly.

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Attachment(s):

1. Counseling Pregnant Women on the Contraindications to Breastfeeding.
2. Breastfeeding Promotion and Support Materials
3. Documentation Examples in the MIS system
4. Breastfeeding Coordinator's Job Duties
5. Peer Counselor Job Description
6. Peer Counselor Supervisor Job Description
7. Peer Counselor Program Training Schedule
8. Participant Contact Schedule
9. Confidentiality of Handling WIC Participant Information
10. Breastfeeding Peer Counselor Consult Notes
11. Monthly Participant Caseload
12. Client Contact Documentation Form
13. Weekly Time Sheet
14. Allowable Costs for Breastfeeding Peer Counselor Programs – 02/17
15. Peer Counselor Monitoring Schedule
16. Peer Counselor Monthly Monitoring Form
17. Peer Counselor Program Progress Report
18. Guidelines on the Purchase and Distribution of Breast Pumps
19. Request to Purchase/Rent Breast Pumps.
20. PA Department of Health/Drug Registration Section application Form
21. Breast Pump Receipt Form.
22. Yearly Count of Breast Pumps Issued
23. Register of SINGLE USER pumps issued, received or transferred
24. Register of ELECTRIC RENTAL pumps
25. Guidelines on the Proper Use of Breast Shells

Reference(s):

1. Breastfeeding Promotion and Support - A How-to Guide for WIC Staff.
2. State Agency self-study breastfeeding modules: Series 1-3
3. Clinic Monitoring Tools for breastfeeding promotion and support.
4. State Agency Breastfeeding Plan Guidance.
5. NWA Position Paper: Breastfeeding Promotion and Support in the WIC Program.
6. AAP Policy Statement: Breastfeeding and the Use of Human Milk, 2005
7. The Surgeon General's Call to Action to Support Breastfeeding, 2011
8. WIC Federal Regulations, Section 246.11. January 2011; 3921. USDA Memo 99-047
9. Grow Baby Grow Modules. WIC anthropometric manual
10. Assessing Growth of Breastfed Infants: MIS System reference materials.
11. Breastfeeding Promotion and Support: A How-to Guide for WIC Staff.
12. Using Loving Support to Manage Peer Counseling Programs: A training curriculum designed for management staff of the Special Supplemental Program for Women, Infants and Children (WIC), FNS and Best Start Social Marketing, July, 2004.
13. USDA Memo 99-145.
14. USDA Memo 00-013.
15. NAWD Position Paper: Guidelines for WIC Agencies Providing Breast Pumps.
16. State Agency Training Curriculum: "Expression and Storage of Breast Milk"

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Policy & Procedure Status:

1. This P&P supersedes P&P Numbers 5.09, dated October 22, 2013.
2. This P&P supersedes P&P Numbers 5.11, dated March 9, 2012.
3. This P&P supersedes P&P Numbers 5.13, dated April 11, 2013.
4. This P&P supersedes P&P Numbers 5.15, dated May 31, 2000.
5. This P&P supersedes P&P Numbers 5.16, dated May 19, 2010.