

**JOB DESCRIPTION  
CITY OF SPRINGFIELD**

**HUMAN RESOURCES DEPARTMENT  
EMPLOYMENT AND  
COMPENSATION DIVISION**

Job Title Breastfeeding Peer Counselor  
Sch. & Grade PAT 3  
Class Code BE30  
FLSA Status Non-Exempt  
Bargain Unit Elig. Not Eligible  
Occupational Series Health

**PRIMARY PURPOSE:**

Performs peer counselor work that includes mentoring WIC participants in breastfeeding principles, techniques, and effects.

**SUPERVISION:**

Under the direct supervision of the Senior Nutritionist.

**DESCRIPTION OF WORK:**

**ESSENTIAL FUNCTIONS:**

1. Counsels pregnant women and breastfeeding mothers by telephone, home visits, hospital visits, and in local WIC office at scheduled intervals determined by the local WIC provider.
2. Attends educational opportunities such as informal training sessions and observing other WIC Peer Counselors.
3. Teaches prenatal and breastfeeding classes with lessons plan approved by local agency Breastfeeding Coordinator.
4. Works with a caseload of WIC participants and maintains confidentiality.
5. Provides information, assistance, and support for women experiencing common breastfeeding problems.
6. Provides breastfeeding support for mothers beyond regular working hours via an after-hours phone line.
7. Keeps accurate records of all contacts made with WIC participants.
8. Attends monthly staff meetings as required.
9. Submits weekly and monthly Activity Reports to the local agency Breastfeeding Coordinator and the state Breastfeeding Peer Counselor Coordinator.
10. Assists local agency and state WIC staff in promoting breastfeeding through special projects and other duties as assigned.

**IMPORTANT FUNCTIONS:**

1. Participates in development training including state approved peer counseling training programs and breastfeeding conferences and workshops.

*Performs related work as required.*

**QUALIFICATIONS REQUIRED:**

Any combination of education, training, and experience providing the following knowledge, skills, and abilities:

**Knowledge**

Has knowledge of breastfeeding management and counseling; basic math calculations; effective presentation techniques; knowledge of Windows-based computer applications.

**Abilities**

Accurately assess WIC participant needs in relation to breastfeeding counseling; deal effectively and sensitively with a variety of people from different cultures and economic backgrounds; maintain accurate and confidential records; deliver effective presentations; follow oral and written instructions; communicate effectively both verbally and in writing; perform effectively as a member of a team in carrying out the City’s stated mission and philosophy; present an overall professional image; perform the essential functions of the job without posing a direct threat to the health and safety of others.

**Experience, Education, and Training**

Approximately 6 months of personal breastfeeding experience is required and previous WIC participation is preferred.

**Physical Requirements**

Performs bending and reaching to both ground level and overhead; lifts, carries, pushes and pulls up to 30 pounds; must be able to hold and grip objects such as equipment utilized to conduct assessments of participants.

**Working Environment**

Indoors with heating and cooling regulated in a clinic setting; possible exposure to strong odors; may be exposed to disease due to dealing with bodily fluids as well as symptomatic and asymptomatic individuals.

**Licensing/Certification**

When providing own vehicle for transportation, must possess a valid Missouri Motor Vehicle Operator’s License with proof of insurance.

**Miscellaneous Requirements**

Required to work evenings on a rotating basis. May be required to provide own vehicle for transportation to satellite clinics and off-site visits.

**Last Revision:** GENERAL ORDINANCE NO. 6377

**Comments:** New FTE approved in FY’18 budget/S.O. **Date:** June 26, 2017

**I have read the foregoing job description in its entirety and understand its contents. I can perform the essential functions outlined with or without reasonable accommodation under the Americans with Disabilities Act.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_