Breastfeeding Aids

I. Local agencies are responsible for providing all WIC purchased breastfeeding aids in accordance with this policy. Breastfeeding aids:

   a. Are not a direct program benefit.

   b. Are not to be used as breastfeeding incentives.

   c. Must be issued with professional discretion.

II. All local agency staff who work with breastfeeding participants must comply with policy guidelines. This written policy:

   a. Supports breastfeeding participants and staff.

   b. Promotes consistency in education, counseling, and documentation.

   c. Reduces liability.

   d. Ensures accountability for funds spent on breastfeeding aids.

III. When funds permit, the following breastfeeding aids are available:

   a. Manual breast pumps.

   b. Single pumping kits (for use with electric breast pumps).

   c. Double pumping kits (for use with electric breast pumps).

   d. Adapter kits (for use with the above kits).

   e. Breast shells.

   f. Infant feeding tube devices).

   g. Nipple Shields

   h. Silicone Breast Milk Collector Pump

   i. Electric breast pumps.

IV. General Guidelines. Breastfeeding aids can only be given to breastfeeding participants of the Utah WIC Program and WIC staff.

a. All breastfeeding aids are provided free of charge to participants.

b. Local agency WIC staff members can also use/be given breastfeeding aids (electric pumps, SNS, pump kits, nipple shields/shells etc.) free of charge. WIC staff cannot receive Single User Pumps.

V. If non-WIC members of the community, or non-WIC local agency staff members (staff that do not work for WIC) inquire about breastfeeding aids, refer them to a local breast pump rental business where supplies can be purchased. Local agencies should develop their own lists of local suppliers. If there is no supplier in the area, contact the state breastfeeding coordinator or the manufacturer/supplier representatives listed below.

VI. Breastfeeding aids are not needed by all breastfeeding mothers. Most women, in normal circumstances, can establish and maintain lactation without using breastfeeding aids. For some women, hand expression meets their needs to maintain comfort or express milk for later feedings. For other women, use of breastfeeding aids is necessary to establish or maintain lactation during extended periods of separation between mother and baby. Other special needs may also exist.

VII. Breastfeeding aids are only issued when a designated breastfeeding expert, CPA, or a senior peer counselor has documented a need. To ensure cost effectiveness, local agencies must:

a. Provide instruction on hand expression to all lactating mothers if applicable (written materials and instructional video are available).

b. Instruct mothers to maintain equipment provided to them for future use.

VIII. Women who are breastfeeding an infant(s) that they did not give birth to may be certified to participate in the WIC Program as breastfeeding women and may receive benefits and breastfeeding aids until the infant is one year of age if exclusively or in-range breastfeeding. The postpartum birth mother who

meets eligibility criteria is eligible to receive postpartum benefits even if her infant is being breastfed by a certified non-birth mother.

IX. Women who are incarcerated may be allowed to participate in the WIC Program and receive services offered by WIC, excluding food benefits. It is the discretion of the local agency to allow breastfeeding aids to be loaned to these participants. The local agency should investigate the situation to see if the institution would allow the WIC participant to utilize the breastfeeding aid.

X. If a written medical order is provided for a high-risk infant (FTT, prematurity and/or low birth weight) by the physician or prescriptive authority for the issuance of an electric breast pump, that order must be honored within two business days. Clinics need to have sufficient electric breast pumps to serve their population, especially high-risk participants.

XI. Authorized staff must be trained appropriately on the use and issuance of all WIC purchased breastfeeding aids.

a. Instruction on the use of non-WIC purchased breastfeeding aids and pumps are permitted.

XII. Distribution of Breastfeeding Aids. Staff qualified to issue breastfeeding aids are summarized in the table below:

Staff Member	May issue	Additional requirements
Designated Breastfeeding Expert (DBE)	All breastfeeding equipment and aids	• Complete required training and demonstrate competency with all breastfeeding aids • Component of job description/plan/evaluation
Competent Professional Authority (CPA)	• All breastfeeding equipment and aids	• Complete required training and demonstrate competency with all breastfeeding aids • Component of job description/plan/evaluation
Senior Peer Counselor	• All breastfeeding equipment and aids, excluding infant feeding tube device and nipple shields.	• Authorized by Breastfeeding Coordinator • Complete required training and demonstrate competency with all breastfeeding aids • Component of job description/plan/evaluation

a. Single and double pumping kits must be issued/distributed with guidelines on how to use according to manufacturer's instructions.

b. Participants must be instructed on the correct assembly and use of all of the parts and tubing in the kit designed for the specific pump type based on manufacturer's instructions.

c. Participants shall not be shown or instructed on how to modify/adapt kit assembly parts and tubing, such as cutting tubing, to use with an existing pump owned by participants.

XIII. Appropriate verbal and written instructions must be provided to the participant at the time of issuance. Instruct on expressing and storing breast milk, provide the Breast pump or aid agreement and information form, and the manufacturer's instructional material provided in the pump package. This should be documented in VISION under Nutrition Education screen which includes:

a. Nutrition Education Covered: Instructions for BF Equip/Pump/Aids

b. Pamphlets Provided: Breast pump or aid agreement and information.

XIV. Appropriate documentation for issuance of all serialized items must be completed in VISION.

a. This includes:
    i. Complete the BF Equipment screen under the participant's record for all serialized item(s) which includes: Category, Type and Serial Number
    ii. Contact/Return date
    iii. Reason
    iv. Proof of Identity
    v. Contact 1: Additional contact name and number to call if unable to reach the participant (at least 1).

b. The participant must provide an electronic signature.

c. Follow ups must be completed and documented in the Comment/Alerts section.

d. Only peer counselors can document in the BF PC Documentation screen. Upon return of the serialized item, complete information under Serialized Inventory Item Disposition.

XV. Appropriate documentation for issuance of all non-serialized items completed in VISION. This includes:

a. Complete the BF Equipment screen under the participant's record for non-serialized item(s) which includes:
   i. Category and Item
   ii. Proof of Identity
   iii. Contact 1: Type the reason you issued the aid here since the "Reason" dropdown is not enabled.
   iv. Contact 2: For nipple shields and infant feeding tube devices only, an additional contact name and number to call if unable to reach the participant (at least 1).

b. Single user pump: Follow up contact should be documented under the Comment/Alerts section. Only peer counselors can document in BF PC Documentation screen.

c. The participant must provide an electronic signature. Staff must manually select signature button (this is not automatic).

XVI. Breastfeeding Support and Pump Tracking Summary:

a. Establish a plan for follow-up with the participant and documentation of follow-up contacts. Follow the minimum contact/call schedule below:

Breast Pump Type	**1st Contact**	**After 1st Contact**
Hospital Grade Electric (e.g., Medela Symphony, Medela Lactina, Ameda Elite, Ardo Carum)	24-72 business hours	Monthly(Once every 30 days)
Multi-User (e.g., Hygeia Enjoye, Calypso Pro)	1st week	Monthly(Once every 30 days)
Single User (e.g. Ameda Finesse,	Within 2 weeks	WIC appointments

Medela Pump in Style, Ardo Calypso to Go)		

b. Additional calls should be made weekly if there is no contact with the participant (excludes single user pumps) and only messages have been left.

XVII. The Breastfeeding Equipment Due report (found under VISION Reports, Clinic Services Reports, Breastfeeding Reports) displays the serialized equipment issued to participants. This report may be helpful in making follow up counseling calls and for verifying inventories.

XVIII. The Breastfeeding Equipment Issued report (found under VISION Reports, Clinic Services Reports, Breastfeeding Reports) displays the total number of equipment issued to participants. This report may be helpful in determining a utilization rate and for projecting supply orders through the state office.

XIX. Inventorying, Orders and Storing Breastfeeding Aids and Equipment. Local Breastfeeding Coordinators must inventory each agency's breastfeeding aids and supplies (e.g., breast pump kits) and breastfeeding equipment (e.g., electric breast pumps, single-user pumps) at the end of each month and submit to the Utah State Breastfeeding Coordinator upon request.

a. Monthly Breastfeeding Supply Logs and Inventory forms to be used.

b. Local breastfeeding coordinator is responsible for collection of all inventories and for submission to the state within the specified deadline. (Agency specific forms provided for biannual inventory submission.)

c. Record of the inventories must be kept at the clinic.

d. Local breastfeeding coordinator is responsible for these inventory activities for their clinics.

e. The Non-Serialized Issuance Report can be used for the tracking of monthly breastfeeding aids and for confirming physical inventories.

XX. Local breastfeeding coordinators are responsible for completing or confirming orders for breastfeeding aids/supplies and equipment for all of their clinics.

a. State breastfeeding coordinator may assist in projection of order.

b. Orders should be projected and based on utilization and inventory balances.

c. The state will provide a spreadsheet ordering form for agencies to order amounts for aids/supplies and equipment for the agency by the specified deadline.

d. Aids/supplies and equipment orders will be sent to the designated agencies and clinics.

e. The state will be notified by the local agency that orders were received and verified in a timely manner.

XXI. For security, all breastfeeding aids/supplies must be stored in a secure location such as in a locked cabinet, closet, or room. Report missing supplies to the state breastfeeding coordinator immediately. All pumps must be tracked. Inventories to be performed monthly. The local agency breastfeeding coordinator must maintain all inventories on file.

XXII. Any broken, lost, or missing electric pumps must be reported to the state WIC office immediately. The state breastfeeding coordinator may assist in replacing damaged pumps or helping retrieve missing pumps through phone calls and letters to the client or to transferring out-of-state WIC clinics.

XXIII. Procedures for Hand Breast Pumps.

a. Hand or manual breast pumps are provided to breastfeeding women at the discretion of the local designated breastfeeding expert, CPA, or senior peer counselor

b. A designated breastfeeding expert, CPA, or senior peer counselor may issue a manual pump if she determines a woman would benefit from the pump, if it may enhance her breastfeeding experience or help her continue successful breastfeeding.

c. Women who express an interest in pumping and who are motivated to provide their infants with expressed breast milk may be issued a manual pump.

d. Hand pumps may be given for the following reasons:
    i. Women for whom an electric breast pump is indicated, but have no access to an electric pump or electricity.
    ii. Women who are working or going to school.
    iii. Women who are frequently or occasionally separated from their infants.
    iv. Women who would like to pump for any reason that would help make breastfeeding more successful.

e. A hand pump may not be needed if the mother can meet her needs through hand expression. All mothers should be instructed in hand expression, prior to issuing a breast pump.

XXIV. Procedures for Breast Milk Collector Pump.

a. Breast milk collector pump are provided to breastfeeding women at the discretion of the local designated breastfeeding expert, CPA, or senior peer counselor

b. A designated breastfeeding expert, CPA, or senior peer counselor may issue a breast milk collector pump if she determines a woman would benefit from the collector pump, if it may enhance her breastfeeding experience or help her continue successful breastfeeding.

c. The breast milk collector is not a breast pump. A breast milk collector does not generate any sucking cycles to actively remove milk from the breast in an effective and efficient manner. The collector is to be used in combination with breastfeeding for the purpose of collecting mom’s natural let-down reflex.

XXV. Procedures for Double Breast Pump Kits.

a. Double pump kits and adapter kits are available for the Medela, Ameda, Ardo, and Hygeia electric breast pumps. One kit per participant issuance is allowed.

b. The brand manufacturer kit must be used with the corresponding pump. Kits cannot be interchanged between different manufacturer pumps (i.e., use only Medela kits with Medela pumps).

c. Pump kits can be issued to women who are pumping with an electric pump. They are issued for the following reasons:
    i. Women who are separated from their infants due to prematurity, illness, or other reasons (see also indications for electric pumps).
    ii. Women pumping to increase their breast milk production.
    iii. Women with severe engorgement.
    iv. Women who are renting an electric pump while they are working or going to school.
    v. Other appropriate reasons (approved by local Designated Breastfeeding Expert).

d. Spare parts. Call the state WIC office regarding the availability of spare parts.

XXVI. Procedures for Breast Shells.

a. Breast shells may be provided to women, during the postpartum period, who have sore or damaged nipples.

XXVII. Procedures for Infant Feeding Tube Devices.

a. Infant feeding tube devices are to be used for infants and mothers with special needs. Appropriate circumstances for the use of the infant feeding tube device include:
    i. Infants with sucking problems,
    ii. Infants who have difficulty latching on,
    iii. Mothers with low milk supply, or re-lactating mothers,
    iv. Infants who are reluctant to nurse,
    v. Premature infants, especially when adapting to feeding at the breast,
    vi. Infants with inadequate weight gain,
    vii. Infants with cleft palate,
    viii. Adopted infants, and
    ix. Other special situations (call the state breastfeeding coordinator for approval).

b. Only designated breastfeeding experts, IBCLC, or CPAs trained on the use and issuance of the infant feeding tube devices may provide issuance. The CPA must demonstrate competency and receive authorization from

the local breastfeeding coordinator prior to issuing infant feeding tube devices.

i. High-risk infants must be followed by an RD or IBCLC. If a designated breastfeeding expert or CPA is not an IBCLC or RD, they must consult with one prior to issuing the infant feeding tube device. The infant's high-risk care plan must note the reason for the use of the infant feeding tube device and the follow-up plan.

c. Use of this device requires specialized assessment skills and diligent follow up.

d. Appropriate verbal and written instructions must be provided to the participant at the time of issuance. Intensive instruction, both verbal and hands-on, must be given to participants using an infant feeding tube device. Instructional booklet included in the product package to be provided to participant. Having the participant watch an instructional video in the clinic is recommended.

e. The infant's physician must be notified, within 3 days, when an infant feeding tube device is issued unless an IBCLC has issued the infant feeding tube device. This contact must be documented in VISION.

f. Follow up is required and must be in a timely manner. All follow-ups must be documented in VISION in either the Comments/Alerts screen or the Care Plan The following protocol must be followed:
   i. Weight of infant done prior to set-up (nude or dry diaper - document and follow consistent procedure).
   ii. Phone follow up within 24 hours (or next business day).
   iii. Mother returns to clinic within 5 business days for follow-up weight of infant (nude or dry diaper) or referral data from health care provider can be used.
   iv. In some situations, a baby-weigh scale can provide useful information on volume of feedings provided when using the infant feeding tube device.

XXVIII. Procedures for Nipple Shields

a. Nipple shields are to be used for infants and mothers with special needs. Appropriate circumstances for the use of nipple shields includes:

i. Mothers with flat or inverted nipples who are unable to evert the nipple.
ii. Mothers who are transitioning from bottle feeding to breastfeeding.
iii. Infants who have difficulty latching to the breast.
iv. Premature or late preterm Infants.
v. Infants who have sucking problems.
vi. Mothers who have severely damaged nipples.

b. Nipple shields are designed as a short-term solution in order to make breastfeeding successful.

c. If a nipple shield is issued, the mother's milk must be protected and all other solutions for breastfeeding concerns must be tried and proved ineffective.

d. IBCLCs should primarily issue nipple shields. If an IBCLC is not available, then a designated breastfeeding expert or CPA who has completed state-approved specific training on issuing nipple shields may provide issuance.

e. High-risk infants must be followed by an RD or IBCLC. If a designated breastfeeding expert is not an IBCLC or RD, they must consult with one prior to issuing the nipple shield. The infant's high-risk care plan must note the reason for the use of a nipple shield and the follow-up plan.

f. Appropriate verbal, written, and hands-on instructions must be provided when a nipple shield is issued. Instructions must include the following:
i. The purpose of a nipple shield.
ii. Why the participant is being issued a nipple shield.
iii. The potential risks of decreased milk supply and difficulty weaning off of the nipple shield to the breast.
iv. Sizing of nipple shields.
v. Appropriate length of time for nipple shield use.
vi. Proper use of the nipple shield.
vii. How to assess if the infant's intake is adequate.
viii. Cleaning the nipple shield.
ix. Weaning from the nipple shield.

g. Follow-up is required and must be in a timely manner. Follow-up methods may be the clinic's choice and may include a phone call, a text, an in-person appointment, etc. All follow-ups must be documented in VISION in

either the Comments/Alerts screen or the Care Plan. The following protocol must be followed:

i. Weight of infant nude or in a dry diaper and latch assessment done prior to issuance and documented in VISION.
ii. Follow-up within 72 hours.
iii. Weekly follow-ups for 2 weeks after the initial 72-hour follow-up.
iv. One month after weekly follow-ups are completed.
v. Subsequent follow-up as deemed appropriate by the DBE.
vi. Provide additional help to mothers as needed to wean from the nipple shield.
vii. Staff members who issue nipple shields should use clinical judgement about the participant to include in-person weight checks if they would benefit the participant and the participant's breastfeeding goals.

h. If a participant receives a nipple shield from a health care provider, a hospital, or she purchases one from the store, she can receive counseling about nipple shields from the following staff members:
   i. IBCLCs
   ii. designated breastfeeding expert
   iii. CPAs
   iv. peer counselors

i. Before staff members can provide counseling about nipple shields to participants, they must complete state-authorized training.

j. State-authorized training about counseling on nipple shields will include the following:
   i. When nipple shields are indicated or contraindicated.
   ii. Appropriate length of time for nipple shield use.
   iii. Proper sizing of a nipple shield.
   iv. Proper placement of a nipple shield.
   v. Proper use of a nipple shield.
   vi. The potential risks of using a nipple shield.
   vii. The safety of nipple shields.
   viii. How to assess if an infant's intake is adequate.
   ix. Cleaning the nipple shield.
   x. Weaning from the nipple shield.

k. CPAs and peer counselors should not recommend nipple shields to participants, but refer to an IBCLC or a designated breastfeeding expert who has been authorized to issue nipple shields if they feel that a nipple shield is necessary for a participant.

XXIX. Procedures for Electric Breast Pumps.

a. The Utah WIC Program has electric pumps available in all clinics.

b. The purpose of providing electric pumps is two-fold:
    i. To encourage employees to provide their infants with breast milk. One electric pump must be available for breastfeeding WIC employees to use while at the worksite. If more than one staff member in a clinic is using the pump, a cooperative arrangement must be instituted for sharing the pump.
    ii. To help WIC participants to provide their infants with breast milk when special circumstances, situations, separation or medical problems would not enable mothers to establish lactation or continue breastfeeding under normal conditions. Loaning a hospital grade electric breast pump is not limited to high risk or medical situations; other circumstances or situations may include poor latch, low milk production, inducement, relactation, increasing milk production, or other concerns expressed by the mother as indicated below.

c. An electric breast pump should be available in the clinic for participants who may need assistance on site. It is strongly recommended that a woman in such a situation would also require issuance of an electric breast pump for home use.

d. Clinics needing additional electric breast pumps may contact the state breastfeeding coordinator. Clinics need to have sufficient electric breast pumps to serve their population.

e. Electric pumps may be loaned to participants for the following reasons:
    i. Mother or infant hospitalized.
    ii. Premature infant unable to nurse adequately.
    iii. Infant with severe feeding problem (e.g., cleft lip or palate, insufficient suck).
    iv. Infant sick and unable to nurse adequately.

v. Mother is sick and/or on contraindicated medication short-term.
vi. Separation of mother and infant for more than 24 hours.
vii. Mother of twins or triplets (or multiples).
viii. Mother or infant having difficulties with breastfeeding and unable to nurse effectively or successfully.
ix. Mother has low milk supply and/or wants to exclusively breastfeed, increase milk production, increase feedings at the breast, or decrease bottle or formula use.
x. Other reasons (requires local designated breastfeeding expert approval).

f. Electric breast pumps prescribed by a physician or prescriptive authority for any infant must be issued within two business days of receiving the prescription.
    i. Equivalent pump types will be honored (e.g., a hospital grade, single user, etc.) Specific manufacturer brands do not have to be honored.
    ii. If an assessment is made that does not warrant following the prescription (i.e., not providing a hospital grade pump), the physician or prescriptive authority shall be notified.

g. Follow the required procedures for loaning an electric pump, as described below:
    i. Mother must be either an active breastfeeding WIC participant or WIC staff member. Pregnant WIC participants cannot receive electric breast pumps.
    ii. Determine if the mother needs a pump kit or adaptor kit. Issue appropriately.
    iii. Under Contact, provide contact information on one other responsible individual that may be contacted for follow up counseling or in tracking the issued item. The information should include name, and phone number. It is recommended but optional to obtain information on additional contacts or alternate residences; this can be documented under Contact 2 and Contact 3.
    iv. In the Family screen, a “BP” will be displayed as an alert to indicate that participant has been issued a breast pump. If the pump is not returned by the Contact/Return Date entered on the participant’s BF Equipment screen, this “BP” alert will turn red.
    v. If the participant cannot be present, the pump may be issued to a proxy or a responsible party for the participant.

vi. According to federal policy, the participant must also receive one contact within the first 24-72 business hours following issuance. Participants with a hospital grade electric breast pump must be followed monthly in order to provide lactation education and support, to promote transition to the breast, and to track the pump loaned. Documentation must be provided for all contacts in VISION in the comments section.
vii. Refer to section xii for additional details on serialized breastfeeding aids.

h. Local WIC Staff Home Pump Use. Loaning electric pumps to WIC staff for home use is allowed as long as it doesn't interfere with the ability to provide pumps to WIC participants.
    i. The Breast pump or aid loan agreement signature form should be completed and kept in their employee file.Single User pumps are not allowed to be given. A pump at the office is also encouraged for communal use, with each person having their own pump kit.

i. Health Department Staff Use of Electric Pumps. Health department staff who are not WIC employees may use a clinic pump if:
    i. A breastfeeding WIC staff member who is using the pump agrees to share use of the pump,
    ii. Their use does not inconvenience WIC staff or participants who are eligible to use the pump, and
    iii. The local breastfeeding coordinator approves.

j. Upkeep and repair of owned pumps.
    i. It is the local agency's responsibility to notify and send in pumps to the State agency for repair. These pumps are under manufacturer's warranty for one year.
    ii. Document on local agency inventory all electric pumps that are sent to the state agency (e.g., for repair).
    iii. WIC pumps that are part of a rental program are covered by an insurance policy with the manufacturer.
    iv. If a pump is reported to be broken or not working, please follow the following protocol:
        1. Use the vacuum gauge to measure the vacuum levels of the pump and determine if the pump's suction is at a proper level.

2. Record the measured suction from the vacuum gauge on a tracking sheet. The local agency Breastfeeding Coordinator must keep a record of the vacuum levels of all pumps that are reported to be broken.
3. Use the troubleshooting guide for electric pumps to determine what is wrong with the pump and if specific pump parts need to be replaced.
4. If you cannot determine what is broken by using the troubleshooting guides, contact the pump's customer service line and troubleshoot with them over the phone or via email. Use the following resources.

Ameda:

• Ameda provides a toll-free number for customer services, 1-877-99-AMEDA (26332)
• A WIC specific email address WIC@ameda.com
• Faxes to Customer Care at (877) 793-0169
Customer Care Representatives are available Monday through Friday 8:00 AM to 5:00 PM (CST).

Ardo: Ardo's Customer Service department operates Mon-Fri, 9am-8pm, Sat 9am-3pm Eastern Time. Available outlets include: phone support at 844-411-2736, as well as phone and text support at (415) 504- 1754, email at support@ardo-usa.com , and Facebook private messaging through @ardoUSA which comes through to our mobile application, enabling our staff to respond promptly and efficiently within 24 business hours.

Hygeia: The customer service team is available from 7 AM PT to 8 PM ET Monday – Friday and monitored 24/7: toll-free number: 888-PUMP-4-MOM (888- 786-7466) and designated fax line: 714-494-8571. Email: Customer.Service@hygeiahealth.com Hygeia is always available at www.hygeiahealth.com

Medela: The Customer Service Department consists of 24 employees encompassing: Customer Service Manager, Supervisors, Phone CSR's, Chat/Email support, and Receptionist for Human Milk and Healthcare. Toll-Free Number: 800-435-8316 (for Consumers; moms and dads press 1). Customer Service Call Center is available Monday-Friday 7:30 a.m. 6:00 p.m. CST

5. If the applicable company listed above cannot be reached, then contact the State Breastfeeding Coordinator to facilitate communication with the company.

k. Breast Pump Tracking.
    i. WIC benefits cannot be denied to a participant for failing to return a pump or participate in tracking efforts.
    ii. The participant may be recruited in the effort of receiving follow up information; however, it is the clinic's responsibility to provide follow up counseling and tracking.
    iii. If the participant is not able to be reached for follow-up, or the pump is suspected lost or stolen, the clinic should take the following actions:
        1. Contact any or all parties listed on the pump BF Equipment screen under Contact 1, Contact 2 or Contact 3. Attempts should be made to identify other contact numbers or addresses from these contacts.
        2. Mail certified letter to the participant or any of the contacts listed on BF Equipment screen.
        3. Do not indicate pump as "lost" in VISION; The breastfeeding coordinator should be contacted when pumps are lost.
            a. Provide to the State Breastfeeding Coordinator via email:
                i. participant ID number
                ii. clinic name
                iii. pump type
                iv. location of pump documentation in VISION
        4. All relevant information pertaining to the actions taken by the local agency or of the circumstances of the participant should be documented in VISION.
        5. Notify the state breastfeeding coordinator immediately if the pump is returned to the local agency in order to cancel the investigation by either the State office or by a private investigative service.
        6. Communication will be between the state and local agencies. A private investigative service, upon working on a case, may contact the local agency to confirm a pump has been returned or to arrange a delivery date and time for returning a pump to the clinic.

l. Breast Pump Cleaning.
    i. The local breastfeeding coordinator must designate a staff procedure or person responsible for pump cleaning and maintenance.
    ii. Electric pumps must be cleaned:
        1. When returned to the clinic after loan to a participant.
        2. After each use, when used by more than one staff member.
        3. After use in the clinic by a participant.
        4. Documentation should be done in VISION in the BF Equipment screen under comments or in an electronic log that can be shared with the state office when requested.
    iii. Clean electric pumps as described:
        1. Use appropriate cleaning solution.
        2. Use prepared 10% Clorox brand solution by mixing 1 part Clorox with 9 parts water. You must use the brand name “Clorox”. This solution is not stable, and must be mixed fresh each day.
        3. Use prepared commercial antimicrobial cleaner specified for breast pumps, such as “Cavicide” or other approved germicidal solution.
        4. Wear gloves when cleaning electric breast pumps.
        5. Apply the cleaning solution to the pump (spray or wipe).
        6. Leave the solution on for 30-60 seconds.
        7. Wipe off remaining solution and rinse thoroughly with clean water.
        8. Document date cleaned and staff initials according to clinic protocol.
        9. Caution: Breast milk is a body fluid. Follow local health department precautions or see OSHA guidelines on handling of body fluids when in contact with breast milk. (Note: Universal Precautions do not apply to breast milk, but caution is recommended. Reference information is from CDC.)

XXX. Procedures for Small Electric Multi-User Breast Pump.

a. Small sized multi-user electric breast pumps, such as the Hygeia Enjoye or Ardo Calypso Pro, may be provided to breastfeeding women with healthy full-term infants, preferably being greater than six weeks, and no

younger than four weeks of age, that has been assessed to be growing adequately on breast milk.

b. Small multi-user electric pumps should not be issued to breastfeeding women who are separated from their infants for medical reasons, have premature infants, have high risk infants, have twins or multiples or for other reasons listed that would warrant issuance of a hospital grade electric breast pump.

c. It is appropriate to provide pumps for women who express an interest in pumping and who are motivated to provide their infants with expressed breast milk.

d. The designated breastfeeding expert or CPA should assess that the pump will enhance the breastfeeding experience or will help the mother continue successful breastfeeding.

e. When there is separation of greater than 6-8 consecutive hours it would require pumping a minimum of 2 times a day. The goal is to maintain adequate breast milk production so that none or less formula is needed for the infant.

f. Counseling should be provided on the need for continued and increased “at breast” feedings when mother and infant are not separated and the risks of young infants prematurely weaning due to increased bottle feedings.

g. Small multi-user electric breast pumps may be given for the following reasons:
    i. Breastfeeding participant is working.
    ii. Breastfeeding participant is going to school.
    iii. Breastfeeding dyads are separated for short periods of time (i.e., 6-8 hours) during the day/night.
    iv. Breastfeeding dyads would not meet the criteria or require the use of a hospital electric breast pump.

h. Double pumping kits are to be issued with the pump. Participant may keep the pump as long as she is consistently using it (i.e., daily or several days a week.)

i. Loaned pumps are to be returned to WIC clinic by participant after use.
    i. Electric pump motor must be returned by the participant when finished using for her work or school separation.
    ii. Kit, extra storage bottles, tote and ice block should be kept by the participant.

XXXI. Procedures for Single-User Electric Breast Pump. Single-user electric breast pumps may be provided to WIC breastfeeding mothers who are breastfeeding their infants any amount. The infant needs to have breastfeeding well established and has demonstrated adequate growth. The purpose of this type of pump issuance is to help breastfeeding participants maintain their established milk supply while continuing to breastfeed upon return to work and/or school. The single user breast pump is not designed for high-risk infants such as those who are premature, have cleft lip/palate, FTT, and hospitalized moms/infants.

a. Issuing Single-User Electric Breast Pumps.
    i. Issue pump in VISION
    ii. Provide Breast pump or aid agreement and information form, collect signature in VISION
    iii. Documentation should be done in the Nutrition Education screen which includes:
        1. Nutrition Education Covered: Instructions for BF Equip/Pump/Aids
        2. Pamphlets Provided: Breast pump or aid agreement and information.
    iv. Make a plan to follow up at 2 weeks after issuance. Document contact in the Comments/Alerts section in VISION. Only peer counselors can document in BFPC Documentation screen.
    v. Infant formula cannot be denied to participants if there is a change in breastfeeding frequency.

b. At health fairs and WIC outreach events, the public may be informed that Single-user electric breast pumps are available from WIC.

XXXII. Reducing Liability.

a. Breastfeeding aids, except the multi-user electric pumps that are loaned, are not exchanged or returned.

b. Participants receive new breast pump kits when receiving a multi-user pump.

c. Hard cases are encouraged to be used with hospital grade electric breast pumps. Soft tote bags may be given to the participant but will not be returned for reuse with other participants. These cannot be sanitized as per manufacturer's recommendations.

d. Breastfeeding aids, except multi-user pumps, are not to be exchanged between mothers or returned to the clinic.

e. Mothers must be encouraged to keep their supplies in a safe place when they are no longer needed, so that they will be available for future use (e.g., a subsequent pregnancy or separation from infant).

f. Only trained, qualified staff may issue equipment. Manufacturer's instructions must be followed for all aids. For all staff who issue equipment, this responsibility must be included in their job description, performance plan, or evaluation.

g. The Breastfeeding Equipment screen must be completed for every participant who receives any breastfeeding equipment. A signature must be captured confirming the Breast pump or aid agreement and information form has been read and understood. The signature verifies:
    i. The participant is informed of her rights and responsibilities.
    ii. The WIC program is not responsible for any personal damage caused by the use of the supply.
    iii. The local agency may release or request medical information from the participant's health care providers (listed in VISION).
    iv. The participant consents to be touched when necessary for instruction or use of the breastfeeding aid.
    v. The participant has received written guidelines for pumping and storing breast milk.
    vi. The participant assumes responsibility to return the pump in good condition if it was loaned.

h. Appropriate materials and verbal instructions must be given to every mother who receives breastfeeding equipment.

i. Provide the Breast pump or aid agreement and information "" form.

j. Provide manufacturer's instructions provided with pump kit or aid.