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 pedal pumps and electric breast pumps).

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

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

   e. Breast shells.

   f. Infant feeding tube devices (regular, and disposable - for short-term use).

   g. Nipple Shields

   h. Electric breast pumps.

i. Pedal pumps.

IV. General Guidelines. Breastfeeding aids can only be given to breastfeeding participants of the Utah WIC Program. They are currently provided free of charge to participants. Electric breast pumps can only be issued to breastfeeding participants.

V. If non-WIC members of the community, or non-WIC local agency staff members (staff that are not on 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. The Utah Breastfeeding Resource Guide lists suppliers of equipment statewide. If there is no supplier in the area, contact the State Breastfeeding Coordinator or the manufacturer/supplier representatives listed in the above Resource Guide.

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. Additionally, other special needs may also exist.

VII. Breastfeeding aids are only issued when a Lactation Educator, 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. 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 benefits, excluding food benefits. It is the discretion of the local WIC agency to allow breastfeeding aids to be loaned to this participant. The local agency would be expected to investigate the situation to see if the institution would allow the WIC participant to utilize the breastfeeding aid.

Authorized staff must be trained appropriately on the use and issuance of all WIC purchased breastfeeding aids. Training includes reading the manufacturer's instruction information and demonstrates assembly. The training documentation must be kept in the staff/peer counselor's training/module file. Instruction on the use and issuance of non WIC purchased breastfeeding aids and pumps are not allowed. However, if a WIC participant has a breast pump that is identical to the WIC purchased breast pumps, then instruction on use may be provided. If the breast pump is not identical to WIC purchased breast pumps, refer participants to other appropriate sources (health care provider, DME, manufacturer, The Utah Breastfeeding Resource Guide). Frequency of training shall be updated as warranted by products.

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

Staff Member	May issue	Additional requirements
Lactation Educator	All breastfeeding equipment and aids	• Attended a 45 hour lactation course • Complete required training and demonstrate competency with all breastfeeding aids including the infant feeding tube device • 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	• Attended a 45 hour lactation course • 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.

XI. Each agency must maintain a log documenting issuance of all breastfeeding aids, including:

a. Participant name and WIC ID number

b. Supply issued/reason

c. Instructions provided

d. Date issued

XII. Appropriate verbal and written instructions must be provided to the participant at the time of issuance. Instruct on and provide Expressing and Storing Breast Milk, provide the Breast Pump / Aid Loan Agreement Form, and the manufacturer's instructional material provided in the pump package.

XIII. Appropriate documentation for issuance of this item must be completed. This includes:

a. Complete the BF Equipment panel under the participant's record for non-serialized or serialized item(s) provided (including supply issued, date issued, reason(s) issued).

b. Upon return of the serialized item, complete information under Serialized Inventory Item Disposition.

c. Follow up must be completed and may be included in the care plan, BF PC documentation screen, comments section or other participant record location.

d. The participant must provide an electronic signature.

XIV. 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 hours	Monthly
Multi-User (e.g., Hygeia Enjoye, Calypso Pro)	1st week	Monthly
Single User (e.g. Ameda Finesse, Medela Pump in Style, Ardo Calypso to Go	Within 2 weeks	WIC appointments

XV. 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.

XVI. 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.

XVII. 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. Use only state forms.

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.

XVIII. 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. State Breastfeeding Coordinator will provide spread sheet ordering form for agencies to order amounts for aids/supplies and equipment for agency by the specified deadline.

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

e. State Breastfeeding Coordinator will be notified by the local agency that orders were received and verified in a timely manner.

XIX. 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.

XX. 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.

XXI. Procedures for Hand Breast Pumps.

a. Hand or manual breast pumps are provided to breastfeeding women at the discretion of the local Lactation Educator or CPA.

b. A Lactation Educator or CPA 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.

XXII. 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 or a pedal 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. Women who are using a pedal pump.
   vi. Other appropriate reasons (approved by Lactation Educator).

d. Spare parts. Call the State WIC Office regarding the availability of spare parts.

XXIII. Procedures for Breast Shells.

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

XXIV. 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. Babies with sucking problems,
   ii. Babies who have difficulty latching on,
   iii. Mothers with low milk supply, or re-lactating mothers,
   iv. Babies who are reluctant to nurse,
   v. Premature babies, especially when adapting to feeding at the breast,

vi. Infants with inadequate weight gain,
vii. Infants with cleft palate,
viii. Adopted babies, and
ix. Other special situations (call State Lactation Educator for approval).

b. Infant feeding tube devices are available in both a regular system, designed for long-term or repeated use, and in a “starter” system, designed for short-term use (24 hours).

c. Only Lactation Educators or CPAs trained on the use and issuance of the infant feeding tube devices may provide issuance. The LE must demonstrate competency and receive authorization from the local Breastfeeding Coordinator prior to issuing infant feeding tube devices.

d. High-risk infants must be followed by an RD. The Lactation Educator issuing the infant feeding tube device must consult with the RD (if she is not a RD.) The infant’s high risk care plan must note the use of the infant feeding tube. Use of this device requires specialized assessment skills and diligent follow up.

e. 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. An instructional video (English only) is available. It is recommended that the participant view the video in clinic; video may be loaned for a short term.

f. The infant’s physician must be notified, within three days, when an infant feeding tube device is issued.

g. Follow up is required and must be in a timely manner. 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.
    iii. Mother returns to clinic within 72 hours for follow-up weight of infant (nude or dry diaper).

iv. In some situations, a baby-weigh scale can provide useful information on volume of feedings provided when using the infant feeding tube device.

h. If the instruction and follow-up are provided by another health care provider (e.g., physician, nurse practitioner, nurse-midwife, lactation consultant), this must be documented along with an appropriate plan for follow-up agreed to by the WIC LE and the participant must be documented.

XXV. 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 Lactation Educator 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. The IBCLC or Lactation Educator issuing the nipple shield must consult with the RD (if he/she is not an RD). 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. The following protocol must be followed:
    i. Weight of infant done prior to issuance (nude or dry diaper – document and follow consistent procedure).
    ii. Follow-up within 72 hours.
    iii. Mother returns to the clinic within 7 days for follow-up weight of infant (nude or dry diaper). Health care provider referral data may be used for the follow-up weight.
    iv. Weekly follow-ups for 3 weeks.
    v. Monthly follow-ups after weekly follow-ups are completed.
    vi. Provide additional help to mothers as needed to wean from the nipple shield.

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. Lactation Educators
    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 Lactation Educator who has been authorized to issue nipple shields if they feel that a nipple shield is necessary for a participant.

XXVI. Procedures for Electric Breast Pumps.

a. The Utah WIC Program has Medela Lactina and Medela Symphony pumps available in all clinics. Ameda Elite and Ardo Carum pumps may be available in some selected 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 Utah 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 state Lactation Educator approval).

f. Electric Breast Pumps prescribed by a physician or prescriptive authority for any infant or child, including a high risk infant (FTT, prematurity and/or low birth weight) must be issued within two working days.
    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, physical address 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. The address should not include PO Boxes.

iv. In the Family Panel, 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 panel, 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. Establish a plan for follow-up with the participant, and document on the loan form.

vii. According to federal policy, the participant must also receive one contact within the first 24-72 hours following issuance and within the agency’s business week. 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.

h. 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.

i. 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 CustomerCare 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. 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 4). 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.

j. 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 becomes lost to follow-up, or the pump is suspected lost or stolen, the clinic may take the following actions:
      1. Contact any or all parties listed on the pump BF Equipment panel 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 panel.
      3. Do not indicate pump as "lost" in VISION; contact the State WIC Office for assistance.
         a. Provide to the State Breastfeeding Coordinator via email:
            i. participant ID number
            ii. clinic name
            iii. pump type (Symphony or Lactina only)
            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.

k. 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.
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.)

XXVII. Procedures for Pedal Pumps.

a. Pedal breast pumps are provided to breastfeeding women at the discretion of the local Lactation Educator or CPA.

b. A Lactation Educator or CPA may issue a pedal 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 pedal pump.

d. The pedal pump is an ideal low cost alternative to support breastfeeding durations for women who work or go to school.

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

f. Single or double pumping kits can be issued to be used with the pedal pump.

XXVIII. 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 Lactation Educator 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 no 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, tote and ice block must be returned by the participant when finished using for her work or school separation.
    ii. Kit and extra storage bottle should be kept by the participant.
    iii. Tote and/or ice block must be sanitized before issuance and if they are in poor condition, replacement should be used for the next loan.

XXIX. 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. Participants who receive these pumps must sign a release form indicating that they plan to breastfeed for at least the first year of their infant's life.

b. Issuing Single-User Electric Breast Pumps.
   i. Complete and sign Single User Pump Release form
   ii. Scan into participant's record in VISION
   iii. Issue pump in VISION
   iv. Provide Breast Pump/Aid Loan Agreement form, collect signature in VISION
   v. Make plan for follow up at 2 weeks after issuance
   vi. Infant formula cannot be denied to participants when there is a change in the range of breastfeeding frequency.

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

XXX. Reducing Liability.

a. Breastfeeding aids are not exchanged or returned.

b. Except for the multi-user electric breast pump (motor and multiuser parts), participants receive only new breastfeeding aids.

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 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 loan release form has been read and understood. The signature verifies the following:
    i. She 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 on the form).
    iv. She consents to be touched when necessary for instruction or use of the breastfeeding aid.
    v. She has received written guidelines for pumping and storing breast milk.
    vi. For the electric pumps and pedal pumps, she also assumes responsibility to return the pump in good condition.

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

i. Provide written "Breast Pump / Aid Loan Agreement"

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