

Oregon WIC Breast Pump Handbook

For Local Agencies



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Introduction

Effective implementation of Oregon WIC's Breast Pump Program involves training local agency WIC staff to appropriately offer and issue breast pumps. To accomplish this, staff members who work with breastfeeding mothers need to be familiar with breast pump policies and follow established guidelines and practices.

The primary policy pertaining to breast pumps in the Oregon WIC Program is:

[Policy 712 – BREASTFEEDING: Breast Pump Ordering, Distribution and Tracking Guidelines.](#)

It contains the regulations and brief explanations for meeting these rules.

This handbook provides additional details on the specific procedures for ordering, issuing, distributing, cleaning, and tracking breast pumps. It also provides some general information on why WIC provides breast pumps, ways to pump more effectively, and how to trouble-shoot breast pump problems.

Questions pertaining to Oregon WIC's Breast Pump Program can be directed to:

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Breast Pump Program Coordinator

(971) 673-0048

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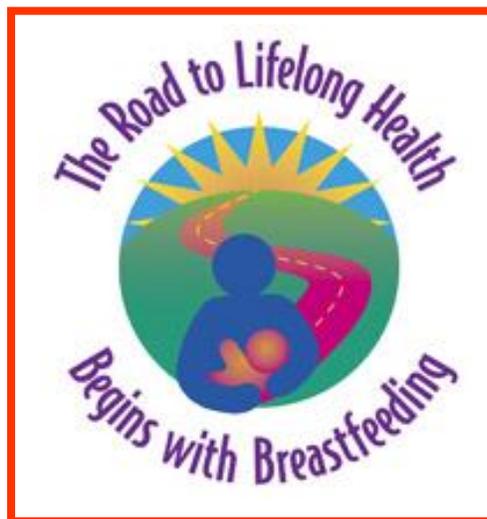
-or-

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(971) 673-0046

Oregon.wic.breastfeeding@dhsosha.state.or.us



History of Breast Pumps

Mothers have breastfed their infants throughout the centuries, without needing to use an artificial device to remove milk from the breasts. In recent years, however, many parents and healthcare providers have come to view the breast pump as an essential piece of equipment for successful breastfeeding. As a result, breast pumps are sometimes used in the early days and weeks before breastfeeding is well-established.

It is important for mothers to understand that feeding infants directly from the breast is best, as this provides the most benefit to both mother and infant in terms of health and bonding. Breast pumps are tools to be used when mothers and babies are separated or if a baby's medical condition prevents her from feeding at the breast.

Providing guidance to mothers about the proper role and use of a breast pump is as important as providing the pump itself.

Breast Pumps in WIC

Breastfeeding has been a major emphasis of the WIC program since the 1980s, and breastfeeding promotion and support continues to be an important element of the program. Congress first authorized states to purchase breast pumps with Nutrition Services Administration (NSA) funds in 1989. Some WIC agencies began offering breast pumps to qualifying women at this time, to fill a gap that existed for mothers who had need for a pump but were not able to get one due to being uninsured, or the pump not being a covered expense. Congress authorized the use of WIC food funds for the purchase of breast pumps in 1998, which is about the time that Oregon rolled out its breast pump program.



The Oregon WIC Program provides local WIC agencies with breast pumps to support continued breastfeeding in the event of mother-baby separation. As available, breast pumps are provided to WIC participants, in order to:

- Protect breastfeeding for women or infants with specific medical needs.
- Assist mothers who are separated from their babies for work or school.

When a breast pump *is* needed, having access to an effective breast pump through WIC can influence whether a mother continues to breastfeed her infant or not. Pumps may also contribute to an increased duration of breastfeeding. Improving breastfeeding exclusivity and duration rates are current goals of the Oregon WIC Program.

It is important to note that not all breastfeeding mothers will need a breast pump. Providing breast pumps to women who do *not* need them can actually interfere with breastfeeding, and may lead to unintended consequences. For example, since pumping breast milk is not as effective as an infant suckling, mothers who begin pumping ...

- May lose confidence in their ability to breastfeed successfully.
- May believe that they do not have enough milk and begin supplementing with formula, and/or stop breastfeeding altogether.
- May experience physical or emotional discomfort with pumping, which could lead to a decision to stop breastfeeding.
- May use bottles and artificial nipples earlier than necessary which could result in nipple confusion and/or refusal of the breast.
- May conclude that she needs a pump to breastfeed successfully.

For many mothers, learning how to hand express their breast milk is sufficient for relieving engorgement or for expressing milk for a later feeding, and a pump is not needed at all. WIC staff members play a vital role in helping mothers assess the need for a pump, and by offering assistance and support for the continuance of breastfeeding, regardless of whether a pump is provided.

Detailed Guidance on State Policies & Procedures

Staff training and education on the appropriate use of breast pumps is critical to the success of the Oregon breast pump program. The next section outlines specific procedures for the appropriate management of breast pumps, including the ordering of pumps through the state purchasing program, distributing pumps to participants, cleaning pumps, maintaining breast pump inventories, and disposing of breast pumps.

Breast Pump Program Staffing

POLICY SUMMARY: (♦712, ¶1.0)

The WIC Coordinator, Training Coordinator, and Breastfeeding Coordinator shall work together to authorize and train local agency staff to appropriately assess and issue breast pumps to participants.

In addition, each local program shall designate one staff member as the “Breast Pump Coordinator” for the agency. This individual will be the primary contact person for overseeing the breast pump inventory, for ordering new breast pumps and accessories, and for communicating any pump questions or problems with the State Breast Pump Coordinator.

PROCEDURE:

1. Breast pump training is required for all WIC staff who issue breast pumps.
2. WIC staff authorized to issue breast pumps are expected to
 - Use participant centered education counseling skills.
 - Follow all breast pump policies and procedures.
 - Assess a participant’s need for a pump and select the appropriate pump for her situation.
 - Know how to use, assemble, clean and care for all WIC breast pumps.
 - Understand the criteria for issuing multi-user, personal and manual breast pumps.
 - Demonstrate to participants how a pump works.
 - Develop a pumping plan with the mother.
 - Provide information on general pump care.
 - Cover key education messages on how to maintain milk production and store breast milk safely.
 - Explain how to manually express breast milk.
 - Answer a participant’s questions.
 - Provide appropriate breastfeeding assistance, counseling, and follow-up services.
 - Contact local agency breastfeeding expert with any questions or problems that arise.

OTHER INFORMATION:

WIC staff members who *do not* issue breast pumps *do* need to be aware of the pump program and how to refer participants for pump assistance.

Ordering and Receiving Breast Pumps

POLICY SUMMARY: (♦712, ¶2.0)

Local programs are responsible for maintaining an inventory of pumps and pumping accessories, and for tracking the items and quantities that need to be reordered. Breast pumps and accessories are ordered three times per year, through a centralized process at the State Agency.

Several types of breast pumps and accessories are available through the state purchasing contracts, including:

- Multi-user double electric breast pumps
- Personal double electric breast pumps
- Double pumping accessory kits
- Manual breast pumps
- Extra pump parts: Flanges, Tubing, Valves, Membranes
- Car adaptors
- Carrying Cases

PROCEDURE:

1. Unless otherwise determined, pump orders will be processed in March, July and November for delivery the following month.
2. The BAST Administrative Specialist will email the [Breast Pump Order Fillable Form](#) to Pump Coordinators approximately 2 weeks before the due date.
3. Complete this form and return it to the BAST Administrative Specialist electronically, prior to the due date.
4. Local programs will generally receive their order within 45 days from placement and approval by the State Agency.
5. Breast pumps will be shipped directly to the local program/clinic. Each permanent clinic site may place separate orders. Provide an accurate shipping address on each order form.
6. The State Agency *will not* maintain a physical inventory of pumps.
7. When the breast pump order is received, several actions are required to complete the billing process. **Within 7 days ...**
 - **Inspect** packages for damage.
 - **Locate** the packing slip and verify by count that the correct type and quantity of items have been received.
 - **Record** the date the shipment was received on the packing slip, as well as the words “Order Complete” or “Partial Order”, and your signature.
 - **Scan/email** (or FAX) the packing slip to the BAST Administrative Specialist:

Email: Julia.Turner@dhsosha.state.or.us

FAX # (971) 673-0071

Note: The breast pump contract requires that vendors include packing slips with shipments. Please look through the box(es) carefully – the packing slip may be attached to the outside of the box, or it may be slipped inside the box. If the packing slip is missing, make a list of everything that was received, and send an email to the BAST Administrative Specialist.

8. If the order is sent in more than one shipment, the packing slips for *each* shipment need to be scanned/mailed (or faxed) to the BAST Administrative Specialist.
9. If items are damaged or an incorrect number of items are received, notify the BAST Administrative Specialist right away to receive directions on how to correct the situation.
 - The pump vendor is responsible for all return shipping costs of damaged or incorrect goods and will ship new or correct goods within 15 days.
 - The vendor may also provide a pre-paid shipping form to ensure return of the damaged or incorrect goods at their expense.
 - When replacement goods are received, FAX or scan/email the packing slip to the BAST Administrative Specialist.

Breast Pump Inventory and Storage

POLICY SUMMARY: (♦712, ¶3.0 & 4.0)

All new electric breast pumps must be entered into the TWIST “Breast Pump Inventory” screen. This includes both multi-user and personal double electric breast pumps. Manual breast pumps and pumping kits may also be entered in TWIST, although this is a recommendation and not a requirement.

Accurate information must be entered on the TWIST “Breast Pump Inventory” screen in order to ensure that TWIST reports are correct. If local staff have problems entering information about breast pumps in TWIST, contact the application support staff at the state WIC office as soon as possible.



All breast pumps are to be stored in a location that ensures their security, such as a locked room, a file, or a closet that is away from participants.

PROCEDURE:

1. Once received, permanently mark all multi-user pumps as “Property of the (enter local agency name) WIC Program”
2. **Put all pumps and accessories in a secure location immediately.**
3. Enter all new **multi-user breast pumps** individually by serial number into TWIST, in the “Breast Pump Inventory” screen. The TWIST Training Manual provides instruction on how to enter pumps in TWIST. See [Chapter 8, Lesson 104—Breast Pump Inventory and Tracking](#) for more details.
 - Hygeia EnDeare pumps are to be entered with an “H” preceding the serial number to distinguish them from the Medela Lactina pumps.
4. Enter all new **personal breast pumps** into TWIST as a group, also in the “Breast Pump Inventory” screen. The TWIST Training Manual provides instruction on how to enter personal pumps in TWIST. See [Chapter 8, Lesson 104—Breast Pump Inventory and Tracking](#) for more details.
5. Enter all multi-user and personal breast pumps into the inventory **within 10 working days.**
6. Pumps shall not be issued to WIC participants until they are properly labeled (if applicable) and entered into the inventory.
7. Local programs must document the *issuance* of breast pumps in TWIST as explained in the sections on Loaning Multi-User Pumps, Issuing Personal Pumps, and Providing Manual Pumps.

Breast Pump Assessment

POLICY SUMMARY: (♦712, ¶5.0)

Breast pumps shall be provided to participants only after a thorough assessment of the breastfeeding relationship to ensure that a breast pump is the preferred intervention. Providing breast pumps to women who do not need them can interfere with breastfeeding. Only a WIC staff member who has completed breastfeeding training may issue breast pumps.

ADDITIONAL INFORMATION:

Oregon WIC offers three types of breast pumps: **Multi-User** (Hygeia EnDeare & Medela Lactina), **Personal** (Medela Pump in Style) and **Manual** (Medela Harmony one-handed pump and Hygeia two-handed pump).

Multi-User breast pumps are *loaned* to participants for medical circumstances. See section on “Loaning Multi-User Electric Breast Pumps” for specific details.

Personal pumps may be provided to mothers who are separated from their infants because of work or school. See section on “Issuing Personal Electric Breast Pumps” for more details.

Manual pumps may be given to participants who do not meet criteria for a multi-user or personal pump, but who do have occasional need to pump. See section on “Providing Manual Breast Pumps” for specific details.

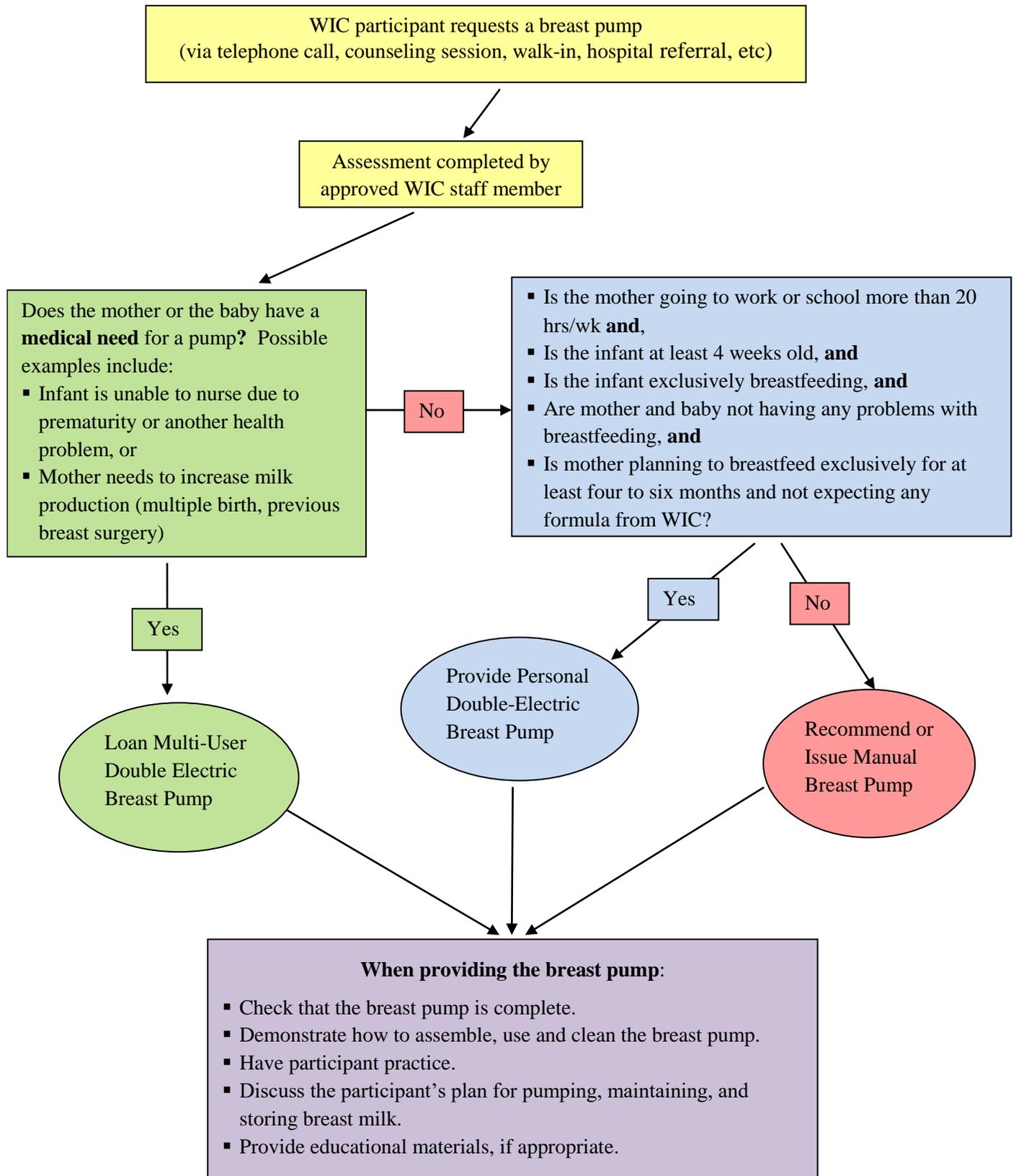
PROCEDURE:

WIC staff shall assess the participant’s breastfeeding situation in order to determine whether she qualifies for a WIC breast pump.

1. Gather information from the participant about *why* a pump is needed.
2. Complete the Breast Pump Questionnaire in TWIST, or ask the participant to complete a paper copy of the [Breast Pump Questionnaire](#), to determine *which type* of pump is best suited for the participant’s needs.
3. As appropriate, explore alternatives to pumping such as hand expression.
4. Determine if the participant meets the criteria for a breast pump. If so, select the most appropriate pump for her situation.
5. Provide information on use of the pump as explained in the “Breast Pump Education” section.
6. Have the participant read and sign the [Breast Pump Release Form](#) if she qualifies for a personal electric breast pump. If she qualifies for a multi-user pump, ask her to read and sign the [Multi-User Electric Breast Pump Loan Agreement](#) and inform her of her responsibility to return the pump in good condition on or before the due date. Further details are located in the corresponding sections.

For a visual illustrating this process, see the diagram *Decision Tree – Breast Pump Distribution in Oregon WIC* on the next page.

Decision Tree – Breast Pump Distribution in Oregon WIC



Circumstances when Breast Pumps May NOT Be Issued

POLICY SUMMARY: (♦712, ¶6.0)

Successful breastfeeding does not usually require a breast pump. Many women benefit from learning how to hand express their breast milk instead of using a breast pump, or in addition to using a pump. See “Teaching Hand Expression” in the Breast Pump Education section for more information.

The Oregon WIC Program has established specific criteria for when a breast pump may be loaned or given to participants. Women who do not meet these criteria may not be issued a breast pump.

SPECIFIC EXCLUSIONS:

1. Breast pumps may not be issued to pregnant women.
2. Breast pumps may not be provided to breastfeeding women solely as an inducement to consider or to continue breastfeeding.
3. Breast pumps may not be issued to women beyond one year postpartum, even when her child is participating in WIC.
4. Breast pumps may not be issued to women who do not meet the specific criteria identified in:
 - Loaning Multi-user Breast Pumps
 - Issuance of Personal Breast Pumps
 - Providing Manual Breast PumpsSee these sections for more detailed guidance.
5. Multi-user breast pumps may not be loaned to a WIC participant who previously borrowed a multi-user breast pump and did not return it.
6. Breast pumps may not be loaned or given to mothers who are using marijuana, drugs of abuse, or other contraindicated medications **without thorough prior assessment by a health professional.**

In Oregon, a WIC mother may use medical or recreational marijuana. Since the use of marijuana or other drugs are contraindicated while breastfeeding, this type of situation needs to be discussed and approved by a local agency IBCLC, RD, breastfeeding expert, or supervisor, prior to pump issuance. The health professional must carefully assess whether a breast pump is appropriate for the WIC mother’s specific situation. For example, is she in the process of weaning off the drug and needs to pump & dump to maintain milk production? Is the amount she is using so small that the benefits of breast milk outweigh the risk? It is highly recommended that the health professional consults with the participant’s physician or the public health medical officer to determine a plan. If a mother is regularly using marijuana or other contraindicated substances without a plan to stop, it may be determined that a WIC breast pump should not be issued. If a pump is issued, it is important that risk education be provided, and that follow-up occurs.

Resource – LactMed: <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

Breast Pump Education

POLICY SUMMARY: (♦712, ¶7.0)

All participants who receive a pump from WIC shall receive education on the assembly, use, and care of the pump, as well as guidance on the safe storage of breast milk.

Local programs may count breast pump education that occurs subsequent to and separate from the certification visit as the mother's second nutrition education contact. Group education may also be used for participants who are returning to work or school.

PROCEDURE:

Follow these steps when providing **any type** of breast pump to a participant:

1. Check that the contents of the breast pump are complete.
2. Demonstrate how to assemble the breast pump. Take the breast pump apart and have the participant assemble it.
3. Review with the participant how to use the breast pump for pumping breast milk. Provide verbal, written or audio instruction (DVD or YouTube link) on its assembly and use.
4. Discuss how to collect, warm and feed breast milk to her baby, as well as how to store breast milk safely. Breast milk storage guidelines are available on the WIC website: [English](#) | [Spanish](#)
5. Develop a plan for pumping to maintain adequate milk production. Include the:
 - frequency of pumping
 - pumping location (home or work)
 - how long to pump each session
 - duration of the pumping plan
6. Instruct about the importance of keeping the pump clean.
 - For electric breast pumps, advise the participant to run the pump for about two minutes with just the tubing connected, to prevent the growth of molds.
7. Encourage continued breastfeeding. If appropriate, include information on the importance of breastfeeding directly from the breast, and to limit pumping to times when mother and baby are apart.
8. Review pertinent written educational materials with the participant as needed.
 - When necessary, provide information in appropriate languages for participants with limited English proficiency.
9. Provide information on what to do and/or who to contact if the pump breaks, does not work properly, or if questions arise.

Teaching Hand Expression

Studies show that mothers who use hand expression in the early days of breastfeeding significantly increase their milk production. Mothers who are pumping will collect more breast milk if pumping sessions are followed by hand expression.

Other reasons for breastfeeding mothers to learn this skill include:

1. To soften breasts if they are too full for her baby to latch on well.
2. To help increase breast milk production.
3. To maximize the collection of breast milk from pumping, as mentioned above.
4. To remove breast milk when a breast pump is unavailable.
5. For personal comfort reasons, for times when her baby has a smaller feeding, or if she is temporarily away from her baby.
6. To collect breast milk for future feedings when she will be away from her baby.

WIC staff can teach hand expression using breast models, diagrams, handouts, or videos. One nice resource for learning about and teaching hand expression is the Stanford School of Medicine website:

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

Mothers can be taught hand expression during an individual counseling session or in a group session. Reassure mothers that hand expression gets easier with some practice. She may only express a few drops in the beginning, but with continued efforts, it becomes easier and the volume will increase.

Here are some hand expression handouts that may be helpful:

- Shopify: [Hand Expression](#)
- Lactation Education Resources:
<http://www.lactationtraining.com/images/PDFs/handouts/Hand%20Expression%20of%20Breastmilk.pdf>

Loaning Multi-User Electric Breast Pumps

POLICY SUMMARY: (♦712, ¶8.0)

Local programs may loan a multi-user electric breast pump to a WIC mother who has a medical need, or whose infant has a medical need.

Some of the possible reasons a participant may need a multi-user pump include:

- Infant is unable to suck adequately due to prematurity, hospitalization or another health problem
- Infant has severe feeding problems
- Mother has difficulty with milk production due to illness or hospitalization
- Mother has multiple babies (twins, triplets) and needs to increase her milk production
- Mother has severe, recurrent engorgement
- Mothers has had breast surgery



The double pumping accessory *kit* that is provided with the loaned pump is given to the WIC mother to keep. Kits are not returnable due to the possibility of cross-contamination.

At the present time, there two types of multi-user pumps available to loan to WIC mothers:

- Medela Lactina – no longer available to order, but still many in inventory
- Hygeia EnDeare – the multi-user pump available as a replacement for Lactinas that no longer work



Medela Lactina



Hygeia EnDeare

PROCEDURE:

Follow these steps when issuing a multi-user breast pump to a participant.

1. Provide instruction on how to use the pump as outlined in the section on “Breast Pump Education”.
2. Complete the top half of the [Multi-User Electric Breast Pump Loan Agreement](#), with the participant’s assistance. Ensure that all information is filled out, including the alternate contact section.

3. Determine a follow-up date to re-evaluate the need for the breast pump. It is advised that the loan time frame be limited to several weeks, and then renewed if necessary.
4. Review each of the loan conditions with the participant, have her initial where indicated on the form, fill in the due date of the pump, and the agency's contact phone number.
5. Ask the participant to sign and date this form.
6. The authorized WIC staff member must also sign and date this form.
7. Offer the participant a photocopy for her records.
8. Keep the original copy of the form in a master file and retain for three years after the last service, according to [◆426—Record Retention Period](#).
9. Enter the loan agreement information into the TWIST “Breast Pump Issuance” screen. This documentation in TWIST is required. Refer to the [TWIST Training Manual, Chapter 3, Lesson 600](#) for more details.
10. Contact the mother by telephone within 48 hours to assess if further assistance is needed. Pump recipients are more likely to succeed at breastfeeding when there is ongoing follow-up. Such follow-up helps WIC staff to:
 - Determine that the pump is operating correctly and the mother is using it properly
 - Assure compliance with the recommended pumping routine
 - Provide timely care, education, and encouragement
 - Ascertain the infant's health status
 - Determine when a mother is no longer in need of the loaned pump
11. Document follow-up contacts on the loan agreement or in TWIST.

Note: WIC breastfeeding staff may need to communicate with health care providers if a pump is loaned to a high-risk mother-infant dyad and there are ongoing medical concerns related to breastfeeding management or infant growth and development. Appropriate release forms should be completed before discussing participant health information with a medical provider.
12. Use telephone follow-up to assess the participant's continued use of the breast pump and to provide specific guidance on when the pump is to be returned to the local agency.

Issuing Personal Electric Breast Pumps

POLICY SUMMARY: (♦712, ¶9.0)

Local programs may give a personal breast pump to a WIC mother who is separated from her infant because of a return to work or school, provided she meets qualifying criteria. Local programs have the option to request documentation of employment and/or school schedules.

A personal double electric breast pump shall only be issued to a WIC mother who meets **all** of the following requirements:

- Participant is working or going to school more than 20 hours per week, is away from her baby for 9 or more feedings per week, and she is unable to feed her baby while at work or at break time, *and*
- Infant is exclusively breastfeeding when the breast pump is issued, *and*
- Infant is at least 4 weeks old*, *and*
- Mother and baby are having no problems with breastfeeding (if they are having problems, issue a multi-user breast pump), *and*
- Participant plans to breastfeed exclusively for at least four to six months and will not expect any formula from WIC



**Personal pumps should not be issued any earlier than 2 weeks prior to the participant's return to work or school.*

Special circumstances do occasionally arise when the provision of a personal pump may occur in the absence of these criteria. **Any exceptions to these requirements must be authorized with the State Breast Pump Coordinator prior to pump issuance and be documented in TWIST.**

PROCEDURE:

Prior to issuing a personal pump, the authorized WIC staff member shall assess the participant's breastfeeding to determine whether the pump will help maintain milk production that is already well-established. If the pump is deemed appropriate, follow these steps:

1. Affirm the participant for continuing to breastfeed!
2. Provide instruction on how to use the pump as outlined in the section on "Breast Pump Education".
3. Encourage the participant to fill out the "Personal Double Pump Warranty Card" that comes with the pump. This is not required but may help if there are any problems with the functioning of the pump.
4. Complete the [Breast Pump Release Form](#), ensuring that all the blanks are filled in, and that the participant has initialed where indicated.
5. Review each of the conditions listed on the form, highlighting the points below.

- Encourage the participant to save the breast pump for possible future pregnancies as a new pump may only be issued once every three years. An exception may be made for a participant who brings in a pump that is broken or no longer works effectively.
 - Remind the participant that the breast pump issued is a single-user pump. WIC expects that the participant will not loan or sell this pump because it cannot be cleaned adequately to prevent cross-contamination from person to person. When the participant is finished with the breast pump, *it should be discarded* rather than sold or given away. If the pump is sold, the cost of the pump and any profit received must be paid back to the state.
6. Ask the participant to sign and date this form.
 7. Offer the participant a photocopy for her records.
 8. Keep the original copy of the form in a master file and retain for three years after the last service, according to [◆426—Record Retention Period](#).
 9. Enter the release form information into the TWIST “Breast Pump Issuance” screen. This documentation in TWIST is required. Refer to the [TWIST Training Manual, Chapter 3, Lesson 600](#) for more details.
 10. If a participant requests formula after a breast pump has been issued, encourage her to speak with a staff member trained in breastfeeding support who may assist her. If it is determined that formula will be issued, the trained staff member will determine the appropriate amount. See [◆713—Breastfeeding: Use of Supplemental Formula](#).

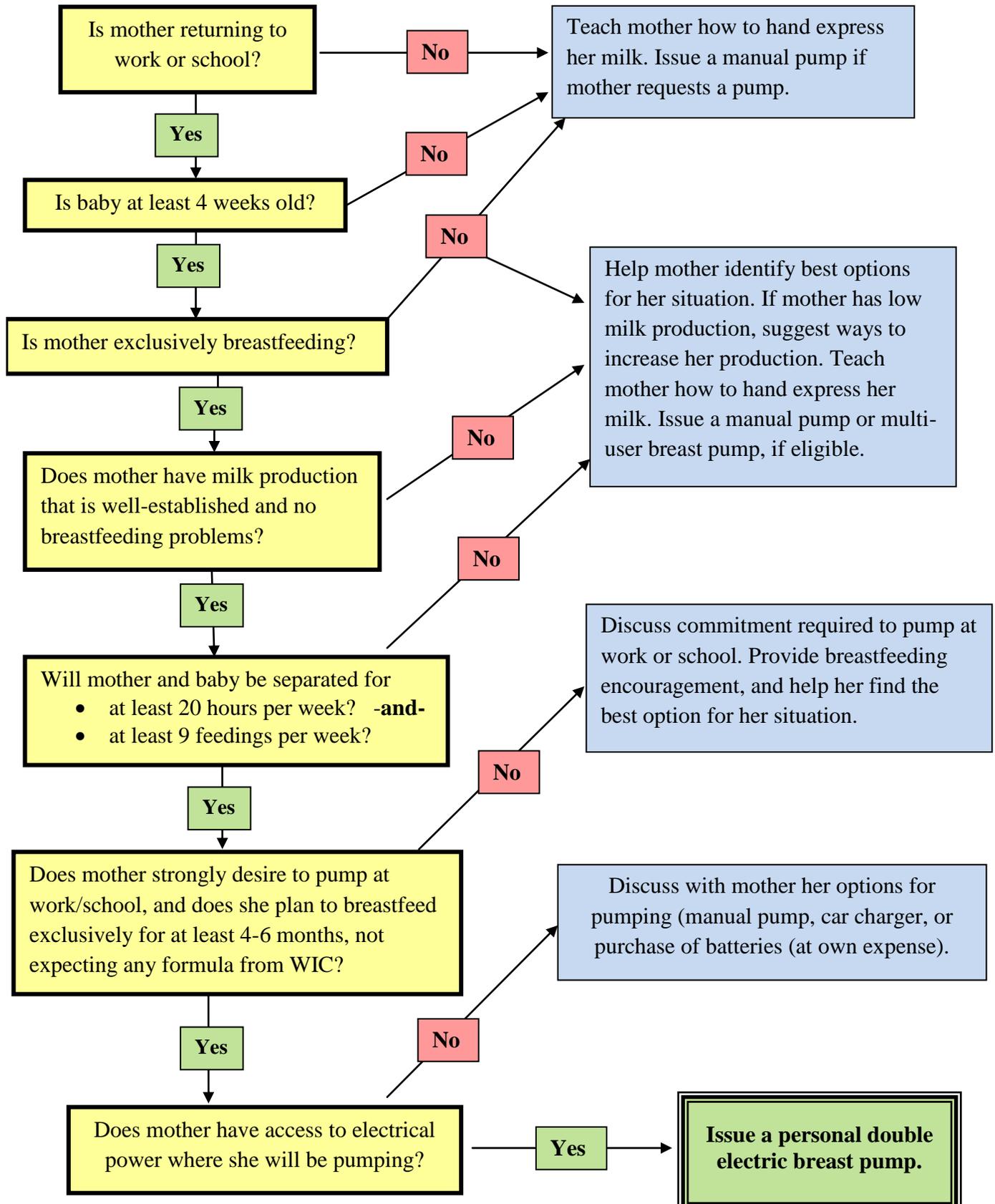
Note

Local programs may opt to loan a multi-user pump to a participant for a trial of pumping, prior to issuing a personal pump. Reasons for this might include:

- Agency has a low supply of personal pumps, but an ample supply of multi-user pumps
- Mother has not yet returned to work, but wants to start pumping to build up production
- Staff member is not certain that the participant is serious about continuing to exclusively breastfeed and pump

For a pictorial view of the process, see the diagram *Decision Tree for Issuing Personal Double Electric Breast Pumps* on the next page.

Decision Tree for Issuing Personal Double Electric Breast Pumps



Providing Manual Breast Pumps

POLICY SUMMARY: (♦712, ¶10.0)

Local programs may provide manual pumps to participants who do not meet criteria for a multi-user or personal pump, but who do have occasional need to pump. Having access to a pump may increase the exclusivity and duration of breastfeeding.

Manual pumps may be given to mothers who are experiencing:

- Temporary problem such as engorgement or flat/inverted nipples
- Brief separations from the infant for social events or meetings
- Time away from the infant to seek employment
- Working or going to school on a part-time basis (less than 20 hours per week)
- Other short-term separations, where pumping would not occur more than 8 times per week
- No access to electricity when it is time to pump

PROCEDURE:

Follow these steps to issue a manual pump:

1. Determine which style of manual pump is most appropriate for the participant.
2. Provide instruction on how to use the pump as outlined in the section on “Breast Pump Education”.
3. Document issuance of manual pump in participant’s record in TWIST.
4. Affirm the participant for continuing to breastfeed!



Hygeia Two-Hand Manual Breast Pump

The two-handed pumps are excellent for relieving engorgement.



The Harmony pumps are helpful for frequent use.

Note: For a mother **without access to electricity** who is committed to breastfeeding and is willing to use a manual pump when she is separated from her infant, two Harmony breast pumps may be issued for double pumping, if appropriate.

Distribution of WIC Breast Pumps by a Third Party

POLICY SUMMARY: (♦712, ¶11.0)

Local programs have the option of establishing partnerships with entities such as hospitals, community clinics, or community health nurses, to distribute breast pumps to WIC participants. Such arrangements must ensure that:

- Breast pumps purchased with WIC funds are issued only to current WIC participants, by appropriately trained staff,
- All breast pump policies are followed, and
- A signed written agreement outlining the responsibilities of each party is current and on file.

PROCEDURE:

1. Local programs interested in establishing a breast pump partnership with a third party must identify an individual from both the local agency and the other organization to be the points of contact for the collaboration.
2. The local program will develop a written agreement which covers the responsibilities of each party, including training (see #3 below). The agreement may be written for a time frame not to exceed 2 years and may be renewable in two-year increments if both parties agree. Date and signatures from each party are required. See the [Sample Breast Pump Partnership Agreement](#) on the WIC website for ideas on how to develop an agreement.
3. Local programs will provide training to all third-party staff who will be issuing breast pumps. In addition, a system for obtaining, distributing, and tracking breast pumps must be in place to prevent fraud or loss. Training shall ensure that third party staff:
 - Comply with assessment and issuance guidelines
 - Provide WIC participant with instruction on pump usage
 - Follow the loaning procedures which are outlined in the document [Third Party Partnerships: Protocol for Loaning WIC Breast Pumps](#)

The *Oregon WIC Pump Partner Handbook* is a useful resource for training staff. Consider printing the Partner handbook and distributing it to your agency's hospital pump partners.

Recovery of Multi-User Electric Breast Pumps

POLICY SUMMARY: (♦712, ¶12.0)

Local programs will make a reasonable effort to retrieve multi-user breast pumps that have not been returned by the date specified in the [Multi-user Electric Breast Pump Loan Agreement](#). Local programs will document attempts to retrieve these breast pumps.

If efforts to retrieve a pump are not successful, the State WIC Program shall assist local staff to attempt recovery of the pump. Unreturned pumps are considered to be lost or stolen. The state agency has the option of requesting that the participant reimburse WIC for the replacement cost of a lost multi-user breast pump. The process of recouping funds shall be done by the state agency.

Local staff shall contact the state agency immediately if they learn that a participant has transferred out-of-state without returning a multi-user breast pump.

According to federal regulations, local programs cannot withhold or deny WIC benefits, transfer documentation, or other services from a participant who has not returned a breast pump.

PROCEDURE:

If the participant fails to return a pump by the due date, the box showing the Lactina loan in the participant's record in TWIST turns **RED**, to show staff that the participant has an overdue pump. Local program staff shall:

1. Attempt to contact the participant (or alternate contact, if necessary) by phone within seven days of the breast pump return due date.
2. Mail a letter instructing the participant to return the breast pump. English and Spanish versions of a [Sample Letter: Request to Return Electric Breast Pump](#) are available on the WIC website. Keep a copy of the letter for your records.
3. Enter a note in the participant's TWIST record documenting efforts to recover the breast pump. Enter the note on the "Breast Pump Issuance" screen. Refer to the [TWIST Training Manual, Chapter 3, Lesson 600—Breastfeeding Tracking](#) for more details.
4. Change the frequency of food benefits from **three** months to **one** month in TWIST. Refer to the [TWIST Training Manual, Chapter 3, Lesson 102—Enrollment](#) for more details regarding this process.
5. If the participant fails to return the breast pump within 30 days after the letter was mailed, the local program shall send a copy of the letter mailed to the participant, and a copy of the [Multi-user Electric Breast Pump Loan Agreement](#) to the state WIC Compliance Coordinator to pursue collection efforts.
6. The state WIC Compliance Coordinator will send the participant a claim for the value of the breast pump.
7. If the participant contacts the local program to make restitution (payment) after the state has issued a claim letter, refer them to the state WIC Compliance Coordinator for payment arrangements.

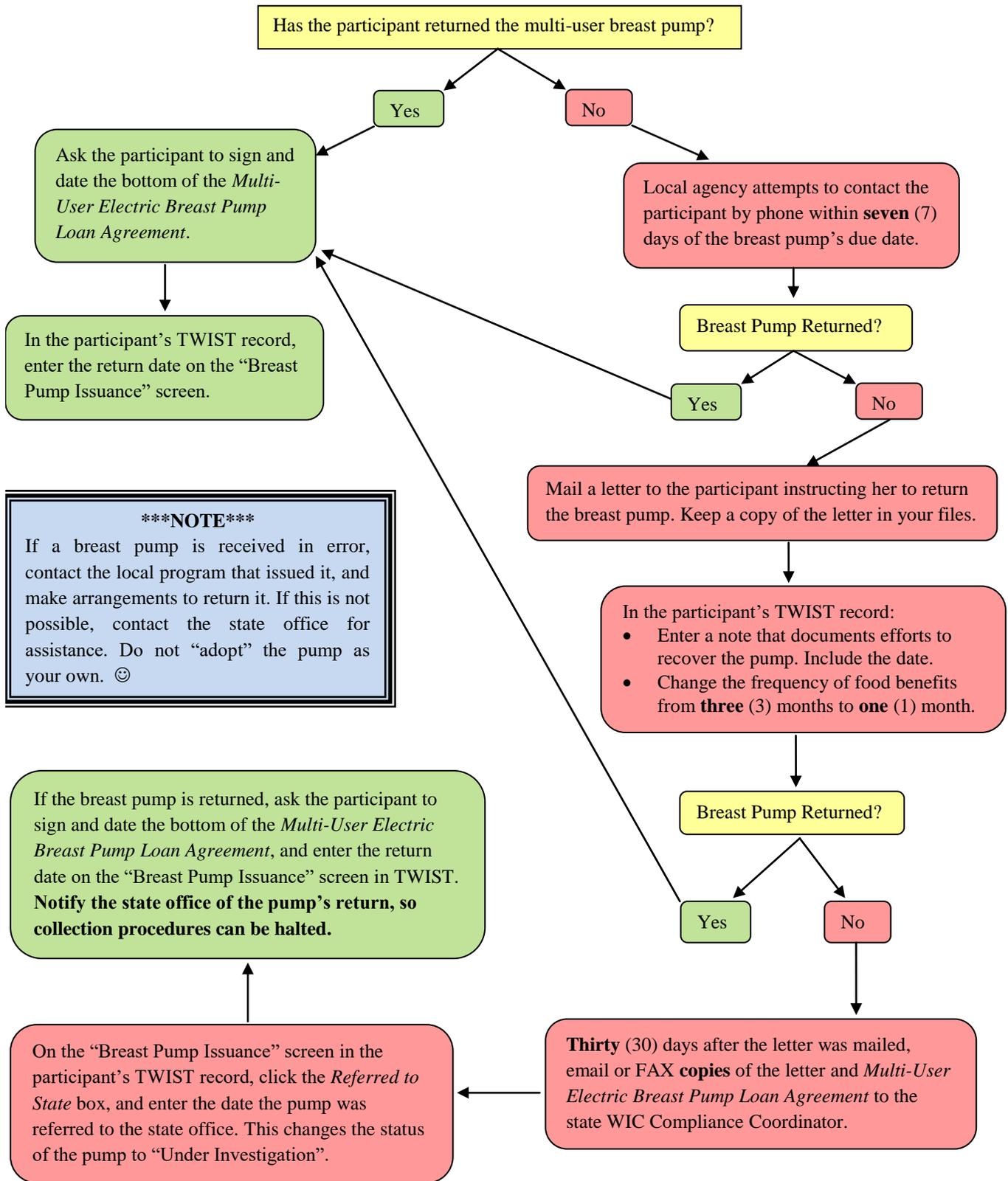
8. Upon return of the breast pump, have the participant sign and date the bottom of the [Multi-User Electric Breast Pump Loan Agreement](#). The local program shall also enter the return date on the “Breast Pump Issuance” screen and contact the state WIC Compliance Coordinator to halt collection procedures. The red box in the participant record indicating that the pump was overdue will disappear automatically once the return date is entered.
9. If a breast pump is returned to a local program other than the one that loaned the pump, the accepting local program shall contact the previous local program to make arrangements to return the breast pump. The state office is available to assist in the pump return if needed. Do not “adopt” another agency’s pump to use as your own. If you are unsure where a pump came from or to whom it belongs, contact the state office for assistance in determining the pumps rightful owner.
10. If a breast pump is determined to be unrecoverable (explanation of loss from participant, loss of contact with the participant, or other reason) state WIC staff will indicate this in TWIST. When an overdue pump is marked as unrecoverable, the box showing the Lactina loan in the participant’s record will turn **TURQUOISE** and stay that way permanently. This informs staff that this participant was loaned a pump that was never returned and is a reminder that the participant is **NOT** eligible for a WIC pump in the future.

If a breast pump is lost by the local program (not by a participant), contact the state WIC office immediately.

- State WIC staff can change the pump status on the TWIST “Breast Pump Inventory” screen to “Lost by agency” or “Unrecoverable.” Local agency staff cannot make this change.
- Accurate information must be entered on the TWIST “Breast Pump Inventory” screen in order to ensure that TWIST reports are correct.

For a pictorial view of this process, see the diagram called *Decision Tree for the Recovery of Multi-User Breast Pumps* on the next page.

Decision Tree for the Recovery of Multi-User Breast Pumps



Cleaning Multi-User Electric Breast Pumps

POLICY SUMMARY: (♦712, ¶13.0)

All multi-user breast pumps that have been loaned to participants are to be cleaned and checked for performance upon return and before re-issuing the pump to another participant.

PROCEDURE:

1. Check the condition of the returned pump and pump case.
2. Document the date of the pump's return in the participant's record in TWIST.
3. Update the [Multi-User Breast Pump Loan Agreement](#) with the date of return.
4. Place the returned pump and case in a plastic bag and secure with a twist-tie. Tag the bag with the date of return and keep the bag sealed for 3 days.
5. Visually inspect the pump after 3 days, to see if there is evidence of insect or rodent infestation or damage. If there is no evidence of infestation or damage to the pump, proceed to cleaning the pump.
 - If there **is** evidence of insect or rodent infestation, place a second bag over the pump and follow the instructions on the next page.
 - If the pump is broken or contaminated with smoke, please contact the state agency. A determination will be made on whether to professionally clean or repair the pump, or whether the local agency will dispose or recycle the pump. The decision will then be documented in TWIST. See section entitled "Breast Pump Repair / Warranty Service" for further details.
6. Clean the returned pump by following the manufacturers recommended cleaning instructions, [Steps for Cleaning Multi-User Pumps](#). The use of protective gloves is recommended when cleaning multi-user pumps. Consider printing and laminating this step-by-step guide, and displaying it in the area where multi-user pumps are cleaned to ensure that all staff members are following the same procedure.
7. After a pump has been cleaned, assess its performance by following the instructions in the guide, [Using a Pressure Gauge to Assess Breast Pump Performance](#).
8. Once cleaned and assessed, store the breast pump in a secure location, in a manner that keeps it clean. Some agencies keep cleaned pumps in a see-through bag to ensure they remain clean.
9. While the pump is not in use, there is an option to change the pump status on the TWIST "Breast Pump Inventory" screen to "In-House Cleaning." See the [TWIST Training Manual, Chapter 8, Lesson 104](#) for further details.
10. Do not clean and re-use personal double electric pumps, manual pumps and/or double pumping accessory kits. Re-use is not recommended because of the possibility of cross-contamination. If such items are returned to the local program, they should be discarded.

Insect Infestation

Multi-user breast pumps that become infested with insects while on loan to a WIC participant must be returned to the manufacturer for professional cleaning (Hygeia EnDeare) or disposed of by the local agency (Medela Lactina). Contact the BAST Administrative Specialist or Breast Pump Coordinator for assistance.

PROCEDURE:

Because multi-user breast pumps are taken into the living space of participants, there is risk of insect infestation, cockroaches in particular. Staff members shall follow the procedures outlined below to help prevent the spreading of insects into the clinic, hospital, or another participant's living space.

1. If a multi-user breast pump is found to be infested with insects, *immediately* double bag the pump. However, **do not use red bio-hazard bags**. These bags are more expensive and manufacturers charge additional fees to process a pump that has been packed in a red bio-hazard bag.
2. Contact the BAST Administrative Specialist at the State Agency to report that you have an infested pump. She will contact the manufacturer for a "Return Authorization Number" (RAN) or a Repair Ticket Number – which are customer service tracking numbers. She will also provide you with shipping instructions.
3. Pack the double bagged pump in a box.
4. Write a brief note to go in the box which provides:
 - A statement that the pump is infested, but does not need refurbishing (which is more expensive)
 - The name of the local agency
 - A contact person's name and telephone number – this is usually the local agency's Breast Pump Coordinator.
 - The physical address of where the pump is to be shipped, provided it is determined that the pump can be cleaned and returned to the agency
5. Once received, write the authorization number on the outside of the shipping box, along with the word INFESTED.
6. Ship the pump to the manufacturer at the address the BAST Administrative Specialist provides.
7. Change the pump status on the TWIST "Breast Pump Inventory" screen to "Returned to Manufacturer." See the [TWIST Training Manual, Chapter 8, Lesson 104](#) for further details.
8. The BAST Administrative Specialist will inform the local program as to the status of the pump cleaning.
 - Pumps that are approved will be cleaned and returned to the local program within 30 days.
 - Pumps that are denied will not be returned to the local program.
9. If a replacement pump is needed and funds are available, a new multi-user pump may be ordered on the next order.

Breast Pump Repair / Warranty Service

POLICY SUMMARY: (◆712, ¶14.0)

Breast pumps are covered under warranty for a set period of time, and may be returned to the manufacturer if they are found to be defective or in need of repair after the initial seven-day inspection period but before the warranty period has expired.

Warranty periods for the pumps are:

- Hygeia EnDeare – 3 years
- Medela Lactina – no longer under warranty
- Medela Double Pumping Accessory Kits – 1 year
- Medela Pump-In-Style – 1 year
- Medela Harmony or Hygeia 2-Handed Manual Pump – 1 year

All warranty periods start at the **date of issuance to the participant**.

- Medela Lactina – No longer under warranty.
- Medela Pump-in-Style – To verify whether a personal pump is on warranty, check the date on the [Breast Pump Release Form](#) to see when the pump was issued to the participant. If it is less than 1 year ago, the pump is still on warranty.
- For manual pumps, check the date that it was issued to the participant.

If it is unclear whether the pump is on warranty, contact the BAST Administrative Specialist for assistance in determining this information.

PROCEDURE:

If the pump **is** under warranty –

1. Notify the BAST Administrative Specialist that a pump needs repair under warranty.
2. The state agency will contact the manufacturer regarding the warranty service and will provide local agency staff with return instructions. The manufacturer is responsible for paying all shipping costs for warranty service.
3. While the pump is not in use, change the pump status on the TWIST “Breast Pump Inventory” screen to “Returned to Manufacturer.” See the [TWIST Training Manual, Chapter 8, Lesson 104](#) for further details.

If the pump **is not** under warranty –

1. Try to determine what part of the pump is not working correctly. Use the *Trouble-Shooting Breast Pump Problems* guide below to see if you can figure out what the problem(s) might be.
2. Contact the BAST Administrative Specialist to let her know that you have a pump that is not working correctly. If possible, describe what happens when the pump is turned on, and what you *think* the problem(s) might be.

3. The pump will need to be evaluated for the cost of repair, so the more information you have, the easier it is to determine whether the pump is worth fixing. The BAST Administrative Specialist will assist in making this determination. Please note that depending on the damage, it may be more cost effective to dispose of the pump, rather than pay for an expensive repair. Medela Lactinas are no longer eligible for repair.
4. Usually only a *small* number of pumps are determined to be worth sending back to the manufacturer for repair. If this is the case, the BAST Administrative Specialist will provide you with shipping instructions.
5. While the pump is not in use, change the pump status on the TWIST “Breast Pump Inventory” screen to “Returned to Manufacturer.” See the [TWIST Training Manual, Chapter 8, Lesson 104](#) for further details.
6. Pumps that are determined to be too damaged to repair will be disposed of by the local program. See section on “*Disposal / Recycling of Breast Pumps*” for additional information.

Trouble-Shooting Breast Pump Problems

An electric breast pump should only be used in a dust-free environment. Do not use or set the pump where it is exposed to direct sunlight or any other source of heat. If a pump does not appear to be working properly, try to diagnose the problem.

1. *If the pump does not run when it is switched on:*
 - Check whether the breast pump is properly connected to the electric supply.
 - Check the fuse.
 - Be sure that the pump is plugged in.
 - Make sure that the white membranes are on the yellow disks inside the bottles.
2. *If the pump suction is too weak even after adjusting the vacuum regulator dial, check whether:*
 - The vacuum regulator ring has been turned beyond the stop, has been displaced, is no longer a close fit or is dirty on the inside.
 - The rubber seal of the piston is seating correctly and is in good condition. The valve has been correctly fitted to the flange. Is the valve membrane clean and closing properly when in resting position?
 - The cylinder has been screwed tightly into the cylinder holder.
 - There is no leak in the tube connection between cylinder holder and flange.
 - The flange fits closely to the breast.
3. *If the suction on one side of the pump is different from the other side (when testing a pump in style):*
 - The problem is likely to be with the kit. Check the condition of the membranes to see if they are torn or dirty.
 - Ask the participant if breast milk ever backed up into the tubing. This can affect the suction and could lead to mold growing inside the pump.
 - Do **not** attempt to remove the face plate to clean the pump. It is very easy to damage the prongs of the face plate, or to damage the diaphragm under the plate. The participant may contact Medela Customer Service to learn what can be done.
4. *If the vacuum cannot be regulated:*
 - The two holes in the cylinder under the vacuum regulator ring may be blocked with dirt. Clean them using a brush and soapy water. The points listed above should also be checked.
5. *If the vacuum is not released at the end of the suction stroke:*
 - The ventilation hole at the bottom of the cylinder may be blocked with dirt.
6. *If the piston does not return after the suction phase:*
 - Check whether the suction circuit is blocked.
 - There may be a kink in the tubing.

Sale of Breast Pumps – Not Allowed

POLICY SUMMARY: (♦712, ¶15.0)

WIC participants may not profit from the sale of any breast pump provided by WIC. Multi-user breast pumps are *loaned* to WIC participants and are not to be sold for personal gain.

Personal double electric breast pumps, manual breast pumps, and double pumping accessory kits are *single-user* breast pumps. These items may not be loaned or sold to others because of sanitation issues. They cannot be cleaned in a way to prevent cross-contamination from person to person.

PROCEDURE:

1. When providing a WIC breast pump, be sure to review the breast pump release form and/or pump loan agreement carefully with each participant so she knows that selling WIC issued items is a violation of program rules and constitutes program abuse. Provide a gentle reminder that online and off-line advertisements, postings, and listings are routinely investigated.
2. When a participant no longer needs to borrow a multi-user electric breast pump, it should be returned to the local agency. If the pump is not returned, the WIC participant is liable for the cost.
3. When a participant is finished with a personal electric breast pump, she can save it for a future pregnancy or **discard it** rather than sell or give it away. Remind the participant that personal pumps are only issued if needed once every 3 years.
 - The WIC participant may dispose of the pump herself or bring it to the local program for disposal. If pump is to be disposed of by the local agency, follow the guidance in the section on “*Disposal / Recycling of Breast Pumps*”.
4. If a WIC staff member comes across a WIC breast pump that is advertised for sale in a public site such as e-Bay or Craig’s List, or in a public setting such as a consignment store, gather as much information as possible on the item and its seller (photo or screen shot of the pump, seller’s phone number, WIC ID #, or other identifying information, etc.).
5. Report the discovery to the WIC Investigator in the state office. The contact information is:

WIC Investigator
Oregon WIC Program
800 NE Oregon Street, Suite 865
Portland, OR 97232
Telephone: (971) 673-0040
6. Although it is not possible to investigate every advertisement, such tips are appreciated.

Disposal / Recycling of Breast Pumps

POLICY SUMMARY: (◆712, ¶16.0)

Broken breast pumps that are not candidates for repair *and are no longer on warranty* may be disposed of by the local agency. This includes multi-user pumps and personal pumps that have been returned to the agency.

Breast pumps that are broken and beyond the warranty period can also be recycled, rather than discarded. Agencies may be able to recycle these pumps locally or through a manufacturer's program.

PROCEDURE:

1. Inform the BAST Administrative Specialist at the State Office that you have a pump that is no longer in service.
2. **If the pump will be disposed of by the local program ...**
 - Remove any parts that can be salvaged and reused (case, clips, strap, power cord), and discard the rest in a closed trash container. It may be helpful to label the pump as “broken” or to disassemble it so there is no confusion as to its condition.
 - When a multi-user breast pump is no longer useable, change the pump status on the TWIST “Breast Pump Inventory” screen to “Permanently Out of Service.” See the [TWIST Training Manual, Chapter 8, Lesson 104](#) for further details.
3. **If the pump will be recycled locally ...**
 - Before it is recycled, record the pump serial number and document it as “permanently out of service” in TWIST (see above).
 - Deliver it to a known recycling source. Your agency is responsible for all shipping charges.
 - Do not send broken breast pumps to the state WIC office for disposal or recycling unless directed to do so.

Transfers

POLICY SUMMARY: (♦712, ¶17.0)

Local program staff shall request the return of a multi-user breast pump *before* a participant transfers to a different location within the state of Oregon. If the participant transfers without notifying the agency, staff at the previous agency shall notify the participant’s new agency about the unreturned multi-user breast pump.

Staff transferring in a participant who has not returned a multi-user breast pump loaned to her by the previous agency shall assist with continued breast pump recovery attempts. Recovered pumps are to be returned to the original agency.

Local program staff shall contact the Breast Pump Program Coordinator at the State Agency immediately when they learn a participant has transferred out of the agency with a multi-user breast pump. State staff will assist in identifying the participant’s new agency.

Local program staff who become aware that a participant who has transferred to Oregon from another state has a multi-user breast pump from that state, shall attempt to recover that pump and return it to the state where it originated. Contact the State WIC Office for assistance if needed.

According to federal regulations, local programs cannot withhold or deny WIC benefits, transfer documentation, or other services from a participant who has not returned a breast pump.

PROCEDURE:

If a local program receives a transferred participant who has not returned a breast pump as indicated on the “TWIST Family Summary” screen, the local program should:

1. Request that the participant return the breast pump immediately, to either the local program that made the agreement or the local program into which they are transferring.
 - If the participant is still using the pump, another multi-user pump may be loaned to her by the local program into which she is transferring, once the first pump is returned.
2. Notify the participant that the pump must be returned to WIC within 30 days to avoid being billed for the cost of the pump, as stated on the [Multi-User Electric Breast Pump Loan Agreement](#).
3. If not already done, change the frequency of food benefits from **three** months to **one** month in TWIST. Refer to the [TWIST Training Manual, Chapter 3, Lesson 102—Enrollment](#) for more details regarding this process. Keep participant on one-month benefits until the state agency has received payment or the breast pump is either returned or determined to be unrecoverable.
4. Notify the previous local program of the participant’s transfer.

Fiscal Management

POLICY SUMMARY: (◆712, ¶18.0)

All costs for the *management* of the breast pump program are to be charged to the WIC NSA grant, including:

- Staff time for management of the pump program;
- Space to store pumps;
- Maintenance and cleaning costs, including shipping fees;
- Participant education.

Multi-user breast pumps *ordered through the state purchasing program* may not be sold to participants, hospital partners, or other entities. Personal double electric pumps, manual pumps, and double electric accessory kits *ordered through the state purchasing program* shall be given to participants free of charge.

Local programs may purchase breast pump supplies and/or breastfeeding aids in addition to the products available through the state purchasing program. These items must follow federal policy guidelines for such expenditures, and costs are to be charged to the WIC NSA grant. Questions about allowed expenditures may be directed to a State Breastfeeding Coordinator.

PROCEDURE:

1. All costs related to the local agency's breast pump program are to be tracked, including
 - Management expenses as described above, and
 - Expenditures for breast pump supplies and breastfeeding aids purchased by the local agency
2. Expenditures are to be reported quarterly in the "Public Health Services Revenue and Expenditure Report", which is completed by the local agency's financial services division.
3. These costs are to be charged to the WIC NSA grant, specifically tagged as "Breastfeeding Promotion" expenses.
4. For further information or questions related to financial reporting, contact the Financial Analyst at the State Agency, 971-673-0031.



Additional Information

Learning how to use a breast pump can be overwhelming for a new mother. When providing a pump loan or a personal pump to a WIC participant, it is important to allow adequate time for explaining how the pump is assembled and used, as well as for individualizing her breastfeeding plan, and answering her questions. The information in this section provides details for staff and participants on the “how-to’s” of using a breast pump in the most effective manner. A special thanks to Korina Skaff, IBCLC in Jackson County, for giving us permission to adapt some of the guidance she researched and compiled.

Breast Pump Flanges

The breast pump flange (sometimes called a breast shield) is the circular cup attachment that fits on the breast and connects with tubing to the breast pump. **Choosing the right size flange is important for the mother’s comfort and for effective pumping.**

Flanges are available in many different sizes. The Medela accessory kit and the pump in style personal pump both come with 2 sets of flanges – small (24 mm) and medium (27 mm). Local agencies also have the option to stock flanges in extra small (21 mm), large (30-31 mm) and extra-large (36 mm). The soft/flexible flange that Medela used to offer is no longer available.

Flanges for the Hygeia EnDeare come in two sizes: Large (31 mm) and Medium (25 mm). Other flange sizes that are available through Hygeia are 27 mm and 29 mm, as well as a soft flange insert for the 25 mm flange to fit nipples smaller than 25 mm.

Pumping works best when the nipple moves easily in the flange tunnel. When the mother’s nipple is in the center of the shaft, it should not touch the sides of the flange. Breast tissue will swell slightly due to pumping, so if the nipple fills the flange at the beginning of the pumping session, damage can occur. The correct flange size is the one that **best fits a mother’s breast and nipple.**

Here are some other tips:

- Wet the flange with breast milk or with water to help create a seal.
- Hold the flange onto the breast with enough pressure that the flange stays on the breast. Too much pressure can plug the ducts that are close to the skin, and too little pressure can create a poor seal and can cause nipple damage and poor milk release.
- Holding the flanges can become cumbersome. If a woman wants her hands free while pumping, she can purchase a special bra that holds the flanges for the woman --OR-- modify a sports bra by cutting two tiny holes where the nipples touch. Cut just enough so the base of the flange will fit tightly through the hole.

Breast Milk Production and Release

There are two main hormones involved in milk production, oxytocin and prolactin. Both are needed to establish and maintain good milk production.

Oxytocin is the hormone that causes the milk-producing cells in the breasts to *release* milk so it can flow to the baby. Prolactin is the hormone that helps to create and maintain milk production. Both oxytocin and prolactin work most effectively when the body and mind are relaxed.

Some mothers find it difficult to release milk when using a hard, plastic breast pump. As a result, less milk is collected from pumping than when the baby is fed directly from the breast. Stimulating the mother's five senses (seeing, hearing, smelling, tasting and touching) with reminders of her baby has been shown to help the mother's body to release oxytocin, which then allows her breasts to express more milk. Encourage mothers to try one or more of the following suggestions to overcome the stress of pumping.

- **Sight:** Look at a photo of the baby while pumping. Seeing a picture of the baby may stimulate milk release.
- **Hearing:** Download the baby's cooing or crying sounds into a cell phone. Listening to sweet baby noises can stimulate let-down.
- **Smell:** Bring the baby's blanket or a recently worn shirt with you to the pumping session. The baby's scent may help to stimulate let-down.
- **Taste:** Get a beverage (water, milk, tea, smoothie, etc.) or small snack to consume during the pumping session. This may help a mother to relax and can also help meet fluid and nutritional needs. Please note that alcoholic beverages are *not* recommended.
- **Touch:** Research has shown that one of the most effective ways for mothers to increase the volume of pumped breast milk is to stimulate the breasts through touch.
 - **Warmth** – Take a warm shower or apply warm towels from the dryer or a warm wash rag to the breasts before pumping.
 - **Gravity** – Bend over and jiggle the breasts; let gravity help move the milk.
 - **Massage** – Take a couple of minutes to massage the breasts, paying particular attention to areas that feel lumpy.
 - **Touch** – Gently tickle the breasts with the back of the fingernails, using a feather stroke, from the top of the breast, down to the nipple.
 - **Hand express** – To help the milk to start flowing, try hand expression for a minute or two. (See information on hand expression in the Breast Pump Education section.)

Sometimes women who are trying to get themselves to relax find that the effort increases their stress level instead. In this situation, *distraction* and *calming activities* may help.

- Try pumping while watching TV, or listening to music, or talking on the phone.
- Breathe deeply – take a few deep breaths, inhaling and exhaling slowly to the count of 8.

- Focus on positive thoughts or events. For example, rather than dwelling on negative thoughts about her lack of time to pump, or her low volume of pumped milk, help her to think positively about her body's amazing ability to produce milk for her baby or what she is doing to support her breastfeeding experience.
- Encourage her to spend time with her baby, skin-on-skin, when she can. Suggest she spend the weekend in bed with her baby and allow the baby to nurse frequently.

Helping Mothers Learn How to Pump Effectively

Instructions for a Participant Borrowing a Multi-User Electric Breast Pump (Lactina or EnDeare):

1. Use one or more of the techniques described above to relax and prepare the breasts for the pumping session (warmth, gravity, massage, touch, hand expression).
2. Get comfortable. Use pillows or an armchair to support the elbows. Suggest leaning forward to help the milk flow into the bottle and consider putting a pillow behind the back for support.
3. Turn on the pump and start the pumping session with the *suction dial* on LOW. After a couple of minutes turn the dial up as far as possible without causing pain. Once the suction is no longer comfortable, reduce it so it is comfortable, and continue pumping. **Please note that using a higher suction setting does not necessarily mean more milk and may delay letdown and damage breast tissue.**

(If the mother is borrowing a Lactina Select or an EnDeare pump with a *speed dial*, set the suction as stated above and set the *speed dial* on a fast setting like 9 to start. Once she sees her milk ejecting, turn the speed dial down to around 7.)

4. Continue pumping as long as milk is flowing.
5. Once milk flow slows down, or stops, turn off the pump.
6. Repeat steps 1-4.
7. Then, when the flow of milk stops again, plug one of the tubing ports and pump one breast only for a few minutes, while massaging and compressing the breast to express more milk.
8. Switch to the other side and repeat.
9. The above techniques work for many women, but each person is an individual and may need to experiment a bit to find out what works best for her. For example, try putting the pump at a higher setting and then switching to a lower one. Or try increasing the suction for 5 minutes or so, and then decrease the setting to less suction. Warning: Never use the pump on HIGH for too long, this can cause severe nipple damage.

Instructions for a Participant Given a Personal Electric Breast Pump (Pump in Style):

1. Use one or more of the techniques described above to relax and prepare the breasts for the pumping session (warmth, gravity, massage, touch, hand expression).
2. Get comfortable. Use pillows or an armchair to support the elbows. Suggest leaning forward to help the milk flow into the bottle and consider putting a pillow behind the back for support.

3. Turn on the pump and start the pumping session with the *suction dial* on LOW.
4. The speed is automatically set to a fast speed for 2 minutes, to mimic a nursing baby.
5. Once she sees her milk ejecting, she can push the button that has a picture of a drop on it. When this button is pushed, the machine will start to pump at a slower speed. If this button is not pushed, the speed will automatically go slower after 2 minutes.
6. Turn the suction dial up as far as possible without causing pain. Once she feels like the suction isn't comfortable, reduce it so it is comfortable. **Please note that using a higher suction setting does not necessarily mean more milk and may delay letdown and damage breast tissue.**
7. Continue pumping as long as milk is flowing.
8. Once milk flow slows down, or stops, turn off the pump.
9. Repeat steps 1-7.
10. Then, when the flow of milk stops again, plug one of the tubing ports and pump one breast only for a few minutes while massaging and compressing the breast to express more milk.
11. Switch to the other side and repeat.
12. The above techniques work for many women, but each person is an individual and may need to experiment a bit to find out what works best for her. For example, try putting the pump at a higher setting and then switching to a lower one. Or try increasing the suction for 5 minutes or so, and then decrease the setting to less suction. Warning: Never use the pump on HIGH for too long, this can cause severe nipple damage.

Instructions for a Participant Given a Manual Pump (Two-Handed or Harmony):

1. Use one or more of the techniques described above to relax and prepare the breasts for the pumping session (warmth, gravity, massage, touch, hand expression).
2. Get comfortable. Use pillows or an armchair to support the elbows. Suggest leaning forward to help the milk flow into the bottle and consider putting a pillow behind the back for support.
3. Set the manual pump on the LOW suction setting.
4. For 1-2 minutes pump using quick, short strokes.
 - For the two-handed pump, quickly pull the piston in and out about 1-2 inches in length. Do not pull the piston its full length.
 - For the one-handed pump, pump by pressing the front part.
5. Once milk starts to spray, turn the suction dial up as far as possible without causing pain. Once she feels like the suction isn't comfortable, reduce it so it is comfortable. **Please note that using a higher suction setting does not necessarily mean more milk and may delay letdown and damage breast tissue.**
6. Pump using slow, rhythmic strokes.
 - For the two-handed pump, start pulling the piston in and out in long strokes, using the whole length of the piston shaft.
 - For the one-handed pump, switch to pumping with the back lever.

7. Once milk flow slows down, or stops, repeat steps 1-6 on the other breast.
8. When the milk flow slows down, or stops on the second breast, repeat steps 1-6 on the first breast *one more time*.
9. When the milk flow slows down, or stops on the first breast, repeat steps 1-6 for a second time on the second breast. Pumping each breast twice can significantly increase the amount of milk that is collected.

Recommendations for Pumping Frequency

For babies who do not feed directly from the breast (separation, premie, physical abnormality, etc.):

- Pump at least every 2-3 hours during the day, for about 20 minutes, plus a couple of times during the night. (Really!)

Suggestions for babies who feed from the breast and the mother is collecting milk for future feedings:

- To get the most milk in the fastest way, pump one side while nursing on the other side, or
- Pump one hour before or after a feeding (it's about the same time either way).
- Pumping right after the baby has fed will usually yield less milk. However, by pooling this milk in one container in the refrigerator, a mother may be pleasantly surprised by the amount collected at the end of the day.

For temporary separations (work, school, etc.):

- Mothers need to pump for every missed feeding. This usually means 2-3 times for an 8-hour workday. Encourage a mother to make arrangements with her employer prior to her return to work.

Length of Time for a Pumping Session

It varies between mothers, but in general, most pumping sessions take about 20 minutes of actual pumping. There may be times when it's as quick as 12-15 minutes, or as long as 30 minutes, however. It is wise to plan for a 30-minute time frame for the entire experience.

Patience and Flexibility

It usually takes a woman 1-2 minutes before they see milk coming out of their breasts. One to two minutes can seem like a long time when you are pumping, but this is normal. Practicing relaxation techniques may help milk to flow.

Suggestions for Increasing Milk Production

Dry Pumping

After feeding the baby or pumping both breasts, pump an additional 2-5 minutes, both breasts at the same time. Even though there is no milk coming out, the body is being stimulated to produce more milk. Within 2-3 days, many women find their production increases.

Power Pumping

Power pumping is a technique that is helpful for increasing milk production. The idea is to mimic a baby who is nursing frequently, as is common during a growth spurt. There are several methods of power pumping. Here is a brief explanation.

The mother sets up the breast pump in a convenient location for pumping (sometimes called a pumping station), determines which pumping method to use, and then double pumps at each pumping session (pumps both breasts at the same time).

➤ Method 1:

- Mother pumps for 10-20 minutes, rests for 10 minutes, pumps another 10 minutes, rests for 10 minutes, then pumps again for 10 minutes (this takes about one hour)
- Mother does this “power pumping” two times or more each day, for 2-3 days in a row.
- Mother feeds baby (or pumps if away from baby) as usual the rest of the day.

➤ Method 2:

- Mother pumps for 5-10 minutes every 45-60 minutes, in addition to feeding her baby as usual
- Depending on the room temperature, she can continue pumping in the same bottle/flange for 4-6 hours. Then the milk needs to be stored and the bottle/flanges washed for the next power pumping session to begin. Suggest she write down the time of when she started the power pumping session, so she can remember when she needs to store the milk.
- Mother aims for 10 pumping sessions per day, for 2-3 days in a row.
- After 2 or 3 days, resume normal pumping routine.

➤ Method 3:

- Mother pumps for 10-15 minutes *after* each feeding (during the day and evening), even when feeling “empty”.
- The extra stimulation to the breasts encourages her body to begin making more milk.

For any of these methods, it generally takes 2-3 days for a mother to notice an increase in her milk production.

Use of Galactogogues

If a mother inquires about the use of galactogogues – agents such as herbs or medicines that increase the flow of breast milk – encourage her to talk with her health care provider or lactation consultant. More information on this topic is available in these texts:

- Making More Milk, Diana West, IBCLC and Lisa Marasco, M.A., IBCLC *
- Medications and Mother’s Milk, Thomas W. Hale, Ph.D. *
- The Nursing Mother’s Herbal, Sheila Humphrey, RSc, RN, IBCLC

* *The state office has provided each local agency with a copy of this text.*

Breast Pumps and the Affordable Care Act

The Affordable Care Act has impacted WIC's breast pump program. Oregon WIC's priority is to help mothers to achieve their personal breastfeeding goals. It is important for WIC staff to inquire about whether a mother is able to get a breast pump from her insurer, while at the same time not giving her another barrier to overcome to continue breastfeeding. Oregon WIC provides breast pumps to mothers who meet WIC's criteria. Providing pumps to qualifying mothers may help WIC families to breastfeed longer, which helps Oregon to achieve their overall goal to increase breastfeeding duration and exclusivity.

Templates of letters for communicating with WIC participants about breast pumps and insurance coverage prenatally are shown at the end of this section.

- **TEMPLATE** for WIC Participant Letter – English
- **TEMPLATE** for WIC Participant Letter – Spanish

For communicating with health care providers and insurers, the following resources may be useful:

- Sample Letter for Health Care Providers
- [Frequently Asked Questions About Oregon WIC's Breast Pump Program](#)

TEMPLATE for WIC Participant Letter - English

Dear Mother-to-be,

Congratulations on your pregnancy! We are happy that you are interested in breastfeeding and want to support you as you prepare for this special time in your life. Breastfeeding creates a strong emotional bond between you and your baby, and ingredients in breast milk help to protect you and your baby from many illnesses and diseases!

We encourage you to tell your health care provider that you are going to breastfeed your baby. Your provider can help you find out how and where to get breastfeeding counseling or equipment, such as a breast pump, if needed. Here are a few facts to help guide you.

- While most mothers do not need a breast pump to successfully breastfeed, there are times when a pump can be useful, such as when a mother and baby are separated due to work or school.
- Pumps are sometimes needed for medical reasons as well, such as in a premature birth, or if mother or baby are hospitalized for illness.
- If a breast pump is needed, your health care provider or insurer may be able to provide you with a pump. We encourage you to inquire about this before your baby is born so you will know what to expect.
- If your insurance plan does not provide breast pumps at this time, WIC may be able to loan or give you a pump. WIC offers several different types of pumps, depending on the reason the pump is needed. Talk to us if you think you need a pump from WIC, and we can let you know if you qualify for one.
- We will ask you if you received a pump from your insurance plan before we provide a pump from WIC, and your response will be documented on the WIC pump loan agreement or release form. Receiving a pump from both WIC and your insurer would be a duplication of service and a misuse of WIC funds.

If you have any questions about this, feel free to talk with a WIC staff member.

Sincerely,

The _____ WIC Program

TEMPLATE for WIC Participant Letter – Spanish

Estimada Futura Madre,

¡Felicidades por su embarazo! Estamos felices por su interés en dar pecho y la queremos apoyar al prepararse para este tiempo tan especial en su vida. El dar pecho crea una unión emocional fuerte entre madre e hijo. Los componentes de la leche materna ayudan a proteger a su bebé contra enfermedades y condiciones crónicas. El dar pecho la protege a usted también.

Le sugerimos que le deje saber a su proveedor de servicios médicos que va a dar pecho a su bebe. Su proveedor puede darle información sobre donde encontrar ayuda y equipo relacionada con la lactancia, como sacaleches, si sea necesario. La siguiente información le puede servir de guía.

- La mayoría de madres no necesitan una máquina sacaleches para dar pecho. A veces una máquina puede ser útil si la madre y el bebé están separados debido al trabajo o estudio.
- Las máquinas sacaleches también se necesitan por razones médicas, como un parto prematuro o si la madre o el bebé son hospitalizados.
- En algunos casos, su proveedor de servicios médicos o su plan de seguro médico le provee una máquina sacaleches y sugerimos que investigue antes de que nazca su bebé por en caso de que la necesite.
- WIC puede prestarle una máquina sacaleches por un tiempo o darle una personal, si su seguro médico o su proveedor de servicios médicos no le provee una. WIC tiene varios tipos dependiendo de su necesidad. Póngase en contacto con su clínica de WIC para más información.
- Deberá informarnos si recibió una máquina con su seguro médico y documentaremos su respuesta en el contrato de préstamo o en la forma de autorización. Si recibe una máquina con su seguro médico y de WIC es duplicación de servicios y es un abuso de los fondos de WIC.

Si tiene preguntas acerca de esta información, por favor hable con un empleado de WIC.

Atentamente,

El programa de WIC del Condado de _____

TEMPLATE for Health Provider / Insurer Letter

Dear Health Care Provider/Insurer,

The (fill in agency name) Supplemental Nutrition Program for Women, Infants, and Children (WIC) offers a range of breastfeeding support services, including breastfeeding groups, individual counseling, and, in certain situations, the provision of breast pumps. The purpose of this letter is to share information about WIC’s breast pump program.

If your patient who is on WIC needs a breast pump, and she is unable to obtain a pump through her health care insurer, encourage her to contact WIC. Here are the steps to take:

- Call **(phone number)** to schedule an appointment to be evaluated for a breast pump. WIC does not have the capacity to see participants on a “drop-in” basis.
- Appointments take about 30 minutes. WIC staff need time to assess a mother’s need for a pump; teach her how to assemble, use, and clean the breast pump; explain how to pump and store breast milk safely; and to review her plan and goals for pumping.
- WIC will try to accommodate an appointment request to receive a breast pump within 3 business days. However, WIC is not an emergency pump supplier.

WIC carries three different types of breast pumps and a breastfeeding mother must meet specific criteria which are clarified below. WIC does not provide any breast pumps during pregnancy.

- **Multi-user Breast Pump.** WIC has a limited number of these multi-user pumps available, so they are only loaned for short periods of time (several weeks) to breastfeeding mothers with a medical reason for needing the pump. Examples of a medical need include:
 - Infant is premature, has feeding problems, or is hospitalized
 - Multiple birth (twins or triplets) and mother needs to build up milk production
 - Mother has a medical issue (previous breast surgery, recurrent engorgement, etc)
- **Personal Pump.** These single-user pumps are provided to mothers who are returning to work or school who meet ALL of the following criteria:
 - Mother is exclusively breastfeeding and plans to continue for at least 4-6 months
 - Baby is at least 4 weeks old
 - Mother is working or going to school more than 20 hours per week, and is away from her baby for 9 or more feedings per week
 - Mother and baby are not experiencing any problems with breastfeeding
- **Manual Pumps.** Manual pumps may be given to mothers who do not meet the criteria for multi-user or personal pumps. Reasons include:
 - Temporary problems such as engorgement or flat nipples
 - Brief separations from the infant for social events, meetings, or to seek employment
 - No access to electricity when mother needs to pump

If you have any questions about the WIC breast pump program, please contact me. We appreciate your partnership and support of breastfeeding mothers and babies!

(name)

WIC Coordinator **(title)**

 (agency name) WIC Program