CHAPTER 6: BREASTFEEDING PROMOTION AND SUPPORT

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OVERVIEW

Human milk is the healthy and normal food for infants from birth to one year and beyond.

"Breastfeeding and human milk are the normative standards for infant feeding and nutrition. …breastfeeding and the use of human milk confer unique nutritional and nonnutritional benefits to the infant and the mother and, in turn, optimize infant, child, and adult health as well as child growth and development."

American Academy of Pediatrics
Breastfeeding and the Use of Human Milk
February 2012

IN THIS CHAPTER

Section A General Requirements

Section B Breastfeeding Equipment and Inventory

SECTION A: GENERAL REQUIREMENTS

OVERVIEW

The Idaho WIC Program is committed to promoting and supporting breastfeeding. Information and support systems are key to establishing and maintaining breastfeeding for the first year of life and beyond.

IN THIS SECTION

Benefits of Breastfeeding
Breastfeeding Friendly Environment
Prenatal Promotion and Support
Postpartum Support for Women and Infants
Supplemental Formula Use During Breastfeeding
Local Agency Breastfeeding Promotion Coordinator
Peer Counselors
Peer Counselor Training

BENEFITS OF BREASTFEEDING

BACKGROUND

The advantages of breastfeeding range from biochemical, immunological, and endocrinologic to psychosocial, developmental, and economical. Human milk contains the ideal balance of nutrients, enzymes, immunoglobulin, anti-infective agents, anti-allergic substances, hormones, and growth factors. Breastfeeding provides a time of intense maternal-infant interaction and facilitates the physiologic return to the pre-pregnant state. It has numerous possible health benefits for the breastfeeding woman, including improved bone remineralization postpartum with reduction in hip fractures in the postmenopausal period and a reduction in risk of ovarian cancer and premenopausal breast cancer.

AMERICAN ACADEMY OF PEDIATRICS (AAP)

The American Academy of Pediatrics in its policy statement *Breastfeeding and the Use of Human Milk* states “recently published research and systematic reviews have reinforced the conclusion that breastfeeding and human milk are the reference normative standards for infant feeding and nutrition... The AAP reaffirms its recommendation of exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. (AAP, 2012)

NATIONAL WIC ASSOCIATION (NWA)

“NWA supports human milk as the best infant nutrition for the first year of life and beyond with the introduction of solid foods at the appropriate age. NWA challenges all WIC staff to actively promote breastfeeding as the norm for infant feeding. **Infants** fed human milk receive multiple health, nutritional,

environmental and economic benefits compared to infants fed artificial baby milk (formula). **Human** milk helps infants grow and mature properly…" (NWA, 2004)

IDAHO WIC'S ROLE

The Idaho WIC Program breastfeeding promotion and support efforts during the prenatal and postpartum periods include:

- Individual counseling
- Telephone support
- Nutritious foods
- Peer counselors
- Support groups
- Educational classes
- Breastfeeding educational materials
- Referrals to physicians and community support systems

Policies and guidelines included in this chapter provide the foundation for breastfeeding promotion and support in the Idaho WIC Program.

BREASTFEEDING FRIENDLY ENVIRONMENT

POLICY

The local agency will ensure that clinic environments endorse breastfeeding as the preferred method of infant feeding by meeting the criteria listed below.

REQUIRED CRITERIA

- Materials: All print and audio-visual materials, posters, office supplies, equipment, and office furniture will be free of formula product names and pictures.

- Bottle feeding equipment and formula: All formula and bottle feeding equipment will be stored out of view of WIC participants and staff.

- Acceptance of formula by staff: Staff will not accept formula from formula manufacturer representatives for personal use.

RECOMMENDED CRITERIA

Advertise Breastfeeding

- Display or use breastfeeding posters, handouts, bulletin boards, breastfeeding pins, memo pads and pens with breastfeeding messages.
- Have staff wear T-shirts with breastfeeding messages.
- Include positive breastfeeding messages where possible, like WIC newsletters, handouts, recipe cards, calendars, bumper stickers, health department newsletters, etc.
- Put breastfeeding messages in visible and key locations like the receptionist area, waiting area, on scales where pregnant women weigh themselves, and on bathroom doors—anywhere participants are likely to read a message.
- Display signs or exhibits that welcome breastfeeding in the clinic, show breastfeeding women overcoming common barriers to breastfeeding like embarrassment and employment and list the many benefits of breastfeeding.

Supportive Environment

- Discuss breastfeeding early and often with participants.
- Create private areas for breastfeeding women to breastfeed while waiting at the clinic.
- Advertise breastfeeding classes and invite family members and support people to attend.
- Offer advice and encouragement rather than formula when a breastfeeding woman doubts her ability to breastfeed.
- Show breastfeeding videos in waiting areas.

REFERENCE

7 CFR 246.11(c)(7)(i) Nutrition Education, State Agency Responsibilities

PRENATAL PROMOTION AND SUPPORT

POLICY

The purpose of this policy is to promote the nutritional well-being of infants and to support and encourage women in choosing the most nutritious feeding method for their infants.

All pregnant participants shall be encouraged to breastfeed unless contraindicated for health reasons.

Each local agency must have a written plan ensuring that breastfeeding is encouraged during the prenatal period and breastfeeding education is provided to all pregnant participants (unless it is contraindicated for health reasons).

All local agency staff must be trained on how to support and promote breastfeeding with pregnant participants.

REQUIRED EDUCATION AND SUPPORT

Prenatal breastfeeding education must include all of the following:

- Assisting pregnant participants in identifying any personal barriers to breastfeeding.
- Providing education focused on overcoming barriers of breastfeeding.
- Communicating to participants the benefits of breastfeeding for both infants and their mothers and families.
- Helping women make informed decisions by including information about the risks of using breast milk substitutes (unless breastfeeding is contraindicated for health reasons). Examples of the risks associated with use of breast milk substitutes include:
    - Increased illnesses and infections
    - Increased risk of food allergies
    - Increased risk of diabetes and SIDS
- Providing information on “Getting Started” with breastfeeding. Topics to include at a minimum:
    - Positioning and attachment
    - Signs that baby is getting enough
    - Maintaining milk supply
    - Resources to call for help and/or support

- Offering the following information describing WIC benefits for breastfeeding women:
    - Breastfeeding women are at a higher priority level than non-breastfeeding postpartum women. When local agencies lack funds to serve all qualified individuals, breastfeeding participants are more likely to be served than non-breastfeeding postpartum women.
    - Breastfeeding women may receive WIC benefits for up to one year postpartum, while non-breastfeeding postpartum women are eligible for only six months postpartum.
    - The WIC Program offers a greater variety and quantity of foods to breastfeeding participants than to non-breastfeeding postpartum participants.
- Encouraging and teaching women how to communicate their decision to breastfeed to prenatal care providers; hospital staff; and others involved in the prenatal and postpartum care of women and their infants.

PEER COUNSELORS

Local agencies are encouraged to use Peer Counselors to provide breastfeeding information and support for pregnant participants.

CONTRAINDICATIONS

Contraindications to breastfeeding may exist for the participant. These contraindications will occur in few participants. Breastfeeding is not appropriate and should not be promoted if ANY of the following conditions exist:

- The infant has galactosemia
- The mother is HIV-positive
- Drug abuse (exceptions: use of cigarettes, alcohol)
- Specific medications not compatible with breastfeeding
- The mother or infant is unable to breastfeed because of other physical or medical reasons

DOCUMENTATION

All breastfeeding education and support contacts received by participants must be documented in the participant health record. To facilitate continuity of care, documentation of encouragement to breastfeed should include all aspects of breastfeeding discussed with the participant (e.g., identification of barriers to breastfeeding, plans for overcoming barriers, topics discussed). Local agencies are encouraged to develop a comprehensive flow sheet for documenting breastfeeding education for participants in the prenatal period.

DEFINITIONS

Breast milk substitute/artificial baby milk (ABM): Infant formula.
Contraindication: Any circumstance that makes breastfeeding medically inadvisable.

REFERENCE

7 CFR 246.11(c)(7)(iv) Nutrition Education, State Responsibilities
7 CFR 246.11(e)(1) Participant Contacts

Postpartum Support for Women and Infants

Policy

All breastfeeding women will be provided with support, information, and appropriate referrals needed to successfully establish and maintain breastfeeding for one year or longer.

Promotion and Support Resources/Activities

Breastfeeding promotion and support are enhanced when breastfeeding support and assistance is provided throughout the postpartum period, particularly at critical times when the mother is most likely to need assistance. Promotion and support resources and activities may include:

- Offering telephone support, home visits, and support groups, Peer Counselors, and referrals.
- Identifying women with special support needs (multiple births, illness, returning to work/school, etc.) and providing education and support needed or making community referrals to appropriate support resources.
- Supplying breastfeeding equipment as needed. See Chapter 6, Section B.
- Providing positive reinforcement for breastfeeding in all postpartum contacts.
- Coordinating breastfeeding support with other programs and groups such as hospitals, health clinics, and La Leche League.

National WIC Association Position

The National WIC Association position paper, *Guidelines for Breastfeeding Promotion and Support in the WIC Program*, outlines recommendations for breastfeeding promotion.

Reference

7 CFR 246.11(c)(7)(iv) Nutrition Education, State Responsibilities

Supplemental Formula Use During Breastfeeding

Policy

Infant food packages will be tailored to encourage continued breastfeeding when mothers choose not to exclusively breastfeed.

All infants are eligible to receive the full amount of infant formula authorized upon the participant's request and after the breastfeeding support counseling steps (listed below) have been followed.

Definition

The USDA/FNS definition of breastfeeding is the practice of feeding a mother's breastmilk to her infant(s) on average at least once a day.

The USDA/FNS definition of a partially breastfed infant is an infant who is breastfed, but also receives formula from the WIC Program, in an amount not to exceed approximately one-half the amount of formula allowed for a fully formula-fed infant.

BACKGROUND

If breastfeeding is not going well, supplemental formula may aggravate the problem. Use of supplemental formula can decrease the amount of milk the mother produces, especially in the first month of the postpartum period.

When supplemental formula is requested, counseling support is required to ensure the continuation of breastfeeding. Ideally, the breastfed infant should require no supplemental formula, especially during the first month of life.

Cluster feeding is normal newborn behavior for a breastfeeding infant. Cluster feeding is spacing feeding closer together at certain times of the day (often in the evening) and going longer between feedings at other times. As babies grow, they begin to go longer between feedings.

COUNSELING

Staff must provide counseling before checks for formula are issued to breastfeeding infants. Follow the counseling steps below to support the breastfeeding infant and mother.

The appropriate person to provide counseling is a staff member who has completed breastfeeding training. Whenever possible, the counseling shall be provided by an RD, RN, Lactation Educator, Breastfeeding Promotion Coordinator, or health professional who has completed formal breastfeeding training.

Counseling shall include the following steps:

- The first priority is to help the woman successfully breastfeed. Assess milk supply, latch, and weight gain. Discuss milk transfer, hunger cues of the infant, and how to increase milk supply.
- Consider use of a breast pump rather than issuing formula, if appropriate.
- Inform the breastfeeding woman of the impact of supplementation on breastfeeding (i.e., that milk production will be decreased when a woman breastfeeds less frequently).
- Inform the exclusively breastfeeding woman that her food package will be changed if she accepts supplemental formula.

INFANT FOOD PACKAGE (FOR >1 MONTH ONLY)

If after counseling, the mother's decision is to give formula or if her infant is already receiving supplemental formula, refer to Supplemental Powdered Formula for Partially Breastfed Infant table (located at the end of this section) for description of amounts available.

If the mother is unsure how many feedings need to be supplemented, recommend she begin with one can and request that she contact WIC if she feels she needs more.

Provide powdered formula, if available, since it can be prepared in small quantities as needed.

Provide follow-up breastfeeding support after the introduction of formula.

- Encourage substantial breastfeeding as the norm.
- Discuss the importance of exclusive breastfeeding even if formula has been given.
- Remind the participant that if at her next appointment formula is no longer needed, she may receive an exclusively breastfeeding food package.

A breastfeeding woman of an infant who is 6 months or older and receiving greater than 50% supplemental formula will no longer be eligible to receive a food package. However, the breastfeeding

woman is still eligible to participate in WIC and receive nutrition education, breastfeeding promotion and support, appropriate breastfeeding equipment, and referrals to health and social services.

Table: Supplemental Powdered Formula for Partially Breastfed Infant

Usual Daily Intake of Formula by Infant	Percent Breastfeeding	Number of Cans to Provide per Month	
		Age of infant in months	Similac Advance, Gerber Good Start Soy
1 to 4 oz. per day	75%	1 through 11	1 can
5 to 8 oz. per day	75%	1 through 11	2 cans
9 to 16 oz. per day	50%	1 through 3 4 through 5 6 through 11	4 cans 5 cans 4 cans
Greater than 16 oz. per day Breastfeeding at least one time per day	25%*	1 through 3 4 through 5 6 through 11	6 cans 7 cans 5 cans
	25% Full formula	1 through 3 4 through 5 6 through 11	9 cans 10 cans 7 cans

REFERENCE

7 CFR 246.2 Definitions
7 CFR 246.11(c)(7)(iv) State Agency Responsibilities
7 CFR 246: FNS Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages, Interim Rule, December 6, 2007
WRO Policy Memo 804-H Questions and Answers on the Enhanced Food Package for Breastfeeding Women (Food Package VII) (11-18-94)
WRO Policy Memo 805-B Breastfeeding Support During Certification and Food Package Issuance (03-31-92)

LOCAL AGENCY BREASTFEEDING PROMOTION COORDINATOR

POLICY

Each local agency will appoint a Breastfeeding Promotion Coordinator

OVERVIEW

The local agency Breastfeeding Promotion Coordinator is a staff member who serves as a resource person and central contact for the coordination of breastfeeding promotion and support activities in the local agency. The local agency Breastfeeding Promotion Coordinator shall be given support from the local agency to ensure that the resources are available to perform the duties and responsibilities of this position.

RESPONSIBILITIES

Responsibilities are to include but are not limited to the following:

- Lead the implementation of a breastfeeding promotion and support plan for the local agency
- Review breastfeeding data with local agency WIC Coordinator on a regular basis to determine the effectiveness of the plan
- Maintain current, accurate breastfeeding information resources such as posters, handouts, breastfeeding equipment, resource and referral information, etc., to optimally support breastfeeding in all clinics
- Work with local agency WIC Coordinator and WIC staff to provide a baby friendly/breastfeeding friendly clinic environment for all WIC participants
- Participate in and conduct or coordinate ongoing training for WIC staff on breastfeeding promotion and support issues and information
- Collaborate and interact with the local breastfeeding coalition/promotion council
- Conduct and/or coordinate World Breastfeeding Week activities annually
- Monitor breastfeeding classes, counseling, and charting

REFERENCE

7 CFR 246.11 (c)(7)(ii) State Agency Responsibilities

PEER COUNSELORS

POLICY

Local agencies may employ breastfeeding Peer Counselors to assist in breastfeeding promotion and support efforts using the Best Practice Guidelines set forth by the USDA/FNS model, Using Loving Support for Peer Counseling Programs, and the Idaho Implementation Plan for Breastfeeding Peer Counseling.

DEFINITION OF BREASTFEEDING PEER COUNSELOR

A breastfeeding Peer Counselor for WIC is a woman who, at a minimum:

- Is familiar with WIC
- Current or previous WIC participant preferred
- Has similarities with WIC participants served

- Has successfully breastfed at least one child (at least 6 months)
- Can communicate effectively
- Is enthusiastic about breastfeeding
- Can document and keep accurate records

Job descriptions and duties are detailed in the Idaho Implementation Plan for Breastfeeding Peer Counseling, pages 10-12.

PROCEDURE

Breastfeeding Peer Counselors will be recruited, trained, and employed under the direction of the local agency Breastfeeding Coordinator.

Breastfeeding Peer Counselors must be recruited and trained in accordance with the Idaho Implementation Plan for Breastfeeding Peer Counseling.

REFERENCE

7 CFR 246.11(c)(2) State Agency Responsibilities

PEER COUNSELOR TRAINING

POLICY

Local agency Breastfeeding Coordinators must assure that breastfeeding Peer Counselors are qualified, trained, and perform appropriate duties.

Local agencies who use Peer Counselors must use guidelines established in the Idaho Implementation Plan for Breastfeeding Counseling.

All Peer Counselors must be fully trained using one of the approved training manuals listed or documentation of training from another state prior to unsupervised counseling.

- USDA/FNS Loving Support Peer Counseling Training Manual
- California WIC Breastfeeding Peer Counselor Training Manual
- Texas WIC Breastfeeding Peer Counselor Training Manual

All Peer Counselors must also observe an experienced Peer Counselor or Breastfeeding Coordinator for a minimum of five telephone calls, one breastfeeding class, and one face-to-face visit prior to providing services.

All training must be documented and kept in a training log by the local agency Breastfeeding Coordinator.

REFERENCE

7 CFR 246.11(c)(2) Nutrition Education
State Policy

SECTION B: BREASTFEEDING EQUIPMENT AND INVENTORY

OVERVIEW

The Idaho WIC Program promotes breastfeeding as the normal way to feed infants. Breastfeeding support is provided primarily through education, referral, and follow-up support. Most women can establish and maintain lactation without the aid of equipment. Careful consideration should be taken when issuing breastfeeding equipment that it does not impede a mother's confidence in her ability to breastfeed. Breastfeeding management problems should always be addressed prior to issuing any equipment. Breastfeeding equipment can be helpful in establishing and/or maintaining successful lactation. In such circumstances, equipment may be provided in addition to education and support when determined necessary by an authorized staff member.

IN THIS SECTION

Guidelines for Issuance
- Breast Shells
- Manual Pumps
- SNS
- Single User Electric Pumps
- Hospital Grade Rental Pump
- Hospital Grade Rental Pump Issued in Hospital

Ordering and Inventory Procedure

GUIDELINES FOR ISSUANCE - BREAST SHELLS

BACKGROUND

Often, hormonal changes in pregnancy and childbirth cause nipples to protrude naturally. Breastfeeding experts are not in agreement that breast shells should be used for flat or inverted nipples.

ELIGIBILITY CRITERIA

A person must be an active WIC participant prior to receiving any breastfeeding equipment. Before issuing breast shells, the following should be considered:

- It is recommended that breast shells be issued in the postpartum period if there is difficulty with latch due to flat or inverted nipples. Studies have found that women given breast shells during pregnancy were less successful at breastfeeding.
- If a mother reports sore nipples, she should be referred immediately to the Breastfeeding Coordinator or healthcare provider for further assessment. Once the cause of sore nipples has been addressed, shells can be issued to protect a mother's nipples from her bra or clothing. Caution: Overuse of breast shells can contribute to plugged ducts and nipple soreness.
- Other needs as determined by the local agency Breastfeeding Coordinator or Lactation Consultant.

AUTHORIZED STAFF

Local agency Breastfeeding Coordinator, local agency Lactation Consultant, or a trained RD is preferred. If the above staff members are unavailable, a Clinical Assistant or Peer Counselor who has had advanced training in issuance of this equipment that is documented in the Breastfeeding Training Log may also provide equipment.

REQUIRED DOCUMENTATION

- Determination of need (why equipment was given)
- Equipment given and accompanying materials (video, handout)
- Instruction provided with demonstration of assembly
- Care plan for follow up and referrals as necessary
- Information on who to contact with question/concerns
- Document on local agency Quarterly Distribution Record

If a participant chooses to discontinue use of equipment issued, she may save it for later use or dispose of it as she sees fit. She should not sell or give issued equipment away due to health concerns.

GUIDELINES FOR ISSUANCE - MANUAL BREAST PUMP

BACKGROUND

The WIC Program provides pumps that meet quality standards for the most effective pumping session.

ELIGIBILITY CRITERIA

A person must be an active Idaho WIC participant prior to receiving any breastfeeding equipment.

One or more of the following may be reason for issuing a two-handed manual pump:

- Short term use or infrequent need to pump
- Part time work or school
- Breastfeeding management problem that does not require an electric pump

One or more of the following may be reason for issuing a one-handed manual pump

- Carpal Tunnel Syndrome or other condition that might make it difficult to use a two-handed pump
- Part time work or school that does not qualify participant for a single user double electric pump

AUTHORIZED STAFF

Local agency Breastfeeding Coordinator, local agency Lactation Consultant, or a trained RD is preferred. If the above staff members are unavailable, a Clinical Assistant or Peer Counselor who has had advanced training in issuance of this equipment documented in the Breastfeeding Training Log may also provide equipment.

REQUIRED DOCUMENTATION

- Determination of need (why equipment was given)
- Equipment given and accompanying materials (video, handout)
- Instruction provided with demonstration of assembly

- Care plan for follow-up and referrals as necessary
- Information on who to contact with question/concerns
- Document on local agency Quarterly Distribution Record

If a participant chooses to discontinue use of equipment issued, she may save it for later use or dispose of it as she sees fit. Due to health concerns, she should not sell or give issued equipment away.

GUIDELINES FOR ISSUANCE - SNS AND DISPOSABLE SNS (INFANT FEEDING TUBE DEVICE)

BACKGROUND

An SNS should not be recommended casually for short term use. Other options should be considered prior to mentioning the SNS because of the dedication it takes.

ELIGIBILITY CRITERIA

A person must be an active Idaho WIC participant prior to receiving any breastfeeding equipment.

One or more of the following may be a reason for issuing a disposable SNS:

- Helping baby transition from another feeding method
- Inducing lactation/relactation
- Providing extra supplement
- Other reasons as determined by local agency Breastfeeding Coordinator

For longer term use, one or more of the following may be a reason for issuing a non-disposable SNS:

- Prematurity
- Down's Syndrome
- Cardiac problems
- Cleft palate
- Failure to thrive
- Neurological impairment
- Weak suck

AUTHORIZED STAFF

Local agency Breastfeeding Coordinator, local agency Lactation Consultant, or trained RD. Referral and follow-up through IBCLC and MD are necessary.

REQUIRED DOCUMENTATION

- Determination of need (why equipment was given)
- Equipment given and accompanying materials (DVD, handout)
- Instruction provided with demonstration of assembly
- Care plan for follow-up and referral to IBCLC and MD
- Information on who to contact with question/concerns
- Document on local agency Quarterly Distribution Record

If a participant chooses to discontinue use of equipment issued, she may save it for later use or dispose of it as she sees fit. Due to health concerns, she should not sell or give issued equipment away.

GUIDELINES FOR ISSUANCE - SINGLE USER DOUBLE ELECTRIC BREAST PUMP

BACKGROUND

The WIC Program provides pumps that meet quality standards for the most effective pumping session.

ELIGIBILITY CRITERIA

A person must be an active Idaho WIC participant prior to receiving any breastfeeding equipment. To receive a single user double electric breast pump, all of the following must apply:

- Participant exclusively breastfeeding
- Baby at least 4 weeks old
- Does not meet criteria for hospital rental pump
- No current breastfeeding problems
- Meets criteria for work/school hours set by State Breastfeeding Workgroup
- Pump will assist in maintaining well-established milk supply
- Participant plans to exclusively breastfeed for 4-6 months

AUTHORIZED STAFF

Local agency Breastfeeding Coordinator, local agency Lactation Consultant, or a trained RD is preferred. If the above staff members are unavailable, a Clinical Assistant or Peer Counselor who has had advanced training in issuance of this equipment documented in the Breastfeeding Training Log may also provide equipment.

REQUIRED DOCUMENTATION

- Determination of need (why equipment was given)
- Equipment given and accompanying materials (video, handout)
- Instruction provided with demonstration of assembly
- Care plan for follow up and referrals as necessary
- Information on who to contact with question/concerns
- Document on local agency Quarterly Distribution Record

If a participant chooses to discontinue use of equipment issued, she may save it for later use or dispose of it as she sees fit. Due to health concerns, she should not sell or give issued equipment away.

If formula is requested after pump is issued, follow guidelines in the table in Chapter 6, Section A.

GUIDELINES FOR ISSUANCE - HOSPITAL GRADE ELECTRIC RENTAL PUMP

BACKGROUND

Most pumps will only be approved for a one- to two-month period based on prescription and need. If the prescription has no time period specified, it is assumed to be valid for one month. If the prescription has a time period greater than two months, the local agency Breastfeeding Coordinator must provide follow-up after two months to reassess the need for the pump.

ELIGIBILITY CRITERIA

A person must be an active Idaho WIC participant prior to receiving any breastfeeding equipment. To be eligible for a hospital grade electric rental pump, one of the following must apply:

- High-risk breastfeeding women and infants establishing or maintaining lactation
- Prematurity
- Medical condition that affects ability to suck
- Mother-infant separation for more than 24 hours due to medical condition
- Weight loss greater than 7% of birth weight in first 72 hours of life
- Severe engorgement or soreness
- Other reasons as deemed appropriate by MD, IBCLC, or local agency Breastfeeding Coordinator

AUTHORIZED STAFF

Local agency Breastfeeding Coordinator, local agency Lactation Consultant, or trained RD. Referral and follow-up through IBCLC and MD are necessary.

REQUIRED DOCUMENTATION

- Prescription
- Request For Nutritional Supplies: Electric Breast Pump Rental and Attachment Kit form must be completed and faxed or mailed to the State agency and breast pump vendor
- Participant must sign “WIC Participant Responsibilities” section of RFNS form if they are present or at their next appointment.
- Instruction provided on collecting and storing breast milk
- Care plan for follow-up and referrals as necessary
- Information on who to contact with questions/concerns

IDAHO MEDICAID

For active Idaho Medicaid participants, breast pumps may be covered as durable medical equipment. Please refer to the most current Idaho Medicaid Provider Handbook at www.healthandwelfare.idaho.gov.

GUIDELINES FOR ISSUANCE - HOSPITAL GRADE ELECTRIC RENTAL PUMP ISSUED IN HOSPITAL TO WIC PARTICIPANT

BACKGROUND

If a WIC participant or her infant is in the hospital due to a medical condition, a pump may be issued by the hospital staff using the following procedure. The local agency WIC clinic that provides services to the WIC participant must be notified within 48 hours of the pump issuance.

ELIGIBILITY CRITERIA

A person must be an active Idaho WIC participant prior to receiving any breastfeeding equipment. To be eligible for a hospital grade electric rental pump, one of the following must apply:

- High-risk breastfeeding women and infants establishing or maintaining lactation
- Prematurity
- Medical condition that affects ability to suck
- Mother-infant separation for more than 24 hours due to medical condition

- Weight loss greater than 7% of birth weight in first 72 hours of life
- Severe engorgement or soreness
- Other reasons as deemed appropriate by Local WIC Agency Breastfeeding Coordinator.

AUTHORIZED STAFF

Trained hospital staff—RN, IBCLC, RD, or MD—are authorized to issue an electric pump using this procedure.

REQUIRED DOCUMENTATION

- Prescription
- Hospital Form for WIC
- Medical Supply Vendor Breast Pump Referral Form

PROCEDURE

- Fax required documentation above to medical supply vendor and corresponding Local WIC Agency within 48 hours of issuing breast pump
- Instruction provided on collecting and storing breast milk
- Care plan for follow-up and referrals as necessary
- Information on who to contact with questions/concerns

IDAHO MEDICAID

For active Idaho Medicaid participants, breast pumps may be covered as durable medical equipment. Please refer to the most current Idaho Medicaid Provider Handbook at www.healthandwelfare.idaho.gov.

ORDERING AND INVENTORY PROCEDURE

Staff responsible for inventory should not be the same staff involved in the ordering or issuance of equipment. It is the expectation of the State agency that all equipment is accounted for with each quarterly inventory report. Inventory should be issued using first-in, first-out method so that the oldest inventory is issued before newly-ordered inventory.

If procedures are found to be unsatisfactory (e.g., excessive amounts of equipment stored, not completing or submitting quarterly reports, not following above procedures for issuance of specific equipment), a corrective action plan will be implemented with the local agency Breastfeeding Coordinator, local agency WIC Coordinator, State agency Breastfeeding Coordinator, and State agency WIC Manager. The State agency reserves the right to discontinue payment for breastfeeding equipment from a local agency that is practicing unsatisfactory ordering and inventory procedures and does not adhere to corrective action plan measures.

Quarterly Reports
Submit with local agency Coordinator's Quarterly Report. Also submit the Quarterly Distribution Record (lists which participants received what equipment) with your quarterly report.

WSCA Breastfeeding Equipment Order Form
Each agency should order on an as needed basis via phone, fax, or e-mail from the WSCA contract. The equipment that can be ordered on this form includes flanges, manual pumps, electric breast pumps, and limited accessories. It is recommended that you request an order confirmation.

Please review these forms with staff who may assist in completing inventory and ordering. Also, please review the WSCA contract for further details.