

Building Skills for the QN/CPA: Conducting a Breast Pump Assessment

Trainer's Manual

Developed
for
NYS WIC

2019

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Training Description

Description:

Determining whether a breast pump is needed and which breast pump meets a breastfeeding mother's needs requires QN/CPAs to conduct an assessment using a participant-centered approach. This training is designed for professional staff to understand the role that hand expression and breast pumps play in supporting breastfeeding and which pump is most appropriate based on a mother's situation. QN/CPAs will learn how to conduct a breast pump assessment, practice participant-centered counselling when issuing a breast pump, and explore resources available to support breastfeeding mothers.

Target Audience:

WIC Coordinators, Qualified Nutritionist, CPA+, CPA, Breastfeeding Coordinators, Designated Breastfeeding Expert, Breastfeeding Peer Counselor Coordinators

Length:

7.5 hours (including lunch and breaks)

Training Goal and Objectives

Goal:

The goal of this training is to improve confidence in conducting a breast pump assessment and increase QN/CPAs' knowledge about how breast pumps can support breastfeeding.

Learning Objectives:

By the end of this training, trainees will be able to:

- Explain how breast pumps can support breastfeeding
- Describe the importance of teaching hand expression
- Identify key components to conducting a breast pump assessment
- Select the most appropriate breast pump for a breastfeeding woman
- List resources to support breastfeeding mothers when they return to work or school

Materials

Training Materials:

- PowerPoint slides
- Laptop

Trainer Note: Your laptop will require internet access to preview the *NY WIC Making It Work* toolkit. Be sure to check that your training room has internet access in advance.

- Projector
- Projector screen
- Name tags
- Markers
- Tape
- Newsprint
- Prepared newsprint
 - *Parking Lot*
 - *Ground Rules*
- Strips of colored paper
- [*Should I do a Breast Pump Assessment? Answer Key*](#)
- WIC-approved breast pumps and accessory kits:
 - At least one Hospital-grade Multi-user Breast Pump
 - At least one Personal-grade Multi-user Breast Pump
 - At least one Manual Breast Pump Single-user
 - **More than the three minimum breast pumps may be set up for the purposes of this training so that trainees may ask questions of specific pumps on breaks/lunches/end of day and explore at their leisure/pending logistical considerations to be determined on a case-by-case basis by the WIC Project Director and Trainer(s)
- [*NYS WIC Breast Pumps – Trainer’s Reference*](#)
- Link to Stanford Web Based Video
- Hygeia hand expression cup
- Cloth breast
- Balloons (1 per trainee)
- Pressure Gauge
- [*Breast Pumping Case Studies Answer Key*](#)
- *Evaluation Form*
- Certificates

Trainee Folder:

- Training-at-a-Glance
- PowerPoint slides
- [Briefcase Sticker](#)
- [NYS WIC Program Manual, Section 1225" Breast Pump Program](#)
- [NYS WIC Program Manual, Breast Pump Program Policy Supplement for use with #1225 Breast Pump Program](#) (Revised 5/2019)
 - Includes NYS WIC Program Breast Pump Issuance Guidelines Chart
- [DOH Breastfeeding Assessment Tool](#) (Revised 9/2019)
- [DOH Breast Pump Assessment and Justification Form](#) (Revised 11/2017)
- [DOH Guidance for Completing Breast Pump Assessment and Justification](#) (Revised 11/2017)
- [Breast Pump Decision Model](#) (Revised 2/2019)
- [NYS WIC Program Breast Pump List](#) (Revised 11/2019)

Handouts and Worksheets:

- [Should I do a Breast Pump Assessment? worksheet](#)
- [Breast Pump Guidance – How to Use a Pressure Gauge handout](#)
- [Hand Expression handout](#)
- [Breast Pumping Case Studies](#)

Building Skills for the QN/CPA: Breast Pump Assessment Day-At-A-Glance 9:00 AM-4:30 PM

Time	ACTIVITY	Time Required
9:00AM-9:30AM	Welcome and Introductions	30 minutes
9:30AM-10:00AM	Rationale of Breast Pumps	30 minutes
10:00AM-10:45AM	Breast Pump Assessment Overview	45 minutes
10:45AM-11:00AM	Break	15 minutes
11:00AM-11:30AM	Collecting and Clarifying Information for the Breast Pump Assessment	30 minutes
11:30AM-12:30PM	Indicators of Pump Issuance	60 minutes
12:30PM-1:30PM	Lunch	60 minutes
1:30PM-1:45PM	Key Pieces of a Pump Program	15 minutes
1:45PM-2:45PM	Hand Expression	60 minutes
2:45PM-3:15PM	Supporting Breastfeeding Moms When They Return to Work/School	30 minutes
3:15PM-3:30PM	Break	15 minutes
3:30PM-4:15PM	Skills Practice: Assessing Mothers for Breast Pumps	45 minutes
4:15PM-4:30PM	Wrap-up and Evaluations	15 minutes

Building Skills for the QN/CPA: Conducting a Breast Pump Assessment

Facilitator's Guide

9:00AM-9:30AM

Welcome and Introductions

Time Required: 30 minutes

Section Purpose: To welcome trainees to the training session and introduce the trainer(s), training goal and objectives, agenda, set ground rules and introduce the group to the purpose of the training.

Learning Modality:

- Individual activity
- Small group activity
- Large group discussion

Materials Needed:

- PowerPoint slides
- Name tags
- Markers
- Tape
- Prepared newsprint:
 - *Parking Lot*
 - *Ground Rules*
- Trainee Folder:
 - *Training-at-a-Glance*
 - [Briefcase Sticker worksheet](#)

DESCRIPTION:

Step 1: Introduce trainers, CAI, and training topic

- Welcome the trainees to the training and provide a brief overview of CAI and your background/expertise.
- Ask the trainees to introduce themselves by sharing their name, agency, role and how long they have worked for WIC.

- After the last introduction, thank the trainees for sharing.

Step 2: Review expectations, objectives, and training agenda

- Ask trainees:
 - What expectations do you have for today's training?
- Write trainees' responses on newsprint.
- Using **PowerPoint slides 2-7**:
 - Review the training goal and objectives for the day
 - Go over *Training-at-a-Glance*, including lunch and breaks

Step 3: Review the *Parking Lot* newsprint

- Display the *Parking Lot* prepared newsprint and explain that any questions or comments that come up and are not related to the training topic or topic at hand can be written on a Post-it note and placed on the newsprint.
- Distribute Post-it notes to each trainee table.
- Address questions and comments written on Post-it notes and placed on *Parking Lot* prepared newsprint throughout the training.

Step 4: Review the *Ground Rules* newsprint

- Display the *Ground Rules* prepared newsprint.
- Explain that the ground rules build an atmosphere in which everyone can feel comfortable and gain as much knowledge and experience as possible.
- Ask trainees to suggest ground rules and record them on the newsprint.
- Suggest the following ground rules if they don't come up:
 - Keep side conversations to a minimum – If something's not clear to you, it's probably not clear to others, so please let us know!
 - Turn cell phones off or put them on vibrate – The more focused we can all be, the better, as we have a lot of information to cover.
 - Refrain from texting during training – If something comes up, please leave the room so as not to disturb others.
 - Respect others' opinions and points of view – Everyone is coming in with different experiences and opinions and the more we can be open to everyone, the more we all can learn from each other.
 - Have fun! – This training is designed to be interactive and engaging, so please participate and have fun with it!
- Check with the trainees to be sure that they agree on the ground rules, and make any changes as needed.
- Post the newsprint on the wall and refer to the ground rules throughout the training as needed.

Step 5: Using PowerPoint slide 8, conduct the *Briefcase Sticker* icebreaker activity

- Ask trainees to locate the [Briefcase Sticker worksheet](#) in their folders.

- Explain the purpose of the activity is to develop a briefcase sticker (or a bag/water bottle/bumper sticker) with a message they would hand out to promote and support breastfeeding.
 - An example of a sticker message that relates to breastfeeding is:
Breastfed babies are healthier babies.
- After 5 minutes, call time.
- Tell trainees to post the worksheet on the wall to share with the group. Read out loud the sticker messages.

Step 6: Process the activity by asking:

- How was this activity?
- What was easy about coming up with things you believe about breastfeeding?
- What was hard?
- Will people who read these slogans get the full story of what breastfeeding is about? Why or why not?
- What else needs to happen?
- How is this related to the work that you do?
- Why did we begin with this warm up today?

Lead into the next activity.

9:30AM-10:00AM

Rationale of Breast Pumps

Time Required: 30 minutes

Purpose: To understand how breast pumps are a tool to support breastfeeding.

Learning Modality:

- Large group discussion

Materials Needed:

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- Trainee folder
 - [NYS WIC Program Manual, Section 1225: Breast Pump Program](#)

DESCRIPTION:

Step 1: Discuss how WIC supports breastfeeding

- Ask trainees:
 - How does WIC support exclusive breastfeeding?
- Record trainees' responses on newsprint.
 - Using PowerPoint slide, "How Does WIC Support Breastfeeding," share example responses: Providing breastfeeding information, providing a breastfeeding food package, recommending the peer counselor program, requiring each agency to have a breastfeeding expert and breast pumps for those who qualify, etc.
- Using PowerPoint slide, "Supporting Breastfeeding," continue to lead the conversation by asking the following questions:
 - What is your role in supporting exclusive breastfeeding?
 - How does the WIC team support breastfeeding?
- Wrap up the conversation by stating that each staff member is part of the breastfeeding team.

Trainer's Note: All complex and high-risk breastfeeding situations should be seen by the Designated Breastfeeding Expert.

Peer Counselors provide mom-to-mom support. They do not assess, issue pumps, nor do inventory. They can help moms with the use, care, and cleaning of pump, pumping schedules, storage of expressed milk, and conduct follow-up visits.

QN/CPAs are the professional staff who are already having conversations with moms about breastfeeding experiences through the breastfeeding assessment and can seamlessly do pump assessments and issuance when appropriate. QN/CPAs can also refer complex and high-risk situations to the breastfeeding coordinator.

Step 2: Using PowerPoint slide, “When Do Pumps... Help and Hinder,” discuss how breast pumps support exclusive breastfeeding and get breastfeeding off to a good start by asking:

- When can a breast pump be a tool?
- When can they cause problems?
- How can a breast pump help mom exclusively breastfeed?
- How can a breast pump help mom continue to breastfeed?

Trainer's Note: Do not discuss when a mom may need a pump. This will be covered later. Moms should be encouraged to get breastfeeding off to a good start, build a good milk supply and trust in their ability and their baby's ability to breastfeed. Breast pumps should only be used as indicated.

Trainer's Note: Breast pumps are not issued to mothers prenatally.

Step 3: Discuss WIC Program Manual Section 1225

- Tell trainees to locate [NYS WIC Program Manual, Section 1225: Breast Pump Program](#) in their trainee folders.
- Using PowerPoint slides, “Pump Policy,” and, “Pump Policy (Cont.)” discuss how the policy can help guide them through the breast pump program.
- The policy includes the following:
 - QN/CPAs need to conduct an assessment before issuing a breast pump.
 - The mother must have an active WIC certification.
 - Local agencies must have hospital grade, personal grade electric and manual breast pumps.
 - Local agencies must provide pumps and collection kits at no charge, local agencies must not deny benefits for unreturned, damaged or lost pumps.
 - Participant education and follow up is essential.
 - Both a physical and NYWIC inventory must be maintained by local agencies

- Inventory must still be a two-touch process
- Ask trainees: What process does your local agency use to ensure that two people participate in conducting the pump inventory?
- Example (from January 23, 2019 Quarterly Webinar slides titled “NYWIC Resources: Recent Additions and Updates”):
 1. Staff person 1 (BFC or designee) provides staff person 2 with the NYWIC Breast Pump Summary report.
 2. Staff person 2 will use the report to perform the monthly BP inventory.
 3. Staff person 2 will initial and date on the report if the BP numbers are accurate.
 4. Staff person 1 (BFC or designee) scans this document to keep it on the agency drive with other tracking forms.
 5. Regional office (RO) staff may request to see these documents on site visits.
- When participants transfer to another LA with a multi-user pump, the sending and receiving agencies must work together to ensure that the mom’s pumping needs are met. Also, responsibility for determining how the pump is returned to the issuing agency belongs to the agencies, not the mother.
- Essential information captured during the Breastfeeding Assessment will also now be documented in NYWIC therefore the Breast Pump Assessment and Justification form does not need to be scanned and kept on file. This form is now optional.

Lead into the next section.

10:00AM-10:45AM

Breast Pump Assessment Overview

Time Required: 45 minutes

Purpose: To define breastfeeding assessment, breast pump assessment, and how they relate to each other; to outline the steps of the breast pump assessment; and to introduce the first step of the breast pump assessment, which is determining if it needs to be completed.

Learning Modality:

- Brainstorm
- Large group discussion
- Small group activity

Materials Needed:

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- Strips of colored paper
- Tape
- Markers
- Newsprint
- [Should I do a Breast Pump Assessment? worksheet](#)
- [Should I do a Breast Pump Assessment? Answer Key](#)

DESCRIPTION:

Step 1: Conduct a brainstorm on breastfeeding assessments, breast pump assessments, and how they relate by asking:

- One way we support breastfeeding is by conducting breastfeeding assessments. What is a breastfeeding assessment?
 - Using PowerPoint slides, “What is a Breastfeeding Assessment,” to, “Why Moms Might Need Breast Pumps,” share that a breastfeeding assessment consists of reviewing and evaluating information and data to get a picture of how breastfeeding is going for the mother and infant.

Trainer's Note: Official definition from WPM 1011: The review and evaluation of a breastfeeding dyad's experience and objective data (i.e. anthropometry, hematology, etc.), which is used as a basis for providing participant-centered counseling, education, support, and referrals. The Breastfeeding Assessment is conducted through a conversation with the mother and may include, but is not limited to, content areas such as the birth experience, postpartum recovery and support, the infant's needs, milk supply, latch and position, and mother and infant health.

- What is the purpose of a breastfeeding assessment within WIC?
 - Example responses:
 - Identifies nutrition risks
 - Helps us identify what counseling, support, referrals, tools (including pumps) may help the breastfeeding dyad
- Who conducts the assessment?
 - Example responses: Trained staff (CPAs, QNs, and Breastfeeding Coordinators)
 - Highlight the Peer Counselor's role is to support the mom
- What is a breast pump assessment?
 - Using PowerPoint slide, "What is a Breastfeeding Assessment," share that a breast pump assessment is the determination of whether a breast pump would assist the mother in reaching her breastfeeding goals, and if so, which pump would be the most appropriate.
 - Using PowerPoint slide, "What is a Pump Assessment," share:
The steps of the breast pump assessment are:
 - Determine if a breast pump assessment is needed
 - Collect the relevant information and clarify information (use participant-centered skills)
 - Process information to determine if a pump is warranted
 - If warranted, which one would be appropriate?
 - Issue the pump
 - Document
- Who conducts a breast pump assessment?
 - Just as with the breastfeeding assessment, it is trained staff (CPAs, QNs, and Breastfeeding Coordinators)
 - The Peer Counselor does not do the assessment or issue the pump but can provide education/counseling and support
- How does a breastfeeding assessment lead into a breast pump assessment?
 - A breastfeeding assessment gathers the information that helps determine if a breast pump assessment is needed.
 - If it is determined that a breast pump assessment is needed outside of a breastfeeding assessment (e.g. a need is identified by a PC, WIC program support staff, or hospital staff), a full breastfeeding assessment is needed.
 - Using PowerPoint slide, "Breast Pump Assessment Steps," review the different assessment types.
- Conclude the discussion by stating:

- When an adequate breastfeeding assessment is conducted, you will have a picture that helps you decide if a breast pump assessment is indicated.

Step 2: Explore the first step of the breast pump assessment (determining if one needs to be conducted) by telling trainees:

- Let's look at the first step of the breast pump assessment, which is determining if one needs to be conducted.
- One way you know if you need to conduct a breast pump assessment is if you hear one of the reasons for pump issuance.

Step 3: Conduct a small group activity about why moms may need breast pumps

- Tell trainees:
 - In your small groups, you'll brainstorm all of the reasons you know of or have heard about why a mother may need a breast pump.
 - You will write down each of these reasons on strips of paper.
- Distribute strips of paper and markers to each small group and tell trainees to begin.
- After 5-8 minutes, call time. Ask one group to bring up two reasons to display on the wall.
- Ask another group to bring up two reasons that don't repeat what the previous group brought up. Continue until all are posted.
- Using PowerPoint slide, "Assessment Types," review additional reasons why moms might need breast pumps to wrap up the discussion:
 - Concerns with baby:
 - Premature
 - Ill or hospitalized
 - Developmental challenge or physical challenge
 - Latch issues
 - Not gaining weight
 - Concerns with mother:
 - Ill or hospitalized
 - Requires medication that is not compatible with breastfeeding
 - Low or delayed milk supply (real or perceived)
 - Breast or nipple issues
 - Engorgement
 - Return to work or school
 - Re-lactation
 - Mother-baby separation (e.g. custody issues, temporary foster care)
 - Occasional separation
- Ask trainees: What are indicators that a mother does not need a pump?
 - Example responses:
 - Friend has one
 - Occasional separation
 - She heard its free

- Perceived low milk supply

Step 4: Process the activity

- How was it to come up with reasons mothers need a breast pump?
- What has made you aware of these?
- What are the most common reasons mothers need a pump?
- Tell me if there are any surprises or reasons you were not aware of?
- What do most pregnant women think about needing a pump?
- What does this tell you about breast pumps?
- How can this help you when you conduct a breast pump assessment?

Step 5: Tell trainees:

- One of the reasons we should do a breast pump assessment is if we hear a reason for breast pump issuance. What are other instances where you should be thinking about whether a pump would be appropriate for your participant?
 - When a need is identified, write responses on newsprint.
- Example responses: WIC Policy--Upon participant request, when she has a pump from another source that doesn't meet her needs, when supplemental formula is requested option of pump must be discussed (WPM 1223).

Trainer's Note: The cost of providing a breast pump to a mother is far less than providing formula. It is important to conduct a breast pump assessment and issue a pump as required.

Step 6: Conduct a small group activity on breast pump assessment procedures

- Tell trainees:
 - In small groups, you'll be working through seven scenarios on a worksheet. Read each scenario and decide whether or not a breast pump assessment is needed. Explain your response.
 - If a breast pump assessment is needed, write some questions you would ask the participant in the assessment.
- Divide trainees into small groups.
- Distribute the [Should I do a Breast Pump Assessment? worksheet](#) and tell trainees to begin working on the worksheet.
- After 5-10 minutes, call time. Go through each scenario and debrief the groups' answers, using [Should I do a Breast Pump Assessment? Answer Key](#) to guide the discussion.

Step 7: Process the activity

- How difficult was it to decide if you would proceed with a breast pump assessment?
- What challenges did you face?
- What was the key piece that helped you decide?
- How can this help you when counseling breastfeeding moms?

Lead into the BREAK.

10:45AM-11:00AM

Break

11:00AM-11:30AM

Collecting and Clarifying Information for the Breast Pump Assessment

Time Required: 30 minutes

Purpose: To explore the second step of the breast pump assessment (collecting and clarifying information); to introduce some tools that can assist with the breast pump assessment.

Learning Modality:

- Large group discussion
- Lecturette

Materials Needed:

- Newsprint
- PowerPoint slides
- Trainee folder:
 - [DOH Breastfeeding Assessment Tool](#)
 - [DOH Breast Pump Assessment and Justification Form](#)
 - [DOH Guidance for Completing Breast Pump Assessment and Justification Form](#)
 - [Breast Pump Decision Model](#)
 - [NYS WIC Program Manual, Breast Pump Program Policy Supplement for use with WPM Section 1225: Breast Pump Program](#)
 - [Should I Do a Breast Pump Assessment? worksheet](#)
- [Should I Do a Breast Pump Assessment? Answer Key](#)

DESCRIPTION:

Step 1: Identify what information is needed for a breastfeeding assessment and for a breast pump assessment.

- Tell trainees:

- When conducting a breastfeeding assessment, NYSDOH developed a tool we can use to help us make sure we are getting the full picture: The *Breastfeeding Assessment Tool* (can be found in the WIC Library)
- Highlight open-ended questions in each area of the tool to ask the mom to obtain the full story.
 - What are mom's breastfeeding goals?
 - How was the birth? (Complications that can affect breastfeeding)
 - How are you feeling? (Assessing for postpartum pain)
 - What support do you have?
 - How are you feeling about breastfeeding? (Assessment for discomfort)
 - How is baby doing? (Assessment for feeding cues, dirty diapers, weight gain)

Trainer Note: All areas of the assessment tool do not need to be covered, just those indicated.

- Tell trainees:
 - We also have tools available to help us determine what information we need for a breast pump assessment.
- Introduce and review the following handouts in the trainee folder:
 - [DOH Breast Pump Assessment and Justification Form](#)
 - [DOH Guidance for Completing Breast Pump Assessment and Justification Form](#)
 - [Breast Pump Decision Model](#)
 - [NYS WIC Program Manual, Breast Pump Program Policy Supplement for use with WPM Section 1225: Breast Pump Program](#)
- Using PowerPoint slide, "Breastfeeding Assessment Tool," review the Breastfeeding Assessment Tool.

Trainer Note: Share with trainees that the Breast Pump Assessment and Justification form is now optional. It does not need to be kept on file or scanned in NYWIC since the information it captures is covered by fields in NYWIC.

- Ask trainees:
 - What information do you see covered in these tools?
 - Write "Info Needed for a Pump Assessment" at the top of a piece of newsprint. Record responses on newsprint.
 - Responses may include: Frequency of feedings, whether formula is being used, reasons for pump issuance (i.e., return to work, baby hospitalized, etc.)
- Ask trainees:
 - Are there any other items you would add?

Step 2: Using PowerPoint slide, "Information the QN/CPA Should Gather in the

Assessment,” review the information the QN/CPA should gather in the assessment by highlighting:

- Breastfeeding goals
- Baby’s gestational age
- Baby’s growth pattern
- Baby’s elimination (wet/dirty diapers)
- Baby’s diet supplementation
- Mom’s postpartum health and well-being
- Breast health
- Work or back to school plans

Step 3: Identify skills and approaches to conducting a Breast Pump Assessment

- Ask trainees:
 - What are the skills/approaches you as a professional use in conducting an effective breast pump assessment (or any assessment – nutrition or breastfeeding as well)?
- Record trainees’ responses on newsprint.
- Example responses: Having a conversation by asking open-ended questions, taking the time to get full story, listening keeping it participant-centered, listening, not being “in the computer” and letting NYWIC conduct the assessment questions – should be having a face-to-face conversation and using NYWIC as a place to document the information afterwards.

Step 4: Conduct small group activity to practice gathering information for the assessment in a participant-centered way

- Divide trainees into groups.
- Assign each group one of the first six scenarios from the *Should I Do a Breast Pump Assessment?* activity used previously.

Trainer Note: There are six scenarios because 1 of the 7 scenarios does not need a breast pump assessment to be completed.

- Ask each group to develop three questions they would use to start or continue the conversation based on the information in the scenario and write on newsprint.
- Have groups report out. Use *Should I do a Breast Pump Assessment? Answer Key* to facilitate the debriefing.

Step 5: Process the activity

- What was easy and what was hard about developing the questions?
- How does using participant-centered skills help you gather the information?
- What questions did you hear that you’d like to incorporate into your own repertoire for breast pump assessments?

Lead into the next section.

11:30AM-12:30PM

Indicators of Breast Pump Issuance

Time Required: 60 minutes

Section Purpose: To become familiar with indicators of the need for a breast pump and which type of pump is required for a mother's specific situation and using the NYS WIC Breast Pumps list.

Learning Modality:

- Large group discussion
- Demonstrations
- Hands-on practice

Materials Needed:

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- WIC-approved breast pumps and accessory kits
- Trainee folder
 - Breast Pump Decision Model
 - New York State WIC Program Breast Pump Issuance Guidelines
 - [NYS WIC Breast Pumps List](#)
- [Breast Pump Guidance – How to Use a Pressure Gauge](#) handout
- [NYS WIC Breast Pumps – Trainer's Reference](#)

DESCRIPTION:

Step 1: Using PowerPoint slide, “Choosing the Right Pump,” discuss how to determine whether a mother needs a pump and which breast pump will best meet her needs by telling trainees:

- Now, that you have gathered and clarified the information from the breast pump assessment, the next step is to determine which pump is best for her (skipping this step if the breast pump assessment result indicated no breast pump needed).
- You can use the *Breast Pump Decision Model* and/or the *New York State WIC Program Breast Pump Issuance Guidelines* (found in the Breast Pump Program Policy Supplement for Use with WPM Section 1225: Breast Pump Program) to guide you in your determination.

- If you are still unsure which pump will best match the participants needs, you can also consult with your Breastfeeding Coordinator or Designated Breastfeeding Expert.

Step 2: Using PowerPoint slide, “Breast Pump Categories,” review the two main categories of NYS WIC Breast Pumps List available to WIC agencies: Multi-user and Single-user:

- Both the *Breast Pump Decision Model* and the *New York State WIC Program Breast Pump Issuance Guidelines* are located in your trainee folders. Ask trainees to retrieve these two resources from their folders and have the *NYS WIC Program Breast Pump Issuance Guidelines* out and in front of them as we walk through the resource together.
- Focusing specifically on the *Breast Pump Issuance Guidelines*, let’s clarify the categories or types of breast pumps available in NYS WIC Agencies.
 - Pump types available include Multi-user or Single-user
 - Multi-user:
 - Breast pumps categorized as multi-user are electric and able to be rented or leased
 - Multi-user breast pumps include hospital-grade or personal-grade breast pumps
 - As you can see on your *New York State WIC Program Breast Pump Issuance Guidelines*, pedal pumps are also included in the multi-user category but have been discontinued and may only be issued until there are no more pedal pumps in local agency inventory.
 - Single-user:
 - Single-user breast pumps are not designed for more than one user, or participant, which means that they are not available for rent/lease
 - Single-user pumps in NYS WIC include personal or manual breast pumps.
 - Research and evidence show that viruses and bacteria can be transmitted through single-user breast pumps. (e.g. breast milk may back into the tubing and breast pump itself and be undetectable when sharing between pumping mothers). Multi-user breast pumps are designed to be safe for use by multiple users when each mom has her own Personal Accessory Set. This design is called “closed-system”.

Step 3: Using PowerPoint slide, “Assessed Need,” review common indications for use of each type of breast pump per the *NYS WIC Program Breast Pump Issuance Guidelines*:

- Indications for use:
 - **TO ESTABLISH MILK SUPPLY:** For mothers with premature/hospitalized babies, low or delayed milk supply, challenges with latching, and/or to establish milk supply for twins

- Hospital-grade is best (always multi-user)
- **LONG-TERM PUMPING:** When mothers are returning to work/school, have inverted or flat nipples which complicate natural latching to encourage the nipple to rise
 - Hospital-grade (always multi-user)
 - Personal-grade (multi or single-user)
 - Personal-grade Manual Pedal Pump (always multi-user)
- **SHORT-TERM PUMPING:** When the mother has to take certain medications which are contraindicated for breastfeeding but wishes to maintain supply, sore nipples from challenges with natural latching to give mother a break from painful latching until the issue is resolved, relief of engorgement, infections, or to encourage flat/inverted nipples to rise.
 - Note that most medications are compatible with breastfeeding and there are many resources available like LactMed and *Medications and Mothers Milk* book by Thomas W Hale or halesmeds.com. Encourage participants to check with their HCP before taking medications if uncertain.
 - Hospital-grade (always multi-user)
 - Personal-grade (**multi-user only**)
 - In cases where the participant requires a breast pump for only a short amount of time, think about impact on inventory if the agency was to issue a single-user breast pump which is not indicated on this guidance
 - Personal-grade manual (single-user only)
 - Personal-grade Manual Pedal Pump (always multi-user)
- **OCCASSIONAL PUMPING:** Occasional missed feeding approximately 4-5 feedings per week or for contraindicated medications/illnesses
 - Personal-grade manual (single-user only)
 - Personal-grade Manual Pedal Pump (always multi-user)
- Using PowerPoint slide, “Breast Pump Decision Model,” review the use of the *Breast Pump Decision Model* to reinforce the different indications for use/needs of breastfeeding mothers

Step 4: Review the NYS WIC Breast Pump List:

- Instruct trainees to locate the [NYS WIC Program Breast Pump List](#) in their trainee folders and tell them it is available in the WIC Library > Nutrition Services > Breastfeeding > Breast Pumps.
- Ask trainees:
 - What changes do you notice?
- Using PowerPoint Slides, “Additions to NYS WIC Breast Pump List,” (two of these slides) and, “Changes to the NYS WIC Breast Pump List,” Review changes including:
 - There are several new pumps available, including Unimom, Ardo, Ameda Finesse, and the Lansinoh Manual pumps.
 - Note that new pumps are continuously being reviewed and this list regularly updated so be sure to check often for any changes.

- There are now 4 options for personal grade multi-user pumps (Unimom Minuet, Ardo Calypso Pro Complete, Hygeia Enjoye LBI, Hygeia Enjoye EPS). These pumps are FDA-approved as multi-user pumps. These could help with cost containment and be options for mothers who may not be pumping for an extended period of time.
- There are several pumps that have been discontinued by the manufacturer but are still WIC-approved and may be used until the local agency's supply runs out.
- These include: Medela Lactina Select, Ameda Purely Yours (replaced with the Finesse Double Electric), Hygeia Q, Medela Advanced Personal Double Breast Pump 57045W, Medela Pedal Pump
- Ask trainees:
 - Which pumps are used at your local agency? What feedback do you have on the pumps your agency uses?
- Encourage local agencies to consider new technology by trying some of the new pumps on the list.

Step 5: Conduct a demonstration of at least one of each category and type of NYS WIC-approved breast pump including multi-user VS Single-user and hospital-grade, personal-grade (including manual pumps) on the *NYS WIC Breast Pump List*:

- Share indications for each type of pump as outlined in the *New York State WIC Program Breast Pump Issuance Guidelines*. Conduct a demonstration of the three different types of breast pumps, how each breast pump is assembled and disassembled, pieces included in the collection kit, and how the pump operates.
- Use the [NYS WIC Breast Pumps – Trainer's Reference](#) to guide the discussion.
- Review some special considerations:
 - Personal grade multi-user pumps cannot replace hospital grade pumps to establish milk supply (i.e. pump used with newborns in NICU)
 - Another consideration is the pump's motor life.

Step 6: Using PowerPoint slides, “Medela,” and, “Good Fit,” review, introduce, and demonstrate the various breast pump flange sizes available and the importance of a proper fit:

- Tell trainees:
 - Breast pump companies offer a variety of breast pump flange sizes 21-36 mm.
- Instruct trainees to ask mothers the following questions:
 - Is nipple rubbing on the sides of the tunnel?
 - Do you see excessive areola in the tunnel?
 - Is the nipple or areola turning white?
 - Do you feel unexpressed milk after pumping?
- Tell trainees:

- Additional information about breast flange fitting can be found on the WIC approved breast pump websites. Note to participants that nipple size will change with pumping and nursing and thus, flange size may change.
- Distribute [Breast Pump Guidance – How to Use a Pressure Gauge handout](#) (also available in the WIC Library).
- Demonstrate the use of a breast pump suction pressure gauge to test the suction of a breast pump.
- Tell trainees the following about the breast pump suction pressure gauge:
 - The pressure gauge measures negative pressure. The gauge measures 0 to 450 mmHg (millimeters of mercury).
 - Breast pump effectiveness is evaluated by measuring the vacuum (suction) of the pump using a pressure gauge. The gauge works best with the 24mm flange.
 - It is good practice to measure the suction of a hospital grade pump before loaning a pump.
 - WIC-approved breast pumps measure at a safe level of 250mm Hg or lower.
 - Pumps should cycle 30 to 78 cycles per minute.
 - Mothers should be encouraged to start pumping at a low or minimum setting (pumping should not be painful) Vacuum gauges can vary based on weather and to not test in stormy conditions.
- Discuss the importance of agencies having various breast pump parts available: Flanges for correct fit, valves and membranes (easily lost) and extra tubing.

Step 7: Conduct hands-on practice with WIC approved breast pumps:

- Invite trainees to explore the various breast pumps to become familiar with their operation.

Trainer's Note: Pending time constraints, invite trainees to explore/ask questions about the types of pumps available during a lunch, break, or after the conclusion of the workshop if they are interested to save time and assure afternoon sections are not cut short.

Step 8: Process the activity by asking:

- How was it to go through the various pumps?
- What new information did you learn?
- How will this help you when issuing a breast pump?

Step 9: Discuss counseling mothers who have a non-WIC breast pump:

- Ask trainees:
 - What other pumps might a mother have?
- Describe other pumps on the marketplace and ACA/Medicaid coverage of breast pumps.

- Staff can look up unfamiliar pumps online to see what they are indicated for (full-time use vs occasional use) and see if they meet the mother's needs. Staff can also discuss with their Breastfeeding Coordinator/Designated Breastfeeding Expert.
- Discuss the importance of providing assistance to the mother when she receives a pump from an outside source. This may include helping her navigate the insurance/Medicaid system, providing assistance with the pump she has, usage of a breast pump as well as pumping tips and storage.
- Ask trainees:
 - When would it be appropriate to issue a WIC pump, even if the mom already has a pump?
 - Example responses: If it is a used pump that is not FDA-approved to be shared, if it is not adequate for her needs like a single-sided (e.g. manual or Medela Swing) pump when she needs a double or personal grade when she needs a hospital grade, if her pump is broken and not easily repaired; if mother has a personal grade pump but is having low milk supply issues or medical issues that requires a hospital grade pump.

Trainer's Note: It is important to counsel all nursing moms around breast pump usage, especially when she receives a pump from an outside source and hasn't received any information or education on pumping and storing milk.

Lead into LUNCH.

12:30PM-1:30PM

Lunch

1:30PM-1:45PM

Key Pieces of a Pump Program

Time Required: 15 minutes

Section Purpose: To describe the various pieces of the WIC Breast Pump Program.

Learning Modality:

- Brainstorm

Materials Needed:

- Laptop
- Projector
- Projector screen
- Newsprint
- Markers

DESCRIPTION:

Step 1: Using PowerPoint slide, “What are Key Pieces to Maintaining a Breast Pump Program,” conduct a brainstorm about what is needed to maintain a breast pump program by asking trainees:

- What are the key pieces to maintaining a breast pump program? What other pieces are involved?
 - Record trainees’ responses on newsprint.
- Example responses:
 - Maintaining inventory, ordering pumps, and accessories
 - Cleaning and tracking pumps
 - Documentation
 - Participant follow up, as outlined in policy #1225
 - The return of a pump that is not working
 - How to handle a participant who needs pump immediately (baby in hospital, delay in initiation)
 - Staff training (e.g. procedure for damaged pumps)
 - Safe storage of pumps

Step 2: Process the activity

- Who has the responsibility of maintaining the breast pump program?
- How do agencies ensure all the steps are completed?
- What is the importance of all of these pieces?

Step 3: Highlight resources available to manage and maintain breast pump program by reviewing PowerPoint slide, “Additional Breast Pump Resources:”

Review brief synopsis of additional resources available in NYWIC library regarding management of breast pump program and inventory.

Guidance for WIC Local Agencies Disposal of Aging/Discontinued Breast Pumps (Revised 12/2019)

- Disposal guidance for WIC local agencies is a one page document which reviews considerations for pumps which are aging out (considered expired after ten years) as well as how to dispose-of outdated pumps and denote appropriately in NYWIC and local agency inventory. Discusses communication with Sponsoring agency when needed.

New York State WIC Program Technical Specifications and Requirements (Revised 03/2019)

- The NYS Technical Specifications document is a six page document which local agencies may provide to breast pump manufacturers as needed in order to determine whether or not the breast pump in question meets the National WIC Association’s Guidelines for WIC Agencies Providing Breast Pumps and required technical specifications of operation. Always to be completed in partnership with regional office or appropriate DOH representative. Pumps which do not meet specifications are not able to be purchased/utilized in NYS WIC programs.

Lead into the next activity.

1:45PM-2:45PM

Hand Expression

Time Required: 60 minutes

Section Purpose: To review the benefits of and tips to hand expression, and to practice the techniques of hand expression.

Learning Modality:

- Lecturette
- Video demonstration
- Small group activity

Materials Needed:

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- *Milk By Hand* DVD
- Hygeia hand expression cup
- Cloth breast
- Balloons
- Trainee folder:
 - [Hand Expression handout](#)
- Newsprint
- Markers

DESCRIPTION:

Step 1: Using PowerPoint slides, “How the Baby Empties the Breast,” to, “Small Volume of Colostrum,” conduct a discussion about the importance of all women knowing how to hand express breast milk

- Discuss how the baby empties the breast
- Explain how hand expression can be utilized when the baby is not nursing to express milk

Step 2: Using the *Milk by Hand* DVD, demonstrate hand expression

- After the conclusion of the video, ask trainees for their reactions.

Step 3: Review the steps to hand expression and storage containers

- Ask trainees to outline the steps of hand expression as seen in the movie clip and record their responses on newsprint.
 - Example responses: Wash hands, lean forward, massage the breast, support the breast in a “C” hold, press back toward the chest wall, bring fingers together, relax, repeat in a rhythmical pattern until milk flows, continue until milk slows or stops and switch breasts. Mother can then go back to the first breast.
- Discuss containers for collecting breast milk when hand expressing
 - Mothers should use a clean container.
 - She may need to start with a bowl and progress to a cup.
- Show the Hygeia hand expression cup for collection and demonstrate how to use it using the cloth breast.
- Instruct trainees to locate the [Hand Expression handout](#) in their folders.
 - Explain to trainees that this handout will serve as a guideline in teaching hand expression and they can refer to it during the practice activity.

Trainer’s Note: The *NY State WIC Program Section #1225* states that information on hand expression must be provided to all mothers. Hand expression is an important option to all mothers whether planning to breastfeed or not, to relieve engorgement.

Step 4: Practice teaching hand expression

- Tell trainees:
 - We’ll be practicing hand expression in pairs with balloons.
 - One person will be the participant and the other will be the WIC staff describing hand expression.
 - After 10 minutes, time will be called, and you will switch roles.
- Divide trainees into pairs and provide each trainee with a balloon.
- Tell each pair to decide who will play the WIC staff and who will play a participant for the first session.
- After 10 minutes, call time and ask trainees to switch roles.

Step 5: Process the activity by asking:

- How was this activity?
- What did you do that was effective?
- What was challenging about trying to “teach” hand expression?
- What do you need to feel comfortable teaching moms hand expression?
- How might you use this when you go back to your agency?

Step 6: Discuss hand expression and pumping tips

- Ask trainees:
 - What are some tips to share with women for successful hand expressing and pumping?
- Record on responses on newsprint.

- Example responses: Relax, find a clean private location, visualize the baby (look at a picture or listen to baby's cries or noises), smell a piece of clothing, call the child care provider, apply warm compresses, stimulate nipples, massage breasts and use low pressure.
- Highlight the following:
 - Research by Dr. Jane Morton at Stanford University showed the following: "Amazingly, when mothers used their hands as well as their pump to express milk, they pumped an average of 48 percent more milk than the pump alone could remove. This milk also contained twice as much fat as when mothers used only the pump."
- Show PowerPoint slide, "More Milk Using Hands + Pump," of graph showing more milk outcome when using hands on pumping technique.

Lead into the next section.

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2:45PM-3:15PM

Supporting Breastfeeding Moms When They Return to Work/School

Time Required: 30 minutes

Section Purpose: To review the *NYS WIC Making it Work Toolkit* online at www.breastfeedingpartners.org that highlights information about supporting breastfeeding moms when they return to work or school.

Learning Modality:

- Large group discussion
- Demonstration

Materials Needed:

- Laptop
- Projector
- Projector screen
- PowerPoint slides

DESCRIPTION:

Step 1: Conduct a brainstorm on ways to support nursing mothers when they return to work or school by asking trainees:

- How can we help build moms confidence when returning to work or school?
- How can you help her create a plan?
- What additional things does she need to continue breastfeeding when returning to work or school?
- What concerns are mothers faced with when returning to work or school?
- The discussion should include: Pumping tips, breast milk storage, finding a place to express, talking with the employer and support.

Step 2: Using PowerPoint slide, “Breastfeedingpartners.org,” show the *NYS WIC Making it Work* toolkit

Trainer Note: Your laptop will require internet access to preview the *NYS WIC Making It Work* toolkit. Be sure to check that your training room has internet access in advance.

- On the laptop, navigate to www.breastfeedingpartners.org.
- Click on the “Work & School” navigation tab.

- Show the various sections to support moms.
- Show where they can obtain a password (select “Peer Counselor”, then “Create a Password”) to access additional information on the website for counseling participants.
- Show the various sections in the *Making it Work* toolkit:
 - Plan it out: Planning on returning to work, laws to protect breastfeeding mothers in the workplace.
 - Talking it out: Talking to employer, co-workers and family
 - Expressing and Pumping: Show where moms can find video clips to assist in learning hand expression.
- Share the following NYS Law that states:
 - An employer shall provide reasonable unpaid break time or permit an employee to use paid break time or meal time each day to allow an employee to express breast milk for her nursing child for up to three years following child birth.
- **Note to trainees** that if for any reason a mom is not being given a reasonable amount of unpaid time to pump at work there is information on how to file a complaint through the Wage and Hour Division at the US Dept of Labor which will trigger an investigation to ensure the mother is given reasonable unpaid time to pump depending on their situation. The investigator from DOL handles the situation very carefully as to not identify the person who has made the complain and instead performs a general audit of wages/hours.
 - Link for more information: <https://www.dol.gov/agencies/whd/nursing-mothers>

Step 3: Process the activity

- How can this tool help you?
- How can this tool help mothers?
- How will you use this when you return to your agency?

Lead into the BREAK.

3:15PM-3:30PM

Break

3:30PM-4:15PM

Skills Practice: Assessing Mothers for Breast Pumps

Time Required: 45 minutes

Section Purpose: To practice issuing a breast pump and sharing tips with breastfeeding mothers to assist her with meeting her breastfeeding goals when separated from baby.

Learning Modality:

- Large group discussion
- Small group activity

Materials Needed:

- Laptop
- Projector
- Projector screen
- [Breast Pumping Case Studies](#)
- [Breast Pumping Case Studies Answer Key](#)
- Trainee folders
 - Breast Pump Decision Model
 - NYS WIC Program Breast Pump List
 - [DOH Guidance for Completing Breast Pump Assessment and Justification](#)
- Newsprint
- Markers

DESCRIPTION:

Step 1: Using PowerPoint slide, “Skills Practice,” introduce the skills practice activity

- Tell trainees:
 - In small groups, you will read an assigned case study about issuing a breast pump and answer the questions on the worksheet.
 - The questions will help you develop a plan for the participant, including all information she needs to continue to breastfeed and meet the goal of exclusive breastfeeding.
 - You will record your answers on newsprint to share with the large group afterwards.
 - You will use the following handouts to answer the questions:
 - Breast Pump Decision Model

- NYS WIC Program Breast Pump List
 - [DOH Guidance for Completing Breast Pump Assessment and Justification](#)
- Divide trainees into small groups.
- Distribute *Breast Pumping Case Studies*, newsprint, and markers to each group and tell them to begin.
- After 20 minutes, call time and reconvene the large group.
- Ask each group to debrief their case study and the plan they developed. Use the *Breast Pumping Case Studies Answer Key* to guide the debrief.

Step 2: Process the activity

- What do you notice about these cases?
- What was challenging?
- How can a pump help mom continue to breastfeed and/or meet the goal of exclusive breastfeeding?
- How can you remain participant-centered?
- How can this activity help in your work?

Lead into the next section.

4:15PM-4:30PM

Wrap-up and Evaluation

Time Required: 15 minutes

Section Purpose: To provide closure for the day and get feedback on the training.

Learning Modality:

- Large group discussion

Materials Needed:

- *Evaluation Form*
- Certificates

DESCRIPTION:

Step 1: Review highlights

- Ask trainees if there are any outstanding questions.
- Review any outstanding questions from the *Parking Lot* newsprint.
- Ask trainees the following:
 - What did you learn today that will assist you in working with breastfeeding mothers?
 - Who will you seek guidance from in your local agency?
 - How will you continue to learn breast pump processes?

Step 2: Complete evaluations and distribute certificates

- Distribute *Evaluation Tool* and ask trainees to complete the evaluation.
- Distribute certificates.
- Using **PowerPoint slide 32**, thank trainees for their participation.

Trainers' Materials

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Should I do a Breast Pump Assessment? Answer Key

Directions: Read each scenario and decide whether or not a breast pump assessment is needed. Explain your response. If a breast pump assessment is needed, write some questions you would ask the participant in the assessment.

1. Mary Jonas has come in for her appointment today and her baby, Joshua, is now four weeks old. She tells you that breastfeeding is going well, that Joshua continues to gain weight, and she plans on breastfeeding exclusively for at least another month. At that time, she has to return to her full-time job at the local hospital in the cafeteria.

a. Should you do a breast pump assessment? (Circle one) **Yes** No

b. Why or why not?

Do the assessment now to either help Mary get a pump from her insurance or to get one from WIC. Since her supply is now established, it may take some time to store up enough milk for her first day back, so she should start pumping soon.

c. If so, what are some questions you would ask the participant in the assessment?

- *How are you feeling about returning to work?*
- *Tell me about how your plans for feeding Joshua while you are at work.*
- *What have you heard about pumping while you are at work?*

2. Lucia Brown has a six-week-old infant boy, Joseph. She has been successfully breastfeeding and now is getting ready to go back to work. She shares with you that she is lucky that her job has a lactation room with a hospital grade pump so that will make life “easier” for her.

a. Should you do a breast pump assessment? (Circle one) **Yes** No

b. Why or why not?

Do a pump assessment to find out what kind of pump she has available at work. She may still need a kit from WIC and could likely use some education on pumping. She also needs to be able to collect some milk prior to going back, maybe a manual pump for now or a pump from her insurance? Or, see if she'd be comfortable using hand expression to collect milk for her first day back.

c. If so, what are some questions you would ask the participant in the assessment?

- How are you feeling about returning to work?
- What have you heard about pumping at your workplace from your boss or coworkers?
- Does your workplace provide kits for the pump? (This is a closed question but appropriate for probing/clarifying.)
- When will your first day back be? (Again, closed but appropriate.)

3. Rachel Singleton is a WIC participant who has been breastfeeding successfully for six weeks. She heard that WIC “gives out” breast pumps and she is requesting one today.

a. Should you do a breast pump assessment? (Circle one) ☒ Yes ☐ No

b. Why or why not?

Do a pump assessment based on participant request. We don't know what reasons we may uncover to qualify her for a WIC pump and/or we may be able to help her obtain a pump through insurance.

c. If so, what are some questions you would ask the participant in the assessment?

- Tell me more about how breastfeeding is going.
- Tell me about whether you anticipate needing to be away from your baby in the future. Will you need to return to school or work?
- What have you heard about pumping?
- What are your goals for breastfeeding?
- Do you own a breast pump? (A closed question but may be necessary for probing/clarifying.)

4. Morgan Davis has been breastfeeding her baby, Ace. It has been going “ok” but she is requesting a can of formula, “just in case.”

a. Should you do a breast pump assessment? (Circle one) ☒ Yes ☐ No

b. Why or why not?

Do a pump assessment based on her formula request. Perhaps having some milk stored in the freezer will help satisfy her “just in case” concern and sidestep formula.

c. If so, what are some questions you would ask the participant in the assessment?

- *Tell me more about how breastfeeding is going.*
- *How do you feel about breastfeeding?*
- *How does the baby's father and your family feel about breastfeeding?*
- *What have you heard about formula feeding?*
- *Tell me more about when you think you might need formula.*
- *What has the baby's doctor said about formula?*

5. Loretta Bukowski is the mother of a three-week-old infant. Loretta tells you that she really struggled to "latch" in the hospital and her breastfeeding has been a struggle. The local hospital sent her home with formula; she is really disappointed and tells you her baby cannot tolerate the formula. She heard you can start breastfeeding again and that you need a breast pump to do that.

a. Should you do a breast pump assessment? (Circle one) ☒ Yes ☐ No

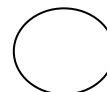
b. Why or why not?

Do a pump assessment to determine as re-lactation is an appropriate reason to issue a pump. Staff should also refer to the Designated Breastfeeding Expert/Breastfeeding Coordinator.

c. If so, what are some questions you would ask the participant in the assessment?

- *What does your day usually look like? (Re-lactation requires a lot of time/effort.)*
- *When was the last time you nursed? (Closed, but appropriate.)*
- *Tell me about your previous experience with breastfeeding. (Only if she has other children.)*
- *What happens when you try to latch the baby?*
- *What symptoms does the baby have when you feed the formula?*

6. Barbara Richardson has three children who she has breastfed exclusively for at least six months. Her fourth child, Emily, is now three-weeks-old and the breastfeeding is going well. Barbara plans to breastfeed Emily exclusively for a year. She is excited about this and knows it is the best for Emily.



a. Should you do a breast pump assessment? (Circle one) Yes No

b. Why or why not?

Do a pump assessment or at least find out from Barbara if she feels she has any need for a pump. Sometimes an experienced mom thinks a pump from previous pregnancies will work for this baby and it may, but pumps are also not made to last that long. Depending on her previous use, she may need a new one.

c. If so, what are some questions you would ask the participant in the assessment?

- *What do you think about whether you need a breast pump?*
- *Tell me about any experience you may have with pumping.*
- *Tell me about whether you expect to need to be away from Emily for enough time that she'd need to be fed.*

7. Miriam Rivera began breastfeeding in the hospital but stopped after two weeks. Her daughter, Jasmine, is now six weeks old. Miriam tells you she is happy bottle feeding and the formula seems to be working well for Jasmine.

a. Should you do a breast pump assessment? (Circle one) Yes

No

b. Why or why not?

A breast pump assessment is not necessary for a formula feeding mom who is satisfied with her feeding method.

c. If so, what are some questions you would ask the participant in the assessment?



N/A

NYS WIC Breast Pumps – Trainer’s Reference

adapted from NYS DOH’s 11/19 list

This tool is intended for trainers to review ahead of the training to be knowledgeable and up to date on the breast pumps available for demonstration and is not to be used to review or provide education on **all information contained herein. The WIC Training Center Project Director will determine which breast pumps to be available for demonstration pending logistical considerations.

Notes for Breast Pump Demonstrations:

- Medela is pronounced “meh-dee-la,” not “meh-dell-a”
- Important points to consider when comparing breast pumps, (much of this info is covered in the Double Pumping Collection Kit table in the NYS Breast Pumps list):
 - Flange sizes included
 - Power source (battery helpful for moms pumping in car or in fitting rooms)
 - 2-phase technology vs independent settings for speed and suction strength
 - Some pumps disassemble into more parts than others (more to keep track of but easier to clean?)
 - How the pump sounds on (some moms may want a more discreet pump)
 - Weight/size and transportation concerns/considerations
 - How to change from double to single pumping
 - Types of valves – offset vs duckbill
 - Medela has offset, Ameda, Ardo, and Lansinoh have duckbill, Hygeia has both
 - Offset valves have 2 pieces (plastic valve and flexible membrane) and look like this: 
 - Duckbill valves are one piece and look like this: 
 - Remove duckbill valves by the reinforced sides
 - Hygeia says that duckbill valves have better suction and offset are better at preventing milk from getting in the tubing
 - Bottle size – all brands accommodate normal (vs wide mouth) bottles but Hygeia needs an adapter ring as it is made to fit a wide-mouth bottle
 - Manual adapter – Ardo, Ameda, Medela Lactina, and Hygeia Universal double pumping collection kits come with a manual adapter (to turn into a hand pump). Medela Symphony kits and Hygeia Enjoye kits do not.
 - Condensation in tubing – mold can grow

- Can be an issue with Medela pumps – can run the pump “unattached” or swing tubes like a lasso to help dry out
 - Ameda and Ardo claim this is a benefit of their pumps, can turn milk container on its side or upside down and nothing will get in tubing
- Staff should read the instructions for each pump their agency issues. Some pumps recommend against sterilizing. Some give guidance on how frequently kits should be replaced.
- WHO Code Compliance: Ardo, Hygeia, Ameda (Medela and Lansinoh are not because of the way they promote their bottles/nipples)
- Hygeia says that Medela kits can be used with their pumps – will still need the bacteriostatic filter
- Hygeia bacteriostatic filters should not get wet. Needs to be replaced if it gets wet or discolored. Also, will lose suction if not screwed in tightly.
- Some Lactation Counselors like to use flexible Ameda diaphragms for cup feeding for catching colostrum by sitting inside mouth of bottle when pumping.
- It is often helpful to explain to participants that the tubing is not for the milk to flow through but for the suction
- Low-cost tips for hands-free pumping:
 - Tuck shields into bra or nursing tank, some styles will hold
 - Use rubber bands looped around bra/tank straps
 - Simplicity hands-free pumping kit
 - Cut slits in old sports bra (can be annoying that you have to put it on over your head and will only work with pumps that have shields that detach from the connectors, like Medela – not with Ameda)


NYS WIC Breast Pumps – Trainer’s Reference


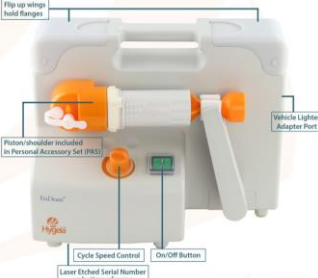
adapted from NYS DOH’s 11/19 list



This tool is intended for trainers to review ahead of the training to be knowledgeable and up to date on the breast pumps available for demonstration and is not to be used to review or provide education on **all information contained herein. The WIC Training Center Project Director will determine which breast pumps to be available for demonstration pending logistical considerations. **The following chart which includes pictures of approved and discontinued NYS WIC Breast pumps contains all information provided in the 2019 NYS WIC Breast Pump List which is given to trainees as well as additional information to assist the trainers in providing accurate and up to date education.**

Hospital Grade Multi-User Electric Pump

For breastfeeding mothers who need to establish and/or maintain a milk supply.
These pumps are loaned to mothers and returned after mother no longer needs pump.

Company Name Model Name Model #	Contents Included & Features
Ameda	
Elite 17608 	<ul style="list-style-type: none"> Built-in bottle and flange holders 6 lbs. 13 oz. 2-year warranty Dual adjustability with separate dials, mothers can customize their pump settings to their own body’s response Closed system, proven barrier helps protect milk while keeping tubing dry and clean. No need to clean the tubing while milk stays safe. Built-in dual bottle holders
Ardo	
Carum 63.00.73	<ul style="list-style-type: none"> Durable, washable carrying case Power cord of a minimum of 6 feet 6.6 lbs. 3-year warranty


	<ul style="list-style-type: none"> Fully automatic expressing Vacuum and cycles are individually adjustable at any time, both in stimulation and expressing-mode Total safety and closed system thanks to "Vacuum Seal" Technology "Sensitive Programme" in case of painful, inflamed nipples Especially gentle and comfortable transition between modes Double piston creates equal suction in both channels Ergonomic design makes the pump easy to clean Generous color display with intuitive menu-driven management
Hygeia	
<p>EnDeare 10.0025b</p> 	<ul style="list-style-type: none"> Pump and hard carry case Independent speed and suction control 7 lbs. 3-year warranty External piston like Lactina
<p>EnJoye Cordless 10-0044s3b</p>	<ul style="list-style-type: none"> pump has metal lure lock stem (this is only difference from personal grade Enjoye) internal lithium ion battery hard carry case 3lbs. 3-year warranty
Medela	
<p>Symphony 0240108</p>	<ul style="list-style-type: none"> 2 internal rechargeable batteries 2.0 program card and Quick Start Card protector for card/cord container stand 7.05 lbs.



	<ul style="list-style-type: none"> • 3-year warranty • 2-Phase Expression® technology: Designed to mimic a baby's natural nursing rhythm. • Convenient: Single or double pumping. • Two separate, independent membrane units: Allows switching between single and double pumping by simply applying or removing the second collection kit to the breast • Let-down button: Moms can easily return to stimulation by pressing the let-down button • Initiate and maintain milk supply: If direct breastfeeding is not possible, as well as collect breast milk at work or during other absences from the baby. • Hospital grade (multi-user): The pump's kit is separate from the pumping mechanism and protected from overflow by a specially designed membrane
<p>Unimom</p> <p>Opera</p> 	<ul style="list-style-type: none"> • Rechargeable battery—over two hours • LCD touch pad screen • Four different operating modes (synchronous pumping mode is for double expression for both breasts at the same time) • Three night lights levels • 6 lbs • 3-year warranty • Massage and expression modes • Massage mode is for let-down purposes to stimulate breasts before doing actual expression • Expression mode is for the actual expression of breast milk • Longer operating hours with stronger suction • Closed system • Manual pumping with “Switch Kit,” which must be purchased separately

Personal Grade Multi-User Electric Pump

For breastfeeding mothers with an established milk supply, for short-term, long-term, and frequent pumping.

These pumps are loaned to mothers and returned after mother no longer needs pump.


Company Name Model Name Model #	Contents Included
Ardo	
Calypso Pro Complete 63.00.336 	<ul style="list-style-type: none"> • Soft-sided carrying case • Cooler bag and 2 cooling elements • 2 collection bottles (150 ml) • Double pumping collection kit • Power adapter • AA battery operation • .88 lbs. • 3-year warranty • Multi-User version of the Calypso breast pump designed for loaner and rental programs • Quietest Breast pump on the Market* • Simple, intuitive operation • The suction strength (vacuum) and frequency settings (cycle) can be adjusted individually and independently from each other - 64 total settings • Complete protection from contamination and pathogenic agents, and no milk in tubes thanks to "Vacuum Seal" technology. (When used with Ardo pumpset.) • AA Battery function for operation away from electric power • Rechargeable battery available separately (coming soon) • Efficient and comfortable pumping experience • The compact design and the reduced sound level allow discreet expression



Hygeia	
<p>EnJoye Cordless (LBI) 10.0058</p> 	<ul style="list-style-type: none"> • Internal, rechargeable lithium ion battery (LBI = lithium battery inside) • personal accessory set (single use) • deluxe tote set includes insulated cooler bag. • 3 lbs. • 1-year warranty • Translucent “door” on the front can be used to hold a bottle when pump is laying on its back • Independent speed and suction controls allow you to mimic baby’s unique suckling pattern
<p>EnJoye (EPS) 10.0185</p>	<ul style="list-style-type: none"> • Same as the LBI, except EPS = External power supply • personal accessory set (single use) • deluxe tote with insulated cooler bag and cold pack • 2.8 lbs. • 1-year warranty
Unimom	
<p>Minuet</p> 	<ul style="list-style-type: none"> • LCD Display • Rechargeable battery • USB port for charging • Lightweight and quiet • Comfort pase-massage and expresión mode and suction level control • Convenient 360 degree swivel top to prevent air tube bending and suction los • Portable, lightweight and quiet • Closed system • Optional silicone massager to provide extra massage stimulation and let down


Personal Grade Single-User Electric Pump

For breastfeeding mothers who have an established milk supply, for long-term and frequent pumping.

These pumps are not returned.

Company Name Model Name Model #	Contents Included
Ameda	
Finesse Double Electric 101W02 (replacement for Purely Yours) 	<ul style="list-style-type: none"> • Dual HygieniKit ® milk collection system with: <ul style="list-style-type: none"> ○ (2) 25.0 mm, and (2) 30.5 mm CustomFit™ flanges ○ (2) 28.5mm, inserts, and (2) 22.5mm inserts ○ (2) extra valves ○ “Proven FDA-cleared barrier designed to protect pump, tubing and bottle against mold and viruses” • AC power adapter, can run on AA batteries as well? • Cool'N Carry™ shoulder bag tote with (3) cooling elements • (4) extra bottles with lock-tight sealing lids • milk storage guidelines • manual breast pump handle (instructions for use) • 2-year warranty • Comfortflow™ technology for a smooth and more consistent sensation, meaning more milk • Quiet Technology • Separate speed and suction dials with 32 fully customizable options for multiphase pumping • Adaptable for single or double pumping • Easy-to-clean surface, contemporary look
Ardo	
Calypso-to-Go Pure 63.00.330	<ul style="list-style-type: none"> • Soft-sided carrying case • Cooler bag and 2 cooling elements • 2 collection bottles (150ml) • Double pumping collection kit • .88 lbs. • 400 hours of use or 1-year warranty (whichever is longer)



	<ul style="list-style-type: none"> • Power adapter or AA battery operation • Covered by many health insurance plans • Quietest Breast Pump on the Market* • Simple, intuitive operation • The suction strength (vacuum) and frequency settings (cycle) can be adjusted individually and independently from each other - 64 total settings • Complete protection from contamination and pathogenic agents, and no milk in tubes thanks to "Vacuum Seal" technology • Efficient and comfortable pumping experience • The compact design and the reduced sound level allow discreet expression
Lansinoh	
<p>SmartPump 53157</p> 	<ul style="list-style-type: none"> • Soft sided carrying case • Insulated cooling compartment including freezer packs • 2.5 lbs • 1-year warranty on motor (90 days on parts) • Bluetooth connection to the Lansinoh Baby App that automatically tracks the date, time, and duration of pumping sessions • 3 pumping styles match baby's feeding patterns for efficiency • Independently adjustable suction and style modes for maximum comfort • Unique, soft and flexible ComfortFit® flanges for ideal suction and comfortable pumping • Can be powered by the AC adapter (included) or 6AA batteries (not included) • Hygienic, closed system keeps milk out of tubing and motor • Includes everything needed for double electric, single electric and manual pumping • BPA and BPS free
Medela	
<p>Advanced Personal Double 57018W</p> <p>(without battery-pack option)</p>	<ul style="list-style-type: none"> • Durable bag with integrated motor unit and insulated cooler • AC adaptor • Ice packs • Double pumping kit with: <ul style="list-style-type: none"> ○ (2) standard size 24 mm and (2) large 27mm breast shields ○ 2 connectors ○ Manual piston cylinder pump

	<ul style="list-style-type: none"> ○ 2 valves and 2 membranes ○ Spare membrane ○ Set of tubing ○ 5 oz./150 ml bottles with lids and stands ○ Instructions • 9 lbs. • 1-year warranty • 2-phase technology – let-down button, mom can toggle between Stimulation and Expression phases
Unimom	
<p>Zomee</p>  <p>The image shows the Zomee Unimom breast pump system. It includes a teal-colored pump unit with a digital LCD display showing 'LEVEL 0' and '00:37'. There are two clear plastic collection bottles with teal caps, and two teal-colored breast shields. The pump unit has a USB port for charging. The background is white.</p>	<ul style="list-style-type: none"> • LCD Display • Rechargeable Battery • USB Port for Charging • Lightweight and quiet

Personal Grade Single-User Manual Pump

For short-term and occasional use.

These pumps are not returned.

Company Name Model Name Model #	Contents Included
Ameda	
One Hand Breast Pump with Flexishield 17066P 	<ul style="list-style-type: none"> • 2 valves • Flexishield Areola Stimulator • (1) 4 oz. bottle with lock-tight sealing lid • Ergonomic design of the one-hand handle allows mothers to achieve multi-phase pumping by varying handle squeezes to mimic their baby's nursing rhythm • Ergonomic swivel grip reduces muscle fatigue • Pump directly into any standard milk storage bottle, container or freezer bag • BPA-free and DEHP-free
One Hand Breast Pump with larger flanges and inserts 17093	<ul style="list-style-type: none"> • 2 valves • (1) 4 oz. bottle with lock-tight sealing lid
Ardo	
Amaryll Essentials 63.00.239 	<ul style="list-style-type: none"> • Spring-loaded handle for easier pumping • 2 sizes of flange pairs • 1 bottle • Individually adjustable breast pump to ensure best results • Ergonomic design ensures ease of use for both right- and left-handed mothers – lever can be moved to the left or right • Membrane protects against contamination • Contains no BPA

Hygeia

EnHande One Hand Manual
Breast Pump
20-0107



- (1) 29 mm flange and (1) 27 mm flange insert
- (1) 4 oz bottle
- 1 extra duckbill valve and poly bag

Two Hand Manual Pump
20-0070



- (1) 27 mm and (1) 29 mm flange
 - 1 manual piston
 - (1) 4 oz container
 - 2 duckbill valves
 - 1 breast milk storage container
 - 1 ring and 1 ring cover
 - 1 narrow mouth container adapter
- Can assemble from parts from the Hygeia EnDeare kit

Lansinoh

Manual Pump 50520



- ComfortFit® flanges – 2 sizes (standard & large) for ideal suction & fit
- Flange body
- Silicone diaphragm
- Valve
- Collection bottle and bottle stand
- Milk storage guidelines
- Instructions for use
- Two modes: stimulation & expression, to maximize pumping efficiency
- Ergonomic Easy-Express™ handle reduces hand fatigue
- Fewer parts – simple to use, simple to clean
- BPA & BPS free

Medela

Harmony 67186, 67161W2 (with extra 27mm breast shield)



- Standard size PersonalFit (24mm) breast shield and (27mm) shield
- 5 oz/150mL bottle with lid and stand
- 1 valve and 1 membrane
- 2 spare membranes
- Instructions
- 2-Phase Expression technology (rotate the handle)

Philips Avent

Manual Pump SCF330/30



- large massage cushion (25mm) breast shield
- includes 4 oz bottle and nipple
- travel cover and sealing disc
- Few separate parts and intuitive design
- Unique design, so your milk flows directly from your breast into the bottle, even when you are sitting up straight. This means you can sit more comfortably when pumping: no need for you to lean forward to make sure all your milk ends up in the bottle.

Unimom

Mezzo



- Comfort massager
- Ergonomically designed with non-slip handle
- BPA free
- Hygienic, designed to ensure direct flow from shield kit to milk storage bottle

Discontinued Breast Pumps

Continues to be WIC-approved and may use until your supply runs out

Electric Pump - Hospital Grade

- **Medela** Lactina Select 016SC01



Electric Pump - Personal Grade Single User

- **Ameda** Purely Yours 17077MN
Purely Yours 17084
- **Hygeia Q** Pump 10.0061
- **Medela** Advanced Personal Double Breast Pump 57045W



Manual Pump – Single User

- **Philips Avent** Comfort Manual Breast Pump SCF330/20



Manual Pump Personal Grade Pedal Multi-User –approved for multiple users

- **Medela** Pedal Pump #

67112

**Collection Kit**

- **Hygeia** EnDeare Personal Accessory Set

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Breast Pumping Case Studies Answer Key

Directions: Read the case study and answer the following questions. Refer to the Breast Pump Decision Model and the New York State WIC Program Breast Pump Issuance Guidelines if needed.

Case Study 1: Jasmine calls you and tells you she gave birth at 34 weeks to a baby girl, Amanda. Her water broke; labor did not start resulting in a C-section. Amanda's birth weight was 4 lb. 3 oz. The baby will be in the NICU for a few weeks because she is having breathing difficulties. Jasmine tells you she has been pumping at the hospital and will be discharged tomorrow. Although the NICU has pumps, the social worker told her WIC can give her a pump to use at home.

1. Do you need additional information to conduct complete breastfeeding and breast pump assessments? If so, what questions would you ask?

Yes, additional information is needed. Potential questions to ask:

- *Have you been able to do skin-to-skin and/or latch the baby?*
- *How has pumping been going for you?*
- *What does your milk look like?*
- *Do you have a pump at home and what kind?*
- *What kind of pump have you been using at the hospital?*
- *What have you heard about how often to pump?*
- *What have you heard about how to store your milk?*

2. Does this mom need a pump?

Yes

3. When does mom need a pump?

By tomorrow

4. What type of pump would you recommend?

Hospital-grade

5. What additional information would you share with this mother?

- *Hands on pumping – Explain how to do it and how it has been proven to produce more milk in moms with premature infants.*
- *Importance of skin-to-skin for her baby's health and her milk supply*
- *How frequently to pump and how to store the milk (if this info has not been provided by the hospital)*

Case Study 2: Susan has a 6-week-old baby boy, Justin. She has been exclusively breastfeeding. During her WIC appointment, she tells you things are going well, the baby is gaining weight, and she loves breastfeeding. Susan tells you she is sad she has to stop nursing when she returns to work in 2 weeks, full time, at a local supermarket. She asks you for formula so she can start getting the baby on a bottle.

1. Do you need additional information to conduct complete breastfeeding and breast pump assessments? If so, what questions would you ask?

Yes, additional information is needed. Potential questions to ask:

- *Tell me about what you love about breastfeeding (Asking this question helps strengthen her resolve to breastfeed).*
- *What have you heard about pumping at work?*

2. Does this mom need a pump?

Possibly, depends on if she decides to pump after getting more information from you.

3. When does mom need a pump?

Ideally today. She needs time to start building up a supply of milk for her first day back.

4. What type of pump would you recommend?

Personal grade, either single or multi-user.

5. What additional information would you share with this mother?

- *If she is interested in pumping, she needs to know how to pump, how often, how to store the milk, how to bottle feed*
- *If she is not interested in pumping, that she can do both breast and formula feeding*
- *How to decrease her milk supply comfortably*
- *How to introduce a bottle*
- *How to prepare formula safely*

Case Study 3: Josephine, mother of 3-week-old Clayton, comes to the WIC agency after calling for breastfeeding help. Breastfeeding in the hospital got off to a rocky start and they sent Clayton home on formula. Josephine tells you how disappointed she is and how her baby just can't tolerate the formula. She heard you can start breastfeeding again and that you need a breast pump to do this.

1. Do you need additional information to conduct complete breastfeeding and breast pump assessments? If so, what questions would you ask?

Yes, additional information is needed. Potential questions:

- *Tell me more about how breastfeeding went for you.*
- *When was the last time you nursed?*
- *What have you heard about re-lactation?*
- *What is a typical day like for you?*
- *What are Clayton's symptoms with formula?*
- *What have you heard about skin-to-skin?*

2. Does this mom need a pump?

Possibly, if she feels relactation is possible for her after hearing more about it.

3. When does mom need a pump?

Today, if she decides to attempt relactation.

4. What type of pump would you recommend?

Hospital-grade

5. What additional information would you share with this mother?

- *How to stimulate her milk supply (skin-to-skin, pacify baby at the breast, latch often, pump frequently, decrease formula intake, breast compression)*
- *How to address whatever issues she struggled with early on*

Case Study 4: Dana gave birth to Sam, a baby boy, who weighed 8 lb. at birth. Sam had a discharge weight of 7lb. 2 oz. She tells you she went to the doctor for a 2-week checkup and the baby now weighs 7 lb. The doctor told her she needs to supplement after every feeding with 1 oz. of formula. She gives you a script from the doctor and tells you she feels like a failure and really wanted to exclusively breastfeed her baby like everyone else in her family did. Dana asks you for a breast pump because she feels full and uncomfortable every morning.

1. Do you need additional information to conduct complete breastfeeding and breast pump assessments? If so, what questions would you ask?

Yes, additional information is needed. Potential questions:

- *Tell me about your birth.*
- *How often do you nurse?*
- *How do you know it's time to feed Sam?*
- *Do you have any pain when you nurse?*
- *Can you hear Sam swallowing when you nurse?*
- *How often does he poop and what does it look like?*

2. Does this mom need a pump?

Yes

3. When does mom need a pump?

Today

4. What type of pump would you recommend?

Hospital-grade

5. What additional information would you share with this mother?

- *How frequently to feed*
- *Feeding cues*
- *When to wake a sleeping baby*
- *How to do breast compression*
- *Possibility of checking with his doctor about supplementing with her milk or of supplementing can be delayed based on results of breastfeeding assessment/counseling*

Handouts and Worksheets

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Should I do a Breast Pump Assessment?

Directions: Read each scenario and decide whether or not a breast pump assessment is needed. Explain your response. If a breast pump assessment is needed, write some questions you would ask the participant in the assessment.

1. **Mary Jonas has come in for her appointment today and her baby, Joshua, is now four weeks old. She tells you that breastfeeding is going well, that Joshua continues to gain weight, and she plans on breastfeeding exclusively for at least another month. At that time, she has to return to her full-time job at the local hospital in the cafeteria.**
 - a. **Should you do a breast pump assessment? (Circle one) Yes No**
 - b. **Why or why not?**
 - c. **If so, what are some questions you would ask the participant in the assessment?**

2. **Lucia Brown has a six-week-old infant boy, Joseph. She has been successfully breastfeeding and now is getting ready to go back to work. She shares with you that she is lucky that her job has a lactation room with a hospital grade pump so that will make life “easier” for her.**
 - a. **Should you do a breast pump assessment? (Circle one) Yes No**
 - b. **Why or why not?**
 - c. **If so, what are some questions you would ask the participant in the assessment?**

3. **Rachel Singleton is a WIC participant who has been breastfeeding successfully for six weeks. She heard that WIC “gives out” breast pumps and**

she is requesting one today.

a. Should you do a breast pump assessment? (Circle one) Yes No

b. Why or why not?

c. If so, what are some questions you would ask the participant in the assessment?

4. Morgan Davis has been breastfeeding her baby, Ace. It has been going “ok” but she is requesting a can of formula, “just in case.”

a. Should you do a breast pump assessment? (Circle one) Yes No

b. Why or why not?

c. If so, what are some questions you would ask the participant in the assessment?

5. Loretta Bukowski is the mother of a three-week-old infant. Loretta tells you that she really struggled to “latch” in the hospital and her breastfeeding has been a struggle. The local hospital sent her home with formula; she is really disappointed and tells you her baby cannot tolerate the formula. She heard you can start breastfeeding again and that you need a breast pump to do that.

a. Should you do a breast pump assessment? (Circle one) Yes No

b. Why or why not?

- c. If so, what are some questions you would ask the participant in the assessment?
6. Barbara Richardson has three children who she has breastfed exclusively for at least six months. Her fourth child, Emily, is now three-weeks-old and the breastfeeding is going well. Barbara plans to breastfeed Emily exclusively for a year. She is excited about this and knows it is the best for Emily.
- a. Should you do a breast pump assessment? (Circle one) Yes No
- b. Why or why not?
- c. If so, what are some questions you would ask the participant in the assessment?
7. Miriam Rivera began breastfeeding in the hospital but stopped after two weeks. Her daughter, Jasmine, is now six weeks old. Miriam tells you she is happy bottle feeding and the formula seems to be working well for Jasmine.
- a. Should you do a breast pump assessment? (Circle one) Yes No
- b. Why or why not?
- c. If so, what are some questions you would ask the participant in the assessment?

Breast Pump Guidance – How to Use a Pressure Gauge

May 2017

Tips for Using a Pressure Gauge to Monitor Breast Pump Performance

Breast pump effectiveness is determined by measuring the vacuum (suction) of the pump with a pressure gauge. The gauge needle points to a number from 0-450 mmHg (millimeters of Mercury). The reading on the gauge is then compared to a standard measure for the specific breast pump that is being tested, to determine whether the pump is performing adequately or not. The gauge measures vacuum (suction), not speed, of the pump.

Testing WIC Pumps:

The gauge is used to obtain pressure readings on multi-user electric breast pumps.

- A best practice is to test vacuum levels each time they are cleaned between users.
- Single user electric pumps only need to be tested if a participant reports a problem with the pump. If there is an issue, the manufacturer's customer service department should be contacted.

Prior to testing pump performance:

1. Set aside a double pumping collection kit dedicated to pump testing.
2. Make sure the pump being tested is assembled correctly.
3. Inspect all the pump parts – flange (breast shield), membrane, and valve. Even a small tear in the membrane can affect pump performance.
4. Securely attach a single bottle and all the pump parts to the tubing.
5. Firmly press the plug into the second opening for the tubing (needed for double pumping) and ensure that the opening is completely closed.
6. Turn the pump on and listen for any irregularities. Many pumps that have suction issues make unusual squeaks or noises, or sound louder than usual.

Using the Pressure Gauge:

1. Handle with care, the gauge is fragile if dropped.
2. Insert the vacuum gauge into the hole of the rubber stopper.
3. The pull-tab on the rubber stopper should be lined up at the back of the gauge.
4. Insert the rubber stopper containing the gauge firmly into the 24mm flange (fits only a 24mm flange). Make sure it is sealed.
5. Set the pump's vacuum regulator dial to the minimum/low setting.
6. Turn on the pump and look at the gauge to read what the value is on the MIN/low setting. Record this value.
7. Gradually increase the suction level on the vacuum regulator dial and watch the gauge to see if the pressure values increase in response. Continue to adjust the suction level until you reach the MAX/high setting. Record this value.
8. Compare values you obtained with the standard values listed below
 - a. Symphony 50-250mmHg
 - b. Lactina
 - i. MIN setting 90-100mmHG
 - ii. MAX setting 240-250mmHG

(Adapted from Oregon WIC Program)

<https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/bf/PressureGaugeHowTo.pdf>

Information for breastfeeding families

Hand Expression



Hand expression is a handy skill to have whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first few, use hand expression to provide the milk he needs!

Hand expression routine:

1. Apply heat, massage and stroke breasts
2. Position fingers behind areola
3. Press back towards chest
4. Compress fingers together to express milk
5. Relax and repeat getting a rhythm going
6. Express for 5-7 minutes
7. Move fingers to a different position
8. Massage and stroke the breast
9. Press back towards chest
10. Compress fingers together to express milk
11. Express milk for 3-5 minutes
12. Massage and stroke breasts
13. Move fingers to a different position
14. Express milk for 1-2 minutes
15. Complete cycle takes 20-30 minutes



**Watch this video while you are hand expressing
to see the technique in action!**

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

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Breast Pumping Case Studies

Directions: Read the case study and answer the following questions. Refer to the Breast Pump Decision Model and the New York State WIC Program Breast Pump Issuance Guidelines if needed.

Case Study 1: Jasmine calls you and tells you she gave birth at 34 weeks to a baby girl, Amanda. Her water broke; labor did not start resulting in a C-section. Amanda's birth weight was 4 lb. 3 oz. The baby will be in the NICU for a few weeks because she is having breathing difficulties. Jasmine tells you she has been pumping at the hospital and will be discharged tomorrow. Although the NICU has pumps, the social worker told her WIC can give her a pump to use at home.

1. Do you need additional information to conduct complete breastfeeding and breast pump assessments? If so, what questions would you ask?
2. Does this mom need a pump?
3. When does mom need a pump?
4. What type of pump would you recommend?
5. What additional information would you share with this mother?

Case Study 2: Susan has a 6-week-old baby boy, Justin. She has been exclusively breastfeeding. During her WIC appointment, she tells you things are going well, the baby is gaining weight, and she loves breastfeeding. Susan tells you she is sad she has to stop nursing when she returns to work in 2 weeks, full time, at a local supermarket. She asks you for formula so she can start getting the baby on a bottle.

1. **Do you need additional information to conduct complete breastfeeding and breast pump assessments? If so, what questions would you ask?**
2. **Does this mom need a pump?**
3. **When does mom need a pump?**
4. **What type of pump would you recommend?**
5. **What additional information would you share with this mother?**

Case Study 3: Josephine, mother of 3-week-old Clayton, comes to the WIC agency after calling for breastfeeding help. Breastfeeding in the hospital got off to a rocky start and they sent Clayton home on formula. Josephine tells you how disappointed she is and how her baby just can't tolerate the formula. She heard you can start breastfeeding again and that you need a breast pump to do this.

1. **Do you need additional information to conduct complete breastfeeding and breast pump assessments? If so, what questions would you ask?**
2. **Does this mom need a pump?**
3. **When does mom need a pump?**
4. **What type of pump would you recommend?**
5. **What additional information would you share with this mother?**

Case Study 4: Dana gave birth to Sam, a baby boy, who weighed 8 lb. at birth. Sam had a discharge weight of 7lb. 2 oz. She tells you she went to the doctor for a 2-week checkup and the baby now weighs 7 lb. The doctor told her she needs to supplement after every feeding with 1 oz. of formula. She gives you a script from the doctor and tells you she feels like a failure and really wanted to exclusively breastfeed her baby like everyone else in her family did. Dana asks you for a breast pump because she feels full and uncomfortable every morning.

- 1. Do you need additional information to conduct complete breastfeeding and breast pump assessments? If so, what questions would you ask?**
- 2. Does this mom need a pump?**
- 3. When does mom need a pump?**
- 4. What type of pump would you recommend?**
- 5. What additional information would you share with this mother?**

Materials for Trainee Folder

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Training Description, Goal, and Objectives

Description:

Determining whether a breast pump is needed and which breast pump meets a breastfeeding mother's needs requires QN/CPAs to conduct an assessment using a participant-centered approach. This training is designed for professional staff to understand the role that hand expression and breast pumps play in supporting breastfeeding and which pump is most appropriate based on a mother's situation. QN/CPAs will learn how to conduct a breast pump assessment, practice participant-centered counselling when issuing a breast pump, and explore resources available to support breastfeeding mothers.

Goal:

The goal of this training is to improve confidence in conducting a breast pump assessment and increase QN/CPAs' knowledge about how breast pumps can support breastfeeding.

Learning Objectives:

By the end of this training, trainees will be able to:

- Explain how breast pumps can support breastfeeding
- Describe the importance of teaching hand expression
- Identify key components to conducting a breast pump assessment
- Select the most appropriate breast pump for a breastfeeding woman
- List resources to support breastfeeding mothers when they return to work or school

Building Skills for the QN/CPA: Conducting a Breast Pump Assessment

Training-at-a-Glance

Welcome and Introductions
Rationale of Breast Pumps
Breast Pump Assessment Overview
15-minute Break
Conducting a Breast Pump Assessment
Indicators of Pump Issuance
60-minute Lunch
Key Pieces of a Pump Program
Hand Expression
Supporting Breastfeeding Moms When They Return to Work/ School
15-minute Break
Skills Practice: Assessing Mothers for Breast Pumps
Wrap-up and Evaluations

Activity Descriptions

1. Welcome and Introductions

In this activity, trainees will be welcomed to the training session and introduced to the trainer(s), training goal and objectives, agenda, set ground rules and introduce the group to the purpose of the training.

2. Rationale of Breast Pumps

In this activity, trainees will understand how breast pumps are a tool to support breastfeeding.

3. Breast Pump Assessment Overview

In this activity, trainees will define breastfeeding assessment, breast pump assessment, and how they relate to each other; to outline the steps of the breast pump assessment; and to introduce the first step of the breast pump assessment, which is determining if it needs to be completed.

4. Conducting a Breast Pump Assessment

In this activity, trainees will explore the second step of the breast pump assessment (collecting and clarifying information); to introduce some tools that can assist with the breast pump assessment.

5. Indicators of Pump Issuance

In this activity, trainees will become familiar with indicators of the need for a breast pump and which type of pump is required for a mother's specific situation and using the NYS WIC Breast Pumps list.

6. Key Pieces of a Pump Program

In this activity, trainees will be able to describe various pieces of the WIC Breast Pump Program.

7. Hand Expression

In this activity, trainees will review the benefits of and tips to hand expression and practice the techniques of hand expression.

8. Supporting Breastfeeding Moms When They Return to Work/ School

In this activity, trainees will review the NYS WIC Making it Work Toolkit online at www.breastfeedingpartners.org that highlights information about supporting breastfeeding moms when they return to work or school.

9. Skills Practice: Assessing Mothers for Breast Pumps

In this activity, trainees will practice issuing a breast pump and sharing tips with breastfeeding mothers to assist her with meeting her breastfeeding goals when separated from baby.

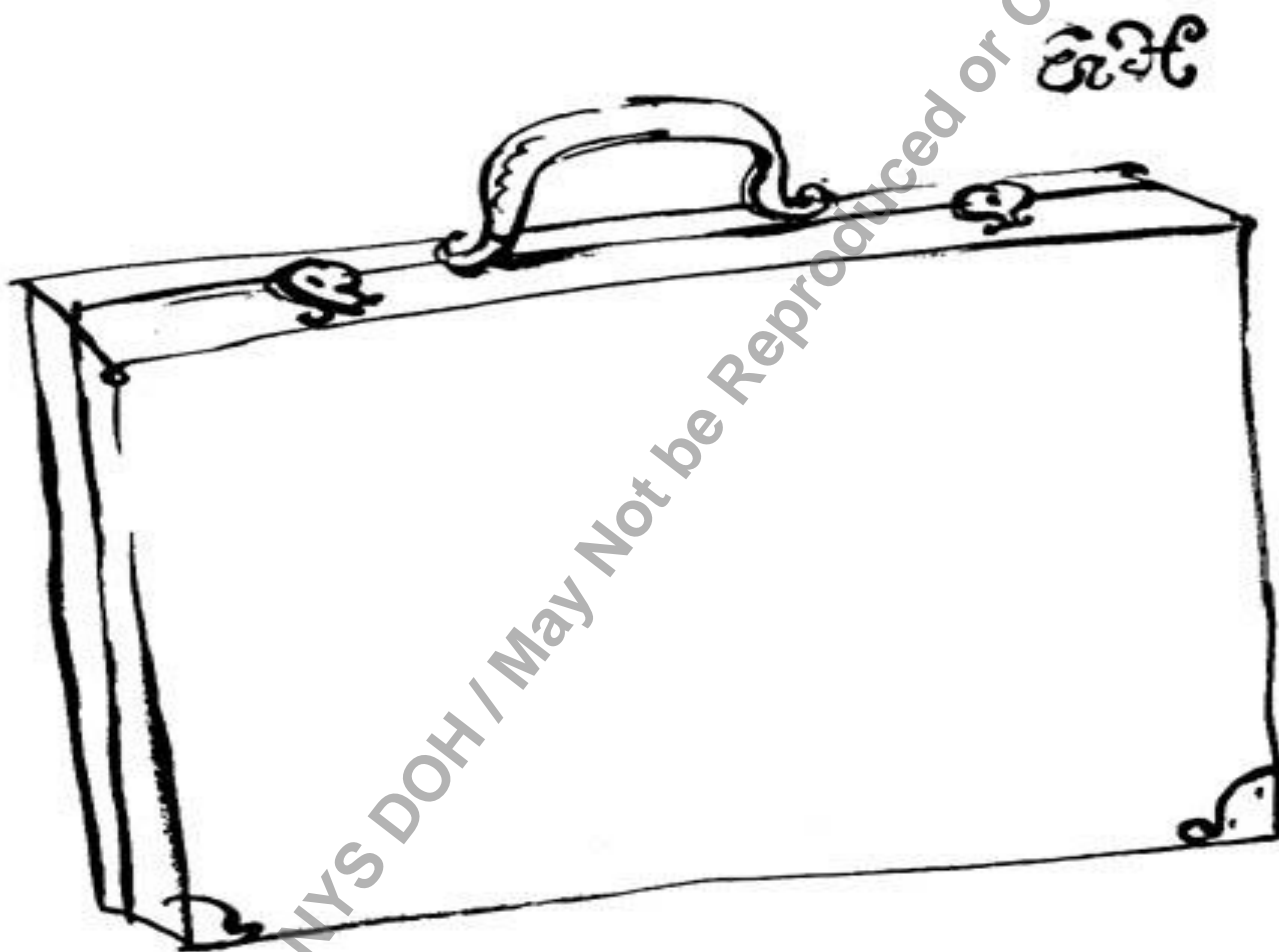
10. Wrap-up and Evaluations


In this activity, trainees will get closure for the day and provide feedback on the training.

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Briefcase Sticker

Directions: On the briefcase, develop a sticker with a message that would promote and support breastfeeding.




	WIC Program Manual	
	Section 1225	
	Date: 05/2019	Page 1 of 6
Breast Pump Program		

POLICY

1. A breast pump does not replace breastfeeding and if issued unnecessarily, may interfere with or undermine breastfeeding. Prior to issuing a breast pump, staff must conduct a breast pump assessment to identify the woman's need and determine the most appropriate type of pump. Breast pump assessments must only be conducted by trained Qualified Nutritionist and Competent Professional Authority staff.
2. A breast pump must only be provided to a woman with an active certification, after the birth of her infant, when a need is identified.
3. Local agencies must have readily available, hospital grade electric, personal grade electric and manual breast pumps that meet New York State WIC technical specifications. Staff must maintain an ongoing breast pump inventory in the management information system, and conduct a monthly physical inventory of all breast pumps and collection kits.
4. Qualified Nutritionist and Competent Professional Authority staff must provide education to each participant issued a breast pump on how to use and maintain the breast pump and ensure that the participant understands and signs a breast pump agreement.
5. Qualified Nutritionist and Competent Professional Authority staff must provide education on hand expression of breast milk to all women.
6. Local agencies must provide breast pumps, collection kits, and breastfeeding aids at no charge to participants.
7. Local agencies must not deny participants' benefits, terminate certifications, or suspend participants for unreturned, damaged, or lost breast pumps. Local agencies must not charge participants replacement fees or costs of the breast pumps.
8. Local agencies must establish policies and procedures for the issuance and management of breast pumps, collection kits, and breastfeeding aids, including procedures for cleaning and maintenance of breast pumps and inventory control. These policies and procedures must be included in the Local Agency Policy and Procedure manual.

BACKGROUND

The USDA Food and Nutrition Services Standards establish standards for the revitalizing and strengthening of nutrition services in WIC. Standard 8 (C)(4)(d) and (g): Breastfeeding Education, Promotion and Support, specifies provision of breastfeeding support and assistance throughout the postpartum period. This includes support for mothers separated from their infants because of hospitalization or illness; mothers of multiples or infants with special needs, and mothers returning to work or school. The standard states that distribution of breast pumps is to be based on assessment, appropriateness, and what is to be most supportive for the participant's needs and situation.

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The 2016 USDA Breastfeeding Policy and Guidance document states that breastfeeding aids and accessories are not necessary for all mothers but are designed to facilitate the initiation or continuation of breastfeeding for some mothers in special circumstances. The issuance of breastfeeding aids and accessories supports WIC's mission to increase initiation and duration of breastfeeding among WIC participants and ultimately improve health outcomes. The provision of such aids and accessories is one component of the available strategies, initiatives, and services that support breastfeeding among WIC participants.

DEFINITIONS

Refer to Acronyms and Definitions.

PROCEDURE


The WIC Coordinator ensures that a system is established to meet participants' breast pump needs. The Breastfeeding Coordinator (BFC) is responsible for managing the breast pump program and ensuring that Qualified Nutritionist and Competent Professional Authority (QN/CPA) staff are trained and competent in the following duties when issuing breast pumps to mothers:

- Breast pump assessment
- Participant education and follow-up
- Issuance/return/participant liability
- Breast pumps and breastfeeding aids
- Inventory management

Documentation of training must be maintained by the local agency and made available upon request by the Department of Health (DOH).

1. Breast Pump Assessment

- QN/CPA staff must conduct breast pump assessments prior to issuing breast pumps. These assessments include a review of mother and infant medical conditions and pumping needs.
- QN/CPA staff must follow the NYS WIC Program Breast Pump Issuance Guidelines found in the Breast Pump Program Policy Supplement, to determine the appropriate breast pump for each participant.
- QN/CPA staff must document the breast pump and collection kit issuance, and issuance reason in the participant's record, as appropriate.
- When a participant has a breast pump that does not meet her needs (i.e. from Medicaid, private insurance, or gift, etc.), a breast pump assessment should be conducted and, if necessary, an appropriate breast pump issued.


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2. Participant Education and Follow-Up

- QN/CPA staff are responsible for ensuring that the participant is educated on the importance of feeding the infant at the breast.
- QN/CPA staff are responsible for ensuring that the participant is educated on the importance of hand expression. Hand expression of breast milk is important for all mothers, especially during emergencies for women who rely on electric breast pumps.
- QN/CPA staff must work with the participant to develop a pumping schedule and provide education on breast pump maintenance and proper breast milk storage.
- For any participant who is issued an electric breast pump, QN/CPA staff must:
 - Make an initial follow-up contact within 24 hours to ensure that the breast pump is operating correctly and that the participant is using it properly;
 - Ensure baby's weight is checked routinely at WIC or by the health care provider, and documented in the participant's record;
 - Follow-up at the next WIC appointment, or by phone, as needed; and
 - Ensure a referral to a peer counselor for continued support.
- For any participant who is issued a manual breast pump, QN/CPA staff must:
 - Make an initial contact within 24-72 hours;
 - Follow-up at the next WIC appointment, or by phone, as needed; and
 - Ensure a referral to a peer counselor for continued support.
- When a participant has a non-WIC issued breast pump, QN/CPA staff must provide education on the use and maintenance of the breast pump including information about safe breast milk storage.

3. Issuance/Return/Participant Liability

- Participants who are issued a breast pump must read and sign the appropriate Breast Pump Agreement form. The signed form must be scanned into the participant's record, and the physical copy given to the participant.
- Participants must be advised that they are responsible for returning loaned multi-user breast pumps to the WIC local agency.
- When a WIC-owned multi-user breast pump is not returned or is damaged, the local agency must make attempts to contact the participant and take their statement describing the events related to the breast pump loss or damage. All contact attempts and any information obtained must be recorded in the participant's electronic record.
- The local agency must not fine a participant or withhold benefits for a lost, stolen, or damaged breast pump.

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- When fraud or abuse is suspected, such as in the case of a stolen breast pump, the local agency must notify the DOH, document the circumstances, and refer the matter to the Bureau of Special Investigations (BSI).

4. Breast Pumps and Breastfeeding Aids

- Local agencies must only purchase or lease breast pumps that are identified on the NYS WIC Breast Pump List.
- Local agencies may purchase or lease hospital grade electric multi-user pumps. The local agency must weigh the benefits and risks of owning or leasing, and consider the cost of insurance, maintenance, liability, and storage.
- Breast pumps not included on the current NYS WIC Breast Pumps list, may be considered for review by the Breastfeeding Coordinator (BFC) or WIC Coordinator. Local agencies must follow the Breast Pump Review Process described in the Breast Pump Program Policy Supplement.
- Local agencies must adhere to NYS WIC fiscal policies when purchasing breast pumps and breastfeeding aids, per WIC Program Manual Section, Administrative Budget Line Item Definitions, Justification of Costs, and Budget Forms and the Breast Pump Fiscal Policy Supplement, 1412.

5. Inventory Management

- Two types of breast pump inventory must be maintained, including an ongoing inventory in the management information system and a monthly physical inventory. Inventory records must be retained, per WIC Program Manual Section, Record Retention, and available to DOH staff upon request.
- At least two WIC staff must participate in the breast pump physical inventory management process. The staff person who conducts the monthly physical inventory cannot order breast pumps or issue breast pumps to participants.
- When a participant transfers to another local agency, staff must ensure that the participant's pumping needs are met and that NYWIC inventory is updated.
- Any breast pump that is returned to local agency staff must be thoroughly inspected and cleaned upon its return. Returned breast pumps must be inspected for safety and cleaned according to the manufacturer's instructions.

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GUIDANCE

Breast pumps support the initiation and continuation of breastfeeding in situations where the infant cannot nurse at the breast and/or mother and infant are separated. QN/CPA staff should communicate with health care providers when electric pumps are issued to high-risk mother-infant dyads and if there are ongoing medical concerns related to breastfeeding management or infant growth and development. Appropriate release forms must be completed before discussing participant health information with a health care provider.

The local agency should establish a system to assist participants who request a referral for a breast pump provided by a source other than WIC. The referral will include the QN/CPA's recommendation for a breast pump based on the assessment and type of pump that the participant is eligible to receive.

QN/CPA staff should be aware of the types and brands of breast pumps that local hospitals use, as well as the pumps available through Medicaid and private insurance.

Breastfeeding aids that directly support the initiation and continuation of breastfeeding are allowable costs. For specific examples, refer to Breast Pump Fiscal Policy Supplement 1412.


RESOURCES

For additional information, refer to the following WIC Program Manual sections:

- Breast Pump Policy Supplement 1225
- Breast Pump Fiscal Policy Supplement 1412
- Impact of HIV/AIDS on Breastfeeding Policy 1227
- Record Retention 1401
- Administrative Budget Line Item Definitions, Justification of Costs, and Budget Forms 1412

Other Resources:

- Breastfeeding Assessment Tool and Guidance:
WIC Library/Nutrition Services/Breastfeeding/Breastfeeding Assessment
- Breast Pump Assessment and Justification Form:
WIC Library/Forms/Breastfeeding/Breast Pumps/BP-Assessment-and-Justification-Form.pdf
- Breast Pump Assessment and Justification Form Guidance:
WIC Library/Forms/Breastfeeding/Breast Pumps/Guidance-completing-Breast-Pump-Assessment-and-Justification.pdf
- Breast Pump Decision Model:
WIC Library/Forms/Breastfeeding/Breast Pumps/Breast-Pump-Decision-Model
- NYS WIC Breast Pumps List:
WIC Library/Nutrition Services/Breastfeeding/Breast Pumps/NYS-WIC-Breast-Pumps-list-2019
- NYS WIC Breast Pump Program Technical Specifications and Requirements form:
WIC Library/Forms/Breastfeeding/Breast Pumps/1225-NYS-WIC-Technical-Specs-Form-2019

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- Breast Pump Agreement Forms: WIC Library/Forms/Breastfeeding/Breast Pumps
- 2016 USDA Breastfeeding Policy and Guidance:
<https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC-BF-Policy-and-Guidance2016.pdf>
- USDA Food and Nutrition Services Standards, March 2019 (Standard 8) (C)(4)(d) and (g): Breastfeeding Education, Promotion and Support:
<https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC%20NSS-rev%204-1-2019%20508c.pdf>
- USDA WIC Breastfeeding Support Campaign website:
<https://wicbreastfeeding.fns.usda.gov/>
- www.BreastfeedingPartners.org
- NYS DOH Policy Statement: Situations Where Breastfeeding is Contraindicated or Not Advisable:
www.health.ny.gov/diseases/aids/providers/testing/perinatal/breastfeeding_policy.htm

Breast Pump Program Policy Supplement
For Use with WPM Section 1225: Breast Pump Program

Breast Pump Review Process

WIC Program Manual Section #1225, Breast Pump Program, requires local agencies to provide participants with breast pumps that are effective, safe, and appropriate for WIC participants based on assessed need of the mother.

The NYS WIC Breast Pumps list identifies breast pumps that have been reviewed and determined to meet the New York State (NYS) Department of Health (DOH) required breast pump selection criteria. Qualified local agency staff may request additional breast pumps be included in the list, using the following process:

1. The local agency sends the NYS WIC Breast Pump Program Technical Specifications and Requirements form to the breast pump manufacturer to complete.
2. The breast pump manufacturer representative completes the form accordingly.
3. Local agency staff review the form to ensure the breast pump(s) meet all required specifications.
4. If all specifications are met, the local agency sends the completed form to the NYS WIC mailbox at nyswic@health.ny.gov.
5. DOH will review the Breast Pump Program Technical Specifications and Requirements form for final determination and give final written approval for purchase, if approved.
6. When a new breast pump is approved, DOH will update the management information system and post an updated NYS Breast Pumps List to the WIC Library.
7. Local agencies will be notified when all updates have been made and when local agencies can add the new breast pump(s) to inventory.

Local Agency Policy

The WIC Coordinator is responsible for ensuring that the local agency breast pump policy includes:

- Assessing the mother's need for a breast pump;
- Educating the mother on breast pump assembly, use, cleaning, storage and handling of breast milk;
- Issuing and distributing of breast pumps and breastfeeding aids;
- Follow-up with participant after a breast pump is issued;
- Maintenance of breast pumps;
- Inventory control;
- Liability and security procedures;
- Handling lost/stolen/damaged equipment; and
- Purchasing protocol and insurance.

Staff Training

The Breastfeeding Coordinator (BFC) is responsible for ensuring that all Qualified Nutritionist and Competent Professional Authority (QN/CPA) staff are trained and competent on assessment, issuance, and education of breast pumps. All QN/CPA staff must be trained on the following:

- How breast pumps support breastfeeding;
- How to conduct a breast pump assessment;
- How to determine the appropriate breast pump to meet identified needs;
- How to instruct the mother on the use of the breast pump including pump assembly, cleaning, determining flange size, pumping schedule, and handling and storage of pumped breast milk;
- How to educate the mother on hand expression;
- How to conduct follow-up and provide continued support to the mother;
- How to document pump issuance and follow-up; and
- How to conduct a breast pump inventory.

Breast Pump Program Policy Supplement
For Use with WPM Section 1225: Breast Pump Program

The BFC may need to mentor staff as they develop competencies and become confident in their abilities to adequately assess a woman's need for a breast pump, issue the correct breast pump, and provide the instruction and support. Continuous in-services and conversations about breast pumps and the breast pump program (inventory, policies and procedures) will assist staff in understanding how breast pumps support breastfeeding. The BFC may offer opportunities for staff to observe a breast pump assessment and counseling with a participant.

Available resources for staff training:

- Breast Pump Training provided by the WIC Training Center
- www.BreastfeedingPartners.org website
- Refer to breast pump manufacturers' instructions
- Breast Pump Decision Model, located on the WIC Library

Additional Guidance

Peer counselors (PCs) play an important role in breast pump education, follow-up, and continued support of breastfeeding. PCs provide women with reasons to continue breastfeeding, even if they are separated from their babies when they return to work or school. They can also support mothers by assisting in creating pumping schedules and educating on milk storage guidelines. Although PCs do not issue breast pumps, they can educate mothers on how to use breast pumps including when to remove milk and tips for success with pumping. Continuous communication between QN/CPA staff and PCs is critical to ensuring participants receive the level of breast pump support and guidance needed for successful breastfeeding experiences. PCs must yield to WIC Designated Breastfeeding Expert (DBE), or QN/CPA staff when issues arise that are outside the PCs scope of practice including issues such as a noticeable drop in mothers' milk production or needing help expressing milk.

The chart below will assist local agencies in determining the appropriate pump to issue to WIC participants.

New York State WIC Program Breast Pump Issuance Guidelines

Assessed Need	Electric Breast Pump			Manual	
	Hospital Grade Multi-User	Personal Grade Multi-User	Personal Grade Single-User	Personal Grade Single User	Personal Grade/Pedal Multi-User
To establish a milk supply Such as: mothers with premature/hospitalized baby, low or delayed milk supply, latch issues	X				
Long-term pumping Such as: return to work or school, inverted/flat nipples, latch issues	X	X	X		X
Short-term pumping Such as: medication (pump and discard), sore nipples, engorgement, infection, inverted/flat nipples, latch issues	X	X		X	X
Occasional pumping Such as: occasional missed feeding, approx. 4-5 feedings per week, medication				X	X

Resources:

NYS WIC Program

May 2019

Breast Pump Program Policy Supplement

For Use with WPM Section 1225: Breast Pump Program

- 2016 USDA Breastfeeding Policy and Guidance:
<https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC-BF-Policy-and-Guidance2016.pdf>
- 2013 NYS WIC Breastfeeding Peer Counseling Curriculum:
WIC Library/Nutrition Services/Breastfeeding/Loving Support Through Peer Counseling/2013
NYS Breastfeeding Peer Counselor Curriculum: Training WIC Peer Counselors/Peer Counselor
Training Material
- New York State WIC Breast Pumps List:
WIC Library/Nutrition Services/Breastfeeding/Breast Pumps/NYS-WIC-Breast-Pumps-list-
2019
- NYS WIC Breast Pump Program Technical Specifications and Requirements form:
WIC Library/Forms/Breastfeeding/Breast Pumps/1225-NYS-WIC-Technical-Specs-Form-
2019
- Breast Pump Decision Model:
WIC Library/Forms/Breastfeeding/Breast Pumps/Breast-Pump-Decision-Model
- Breast Pump Assessment and Justification Form:
WIC Library/Forms/Breastfeeding/Breast Pumps/BP-Assessment-and-Justification-Form
- Breast Pump Assessment and Justification Form Guidance:
WIC Library/Forms/Breastfeeding/Breast Pumps/Guidance-completing-Breast-Pump-
Assessment-and-Justification

DOH Breastfeeding Assessment Tool



Birth Experience

Experiences in the hospital before/during/after delivery impact breastfeeding and may prevent successful initiation of breastfeeding, promote early supplementation, or cessation of breastfeeding. Circumstances such as inductions, long labors, emergency cesarean sections, or other situations may alter a participant's birth plan (which outlines plans and expectations for their labor, delivery and postpartum hospital stay) and can affect breastfeeding initiation.

Positive influences: skin-to-skin, rooming-in, consulting with an IBCLC, no supplementation

Negative influences: medications, dyad separation, supplementation (including glucose water), hospital discharge bags with formula, lack of support

If breastfeeding was *negatively* impacted in the hospital, there are things the dyad can do after discharge to help re-establish breastfeeding:

- Skin-to-skin
- Baby-led breastfeeding
- Wear baby (keep baby close using a sling, wrap, front carrier)
- Learn baby cues
- Breastfeed frequently and stop supplements
- Work with IBCLC



If the infant is having difficulty latching, refer the dyad to Breastfeeding Coordinator or International Board-Certified Lactation Consultant (IBCLC) for immediate attention.

Postpartum Recovery & Support

All participants need support during the postpartum period. For many it is a confusing, tiring, exhausting and stressful time of adjusting to life with a new baby. This is a period of:

- Healing—both the participant and baby are recovering from delivery and any interventions (incisions, circumcision, etc.)
- Learning—parents are learning how to care for their baby and recognize baby's cues; both participant and baby are learning how to breastfeed
- Varying emotions—excitement, worry, anxiety, sadness (baby blues vs. postpartum depression); participants may feel alone, sad, helpless and isolated once at home

Support is critical to the participant's recovery and to establishing breastfeeding. As the colostrum transitions to mature milk, they may experience engorgement or trouble latching. Breastfeeding may suddenly seem difficult. They may not be expecting how often baby needs to feed. They need support.

- Listen to the participant's concerns, affirm them, focus on their strengths, offer help and support
- Determine who is their support at home (partner, family member, friend)
- Encourage frequent contact with Peer Counselor
- Look for signs of postpartum depression
- Provide assistance and support when dyads are separated for medical reasons and returning to work or school—breast pump issuance and education, hand expression instruction

The early postpartum period is a critical time in establishing a full milk supply. Frequent breastfeeding will establish receptors for milk producing hormones for a full milk supply. Supporting the participant's breastfeeding efforts and goals and encouraging exclusive breastfeeding will help to ensure a full milk supply now and in the months to come.



Refer to health care provider immediately if postpartum depression is suspected.

Baby's Needs

Babies don't come with instructions and cannot tell us what they need, but they do give us cues. Parents need to look for those cues. Helping them understand baby behavior gives them the confidence they need to provide for the baby and meet the baby's needs.

Baby's Cues:

- Baby exhibits feeding cues long before crying
- Pacifiers can mask baby's feeding cues
- Keeping baby close, skin-to-skin, "wearing" baby helps parents recognize and respond to baby cues

Baby's Needs:

- Frequent feeding: 8-12 feedings per 24 hours (baby's stomach size is very small)
- Feeding schedules change as baby grows:
 - Growth spurts: generally infants breastfeed more frequently and/or longer prior to and during a growth spurt (around 7 days, 2-3 weeks, 3 months, 6 months)
 - Cluster feeding: infant may breastfeed several times in a short period then go a longer time before the next feeding
- Solids/complementary foods: infants need only breastmilk for the first 6 months (and Vitamin D supplement), then introducing infant foods are recommended (such as infant meats, vegetables, fruits, cereals) with continued breastfeeding to one year and beyond
- Comfort: Infants do best when close to their parents, skin-to-skin, wearing baby, sleeping near (in same room) them



Infrequent breastfeeding, scheduled or restricted feedings, or early introduction of complementary foods require further counseling and assistance.

Milk Supply

Participants may say they do not have enough milk. Early and frequent breastfeeding builds their milk supply so they can be successful. Once receptors are primed or activated, making milk is based on supply and demand. Exclusive breastfeeding for the first thirty days after birth (no supplements) is crucial to establishing receptors or developing milk supply for the months to come.

Establishing a Milk Supply:

- Activating hormone receptors for producing milk and establishing a full milk supply (for long term) is critical in the first few weeks
- Breastfeeding early and frequently (exclusive breastfeeding) encourages activation of receptors
- When the dyad is separated or baby is unable to nurse at the breast, a breast pump (hospital grade) or breastfeeding aide, when used properly, may help establish milk supply
- Missed/delayed nursing sessions, such as supplementing with infant formula, impact (decrease) milk supply and interfere with activating the hormone receptors
- Colostrum begins to transition to mature milk around day 4
- As milk (mature milk) volume increases, breasts feel full before feeding and soft after feeding (this feeling of fullness before feedings may diminish as the infant gets older and may be mistaken for not enough milk)

Milk Production:

Understanding infant's needs and the participant's ability to produce the amount of milk to meet those needs is important for building the participant's confidence. Infant stomach size is small and thus infants can only take small amounts at each feeding.

Exclusively breastfeeding produces the amount of breastmilk needed by the infant:

- Week 1: 1 oz to 10 oz per day (30ml to 295-355ml) produced
1 teaspoon to 1 ½ oz per feeding
- Week 2-3: 20 oz to 25 oz per day (590ml to 740ml) produced
2 – 3 oz per feeding
- Week 4: 25 oz to 35 oz per day (740ml to 1035ml) produced
3 – 4 oz per feeding

Source: Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers by: N. Mohrbacher, IBCLC and K. Kendall-Tackett, PhD, IBCLC

(Milk Supply continues on next page)

Milk Supply continued

Infant signs of adequate intake:

- Weight gain— (breastfed babies' rate of weight gain is different than formula fed infants)
 - Baby should regain birth weight by 2 weeks and gain about 4-8 ounces each week for the first 6 months
- Outputs:
 - Soiled diapers—at least 4 yellow bowel movements and 4 wet diapers every 24 hours by day 4
 - Wet diapers—pale yellow or nearly colorless urine
- Frequent breastfeeding: 8-12 times per 24 hours, wakes during night to feed
- Satisfied after feedings—relaxes at end of feeding, hands open, comes off breast on own, may fall asleep

Negatively impact milk supply:

- Infrequent or missed feedings
- Hormonal birth control
- Parents unable to recognize feeding cues
- Birth parent's health issues (diabetes, hypothyroid, obesity, history of breast surgery, etc.)
- Ineffective latch (may be due to positioning or issues with infant oral cavity)
- Cesarean delivery, medication during labor and hospital stay



These situations require referral to Breastfeeding Coordinator, IBCLC or health care provider for follow up:

- Participant did not experience a change from colostrum to mature milk by day 7
- Infant has inadequate weight gain and outputs

Latch

A poor latch or an uncomfortable position can lead to issues and cessation of breastfeeding. A simple evaluation or observation (if possible) can help identify and correct the situation.

Latch

- Signs of a good latch:
 - Both lips are curled out, not tucked in
 - The nipple and about one inch of the areola are in the baby's mouth
 - Baby's chin is buried into the breast with his nose lightly touching
- The baby can be heard swallowing or gulping at each feeding
- The participant may report feeling the milk 'let-down'
- When latch is good, there is no nipple pain

Note: Infant 'tongue-tie' interferes with a good latch and milk transfer

Position

- Observe the dyad's position while breastfeeding
 - Show the participant several positions for comfort
 - Discuss laid-back breastfeeding
 - The participant should feed in whichever position is most comfortable for them and the baby that results in milk transfer
- If the participant reports back pain, they need assistance with positioning



Refer the dyad to Breastfeeding Coordinator or IBCLC if there is nipple pain and/or an inability to position the infant in a comfortable manner to promote a good latch and milk transfer.

Parent & Baby Health

The health status of either the participant and/or baby can pose a challenge to breastfeeding. Sometimes health/medical reasons require temporary separation but in most circumstances breastfeed can continue.

- Medications: rarely is medication a contraindication for breastfeeding--often there are safe alternative medications available
- Herbal/home remedies: many herbs and home remedies have not been proven safe and effective and should be avoided during lactation

Birth Parent's Health:

- Postpartum depression can interfere with bonding and breastfeeding and needs immediate referral to health care provider
- Sore, flat or inverted nipples, mastitis, plugged ducts or other breast issues (i.e.: prior breast surgery such as reduction or implants) need to be referred to and followed by health care provider or IBCLC
- Obesity, hypothyroidism, polycystic ovarian syndrome (PCOS) are common health issues that can affect milk production
- Heavy bleeding several days after delivery may have an incomplete delivery of placenta which can prevent transition to mature milk

Baby Health:

- Cleft lip, cleft palate, tongue-tie and other oral cavity issues need assistance (sometimes minimal assistance) to breastfeed successfully
- Failure to thrive infants need close follow up and frequent weight checks
- Jaundice impacts breastfeeding -- participants are often mistakenly advised to stop breastfeeding when in actuality breastmilk aids in the removal of the excess bilirubin

Breastfeeding is contraindicated only when:

- Participant: is HIV+; has untreated active TB; has human T-cell lymphotropic virus type I or type II; is undergoing chemotherapy or radiation; is dependent on illegal drugs
- Infant: has galactosemia (rare metabolic disorder)

- ✦ Any of these health/medical/medication issues need referral to health care provider.
- ✦ Refer to HCP immediately if postpartum depression is suspected.

Resources

For the breastfeeding participant:

- Breastfeeding...For My Baby. For Me.
 - English – DOH pub #2953
 - Chinese – DOH pub #2947
 - Spanish – DOH pub #2946
- The Hospital Experience
 - English – DOH pub #4347
 - Chinese – DOH pub #4354
 - Spanish – DOH pub #4353
 - Russian – DOH pub #4355
 - French – DOH pub #4356
- My Baby's First Few Months & Beyond: A Checklist
 - English – DOH pub #9228
 - Spanish – DOH pub #19229
 - Chinese – DOH pub #19230
- My Pregnancy and Baby's First Few Weeks: A Checklist
 - English – DOH pub #19231
 - Spanish – DOH pub #19232
 - Chinese – DOH pub #19233
- Websites:
 - www.breastfeedingpartners.org
 - www.health.ny.gov/prevention/nutrition/wic/breastfeeding
 - <https://wicbreastfeeding.fns.usda.gov/>

For QN/CPAs/Breastfeeding Coordinator:

- NYS Department of Health Policy Statement: Situations Where Breastfeeding is Contraindicated or Not Advisable:
https://www.health.ny.gov/diseases/aids/providers/testing/perinatal/breastfeeding_policy.htm
- *Medications and Mother's Milk* book (by Thomas W. Hale, PhD) or website:
<https://www.halesmeds.com/>
- *Breastfeeding, A guide for the Medical Professional* by Ruth Lawrence, MD and Robert Lawrence, MD
- *Breastfeeding and Human Lactation* by Jan Riordan, EdD, RN, IBCLC, FAAN and Karen Wambach, Ph.D., RN, IBCLC, FILCA, FAAN
- *The Breastfeeding Atlas* by Barbara Wilson-Clay, BS, IBCLC and Kay Hoover, Med, IBCLC

- *Maternal and Infant Assessment for Breastfeeding and Human Lactation: A Guide for the Practitioner* by Karin Cadwell, PhD, RN, IBCLC, Cynthia Turner-Maffei, MA, IBCLC, Barbara O'Connor, RN, BSN, IBCLC, and Anna Blair, PhD, CLC
- *Breastfeeding Made Simple* by Nancy Mohrbacher, IBCLC, FILCA and Kathleen Kendall-Tackett, PhD, IBCLC
- www.breastfeedingpartners.org
- <https://wicbreastfeeding.fns.usda.gov/>
- FNS WIC Breastfeeding Curriculum
- <https://wicworks.fns.usda.gov/>
- <https://lovingsupport.fns.usda.gov/content/grow-and-glow-wic>

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Breast Pump Assessment and Justification Form—Staff use only

Agency/Site _____ Date: ____/____/____
 Mother's Name _____ DOB _____ WIC ID # _____
 Baby's Name _____ DOB _____ WIC ID # _____
 Peer Counselor Name _____

1. Mother's breastfeeding goals: _____

2. Baby's issues (check all that apply):

___ Weight gain/loss ___ Latch issues ___ Illness ___ Premature/special needs
 ___ Multiples ___ Hospitalized ___ Other _____

3. Mother's issues (check all that apply):

___ Delayed or low milk supply ___ Medications ___ Inverted/flat nipples
 ___ Hospitalized ___ Other _____
 ___ Return to work/school _____

Comments/Notes: _____

4. Breastfeeding frequency: _____ times per 24 hours

5. Supplementing with formula? Y/N formula frequency: _____

6. Does mother have an established milk supply? Y/N (if no, mother needs a hospital grade electric pump)

7. Does mother need a pump? Y/N Reason: _____

Does mother need a pump today? Y/N Reason: _____

(if not and mother is on Medicaid refer to HCP to get pump through Medicaid)

8. Pump needed for: (Check all that apply.)

___ Occasional pumping (4-5 feedings per week) ___ Frequent pumping (daily)
 ___ Short term use ___ Long term use ___ Establish milk supply ___ Maintain milk supply

Already own a pump? Y/N New/Used Type and brand _____

Does it meet WIC specs (ie: is it one of the WIC approved pumps)? Y/N Age of pump _____

9. Has mother been instructed on hand expression? Y/N (if no, teach mother hand expression)

10. Has mother used hand expression? Y/N

Type of pump issued: _____ Collection Kit issued: _____

Breast pump not issued due to: _____

Follow-up contact (24 hrs. for electric pump) conducted by: _____ Date: _____

Assessed by: _____ Date: _____

Guidance for Completing the Breast Pump Assessment and Justification

The Breast Pump Assessment:

- Determines a mother's need for a breast pump prior to issuance
- Determines the appropriate pump and documents justification
- Is conducted by a CPA/BFC using a participant-centered approach.

When mothers have appropriate and effective breast pumps, they are more likely to continue to breastfeed, improving the health of the breastfeeding dyad.

Guidance

1. Mother's Breastfeeding Goals-A mother's plan is one factor to consider when assessing mother's needs and determining the appropriate pump.

2./3. Baby's and Mother's Issues-The Baby's and Mother's Issues will provide the necessary details for determining which pump is appropriate for their situation.

- Returning to Work/School- consider the following:
 - Total time away from baby including commute time;
 - Mode of transportation, child care, breaks;
 - Locked area at workplace;
 - An equipped place to pump;
 - Mother may need more help than a pump.

Refer her to the *Making It Work Toolkit* for more information

4. Breastfeeding Frequency—It is important for pumping mothers to continue to feed baby at the breast as often as possible.

5. Supplementing with Formula-Supplementing with formula negatively impacts a mother's milk supply, especially in the first 30 days. If a mother has been supplementing with formula, using a breast pump (in addition to infant nursing at the breast) may help to build her milk supply and reduce need for formula supplementation.

Occasionally, temporary pumping with use of supplemental formula may be needed, such as when mother is prescribed medication incompatible with breastfeeding, requiring mother to pump and discard her milk. Pumping will maintain her milk supply until breastfeeding can resume.

6. Mother's Milk Supply-This is key to the assessment and issuance of the appropriate pump.

- Breastfeeding exclusively during the first 30 days helps to build a full milk supply.

- If mother requests a pump during the first few weeks after birth you can assume she has not yet established her milk supply and needs a hospital grade pump.
- Only the Electric Breast Pump Hospital Grade Multi-User will help a mother establish a milk supply. This pump is provided to mothers with babies who are hospitalized, have special needs, or losing weight, etc. (See policy supplement)

7. Does Mother Need a Pump? Need a Pump Today-Mother may need a pump today and cannot wait for one through Medicaid/insurance. It is important that mother gets a pump to meet her needs. If she will be getting a pump through Medicaid/insurance, staff may issue the appropriate multi-user pump until she can obtain another pump.

8. Pump Needed For-There is a significant difference between daily use such as when mother and infant are separated for significant amount of time, i.e. working full time or when baby is hospitalized, versus occasional use such as going out for a few hours without baby. Take into consideration:

- Short or long term pumping
- Establish or maintain milk supply
- Review the information collected during the assessment,
- Identify the the mother's and baby's need
- Determine which pump is appropriate.

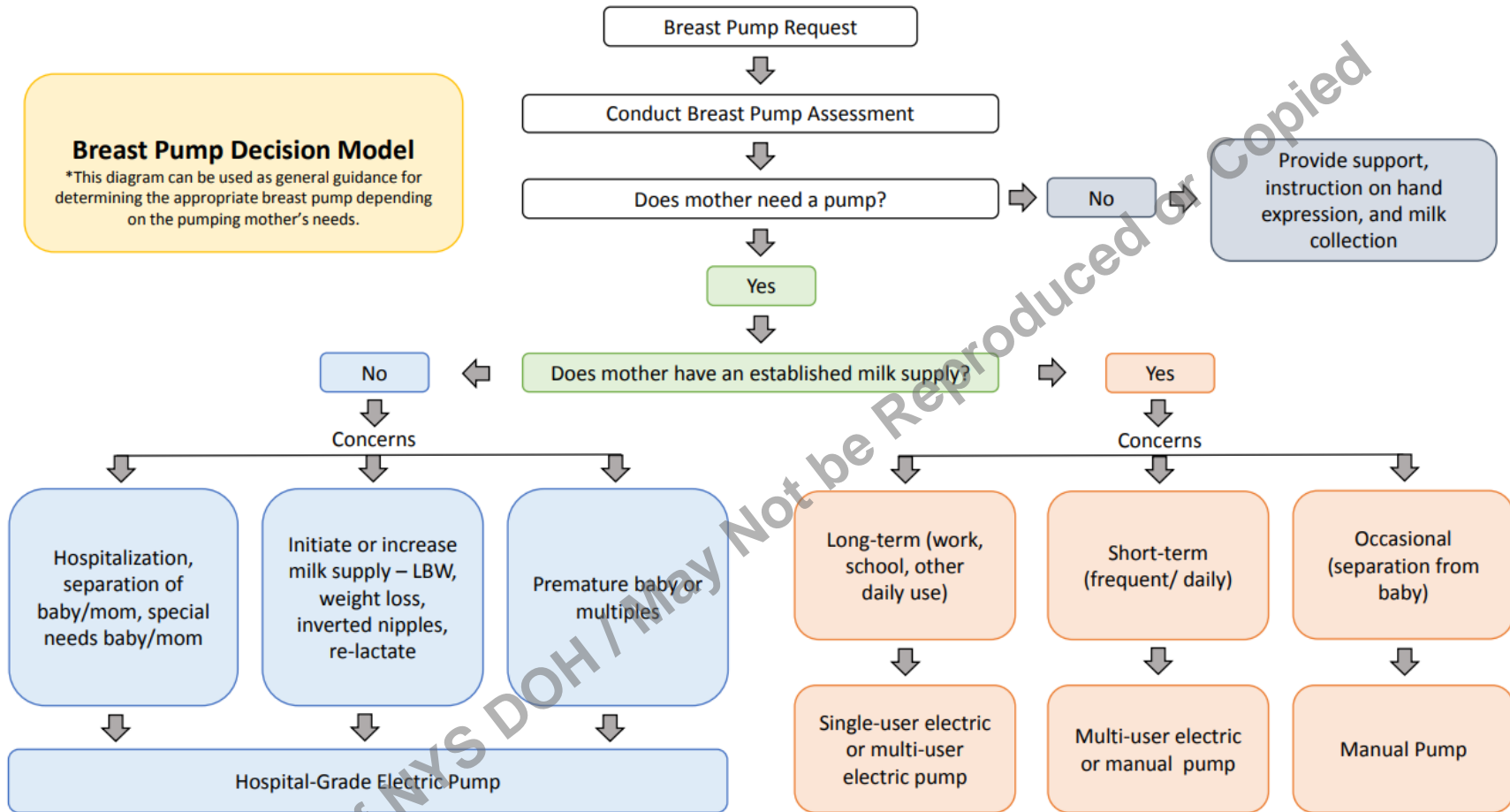
See the Breast Pump Policy Supplement for further guidance.

9./10. Hand Expression-Every mother should be taught hand expression:

- For emergencies:
 - without the pump,
 - without baby, or
 - without electricity
- To relieve engorgement after birth

Document the pump issued and reason/justification. Document whether a pump was not issued after conducting the assessment and reason. Document any follow up and indicate in a note any issues or difficulties.

For additional information: Refer to the Breast Pump Policy and Policy Supplement.



Updated February 2019

Revised 11/19

2019 NYS WIC Breast Pumps

Hospital Grade Multi-User Electric Pump

For breastfeeding mothers who need to establish and/or maintain a milk supply.
These pumps are loaned to mothers and returned after mother no longer needs pump.

**For Agency-Leased pumps only: On the multi-user breast pump agreement form (statement twelve), the manufacturer's name must be written, upon participant signing the form.

Company Name Model Name Model #	Contents Included
Ameda	
Elite 17608	<ul style="list-style-type: none"> • built-in bottle and flange holders • 6 lbs. 13 oz. • 2-year warranty
Ardo	
Carum 63.00.73	<ul style="list-style-type: none"> • durable, washable carrying case • power cord of a minimum of 6 feet • 6.6 lbs. • 3-year warranty
Hygeia	
EnDeare 10.0025c	<ul style="list-style-type: none"> • hard carry case with shoulder strap • independent speed and suction control • removable cooler with cold pack • piston-driven technology • 7 lbs. • 3-year warranty

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Hospital Grade Multi-User Electric Pump continued...

For breastfeeding mothers who need to establish and/or maintain a milk supply.

These pumps are loaned to mothers and returned after mother no longer needs pump.

****For Agency-Leased pumps only:** On the multi-user breast pump agreement form (statement twelve), the manufacturer's name must be written, upon participant signing the form.

Hygeia	
EnJoye Cordless 10-0044s3b	<ul style="list-style-type: none"> • pump has metal stem • internal lithium ion battery • hard carry case • 3lbs. • 3-year warranty
Medela	
Symphony 0240108	<ul style="list-style-type: none"> • 2 internal rechargeable batteries • 2.0 program card and Quick Start Card • protector for card/cord • container stand • 7.05 lbs. • 3-year warranty
Unimom	
Opera	<ul style="list-style-type: none"> • Rechargeable battery – over two hours • LCD touch pad screen • Four different operating modes • Three night lights levels • 6 lbs. • 3-year warranty

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Personal Grade Multi-User Electric Pump

For breastfeeding mothers with an established milk supply, for short-term, long-term, and frequent pumping.

These pumps are loaned to mothers and returned after mother no longer needs pump.

****For Agency-Leased pumps only:** On the multi-user breast pump agreement form (statement twelve), the manufacturer's name must be written, upon participant signing the form.

Company Name Model Name Model #	Contents Included	
Ardo		
Calypso Pro Complete 63.00.336	<ul style="list-style-type: none">• soft-sided carrying case• cooler bag and 2 cooling elements• double pumping collection kit• power adapter	<ul style="list-style-type: none">• AA battery operation• .88 lbs.• 3-year warranty
Hygeia		
EnJoye Cordless (LBI) 10.0058	<ul style="list-style-type: none">• internal lithium ion battery• personal accessory set (PAS plus)• deluxe tote with cooler/cold pack• 3lbs.• 1-year warranty	
EnJoye (EPS) 10.0185	<ul style="list-style-type: none">• personal accessory set (PAS plus)• deluxe tote with cooler and cold pack• 2.8 lbs.• 1-year warranty	
Unimom		
Minuet	<ul style="list-style-type: none">• LCD Display• Rechargeable Battery• USP port for charging• Lightweight and quiet	

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Personal Grade Single-User Electric Pump

For breastfeeding mothers who have an established milk supply, for long-term and frequent pumping.

These pumps are not returned.

Company Name Model Name Model #	Contents Included
Ameda	
Finesse Double Electric 101W02 (replacement for Purely Yours)	<ul style="list-style-type: none"> • dual HygieniKit ® milk collection system with: <ul style="list-style-type: none"> ○ (2) 25.0 mm, and (2) 30.5 mm CustomFit™ flanges ○ (2) 28.5mm, inserts, and (2) 22.5mm inserts ○ (2) extra valves • shoulder bag • AC power adapter • Coo'N Carry™ tote with (3) cooling elements • (4) extra bottles with lock-tight sealing lids • milk storage guidelines • manual breast pump handle (instructions for use) • 2-year warranty
Ardo	
Calypso-to-Go Pure 63.00.330	<ul style="list-style-type: none"> • soft-sided carrying case • cooler bag and 2 cooling elements • 2 collection bottles (150ml) • double pumping collection kit • .88 lbs. • 400 hours of use or 1-year warranty (whichever is longer) • power adapter • AA battery operation

Revised 11/19

Personal Grade Single-User Electric Pump continued...

For breastfeeding mothers who have an established milk supply, for long-term and frequent pumping.

These pumps are not returned.

Hygeia		
EnJoye Cordless (LBI) 10.0058	<ul style="list-style-type: none"> • internal lithium ion battery • personal accessory set (PAS plus) • deluxe tote with cooler/cold pack 	<ul style="list-style-type: none"> • 3lbs. • 1-year warranty
EnJoye (EPS) 10.0185	<ul style="list-style-type: none"> • personal accessory set (PAS plus) • deluxe tote with cooler and cold pack 	<ul style="list-style-type: none"> • 2.8 lbs. • 1-year warranty
Lansinoh		
SmartPump 53157	<ul style="list-style-type: none"> • Soft sided carrying case • Insulated cooling compartment including freezer packs • 2.5 lbs • 1-year warranty on motor (90 days on parts) 	
Medela		
Advanced Personal Double 57018W (without battery-pack option)	<ul style="list-style-type: none"> • durable bag with integrated motor unit and insulated cooler • AC adaptor • ice packs • 9 lbs. • 1-year warranty 	<ul style="list-style-type: none"> • double pumping kit with: <ul style="list-style-type: none"> ○ (2) standard size 24 mm and (2) large 27mm breast shields ○ 2 connectors ○ manual piston cylinder pump ○ 2 valves, 2 membranes and a spare membrane ○ set of tubing ○ 5 oz./150 ml bottles with lids/stands
Unimom		
Zomee	<ul style="list-style-type: none"> • LCD Display • Rechargeable Battery • USP port for charging • Lightweight and quiet 	

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Personal Grade Single-User Manual Pump

For short-term and occasional use.

These pumps are not returned.

Company Name Model Name Model #	Contents Included
Ameda	
One Hand Breast Pump with Flexishield 17066P	<ul style="list-style-type: none"> • 2 valves • Flexishield Areola Stimulator • (1) 4 oz. bottle with lock-tight sealing lid
One Hand Breast Pump with larger flanges and inserts 17093	<ul style="list-style-type: none"> • 2 valves • (1) 4 oz. bottle with lock-tight sealing lid
Ardo	
Amaryll Essentials 63.00.239	<ul style="list-style-type: none"> • spring-loaded handle for easier pumping • 2 sizes of flange pairs • 1 bottle
Hygeia	
EnHande One Hand Manual Breast Pump 20-0107	<ul style="list-style-type: none"> • (1) 29 mm flange and (1) 27 mm flange insert • (1) 4 oz bottle • 1 extra duckbill valve and poly bag
Two Hand Manual Pump 20-0070	<ul style="list-style-type: none"> • (1) 27 mm and (1) 29 mm flange • 1 manual piston • (1) 4 oz container • 2 duckbill valves • 1 breast milk storage container • 1 ring and 1 ring cover • 1 narrow mouth container adapter

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Personal Grade Single-User Manual Pump continued...

For short-term and occasional use.

These pumps are not returned.

Lansinoh	
Manual Pump 50520	<ul style="list-style-type: none"> • ComfortFit™ flange • flange body • silicone diaphragm • valve • collection bottle and bottle stand • milk storage guidelines • instructions for use
Medela	
Harmony 67186 67161W2 (with extra 27mm breast shield)	<ul style="list-style-type: none"> • standard size PersonalFit (24mm) breast shield and (27mm) shield • 5 oz/150mL bottle with lid and stand • 1 valve and 1 membrane • 2 spare membranes • instructions
Philips Avent	
Manual Pump SCF330/30	<ul style="list-style-type: none"> • large massage cushion (25mm) breast shield • includes 4 oz bottle and nipple • travel cover and sealing disc
Unimom	
Mezzo	<ul style="list-style-type: none"> • Comfort massager • Ergonomically designed with non-slip handle • BPA free

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Double Pumping Collection Kits

Company Name Model/Name	Packaged Pre-assembled	Manual Adapter	Adjustable Breast Flange or 2 Sizes	Accommodates Standard Bottle	Includes 2 Collection Containers
Ameda					
Dual Hygiene Kit (with larger flanges and inserts) #17186	Y	Y	Y	Y	Y
Ardo					
double pumping	Y	Y	Y	Y	Y
Hygeia					
EnJoye Personal Accessory Set Plus 20-0023	Partially assembled	N	(2) 27 mm flanges (2) 29 mm flanges	Y (with reducing adapter ring)	Y (2) 5 oz containers
Universal Deluxe Personal Accessory Set. Compatible with all Hygeia and Lactina Pumps 20-0075	Partially assembled	Y	(2) 25 mm - 27mm flanges	Y (with reducing adapter ring)	Y (2) 4 oz containers
Medela (Discontinued 2024) Lactina Double Pumping System					
Non-sterile 67094-06	Y	Y	Y	Y	Y
Non-sterile 6107170W	Y	Y	Y	Y	Y
Sterile 67394S	Y	Y	Y	Y	Y

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Double Pumping Collection Kits continued...

Company Name Model Name/#	Packaged Pre-assembled	Manual Adapter	Adjustable Breast Flange or 2 Sizes	Accommodates Standard Bottle	Includes 2 Collection Containers
Medela Symphony Double Pumping System					
Non-sterile 67099-06	Y	N	Y	Y	Y
Non-sterile 67099W	Y	N	Y (additional 27 mm breast shield)	Y	Y
Sterile 67399S	Y	N	Y (2 each 24 mm breast shields)	Y	Y ((2) 80 ml and 2 colostrum)
Medela Symphony & Lactina Double Pumping System (for use with Symphony or Lactina; assembled for pumping with Symphony; includes a manual pump)					
Non-sterile 67116-06	Y	Y	Y	Y	Y
Non-sterile 67116W	Y	Y	Y (additional 27 mm breast shield)	Y	Y
Sterile 67316S	Y	Y	Y (2 each 24 mm breast shields)	Y	Y ((2) 80 ml and 2 colostrum)
Medela (Discontinued 2024)					
Conversion Kit Symphony to Lactina 67090	Converts the Symphony Double Pumping collection kit to the Lactina Double Pumping collection kit for use with the Lactina breast pump. Includes one piston, one cylinder, one pump connector and instructions.				
Unimom					
double pumping	Y	Y	Y	Y	Y

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Discontinued Breast Pumps

Continues to be WIC approved and may use until your supply runs out.

Electric Pump - Hospital Grade <ul style="list-style-type: none"> • Medela Lactina Select 016SC01
Electric Pump - Personal Grade Single User <ul style="list-style-type: none"> • Ameda Purely Yours 17077MN Purely Yours 17084 • Hygeia Q Pump 10.0061 • Medela Advanced Personal Double Breast Pump 57045W
Manual Pump – Personal Grade Single User <ul style="list-style-type: none"> • Philips Avent Comfort SCF330/20
Manual Pump Personal Grade Pedal Multi-User –approved for multiple users <ul style="list-style-type: none"> • Medela Pedal Pump # 67112
Collection Kit <ul style="list-style-type: none"> • Hygeia EnDeare Personal Accessory Set

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Unimom: Elena Dragut (954) 858-5588
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*For pricing information, please contact the appropriate sales representative.

PowerPoint Slides

See Attached

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Evaluation Tool

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