

Connecticut WIC Program:

Consistent Breastfeeding Education Messages: Pumping for Medical Reasons

Why is this important?

Breastfeeding is the optimal choice of nutrition for infants. It protects against many illnesses, infections, and allergies. Breast milk allows mom to build infant's immunity. There are many different medical reasons that a baby or a mom are unable to breastfeed but are still able to pump. If a milk supply is not established early in the postpartum period breastfeeding moms often find it more difficult to continue without supplementation. It is especially difficult for mothers who have infants who are hospitalized, mothers who suffer from medical conditions and/or drug abuse, and families with DCF issues.

WIC's Goal: To protect a mom's milk supply when medical complications prevent mom and infant from feeding exclusively at the breast.

Learning Objectives – After participating in a group session or individual counseling the participant will be able to:

1. Identify where to obtain an appropriate breast pump and identify resources available for breast pump rentals, supplies, and reimbursement
2. Discuss ways to establish and maintain milk supply via pumping
3. Discuss storage, handling, and thawing guidelines for expressed breast milk (EBM)
4. Identify things to avoid that could potentially complicate pumping or decrease milk supply
5. Identify solutions to potential problems resulting from ineffective milk removal

Affirmation: You are such a great mom for committing to giving your baby your breast milk!

Key Educational Messages:

Obtaining an appropriate breast pump: Refer to WIC 300-12 for more details

Some hospitals will rent or allow a mom to borrow a hospital grade pump for moms/babies with medical conditions. In most cases the hospital will collect the hospital grade pumps when mom or baby is discharged. Check with your area hospitals for their policies.

- HUSKY: Provides coverage for hospital grade pumps, double electric and manual breast pumps.
 - Hospital grade pumps require a prescription from the health and prior authorization for medical necessity. (**Currently, in CT there are no vendors for hospital grade pumps**)
 - Double electric and manual pumps require a prescription from health care provider (medical need)
- WIC: Based on available funding, WIC can provide a double electric or manual breast pump for those mothers/babies who meet certain eligibility requirements. (WIC pumps are for women with established milk supplies. In certain cases, a WIC pump may be issued. Check with local Breastfeeding Coordinator prior to issuing.)

Establishing a milk supply via pumping

- The amount of milk a woman can express may vary woman to woman and generally starts off as a small amount (colostrum) and gradually increases with regular pumping (mature milk). Keep in mind that pumping frequently early on greatly impacts the amount of milk that will be produced in the long run.
- Begin to express milk within 6 hours after the birth of the baby. Plan to pump every 3 hours and at least once at night for at least 15 minutes per breast. If at 15 minutes, milk is still readily flowing continue to pump until it subsides. Increase the amount of expressed milk as needed by massaging the breasts before and during pumping and pumping more frequently.

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- Skin to skin (Kangaroo care) is an excellent way to increase prolactin levels that can help increase milk production. If mom is separated from the baby, stimulate milk release with a picture of the baby, smell of the baby's clothing, or by visualizing water flowing. Stress or pain could inhibit milk flow.
- Support and encourage mom for what she is doing for herself and her baby. Most women never thought they would need to pump milk for their baby rather than bringing the baby to her breast, and this can be very stressful for mom.

Sanitation/Hygiene for breast pumps

Many hospital grade pump collection kits come sterilized. Check if the kit is sterile before use.

- If mom using a single-user electric pump, determine which pump is being used and refer/review with mom to appropriate sterilization/cleaning procedures. Refer to the pump instruction manual.

Storage, handling, thawing guidelines

- Refer to state plan, Nutrition Services WIC 300-12: "Breast Pump Fact Sheet" and USDA guidelines https://wicworks.fns.usda.gov/sites/default/files/media/document/Infant_Nutrition_and_Feeding_Guide.pdf (Chapter 3)
- If applicable, follow handling and storage guidelines provided by health care provider.
- Some Newborn Intensive Care Units have different guidelines that MUST be followed, verify with mom.

Special Circumstances

- If mom inquires about medication use, refer to *Medications and Mother's Milk* by Thomas Hale for classifications of medication safety during breastfeeding. Follow-up with health care provider.
- If mom plans to stop pumping, it is optimal to gradually slowly decrease pumping in order to avoid potential problems associated with weaning abruptly.
- Provide mom with breastfeeding resources such as a referral to a support group, La Leche League, a peer counselor program, or an IBCLC. Try to connect mom with other peers that have similar situations.
- Engorgement, plugged ducts, and/or mastitis can be avoided by establishing a regular pumping schedule (including overnight). Encourage mom to call her health care provider. *It is critical that mom receives medical intervention in a timely manner, any of these occur.* Provide education on effective removal of breast milk.

Handouts:

- CDC Pumping and Storage Guidelines
http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

Resources:

- www.usbreastfeeding.org

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Activities:

- Show women belly balls as an example of the baby's actual stomach size. Explain how much baby's stomach can hold and relate that to how much milk is expected when pumping early on.
- Review techniques to help mom relax when pumping as well as mental visualizations that can help with let down.

References:

Academy of Breastfeeding Medicine website: Clinical Protocols <https://www.bfmed.org/protocols>

[Academy of Breastfeeding Medicine Clinical Protocol #8](#) (Revised, 2017) Princeton Junction, New Jersey: Academy of Breastfeeding Medicine.

[ABM Clinical Protocol #12 NICU Graduate Going Home](#) (Revised, 2018) Princeton Junction, New Jersey: Academy of Breastfeeding Medicine.