

Connecticut WIC Program: Consistent Breastfeeding Education Messages: Exclusive Pumping

Why is this important?

Breastfeeding is the optimal choice of nutrition for infants. Breastmilk decreases the risk of many illnesses, infections, and allergies. There are many different reasons that a participant may choose to exclusively pump versus feed at the breast directly. It is crucial to begin milk production right after delivery. Milk removal often throughout the day will reduce the need for supplementation of formula and ensure an adequate breast milk supply is established.

WIC's Goal: To educate, support and affirm participants for choosing to provide breast milk through exclusively pumping and to support the participant's feeding goals.

Learning Objectives- 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 situations to avoid that could potentially complicate pumping or decrease milk supply

Affirmation: **That is great you have committed to expressing breastmilk for your baby. That is one lucky baby.**

Key Educational Messages:

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

Most insurances cover a personal double electric breast pump. Wearable pumps are an option for removal of breast milk but should not be the primary means of expressing milk as they do not always fully empty the breast. Using standard flanges versus hands free cups more often to preserve best for breastmilk supply is strongly encouraged. Some breast pumps have a battery backup option which is a consideration for an exclusively pumping mom in case of power inaccessibility or outages.

- HUSKY: Provides coverage for multi-user, double electric, and manual breast pumps.
 - Double electric and manual pumps require a prescription from health care provider (medical need)
 - Encourage discussion with the DME provider that they will only be expressing milk. The DME may have pump recommendations based on their needs.
 - Multi-user breast pumps require a prescription from the health care provider (HCP) and prior authorization. A multiuser pump is more effective in establishing milk production compared to a double electric, personal-use pump and could be beneficial in the first twelve weeks postpartum. Multi-user breast pumps are often only covered if a baby has a medical condition that warrants the use of a hospital grade pump (such as prematurity or cleft lip/palate), (some hospitals have rental programs for a set monthly fee, be sure they check with their HCP and/or a DME if this could be covered under insurance before rents on their own).

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- WIC: WIC can provide a double electric AND/OR manual breast pump for those dyads who meet certain eligibility requirements. Participants may benefit from having both a manual and double electric breast pump- for times that they do not have access to power for their electric pump.

Breast pump maintenance:

- Some participants might notice that personal use double electric breast pumps are often not designed for heavy use required by exclusive pumping 8-12 times a day, and most motors have a 500-hour life span. Therefore, participants should be aware that their pump may have a one- or two-year warranty that they can take utilize if the pump is showing signs of decreased suction or function. Please refer to WIC 300-12 for steps to take to connect with the pump manufacturer if a pump that is under warranty needs replacement.
 - If an individual is seeking a warranty replacement of a breast pump and there can be a significant lapse of time without access to a pump. It may be necessary to issue a WIC manual or electric breast pump. Please discuss this with your Breastfeeding Coordinator and/or the State Breastfeeding Unit.
- There are parts in all personal-use breast pumps that require frequent replacement that typically are not covered by Husky insurance, but MAY be covered under private insurance. Check with the specific pump company as to which parts require replacement.
 - Typically:
 - Flanges only require replacement if the size of the nipple changes or wear and tear (participant may notice suction changes).
 - Collection bottles should be replaced if they become cracked, mold is present, or the connection to the flange is loose.
 - Tubing requires replacement if moisture builds up, mold is present, holes or tears in tubing develop, or if the tubing slips off the pump port from stretching and wear.
 - Valve membranes should be replaced if suction is decreasing on pump or if there is wear and tear per the manufacturer instructions may need every replacement 4 weeks for optimal performance.
 - Back flow protector can be replaced every 10-12 weeks or sooner if suction is decreasing on the pump or wear and tear is visible.

Establishing a milk supply via pumping

- The amount of milk an individual can express may vary 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, impacts the amount of milk that will be produced in the long run.
- Begin to express milk within 6 hours after delivery. Research shows that milk expression, particularly hand expression, should be initiated within the **first** hour to help increase colostrum yield and optimal milk production.
 - Use a double electric pump and plan to pump both breasts every 2-3 hours and at least overnight for at least 15 minutes.
 - Ideally, you may need to pump more throughout the night to ensure a good supply, unless otherwise directed by the HCP.
 - If, at 15 minutes, milk is still readily flowing, continue to pump until the flow subsides.
 - Increase the amount of expressed milk, as needed, by massaging the breasts before and during pumping and by pumping more frequently.

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- Hand expression of milk after pumping stimulates the release of more milk and increases production.
- Help participant determine their “magic number” to sustain long term milk production. The magic number can be found [here](#) for more specific details.
- If a mother is experiencing engorgement, it can inhibit the release of milk unless engorgement is alleviated first. Provide participants with tips to help with engorgement such as hand expression or hand massage prior to pumping. Refer to content sheet on Building and Maintaining a Milk Supply. <https://wicbreastfeeding.fns.usda.gov/engorgement>
- Skin-to-skin (Kangaroo care) is an excellent way of increasing prolactin levels to help increase milk production. If the participant 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. Having access to a calm and quiet setting is also beneficial as stress or pain could inhibit milk flow.
- Support and encourage mom for what she is doing for herself and her baby.

Sanitation/Hygiene for breast pumps

- If participant is using a personal-use electric pump, determine which pump is being used and refer/review the appropriate sterilization/cleaning procedures. Refer to the pump instruction manual.
- Many multiuser pump collection kits come sterilized. Check if the kit is sterile before use.
- Refer to CDC guidance: [How to Keep Your Breast Pump Kit Clean \(cdc.gov\)](https://www.cdc.gov/breastfeeding/keeping-breast-pump-clean)

Feeding breastmilk

Offering the bottle

- Recommended holding the baby when offered a bottle.
- Encourage paced bottle feeding to allow the baby to control the flow and regulate how much breastmilk is drank. For more information on paced bottle feeding click [here](#) and share with families as well.
 - Paced bottle feeding will encourage self-regulation allowing for optional growth.

Storage, handling, thawing guidelines

- Refer to State Plan, Nutrition Services WIC Policy 300-12, and USDA guidelines https://wicworks.fns.usda.gov/sites/default/files/media/document/Infant_Nutrition_and_Feeding_Guide.pdf (Chapter 3- pages 65-66)
- For medically fragile infants, follow handling and storage guidelines provided by the HCP and the Newborn Intensive Care Unit (NICU) as they may have different handling and storage guidelines that must be followed.

Special Circumstances

- Provide breastfeeding resources such as a referral to a support group, La Leche League, a peer counselor program, or an IBCLC.
- When participant decides to wean from pumping, it is optimal to decrease pumping gradually to avoid potential problems associated with weaning abruptly. Affirm their choices.

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- Engorgement, plugged ducts, and/or mastitis can be avoided by establishing a regular pumping schedule (including overnight). Encourage participant to call her HCP if signs of the above conditions arise. *It is critical that they receive medical intervention in a timely manner if any of these occur.*

Handouts:

- CDC Pumping and Storage Guidelines
http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm
- CT Breastfeeding Rights: Plan to review, this and Make it Work checklist to ensure communication with employer about pumping goals and requirement to express at work for maintenance of milk supply.
https://www.breastfeedingct.org/uploads/6/2/8/1/62815511/breastfeeding_flyer_english.pdf
https://www.breastfeedingct.org/uploads/6/2/8/1/62815511/breastfeeding_flyer_spanish.pdf
- Make a Plan It's Worth It Checklist
https://www.itsworthitct.org/uploads/7/6/2/7/76278053/make_a_plan_checklist_englishandspanish.pdf

Resources:

- www.usbreastfeeding.org
- [Pumping Breast Milk | Nutrition | CDC](#)
- [Home \(readysetbabyonline.com\)](http://Home(readysetbabyonline.com))
- <https://wicbreastfeeding.fns.usda.gov/>
- <https://www.dhss.delaware.gov/dhss/dph/chs/files/resmohrbachermagicnumber2011.pdf>

Activities:

- Show belly balls as an example of the baby's actual stomach capacity. Explain how much baby's stomach can hold and relate that to how much milk is expected when pumping early on.
- Review Make a Plan and Make it Work checklists to help plan for early postpartum support and planning for return to work.
- Review techniques to help relax when pumping as well as mental visualizations that can help with letdown.
- Review hand expression techniques to help if unable to access their pump.

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.