

SAMPLE

New Haven WIC Program – Virtual Pump Training

June 9, 2022

*Pre-Test to be distributed and collected prior to the start of the training

1. **Intro:** Use of Content Sheet to explain:

Importance of pump training:

Obtaining a breast pump may be a deciding factor in a participant's decision to continue breastfeeding. There are many reasons that a participant may desire or require a pump to preserve breastfeeding. Many families have barriers in getting pumps from outside sources, especially in a timely manner. Access to breast pumps and support create healthier dyads. It is part of WIC's role to connect participants to resources and help support breastfeeding as the optimal infant feeding choice. This content sheet was created to assist staff in implementation of the WIC Breast Pump policy and to provide guidance to staff on professional discretion.

WIC's Goals:

1. Increase exclusivity, intensity, and duration of breastfeeding for WIC participants by providing staff flexibility in issuing breast pumps.
2. Make breast pump issuance as easy as possible for both participants and staff. Ensure staff responsible for issuance of breast pumps have the proper training. Provide flexibility in the guidelines for issuance to increase the duration and intensity of breastfeeding for WIC participants.

Learning Objectives:

1. Understand the importance of WIC's role in breast pump issuance and how it may preserve the ability to continue breastfeeding and meet their goals.
2. To provide guidance to nutrition staff on when to exercise professional discretion in breast pump issuance

2. **Insurance coverage / DME providers: (please update locally as appropriate for DBE referred to in your area).**

- Breast pump applications are often done in hospital BUT all appropriate staff should be aware of all DME providers; especially if application/issuance in the hospital isn't completed and WIC staff need to assist.
- Staff should offer all DME providers to participants to avoid bias.
 - Healthy Baby Essentials

- Patients who deliver at Yale are able to obtain and take home a pump after delivery. HBE pump coordinator available some days to assist patients
- Can also be shipped. 1-2 days for delivery. Signature required upon delivery
- CLCs should assist participant in choosing pump
- Any forms completed by WIC should be held and hard copy sent to company
- Some hospitals have pumps on site; participant can leave hospital with pump- locations include Hartford Hospital/CCMC, Hospital of Central CT, Danbury Hospital, and Norwalk Hospital, Yale New Haven Hospital, and St. Francis. Danbury and Norwalk do not have HBE coordinators on site, but participants can still be issued pumps by medical staff.
- Symphony available for rent up to 3 months with Husky
- No credit cards ever taken on file for Husky moms
- Acelleron
 - Online application, encourage to apply early so insurance info can be obtained in time, some are receiving their pumps prior to their EDD.
 - Participant must call when they deliver, and pump is sent same day or next day (if not received prior to delivery); someone must be present to sign for delivery
 - CLCs on staff can help with choosing pump for mom
- CVS Meriden
 - Can be shipped or picked up; participant must specify
 - Shipping is quick only if participant can be reached
 - Participant must be reached, will make up to 3 phone call attempts
- Down-Towne Medical Equipment (Formerly called Towne Pharmacy Branford)
 - Participant must pick up in store

3. WIC/State coverage:

- a. Manual (Medela Harmony). Review older model vs newer model
- b. Electric (Ameda Purely Yours/Finesse, Ameda Mya Joy, Medela Pump in Style, and Medela Pump in Style with MaxFlow)
 - Show diagrams and explain differences between older and newer models
 - Show video → either Mya Joy or Pump in Style with MaxFlow
 - Pump in Style with MaxFlow: <https://www.youtube.com/watch?v=6LaRnhqTpJ8>
 - Maya Joy: https://www.youtube.com/watch?v=_SHVF4KvAAc
- c. Updates to electric pumps
 - Both Ameda products have separate suction/speed dials.
 - Finesse: has wavelike technology that mimics their Platinum Multi-User (hospital grade pump), so has more advanced suctioning technology; no longer a place to put bottles on the machine; 32 quiet setting; more advanced pump/technology
 - MaxFlow: Advanced motor technology generates vacuum with micro-vibrations for effective breast milk expression (More similar to a hospital grade pump); PersonalFit Plus™ breast shields with oval shape for more comfort and a better fit; closed system; 2-Phase Expression to go between stimulation and expression

- Additional flange sizes are available on state order form prn for both Medela & Ameda. Flanges for Purely Yours fit with Finesse.
- These pumps are what is in stock currently (2022) and these will change as new orders are received. The goal is to use up older stock first.

4. Forms:

- Release form is 1 page and bilingual with QR codes and web address for pump assembly of each pump, storage and handling of breast milk guidance, pump sanitation guidance, and the participant survey
 - Although form does not include “reason for issuance,” ensure **rationale is documented in nutr ed/BF note**
 - Mandatory scan “Breast Pump Release Form” with participant’s signature. During pandemic, “disaster Covid-19” is acceptable in place of a signature
 - Participant should be given a copy of the release form
 - Copy of storage guidelines should always be provided/reviewed; Make it Work best practice
- Participant pump survey
 - Questions no longer about how well the pump works, etc.
 - Survey questions about how well participant was instructed to use by WIC staff
 - Question asks about Make it Work knowledge – best practice to give MIW sheet upon pump issuance
- Updated document: Guidelines for Breastfeeding Promotion & Support
- Reiterate other breastfeeding documents within Content Sheet

5. Scenario/Case studies (examples of circumstances that pumps were issued):

- MBF dyad. Came in again around 5mo old with a script to dispense rice cereal early to thicken breastmilk. Due to severe GERD, the Pedi wanted to start cereal before they saw a specialist. Pedi wanted participant to increase BF to see if it was better tolerated. BF well and dyad home together. Issued manual pump to help for times that bottle needed and to help increase overall breastmilk offered.
- MBF/pumping due to soreness & latch issues for first 3wks. Seen at 4-8wks with improvement, goal at time to increase BF/supply but still wanted to give formula. Seen at 3mo-now giving limited formula but plans to return to work and electric pump has a malfunction. 4-5mo still giving limited formula at night now that back to work; DME provider unable to cover the part to fix pump. Manual pump issued around 5mo HOWEVER issuance of an electric pump could be considered if participant needed to express more often. FBF at 6mo, now almost 10mo and continue to FBF.
- Baby not latching due to painful breasts, never received electric pump
- Back to work in 2wks, goal to BF more/needs help increase supply; returning to work; got rid of electric pump from prior pregnancy but <2 years so Husky wouldn’t issue a new one because of time frames for Husky pump issuance.
- Suggest asking DME provider to request a Prior Authorization to override time frame based on justification/situation. May need to have HCP intervene. If request is denied,

then issue a WIC pump. Weight loss per Pedi, not tolerating formula and goal to EBF (should also ensure Mom is working with an IBCLC and/or a Health Care provider in this situation as well).

- f. Not BF due to contraindicated meds, but unsure duration of use (disc hand expression/stimulation). In around 2mo stating that decrease dosage of meds and HCP gave OK to start BF which was always goal. Attempting latch on demand + using manual pump, but baby still adjusting-issued electric pump. 3.5wks later had increased pumping/BF and decreased formula given. At this point was able to decrease formula package.

Have a discussion with the participant to determine their BF goals; engage the DBE/PC/IBCLC prn.

***Take away message* “when in doubt, give a pump;” yield to BF Coordinator if needed.**

6. Demo of manual pump:

- a. Shown as WIC Nutritionist issuing a manual pump
- b. Review how to take the pump apart and then re-assemble
- c. Review forms and documentation required

7. Conclude/Questions? Post-Test to be issued and sent to BFC once completed