

SECTION: Nutrition Services**SUBJECT: Guidelines for Breast Pump Issuance****POLICY**

The WIC Program provides electric or manual breast pumps to participants that meet minimum criteria established by the Connecticut WIC Breastfeeding Committee. WIC local agency staff should follow breast pump issuance guidelines when providing breast pumps. This policy covers:

- Coordination with HUSKY (Connecticut Medicaid)
- Guidance for Managing Issues with HUSKY A Provided Breast Pumps
- Issuing a WIC Breast Pump when a HUSKY Breast Pump Malfunctions/Breaks
- How to Obtain Different Size Flanges for HUSKY Provided [Breast](#) Pumps
- Minimum Criteria for WIC Breast Pump Issuance
- Guidelines for Issuance of a WIC Breast Pump
- Other Considerations
- References

Coordination with HUSKY (Healthcare for Uninsured Kids and Youth)

HUSKY A covers manual breast pumps (E0602) and electric (E0603, AC and/or DC) breast pumps with a health care providers' prescription. For HUSKY A members to obtain a hospital-grade electric breast pump, a prescription and prior medical authorization is required. Code E1399 should be used.

At the current time, the State has two (2) DME (Durable Medical Equipment) vendors to fill requests for HUSKY A hospital grade pumps. They are:

Yummy Mummy (Covers all of CT)

1201 Lexington Ave

New York, NY 10028

Website: <http://yummymummystore.com>

Ph: (855) 879 8669

Arrow Pharmacy (Covers St. Francis patients or East Hartford area)

1st floor St. Francis Hospital

114 Woodland St, Hartford, CT 06105

Ph:

There are several circumstances where a **hospital grade pump would be the appropriate pump upon discharge from the hospital, which include:**

- When the infant is premature at 24-34 weeks of gestation, and the mother is pumping breast milk, awaiting the baby's ability to nurse directly from the breast, or
- When the infant is premature at 35-37 weeks of gestation and continues to experience difficulty coordinating suck and swallow, and the mother is pumping breast milk awaiting the baby's ability to nurse directly from the breast, or
- For infants with cleft lip and/or palate who are not able to nurse directly from the breast, or
- For infants with cardiac anomalies or any medical condition that makes them unable to sustain breast feeding due to poor coordination of suck and swallow or fatigue, or
- For multiples (including twins), until breast-feeding at the breast is established consistently, or
- When the mother has an anatomical breast problem, which may resolve with the use of a breast pump, such as inverted nipples or mastitis, or
- For any infants for medical reasons who are temporarily unable to nurse directly from the breast, such as NICU babies, or during any hospitalization of the mother or baby which will interrupt nursing, or
- When the infant has poor weight gain related to milk production and pumping breast milk is an intervention in the provider's plan of care and infant has a documented weight loss of 7% or greater despite use of conventional breast pump

As a reminder, in most cases, the personal use, double electric breast pumps are ideal for a mother with **an established milk supply**. For example, a mother returning to work or school with daily (8 hour) separations from her healthy infant(s).

Before issuance of a WIC breast pump, WIC local agency staff **must** inquire if WIC participant covered by HUSKY received a prescription for an electric breast pump from the hospital or their health care provider.

As a reminder, WIC local agency staff should discuss the following information with women planning to take advantage of the HUSKY breast pump referral/benefit OR as normal procedure for issuance of WIC electric or manual breast pumps

- **Moms are advised to bring baby to breast often during the early postpartum period**
- **Moms are counseled on the importance of draining the breast** as baby nurses, learning about their baby's personality and nursing style, latch and position, realistic expectations about what the early postpartum breastfeeding experience will be like for them individually (hormone shift, discomfort from delivery, sleep deprivation)
- **Moms are provided information on importance of support systems within their friend/family circle** in addition to community support VNA, Lactation Consultants, La Leche League (LLL)

Guidance for Managing Issues with HUSKY A Provided Breast Pumps

The Connecticut Department of Social Services cannot endorse any specific brand of breast pump. HUSKY A members are therefore subject to what is available from the Durable Medical Equipment (DME) vendor. A specific brand of pump should only be dispensed if it is written on the prescription.

At times, WIC participants do report problems with either *obtaining* HUSKY A breast pumps or with the *functioning* of their HUSKY issued pump to WIC staff. Since these were provided as a benefit of the HUSKY health plan we can assist participants with rectifying their issues by referring back to their plan as follows.

The following information must be collected in order to best help our participants:

- Mother's name
- HUSKY ID # for both mom and baby
- Reason for requesting assistance or specific trouble with pump

Please refer to *Guidance for WIC Staff regarding HUSKY Health Coverage of Breast Pumps* to determine who to contact. **This contact information is for WIC Staff Use only.** Participants may be directed to call Member Services at 1-800-859-9889.

Please copy the WIC State agency Breastfeeding Coordinator on any e-mail correspondence with the Community Health Network of Connecticut (CHN-CT) which is the State's contracted health plan.

marilyn.lonczak@ct.gov

In some cases when pumps have broken, the State health plan will issue replacement.

Further assistance can be received from the pump companies directly.

Ameda ParentCare

1-866-992-6332 / 1-866-99-AMEDA

ParentCare@ameda.com

Hours of Operation: Monday - Friday 8:00AM– 5:00 PM, Central Standard Time (CST)

<http://ameda.com/about-ameda/contact-us/>

Medela Customer Service

1-800-435-8316

Hours of Operation: Monday-Friday, 7:30 AM – 7:00 PM, Central Standard Time (CST).

<http://www.medelabreastfeedingus.com/customer-service>

In most cases, moms' would need to call for themselves to be advised by a representative.

Issuing a WIC Breast Pump when a HUSKY Breast Pump Malfunctions/Breaks

If/when this happens WIC staff should:

1. Determine if the pump is actually broken or some other reason is the cause i.e. in appropriate use, faulty connections etc..., use the above guidance to help participant troubleshoot problems.
2. If the pump is defective, contact CHNCT at 1-800-440-5071 to see if a replacement can be ordered; if it can but there will be a wait of 1-2 weeks for a replacement, use professional judgment to determine the course of action.
3. In most cases, a manual pump from WIC should be sufficient. However, there may be extenuating circumstances that require a different solution.
4. Last option would be to issue a WIC personal use, electric breast pump if necessary. Place a call or e-mail State WIC Breastfeeding Coordinators before a replacement WIC pump is issued. Document the rationale for decision made.
5. Call or e-mail State WIC Breastfeeding Coordinators before a replacement WIC pump is issued if you have questions.

How to Obtain Different Size Flanges for HUSKY Provided Pumps

Often times, moms may require different size flanges for HUSKY issued breast pumps. When this occurs, WIC staff should let the participant know to contact her physician to obtain the correct size flange. Once this prescription is received, it should be forwarded to the DME provider. The DME provider will submit a Prior Authorization (PA) request marked URGENT to CHNCT under the code E1399, as there is no HCPCS code for this item. CHNCT will expedite these PA requests (48 hour on average) if it is marked URGENT and with the explanation that the participant cannot properly express milk from the breast because the flanges included with the initial breast pump were an incorrect size.

As always, WIC Staff can refer HUSKY members to CHNCT Member Services at 1-800-859-9889. WIC staff can assist participants by contacting one of the CHNCT staff members directly during a WIC visit.

Minimum Criteria for WIC Breast Pump Issuance

In order to be issued an *electric breast pump*, from the WIC Program a breastfeeding woman must meet all of the following criteria:

- Currently a WIC participant.
- At least four (4) weeks postpartum and breast milk supply is established, **unless as determined and documented by a WIC Nutritionist or Certified Lactation Counselor.**
- Separated from infant for a significant amount of time on a regular basis **unless as determined and documented by a WIC Nutritionist or Certified Lactation Counselor.**
- Does not require a hospital grade pump.
- Is not eligible for insurance coverage of an electric breast pump.
- After instruction, the woman demonstrates understanding of the use and care of the breast pump.

A manual breast pump may be issued to a breastfeeding woman who meets the following criteria:

- Currently a WIC participant.
- Preferably, breast milk supply is established and mom is returning to work or school on a part time basis. Exceptions can be made on an individual basis at the discretion of the nutritionist.
- Does not require an electric pump and would benefit from a manual pump.
- Is not eligible for insurance coverage of a manual pump.
- After instruction, the woman demonstrates understanding of the use and care of the breast pump.

Guidelines for Issuance of a WIC Breast Pump

- Electric breast pumps are intended for a breastfeeding woman who is returning to work or school or has an extenuating circumstance that would separate her from her infant for a significant amount of time on a regular basis. A manual pump is recommended for a woman who is separated from her infant for up to 20 hours per week.
- Ideally, a candidate for a breast pump is exclusively breastfeeding. At the discretion of the Nutritionist, a small supplemental food package may be issued.
- A candidate for a breast pump should be willing to fill out the participant breast pump questionnaire and a follow-up questionnaire.

- A candidate for an electric breast pump should be willing to view an instructional video explaining the assembly, use and care of the breast pump. After viewing the video, she should demonstrate her understanding of its assembly, use and care.
- A candidate for a manual breast pump should be willing to receive instruction regarding the assembly, use, care of the pump, and demonstrate her understanding of its assembly, use and care.
- A candidate must read and sign the breast pump release form. When appropriate, a nutritionist may read the form to the participant.

DRAFT

It is the expectation of the WIC state agency that breast pump surveys are kept in a separate file and the Breastfeeding Coordinator tracks and tallies the surveys for quality assurance purposes.

Results of the surveys should be forwarded to the State Breastfeeding Coordinators along with the annual local agency plan submission.

Other considerations

WIC local agency staff should be aware there are some women who are uncomfortable bringing baby directly to breast and desire to pump their breast milk only. Although it cannot be assumed, some of these women may have experienced either physical or sexual abuse¹. Individual assessment of all breastfeeding mothers is crucial to provide accurate information and referrals and to prevent incorrect use of pumps and other equipment.

For exclusively pumping mothers, WIC local agency staff must review the signs and symptoms of plugged ducts and mastitis. Discussion about the mom's intention to exclusively pump should also be addressed, with a focus on the difference between breast pumping and breastfeeding. More challenging situations should be discussed with the Breastfeeding Coordinator and fellow colleagues to incorporate a team approach to breastfeeding support and improve skills and knowledge of the entire group.

References:

United States Breastfeeding Committee, National Breastfeeding Center. *Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies*. Washington, DC: United States Breastfeeding Committee and National Breastfeeding Center
<http://www.usbreastfeeding.org/Portals/0/Publications/Model-Policy-Payer-Coverage-Breastfeeding-Support.pdf>

Rhode Island WIC Program, Procedure Manual Section 440.1, WIC Electric Breast Pump Distribution Medical Necessity

US DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Medicare & Medicaid Services. *Medicaid Coverage of Lactation Services*, Issue Brief; 2012. http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Lactation_Services_IssueBrief_01102012.pdf

California WIC Association, [*Opportunities for Nutrition and Breastfeeding Interventions Under Health Care Reform - Brief*](#), May 2012.

California WIC Association, [*Ramping Up for Reform - WIC Breastfeeding Toolkit*](#), February 2012

¹ Kendall-Tackett, K. Breastfeeding and the Sexual Abuse Survivor. *Journal of Human Lactation*. 1198, Vol 14, 125-130.