

ADHS WIC Breast Pump Training

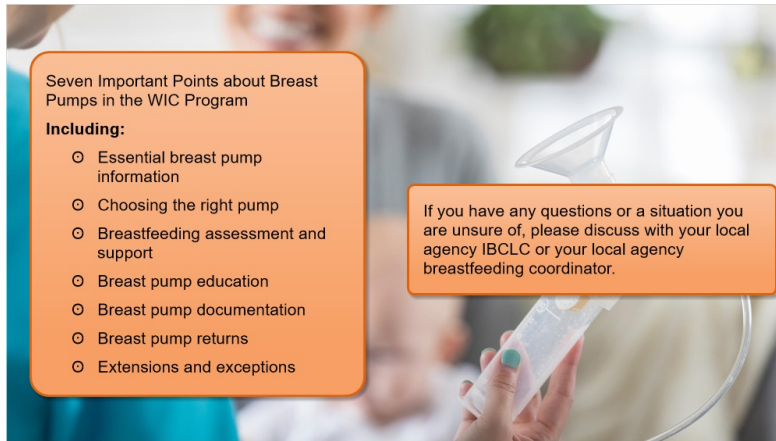
Module 1: Breast Pumps - The Essentials

Welcome



Welcome to the WIC Breast Pump Training Course. To see a list of keyboard shortcuts, please press Shift+? To close the shortcut screen, press ESC.

Introduction



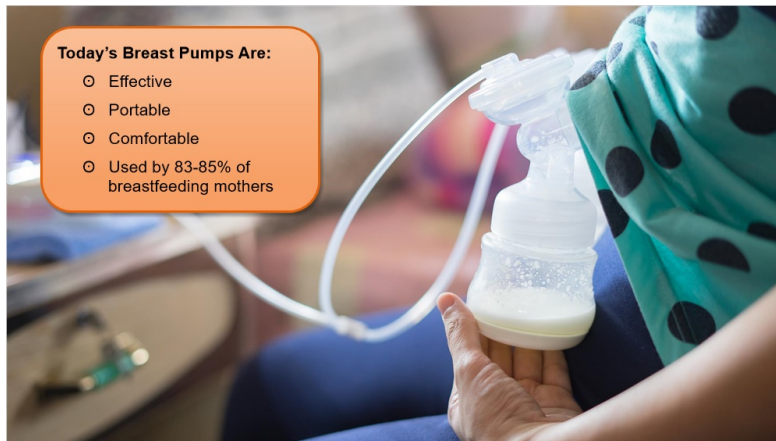
Hi there, I'm Ana. I am here to share information with you about Breast Pumps in the WIC Program. Breastfeeding is a critical part of infant health and wellness.

This class will teach you seven important points about Breast Pumps in the WIC program, including:

- Essential breast pump information
- Choosing the right pump
- Breastfeeding assessment and support
- Breast pump education
- Breast pump documentation
- Breast pump returns, and
- Extensions and exceptions

This course is intended to address the needs of most participants. If you have any questions or a situation you are unsure of, please discuss with your local agency IBCLC or your local agency breastfeeding coordinator. Let's get started!

Breast Pumps: History



This module will share a short history of breast pumps and will explain when you should or should not issue a breast pump to a WIC participant.

Parents have been expressing their milk to feed their babies since at least the 1500s, and they have been using breast pumps to help them with this for almost two centuries.

The first breast pumps were patented in the 1800s and in the U.S. in 1854. Until the late 90s, breast pumps were primarily used in hospitals for mothers and babies who had difficulty nursing.

Today, breast pumps are more effective, portable, and comfortable than ever before. Between 83 to 85% of mothers will use a breast pump by the time their child is 6 months old – making breast pumps an important part of infant nutrition.

1.4 Breast Pumps: Eligible



The Arizona WIC Program has different pump options available for parents to meet their needs, including both single and multi-user breast pumps.

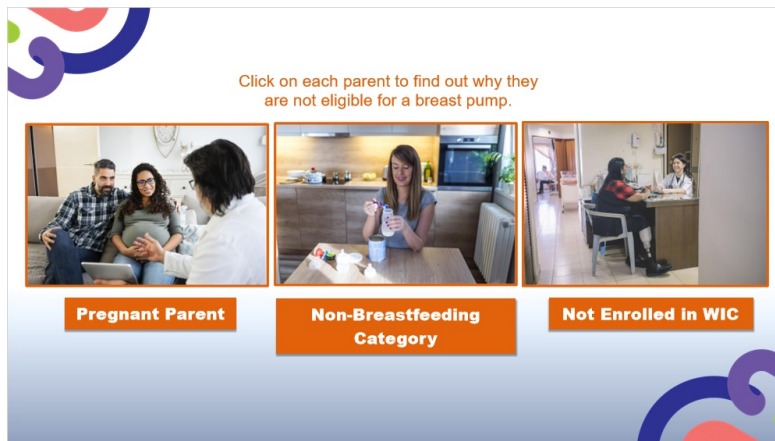
Now let's talk about when to issue pumps. Whether a client comes in requesting a breast pump or for breastfeeding support, it is important to complete a thorough breastfeeding assessment. This ensures that issuing a WIC breastpump is the decision for everyone.

If a WIC participant is requesting a pump for the following reasons, or any of these concerns is affecting breastfeeding or milk supply, issuing a breast pump is an option.

Common reasons to use a breast pump are to:

- Allow someone else to feed the baby
- Allow caregiver to store extra milk
- Increase or maintain milk supply
- Separation of the parent and infant
- Infant nursing complications
- Feeding multiple babies
- Breast/nipple trauma or complications
- Infant weight gain concerns, and
- Family preference.

1.5 Breast Pumps: Ineligible



You should NOT issue pumps after completing the breastfeeding assessment if the participant meets one of three conditions. First if they are a pregnant parent, second, if they are a non-breastfeeding parent or third, they are not enrolled in WIC.

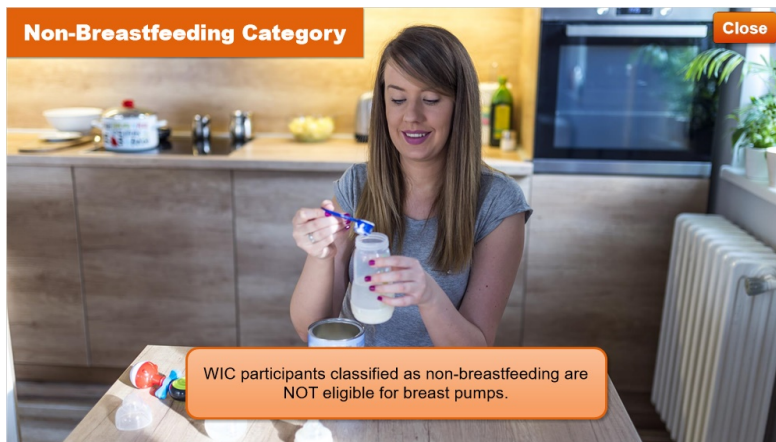
Let's take a look at each of these situations. Click on each person's picture to find out why they aren't eligible for a breast pump.



Pregnant Parent:

If the participant is pregnant and requesting a breast pump, you should share the types of pumps available and how WIC supports breastfeeding.

Explain that breast pumps are not issued until after birth. This is to help ensure that the pump is the best intervention to support breastfeeding.



Non-Breastfeeding Parent:

WIC participants classified as 'Non-breastfeeding' are not eligible for a breast pump.



Not Enrolled Parent:

Participants NOT actively enrolled in WIC cannot be loaned breast pumps. Breast pumps are the same as other WIC benefits and cannot be given to non-WIC participants.

Breast Pumps: Exception

Adding a Note

Back to List

LA/Clinic: ABRAMS WIC AND FOOD PLUS OFFICE
Family ID: 220019344
Auth. Rep. Name: ST. PUMP, BREE
Phone: (111) 111-1111

Client ID: 15101426880
Client Name: ST. PUMP, BABY
Date of Birth: 3/5/2022, Age: 0 yrs, 5 mos
Cert. Period: 3/14/2022 - 3/4/2023, Category: IPN
Term. Date: N/A, Due Date: N/A
LDTU: N/A, Weeks PG: N/A
Next Appt.: N/A, Appr Thru: N/A

Client: 15101426880: ST. PUMP, BREE
*Note Type: TGIF

*Note

T. What's on your list?
G. Provide expressed breastmilk for infant while in the NICU
I. Baby was born 34 weeks and severe jaundice, currently in NICU. Unable to use manual pump to offer colostrum and feeding on demand every 2 hours. Issued MUP to maintain milk production. Reviewed pumping and supply and demand. Showed mom how to put pump together and clean pump. Encouraged mom to pump every 2-3 hours. Mom says she is pumping about 15 times a day. No other clinical or environmental concerns.
F. Schedule cert. appt for mom and baby after discharge from NICU. How is bf going?

Complete a TGIF, ADIME, or SOAP Note that:

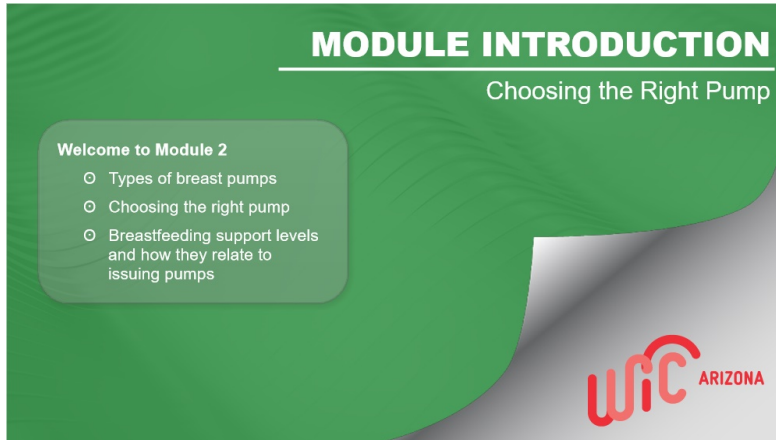
- Documents the full breastfeeding assessment
- Future certification plan for parent and baby

There is one exception. You can issue a breast pump to an authorized representative if a participant has a valid/active Certification in HANDS but has already delivered a medically fragile infant, for example, infants currently in the Newborn Intensive Care Unit (NICU) of a hospital.

Make sure to complete a TGIF, ADIME, or SOAP Note that documents the full breastfeeding assessment and the future certification plan for parent and baby.

Module 2: Choosing the Right Pump

Introduction



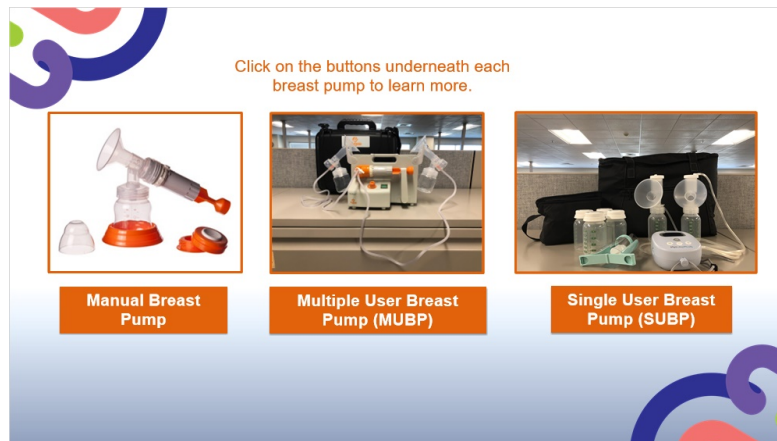
In this module, we'll discuss:

- Types of breast pumps
- Choosing the right pump, and

WIC staff breastfeeding support levels and how they relate to issuing pumps.

WIC has many options when it comes to breast pumps, so it is important to choose the one that is right for the situation.

2.2 Choosing the Right Pump



Some participants may feel overwhelmed with breastfeeding or unsure of how WIC can support their breastfeeding goals. WIC has many options when it comes to breast pumps, so it is important to choose the one that is right for the situation.

WIC offers three types of pumps: manual pumps, multiple-user breast pumps, and single-user breast pumps. Each pump is specific to certain needs.

Let's hear more about each pump and when it is appropriate to issue it.


Click on the buttons beneath each breast pump to learn more.

Manual Pumps

- Light, compact, portable
- Do not require electricity
- All in one system

Reasons to Assign Manual Pump:

- Don't pump often
- Minimal or temporary assistance needed with nursing
- WIC Breastfeeding Assessment determined it is the right pump



[Close](#)

Manual Pump:

A manual breast pump is light, compact, portable, and does not require electricity. It's an all-in-one system so there are no additional accessories required.


Participants using manual pumps do not pump often, minimal or temporary assistance needed with nursing, and have had a WIC Breastfeeding Assessment to determine it is the right pump for them.

Multiple User Breast Pumps (MUBPs)

- Loaned to the participant for up to 90 days at a time
- Able to pump breasts simultaneously or individually
- Best option for establishing and building the milk supply

Reasons to Assign MUBP:

- Need to pump often (breast issues, low milk supply)
- Medically fragile infant
- Premature
- Return to school/work before 1 month postpartum
- WIC Breastfeeding Assessment determined it is the right pump

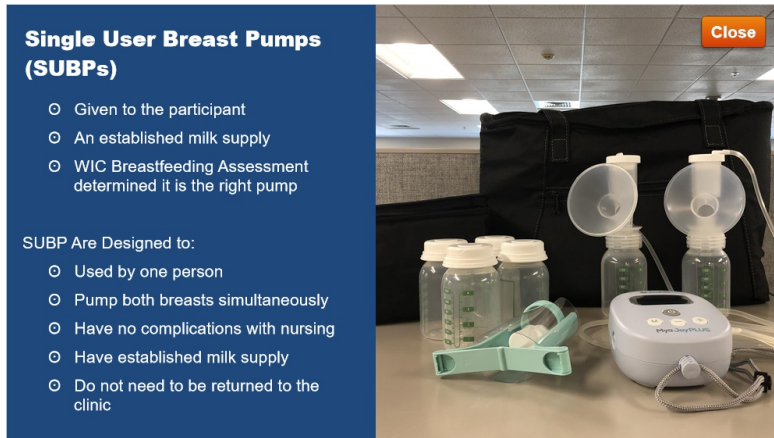


[Close](#)

Multiple User Breast Pump (MUBP):

Multiple User Breast Pumps (MUBPs) are loaned to the participant for up to 90 days at a time, able to pump breasts simultaneously or individually, and are the best option for establishing and building the milk supply.

There are several reasons to assign a Multiple User Breast Pump. When a participant needs to pump often, when there is a medically fragile infant or a premature infant, when they are returning to school or work before 1 month postpartum, and when a WIC Breastfeeding Assessment determines it's the right pump.



Single User Breast Pump (SUBP):

Single User Breast Pumps (SUBP) are given to the participant who has an established milk supply and when a WIC Breastfeeding Assessment determines it's the right pump.

Single User Breast Pumps are designed to be used by only one person, can pump both breasts simultaneously, have had no complications with nursing and are best suited for those with an established milk supply.

Single User Breast Pumps do not need to be returned to the clinic.

Picking the Right Pump

Complete a Thorough Breastfeeding Assessment

Which Pump to Issue? – Breast Pump Distribution Flow in Arizona WIC

An active WIC participant requests a pump. An assessment shall be done by an appropriate WIC staff member to determine which pump to issue (at least one scenario in a box must be met to issue that type of pump):

Multiple User Breast Pump

To be loaned to a mother when:
She has maternal medical needs (e.g., severe engorgement, breast surgery, low milk supply)
She has an infant with a medical need (e.g., prematurity)
She is returning to work or school before one month postpartum and/or
A complete breastfeeding assessment finds that the breast pump will help build or maintain her milk supply

Single User Breast Pump

To be issued to a mother when:
Her infant is at least 4 weeks old
The infant is exclusively nursing (EN/EN) or partially nursing (PN/PN)
Mother and baby are not having any complications or concerns with breastfeeding
A complete breastfeeding assessment finds that the single user pump is an appropriate resource

Manual Breast Pump

To be issued to a mother when:
Mom would only like to use the pump occasionally
To support extended nursing at the discretion of the LA
Mom needs temporary relief from engorgement
A complete breastfeeding assessment finds that the manual user pump is an appropriate resource

*If none of the criteria listed above are met, do not issue a pump. Determine what other resources or referrals may meet the participant's needs.

Click the 'Which Pump to Issue' button to download.

Which Pump to Issue

Remember, it is important to complete a thorough breastfeeding assessment of each participant to determine which pump is most appropriate for each individual based on their situation. Here's an image to summarize what we just learned on how to pick the right pump.

Click the 'Which Pump to Issue' button to download.

Choosing the Right Pump: Staff



WIC Breastfeeding Levels

[Click on the WIC Breast Pump Flow Chart to view PDF](#)

Complications or Potential Complications 602/603 Examples:

- Severe breast engorgement
- Recurrent plugged ducts
- Mastitis
- Flat or inverted nipples
- Cracked, bleeding, or severely sore nipples
- Age ≥ 40 years
- Failure of milk to come in by four days postpartum
- Tandem nursing (breastfeeding two siblings who are not twins)
- Jaundice in infants that has not resolved
- Difficulty latching onto the mother's breast
- Infant with a weak or ineffective suck

602/603 Examples: Severe breast engorgement, recurrent plugged ducts, mastitis, flat or inverted nipples, cracked, bleeding, or severely sore nipples, age ≥ 40 years, failure of milk to come in by four days postpartum, tandem nursing (breastfeeding two siblings who are not twins), jaundice in infants that has not resolved, difficulty latching onto the mother's breast, infant with a weak or ineffective suck.

Now that we've learned about the pumps WIC offers, let's talk about the three Breastfeeding Support Levels and how they connect to issuing breast pumps. All WIC staff, regardless of level, play a key role in encouraging and educating WIC participants in breastfeeding. Click on the WIC Breast Pump Flow Chart to see PDF.

Level 1 WIC Breastfeeding Support Staff often conduct breastfeeding assessments for all participants. They provide pregnancy education during any trimester and will tailor food packages for breastfeeding moms.

Level 1 Support staff are able to issue pumps to participants identified as no risk, with no breastfeeding concerns or complications. If a breastfeeding concern is identified, the participant should be referred to a level two or three staff member.

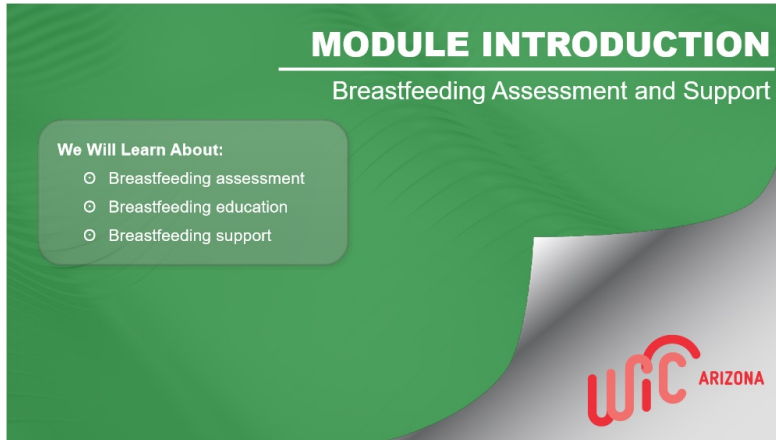
Level 2 WIC Breastfeeding Support Staff provide the same services as Level 1 and are able to issue pumps to WIC participants who have minor breastfeeding issues (such as issues with positioning or questions related supply) or need emergency pump services (such as a baby in the NICU).

Any breastfeeding complications (602/603) are referred to Level 3 WIC Breastfeeding Support Staff.

Level 3 WIC Breastfeeding Support Staff provide the same services as Levels 1 and 2, as well as counsel participants who have a 602/603 risk code. 602/603 WIC Participants have significant breastfeeding complications that require intensive support from a High-Risk Nutritionist or similarly qualified health professional. Listed here are some example complications or potential complications of 602/603 WIC Codes.

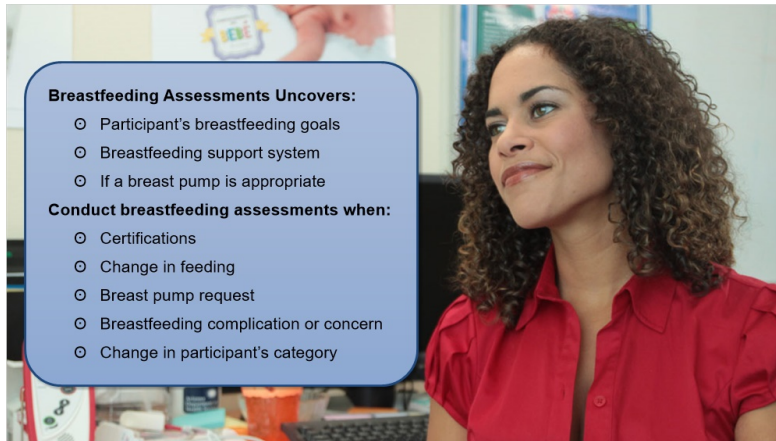
Module 3: Breastfeeding Assessment and Support

Introduction



Welcome to module 3, breastfeeding assessment and support. In this module, you will learn how to complete a breastfeeding assessment and use this information to tailor your breastfeeding education and support for participants.

Breastfeeding Assessment and Support

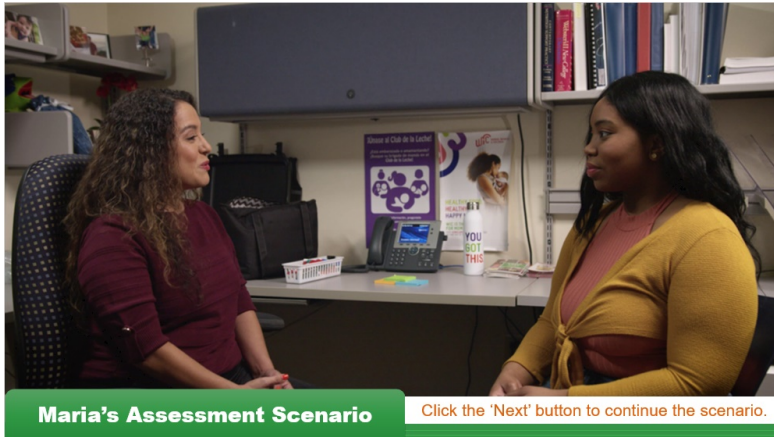


Before a pump can be issued to a participant, you need to complete a breastfeeding assessment with them.

Breastfeeding assessments uncover the participant's breastfeeding goals, support system, and if a breast pump is most appropriate for them.

An assessment is required when there is a certification, has been a change in feeding, a pump request, a breastfeeding complication or concern, or a change in the participant's category.

Scenario One: New Mom Returning to Work



Let's take a look at two situations you're likely to encounter when a participant requests a breast pump. The first is a parent that is partially nursing and returning to work and the second is for baby that is in the Neonatal Intensive Care.

In each video, you will have an opportunity to select the best option to help the WIC participant. This is a chance to practice your skills. Let's begin.

WIC Staff: Hello Maria, welcome. Today's visit is just to check in and see how breastfeeding's going.

Maria: I had a baby about six weeks ago, and I need to go back to work. I've been breastfeeding, and I wanna keep that going, but I'm gonna need a pump, and I heard that WIC can give one.

WIC Staff: Absolutely. We can help with that. Do you mind sharing with me how you feel about breastfeeding?

Maria: I love it. I just need to be able to pump while I'm at work.

WIC Staff: Would you mind sharing with me how often she eats each day?

Maria: She eats a lot in the morning and then in the afternoon and about twice at night.

WIC Staff: So would you say about six or seven times in 24 hours?

Maria: Yes, six times.

WIC Staff: Okay. And about how long does it take her to be satisfied after feeding at the breast each time?

Maria: In the beginning, it took a long time, about 40 minutes. Now it's only about 15 to 20 minutes.

WIC Staff: Okay. And has her doctor said anything about her weight? Any concerns?

Maria: They say she's doing good. She only lost a little bit after she was born.

WIC Staff: That's pretty normal. Now, could you share with me how many wet diapers and how many dirty diapers she has in 24 hours?

Maria: Plenty of wet diapers. Probably six or seven. Two or three dirty diapers.

WIC Staff: Thank you. Do you have any other breastfeeding concerns at this time?

Maria: It can be hard when we're out in public places. I usually give her formula in bottles then.

WIC Staff: Breastfeeding in public can be uncomfortable. But now that you'll be pumping, you could offer your breast milk instead of formula at those times.

Scenario One: What Would You Do?



What Would You Do?

- Ask the participant to meet with a Level III WIC Staff because they need education.
- Ask the participant further questions and continue with the assessment.
- Ask the participant to leave as they can't have a breast pump.

Click the button on how you would handle this assessment.

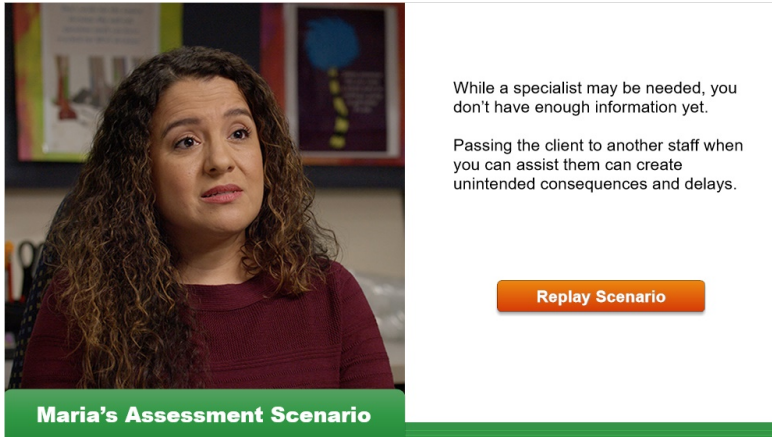
Maria's Assessment Scenario

What should you do now? Would you:

- Ask the participant to meet with a Level III WIC Staff because they need education.
- Ask the participant further questions and continue with the assessment.
- Ask the participant to leave as they can't have a breast pump.

Click which option you would choose to continue the scenario.

Scenario One: Option 1



While a specialist may be needed, you don't have enough information yet.

Passing the client to another staff when you can assist them can create unintended consequences and delays.

[Replay Scenario](#)

Maria's Assessment Scenario

WIC Staff: Would it be okay if I referred you to our lactation consultant?

Maria: I guess. Why, is there something wrong?

WIC Staff: No, but they have the expertise to help you better than I can.

Maria: Okay.

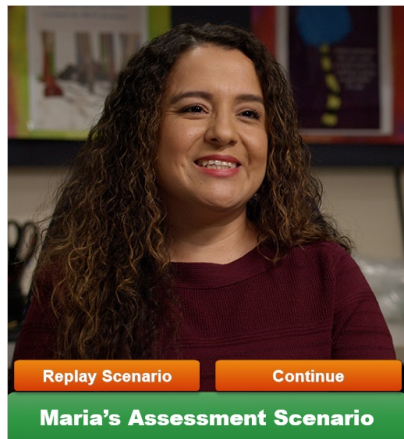
WIC Staff: Could you come in tomorrow at nine? The lactation consultant has an opening at that time.

Maria: My sitter is only available for today. Isn't there anyone else who can help me?

While a specialist may be needed, you don't have enough information yet. Passing the client to another staff when you can assist them can create unintended consequences and delays.

Click the 'Replay Scenario' button to try the scenario again.

Scenario One: Option 2



Breastfeeding assessment should include:

- Number of feeds and ounces of (breast milk, expressed milk, formula, complementary foods)
- Infant output (wet and dirty diapers)
- Infant weight gain
- Feelings around infant growth
- Feelings around breastfeeding
- Understanding of normative infant feeding and sleep patterns
- Sensations during feed
- Breast tissue before and after the feed
- Nipple health
- Comfort level or confidence of feeding
- Reason for pump request
- Specific goals with breastfeeding and pumping

Replay Scenario Continue

Maria's Assessment Scenario

WIC Staff: So you're supplementing with formula?

Maria: Yes. Only in public. I wanna breastfeed my baby as much as possible.

WIC Staff: I understand. We do have families that use formula and breast milk. Are you interested in offering breast milk in a bottle instead of formula when you're out and about?

Maria: Yeah. That would be great.

WIC Staff: Great. I would like to share some information with you that I think will help with pumping. Would that be okay?

Maria: Sure. Can you tell me what I should say to my boss about pumping at work?

WIC Staff: The website, gobreastmilk.org, has great resources. If you'd like, you can take that to your employer so that they can support you in breastfeeding when you return to work.

Maria: Are there any support groups for working moms?

WIC Staff: Yes, we have a virtual breastfeeding education and support group. It's called First Feed and we also have a breastfeeding hotline, if you have any questions. It's open 24 hours a day, 365 days a year.

Maria: What do they talk about at the support group?

WIC Staff: So the First Feed support group is all about breastfeeding parents. It's a place to learn and be supported, all from the comfort of your home.

Maria: That sounds helpful.

WIC Staff: Good. Would you like me to give you the number to text to sign up for First Feed?

Maria: Sure.

WIC Staff: Thanks. So today, we discussed your return to work and breastfeeding support options. The next visit, we will check in and see how pumping is going, as well as any other topics you would like to discuss.

Maria: That sounds great. I just hope that going back to work goes smoothly and I'm able to keep my milk going.

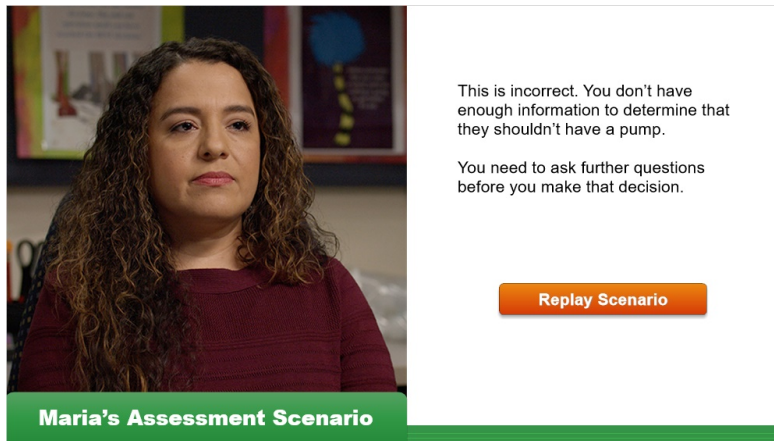
WIC Staff: Of course. You can do it!

Collect information and document in HANDS system. Breastfeeding assessment should include information about:

- Number of feeds and ounces of (breast milk, expressed milk, formula, complementary foods)
- Infant output (wet and dirty diapers)
- Infant weight gain
- Feelings around infant growth
- Feelings around breastfeeding
- Understanding of normative infant feeding and sleep patterns
- Sensations during feed
- Breast tissue before and after the feed
- Nipple health
- Comfort level or confidence of feeding
- Reason for pump request
- Specific goals with breastfeeding and pumping

Click the 'Replay Scenario' button to try the scenario again or the 'Continue' button to move to the next scenario.

Scenario One: Option 3



This is incorrect. You don't have enough information to determine that they shouldn't have a pump.

You need to ask further questions before you make that decision.

Replay Scenario

Maria's Assessment Scenario

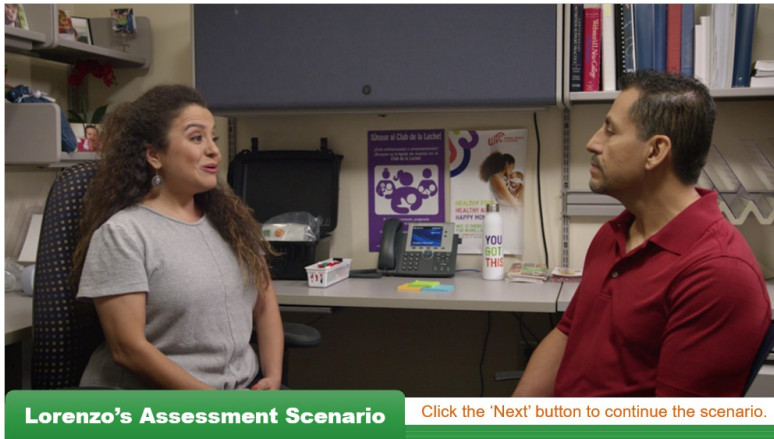
WIC Staff: I'm sorry, but breast pumps are only for fully breastfeeding parents.

Maria: What? I am breastfeeding, just not all the time. I don't understand why I can't have a pump.

This is incorrect, you don't have enough information to determine that they shouldn't have a pump. You would need to ask further questions before you make that decision.

Click the 'Replay Scenario' button to try the scenario again.

Scenario Two: Pump Request for A Baby in the NICU



Now let's look at an example of a pump request for a baby in the NICU.

Let's begin.

WIC Staff: Hello, Lorenzo. Welcome. What can I do for you today?

Lorenzo: The doctor sent me to get a breast pump for my baby.

WIC Staff: I can help with that. Do you mind if I ask you some questions?

Lorenzo: Sure. I'll answer as best as I can.

WIC Staff: How old is your baby?

Lorenzo: Two days. She's still in the hospital. She was premature.

WIC Staff: Is she in the NICU?

Lorenzo: Yes.

WIC Staff: It must be very difficult to be away from your baby.

Lorenzo: Yes, it is. And for her mother, as well.

WIC Staff: Well, using the breast pump and providing the breast milk will help her tremendously.

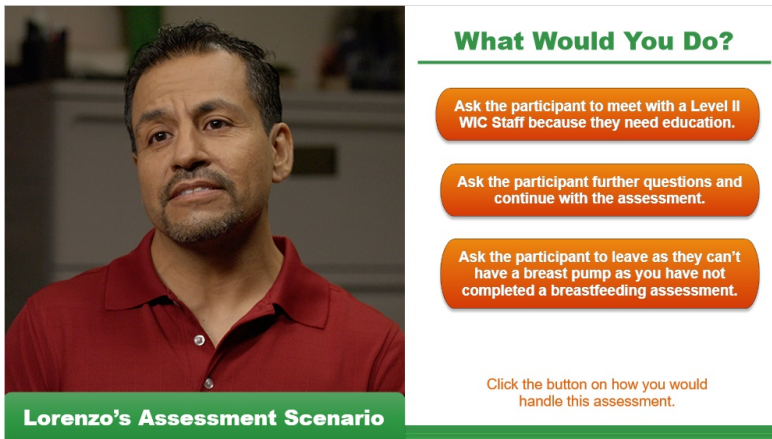
Lorenzo: Yeah, that's what that doctor said.

WIC Staff: Do you have any experience with breastfeeding?

Lorenzo: No. Just a little with the hospital. This is our first baby.

WIC Staff: I understand.

Scenario Two: What Would You Do?



What Would You Do?

Ask the participant to meet with a Level II WIC Staff because they need education.

Ask the participant further questions and continue with the assessment.

Ask the participant to leave as they can't have a breast pump as you have not completed a breastfeeding assessment.

Click the button on how you would handle this assessment.

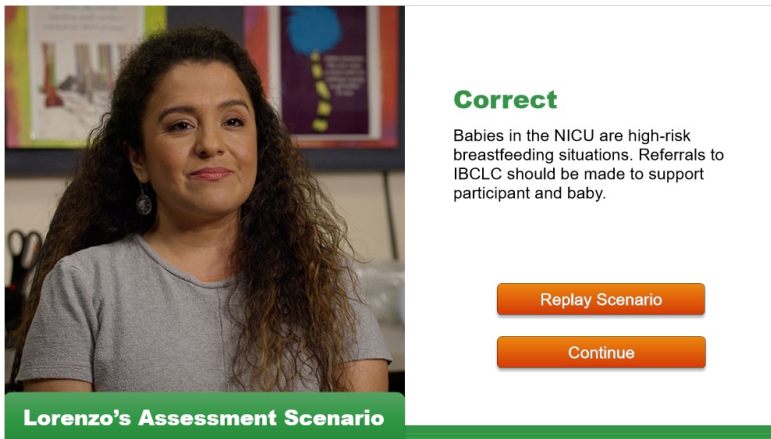
Lorenzo's Assessment Scenario

What should you do now? Would you:

- Ask the participant to meet with a Level II WIC Staff because they need education.
- Ask the participant further questions and continue with the assessment.
- Or ask the participant to leave as they can't have a breast pump as you have not completed a breastfeeding assessment.

Click which option you would choose to continue the scenario.

Scenario Two: Option 1



Correct

Babies in the NICU are high-risk breastfeeding situations. Referrals to IBCLC should be made to support participant and baby.

Replay Scenario

Continue

Lorenzo's Assessment Scenario

WIC Staff: Let's get you the breastfeeding help and support you need. I'm going to refer you to our lactation consultant.

Lorenzo: Okay. What will they do for me?

WIC Staff: They're experts on breastfeeding. They'll ask you further questions and give advice specific to you and your baby situation.

Lorenzo: It's very hard to know what to do. We weren't expecting the baby so soon, and my partner wasn't sure she wanted to breastfeed.

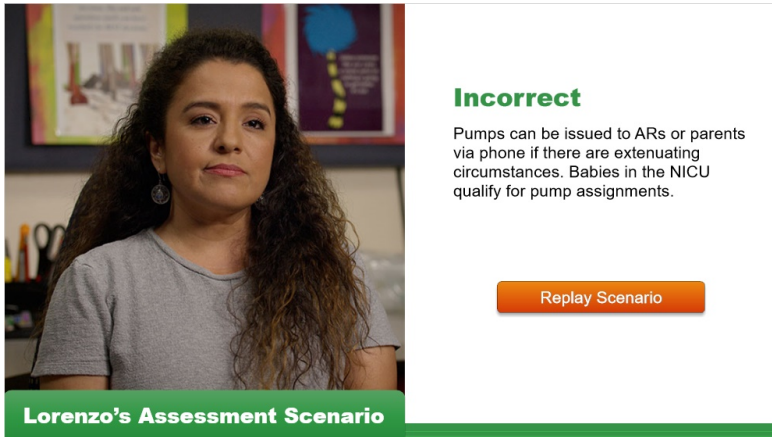
WIC Staff: The lactation consultant will explain your options, show you how to use a breast pump and answer any questions. We know this is a challenging time for you, so thank you for trusting us to help.

Lorenzo: Thank you for helping us.

Correct, babies in the NICU are high-risk breastfeeding situations. Referrals to IBCLC should be made to support participant and baby.

Click the 'Replay Scenario' button to try the scenario again or the 'Continue' button to move to the next scenario.

Scenario Two: Option 3



Incorrect

Pumps can be issued to ARs or parents via phone if there are extenuating circumstances. Babies in the NICU qualify for pump assignments.

Replay Scenario

Lorenzo's Assessment Scenario

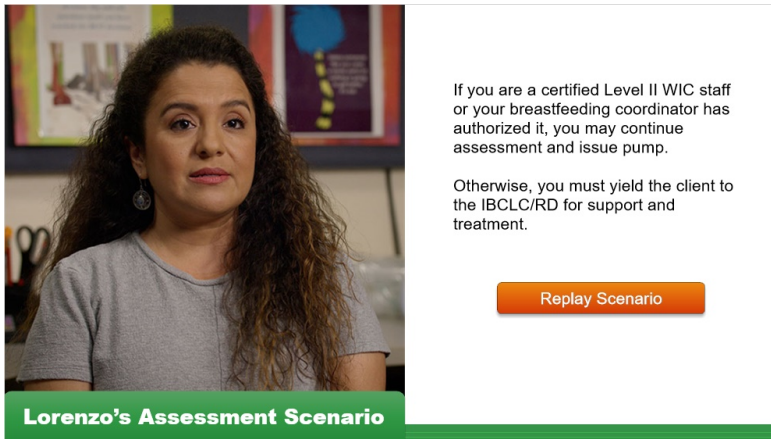
WIC Staff: I'm sorry, but we can't give you a breast pump today, because you don't have your baby with you.

Lorenzo: But the hospital said you had to give me one. I don't understand.

This is incorrect, pumps can be issued to ARs or parents via phone if there are extenuating circumstances. Babies in the NICU qualify for pump assignments.

Click the 'Replay Scenario' button to try the scenario again.

Scenario Two: Option 2



If you are a certified Level II WIC staff or your breastfeeding coordinator has authorized it, you may continue assessment and issue pump.

Otherwise, you must yield the client to the IBCLC/RD for support and treatment.

[Replay Scenario](#)

Lorenzo's Assessment Scenario

WIC Staff: Okay, can you tell me more about how she's being fed right now?

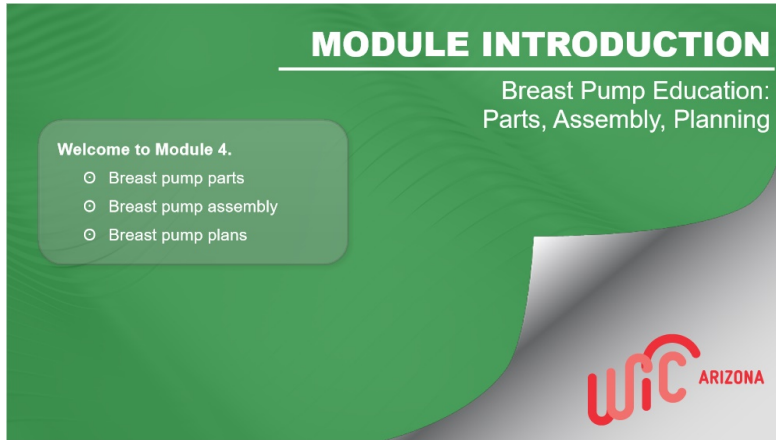
Lorenzo: Not a clue. She's been in the hospital, and they've been keeping all the records, so it's all a blur to me. Can you call the hospital?

If you are a certified Level II WIC staff or your breastfeeding coordinator has authorized it, you may continue assessment and issue pump. Otherwise, you must yield the client to the IBCLC/RD for support and treatment.

Click the 'Replay Scenario' button to try the scenario again.

Module 4: Breast Pump Education: Parts, Assembly, Planning

Introduction



Welcome to module 4, breast pump education on parts, assembly, and plans.

In this module, you will learn how to provide education to participants on breast pump parts, assembly, and breast pump plans.

Breast Pump Education: Parts

How To Choose Your Breast Flange

1 **How to size properly**

Click the button to view a nipple when using a pump. [Video](#)

Pumping should be comfortable. For maximum pumping efficiency, we offer three flange sizes. This guide is a starting point to help determine your optimal size based on your nipple diameter.



Medium
up to 25 mm
27 mm

Large
up to 25 mm
29 mm

X-Large
up to 28 mm
31 mm

Step 1:
Use a ruler or measuring tape to measure the diameter of your nipple at the base (across the middle) in millimeters (mm). 1cm = 10mm

Step 2:
Based on your measurement, select your best fit. If you do not have the size needed, please visit our website or contact us.

When using a breast pump, it is important that the user has the correct size and type of equipment. If not, the process of pumping can be ineffective and uncomfortable.

In this first section, we will discuss the key parts of a breast pump that need to be customized before a participant begins using them. A breast pump flange is the part of the breast pump that comes in contact with the body when placed on the breast and nipple. The flange is shaped like a funnel and forms a vacuum seal with the areola.

When determining flange size, place the nipple directly in the center of the flange. The nipple should fit comfortably in the neck and not have excess gaps or fit too snugly.

You can also determine flange size by measuring the nipple. The diameter of the nipple should be measured in millimeters (mm).

Click the 'Video' button to watch a video from Ameda, on the nipple when the pump is in use, as nipple shape can change.



Video



The best way to determine a good flange fit is to observe your nipple in the breast flange tunnel during pumping. Good fit, the nipple moves freely. Too small, some or all of your nipple rubs against the sides. And too large, more areola is drawn into the breast flange with your nipple.

Breast Pump Education: Parts, Continued

Breast Pump Types



Manual and Multi-user Breast Pump (MUBP):

- 2 Large Flanges - 27 millimeter
- 2 Medium Flanges - 24 millimeter
- 2 Duckbill Valves
- 2 Offset Valves (membrane based)
- 4 Replacement Membranes
- 2 Tubings
- 2 Connectors
- 2 Breast Milk Storage Containers

Single User Breast Pump (SUBP):

- AC Power Adapter
- Dual HygieniKit Milk Collection System
- CustomFit™ Flanges (25mm, 28.5mm, 30.5mm)
- 4 Extra Valves
- 2 Extra Diaphragms
- Cool'N Carry™ Milk Tote
- Milk Storage Bottles (6)

Next, there are two specific breast pump valves that can help speed pumping. Duckbill valves create more suction than regular offset valves. They are not recommended for users who have a heavy milk flow or strong let down as milk can back up into the tubing or flange.

Offset valves are good for strong let down; not recommended for users needing more suction.

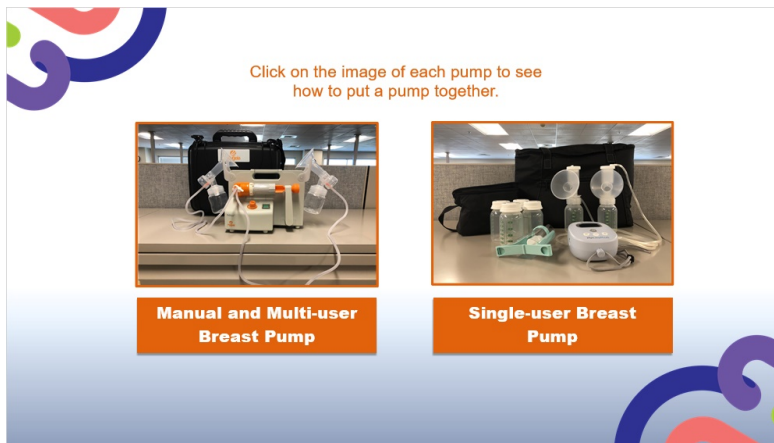
The piston is what “pumps” the milk from the breast. For manual pumps, this is connected directly to the flange to pump.

There is a dial on the piston that controls its strength or how much force the piston will apply to the nipple to draw out milk. Participants should start on the lowest setting when they start pumping.

There are three types of breast pumps that WIC offers – Manual, Multiple and Single User Breast Pump. Shown are what parts are included in each pump kit.

Note: So, the kit for the Multiple User Breast Pump can be given out to participants alone (when a manual pump is needed), or for use with a Multiple User Breast Pump.

4.4 Breast Pump Education: Assembly



Once you have determined a participant is eligible for a pump, it is important to go through each of the accessories with them. Show the participant each part and what it is used for, then educate them how to assemble the pump before sending them on their way.

We want to ensure participants leave the office feeling confident that they can assemble and use their pump properly so that they can effectively remove milk and successfully meet their pumping goals.

Click on the image of each pump to see how to put a pump together. When you finish reviewing each pump, we will check in to see what you have learned.

Manual and Multi-user Breast Pump (Slide Layer)



Manual and Multi-user Breast Pump:

Today I'm going to show you how to use and put together a Hygeia EnDeare breast pump. So this pump is actually very similar to the Lactina, Medela Lactina breast pump, and you can check my video for how to use one of those. So I've got all the pieces laid out here. So you'll see we've got bottles, we've got flanges, connectors, all kinds of pieces. So when you're getting ready to pump, you're going to first choose which flange size you want, and your pump will probably come, like mine did, with mediums and larges, and you can just choose which one feels best. Try them both.

See which one's the most comfortable. Right now I'm just going to set it up with the largest, so I'll put the mediums off to the side. So these are the larges, and the first thing I'm going to do is put them into these connector pieces, right at the top here. So connect that one and that one. And then the next pieces, you actually have a choice. There are what I would kind of call regular valves, and then there are these that the Hygeia pump has that are called duckbill valves. Now the duckbill valves, you push them inside this cylinder here. They don't wrap around it. They push inside and you would just push them both in like that.

An advantage to the duckbill valves is it seems to be that you can get more suction from the pump if you're using these valves. A disadvantage that I've heard of is that, for moms with a really fast flow, really strong letdown, you can actually fill up the pump. Sometimes

this doesn't let the milk out fast enough, and then you can end up filling up your tubes with milk or filling up your flange with milk. So if you have a really fast flow, these might not be the ones for you, but if you need really strong suction, give 'em a try.

So the other valves also have, you'll see this orange membrane on them. This comes off and you can just stick it right back on. And these, your pump will come with extras of these because these are the most likely thing to wear out or break on your pump. It's good to inspect them once in a while, when you're cleaning your pump, and just make sure, 'cause sometimes they can have really tiny cracks in them. But you should have extras. So I'm gonna put these on. It doesn't matter which way around they go. You can just stick these on and these go on the outside of the little cylinder that's in there. You just stick 'em on, like that. And then we're gonna connect them to the bottles.

Now, the bottles come with lids, which is useful once you're done pumping. You can just put a lid on and put it in the fridge if that's what you wanna do. And so what we're gonna do is screw the flange and the connector onto the bottle, onto each bottle, like this. And then we're almost ready to pump. Now, the next piece I'm gonna show you is this piston, and the piston is what is going to provide the suction for our pump, and you'll see on it, right here, you can't read it from there, but it says "strength" on it, and then it's got dots along here. So if you put this arrow down at the smallest number of dots, down by one dot, that means that the suction on this is not going to be as strong as it'll be if you move it up. Up here would be the most suction, the strongest vacuum you would get from this pump, and down here would be the weakest.

So I'm gonna actually start it on one dot, on the lowest suction. And I also wanna show you that, if you ever wanted to hand-pump for any reason, you could just by screwing this piston onto the back of the pump. And then you could just start using the pump like that. And that works fine if the electricity's out or if you need to go somewhere and you don't wanna bring the whole thing. You can use that as a hand-pump. Okay, but most of the time you're going to want to pump with

the machine, and you're probably going to want to double-pump. So what we need to do that is use this orange connector and screw the piston into that. And then we've got these tubes which are what is going to connect the piston to the pump. So there's this white thing on here that you can use. There are two holes here and you can use it to cover up one of the holes. That's what you would do if you wanted to just pump one breast.

You would take your tubing, connect it to this hole. You'd shove that on there. And then you take the orange end and connect it to the flange, down here. Push that in. And then you could set up your pump and pump with just one breast. Most of the time, though, you're going to want to use both breasts when you pump. So you can take this white flap off and connect the other tube. Now you connect the tube that doesn't have an orange connector. That's the end you connect to this part of the pump. And then the orange end is what you connect to the flange.

This, you kind of have to push it pretty firm to get it in there. So now you've got your pump connected to, you've got the piston connected to the bottles. Now you're gonna go ahead and put that, there's a hole in the front of the pump here, you're gonna just stick this in there, and then put this in here. Once again, if you didn't have electricity, if for some reason you couldn't run your pump, you could have an assistant help you pump.

You would just put these on your breasts, and then somebody else could help you by just double-pumping for you. So you would be able to do that. But most of the time you're gonna wanna use the machine.

So you can put this in the hole and then stretch this out and fit this into the arm here, like this. And then you can check my other videos for how to use ponytail holders to pump hands-free, or you can always cut out, like if you have an old sports bra that you don't care about, cut slits in it, so that you can then connect the pump to your breasts, and then start pumping.

I'd definitely recommend pumping hands-free. And so then you'll see, on the pump, there's this dial here, and it goes from a big, wide orange area down to a thin orange area, and that's the speed that the pump is going to pump with. So we have two controls. We have this strength, which is how strong the pump is going to be, and this is how fast the pump is going to be. So I recommend that, when you first start pumping, you put it on the lowest strength and the highest speed. This is to try to mimic a baby when they first start breastfeeding, while they're waiting for the letdown.

They suck quickly and light. So you can turn on the pump, and it's pumping quickly with light vacuum. And then, once you start to feel your breasts let down, you might feel tingling or pressure or something, some women don't feel anything, but you will start to see sprays going into the bottle, or you might just wait two or three minutes, but once you feel your letdown coming, what you can then do is reduce the speed to maybe about halfway along. You want a slower speed, because once your breasts let down, a baby will start sucking more slowly. And then you wanna increase the vacuum. So what I recommend is that you go up to the strongest vacuum that's comfortable for you, the strongest suction that's comfortable for you.

Some moms will actually go to where they're just a little bit uncomfortable, and then go back, just to make sure that they're on the strongest suction that is comfortable for them. So then, once you're done pumping, what you can do is turn the pump off, disconnect the pump from your hands-free pumping, and then disconnect these tubes and put your milk to the side for a minute. And then, it doesn't matter if you wind these up or not. I like to just kinda wrap them up loosely and tuck them in here, because then, what you wanna do while you're dealing with your milk by pouring it into bags or pouring it into bottles or whatever, is, it's a good idea to put this back up to the fast speed and this back down to the low suction, and then run the pump again for a minute or two. And the reason for that is it pushes and pulls air through these tubes.

These tubes can get some moisture inside them, condensation, and running the pump like that for a minute or two while you're dealing

with your milk will clear that condensation out so that they'll be nice and dry and you won't get any mold or anything in there. So all of these parts, if you're renting this pump or borrowing this pump, all of these parts that I've showed you, the tubing, the piston, the connectors, all of this stuff you will keep when you return the pump. This is the only part of the pump that you'll return. These are all single-user.

You won't use these with anybody else. And then, when you're done with your pump, you can just wipe it off with some all-purpose spray and put it back in the bag, and then return it to whenever you've borrowed it or rented it from. So this has been how to put together and use a Hygeia EnDeare breast pump.



Single-user Breast Pump:

The Ameda Mya Joy is paired with the Dual HygieniKit milk collection system featuring the world's only FDA-cleared viral barrier to help protect breast milk, tubing, and pump against potential contaminants like viruses, bacteria, and mold. Before first use, sanitize all parts of the HygieniKit except adapter cap, tubing, tubing adapter, and pump motor.

Recommended method for cleaning is boiling for 20 minutes. Boil for 20 minutes the diaphragm, flange, valves, milk storage bottles, locking ring, and disc. Allow parts to fully dry. Do not clean tubing and adapter cap. Only use the diaphragm and valves that comes with the

Mya Joy pump. To assemble the HygieniKit, hold the valve by the flat edge and compress lightly. Gently push the valve onto the ring on the bottom of the breast flange. Attach and tighten the bottle, then insert the diaphragm into the top of the flange. Attach the adapter caps by pressing it onto the top of the flange until you hear a pop.

The Mya Joy Electric Breast Pump delivers the ultimate promise of comfort by offering a wide range of settings, mom-friendly features, and flange sizes. Before pumping begins, connect the power adapter or insert new AA batteries. Now you are ready to use your breast pump. Ensure proper fit on the center flange on breast to create seal. Then press power button to turn on device in stimulation mode. You can adjust the stimulation vacuum level between one and six, to your preferred comfort level. Once your milk starts to flow, press the mode button to switch into expression mode. You can adjust the expression vacuum level between 1 and 12, to your preferred comfort level. When you wish to stop expressing, press the power button.

Then remove the milk collection kit from your breast. After every use, clean parts. Please follow the Mya Joy quick start guide or reference the full instructions for use by visiting ameda.com or call 866-992-6332 for personal assistance.

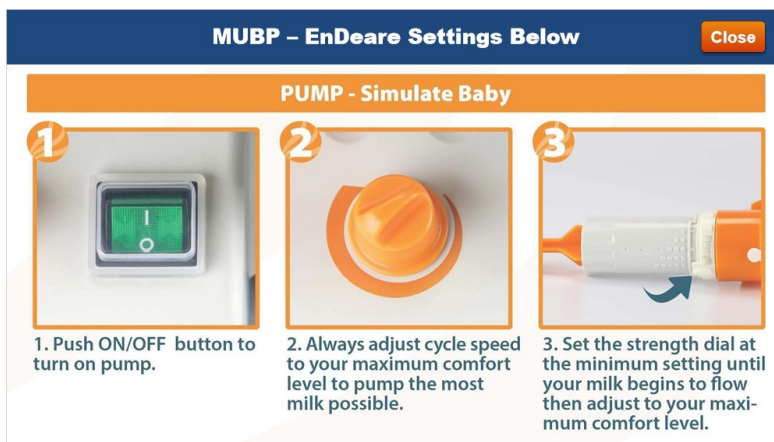
Pumping to Simulate Baby



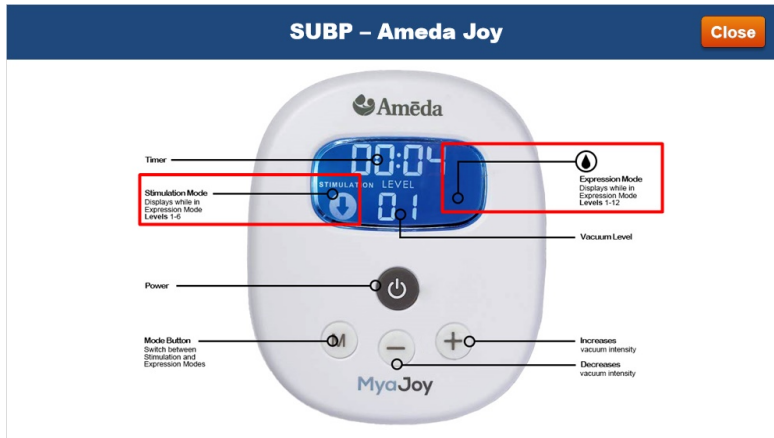
As you saw in the previous videos, pumping to simulate a baby will help encourage maximum milk removal and help to better maintain or increase supply.

Both pumps will require changes to settings to meet this need. Click each button to see what that looks like for each pump.

MUBP - EnDeare



SUBP – Ameda Joy

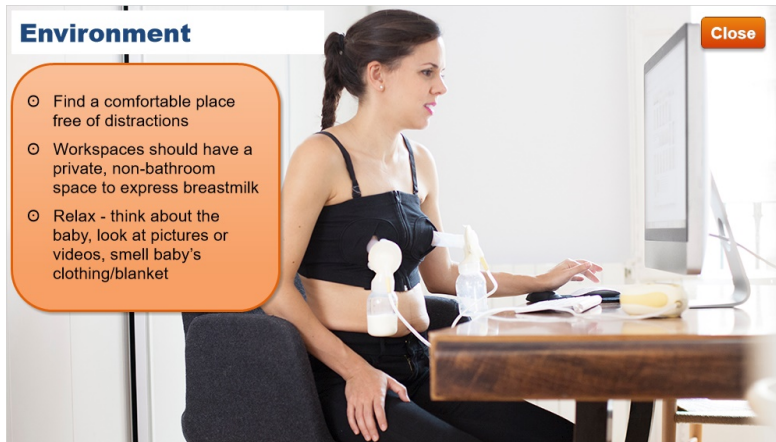


Education: General Pumping Tips



It is important that participants receive basic pumping education in addition to learning about the machine. Pumping education should include general pumping tips, milk safety, hygiene, and developing a pumping plan.

Let's examine each one of these areas. Click on each button to learn more about each pumping tip.



Environment:

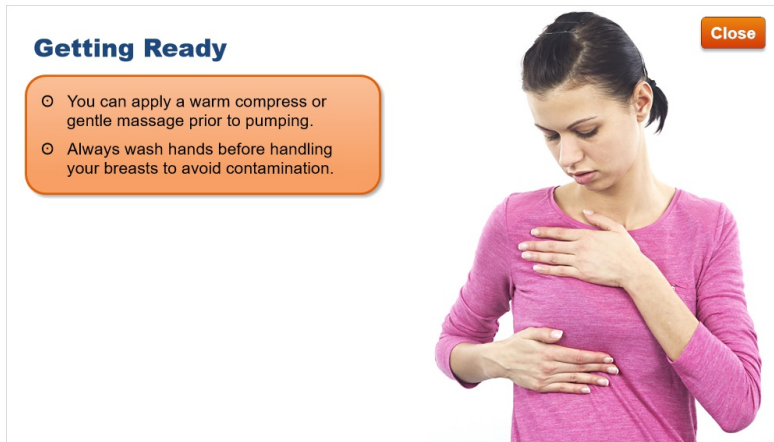
Here are some environment tips for pumping. Find a comfortable place free of distractions. Workspaces should have a private, non-bathroom space to express breastmilk.

And relax, think about the baby, look at pictures or videos, smell baby's clothing/blanket.



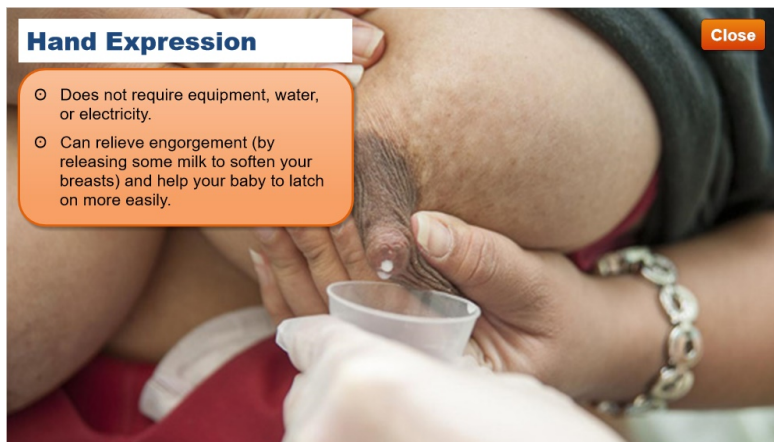
Time:

Here are some tips for when the time comes to pump. Double pumping takes less time. Pump around 10-15 minutes or until milk no longer sprays into the flange. And ideally, you should try to pump every three to four hours or as often as your baby normally drinks breast milk.



Getting Ready:

Here are some best practices you can follow to be successful with pumping. You can apply a warm compress or gentle massage prior to pumping. Also, always wash hands before handling your breasts to avoid contamination.



Hand Expression:

Here are some tips for hand expression. It does not require equipment, water, or electricity. It can relieve engorgement (by releasing some milk to soften your breasts) and help your baby to latch on more easily. And it encourages milk production early in lactation.



Hands On Pumping:

Here are some tips for hands-on pumping. You want to massage the breast prior to pumping. Compressing the breast during pumping increases milk yield up to 48%. Click the 'Hands on Pumping' button to view more details on hands on pumping.

Education: Pump Hygiene


Pump Hygiene

Before Use:

- Make sure all parts of breast pump are clean
- Wash hands before using pump
- Assemble the pump and check that there is no mold in the tubing

After Use:

- Store milk in cold storage
- Clean and disinfect pumping area
- Inspect breast pump kit
- Clean pump kit immediately after pumping
- Air dry pump parts



It is important that participants know about pump hygiene and milk safety. If proper hygiene is not followed, breast milk can become contaminated and possibly make the baby sick.

Participants should make sure that all parts of the breast pump are free from bacteria and contaminants. Before each use, the participant should wash their hands before using and assembling a clean pump and check that there is no mold in the tubing.

After each use, store milk safely in a refrigerator, freezer, or cooler bag with ice packs. Clean and disinfect the pumping area even if no milk was spilt during the pumping session. Inspect your breast pump kit and separate all parts that come in contact with breast/breast milk. Clean the pump kit immediately after pumping by placing the pump parts in a clean food safe container (not the sink) due to potential contaminants. Add hot water and soap to the container with the pump parts, then scrub the parts with a clean bottle brush. Rinse under running water or by submerging in a separate container full of clean water. Air dry the pump parts, food safe container(s), and bottle brush on a clean dish or paper towel.

4.10 Education: Milk Handling and Storage

Storage Location and Temperatures				
Type of Milk	Counter top or Room Temp	Refrigerator	Freezer with separate door	Deep Freezer
	Up to 85°F/25°C	At or below 40°F/-4°C	0°F/-18°C or colder	At or below -4°F/-20°C
Freshly Pumped/ Expressed Human milk	Up to 4 hours	Up to 4 days	Up to 6 months	Up to 12 months
Thawed Breastmilk Previously Frozen	Up to 2 hours	Up to 1 day (24 hours)	Avoid re-freezing thawed breastmilk	Avoid re-freezing thawed breastmilk
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding			

Milk Safety
Always Wash Hands
Store in Clean Containers or Storage Bags
Never Reuse Storage Bags
[Download Chart](#)

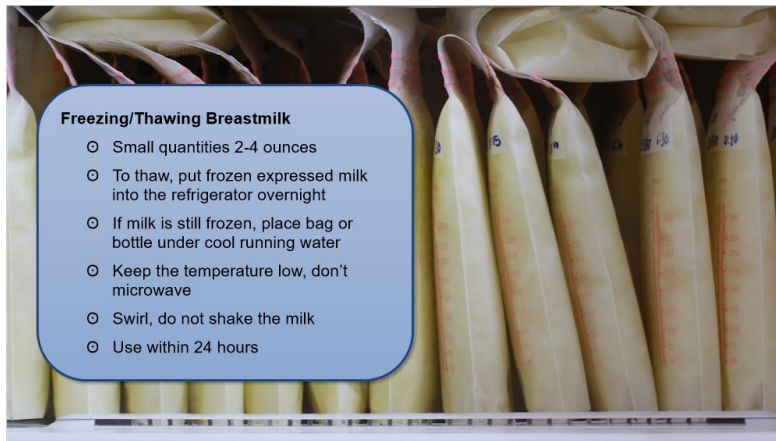
Let's talk about milk safety next. Always wash hands before expressing milk and utilizing clean pump parts.

Milk should always be stored in clean containers or storage bags. And remember, don't reuse milk storage bags.

Storage guidelines depend upon the type of milk, storage location and temperature. As you can see from the graphic, there are different timelines for each situation.

Click the 'Download Chart' button to download the Storage Location and Temperatures chart.

Education: Expressed Milk



In addition to the storage guidelines, you may also want to provide pumping participants with the following tips for freshly expressed milk. When freezing breastmilk, you should freeze the breastmilk in small quantities, 2-4 ounces. When thawing, put frozen expressed milk into the refrigerator overnight. If milk is still frozen, place bag or bottle under cool running water. Keep the temperature of the milk low, as heat can destroy some of the proteins. Do not microwave. Swirl, do not shake the milk and make sure to use it within 24 hours.

Education: Pump Planning



**Patient Protection and Affordable Care Act,
Along with Section 7 of the Fair Labor
Standards Act:**

Directs Employers with Over 50 Employees to Provide:

- Reasonable breaktime
- Private, sanitary area to express breastmilk
- Right to express breastmilk up until the child's first birthday.

Our last step is developing a pump plan with our participants. This plan is individualized and requires discussion of the following:

- When to begin
- How often to pump
- Length of time per pumping session
- Where to pump
- What milk storage looks like, and
- Who to talk to for additional support.

It's important to share with your participant information that protects their rights when it comes to breastfeeding.

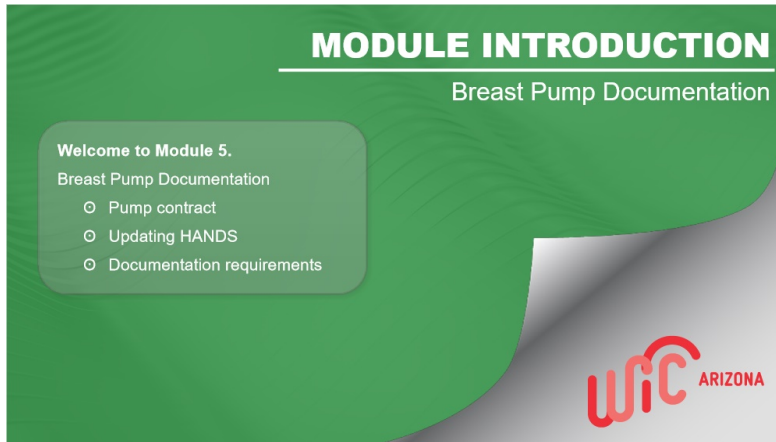
The Patient Protection and Affordable Care Act, along with Section 7 of the Fair Labor Standards Act, protects a mother's right to breastfeed or pump while at work.

The Act directs employers with over 50 employees to provide reasonable breaktime and a private, sanitary area to express breastmilk (not a bathroom).

These rights are protected for mothers until the child's first birthday.

Module 5: Breast Pump Documentation

Introduction



Welcome to module 5, breast pump documentation. In this module we will look at the pump contract, updating applicable screens in HANDS and documentation requirements.

Documentation: Pump Contract

Multiple User Electric Breast Pump Release Form	
Family ID#	21001248
Participant's home (phone)	702.614.0000
Address	5555 N FIVE RD
City/State/Zip	TUCSON AZ 85754
Primary Phone Number	(520)555-5555
Secondary Phone Number	
Alternate Contact Person	TINA THOMAS
Relationship	Sister
Phone Number	(520)555-5555
<input checked="" type="checkbox"/> I am currently enrolled in the Arizona WIC Program and will continue enrollment by keeping my WIC card.	
<input checked="" type="checkbox"/> I understand that it is my responsibility to return the WIC clinic of any change of address or phone number.	
<input checked="" type="checkbox"/> I have received instruction on assembly, use, disassembly, and cleaning of the breast pump and the storage of expressed breast milk.	
<input checked="" type="checkbox"/> I understand that the Arizona Department of Health Services, the Arizona WIC Program, and its employees are responsible for any personal damage resulting from the use of this breast pump. I am the only one responsible.	
<input checked="" type="checkbox"/> I understand that it is my responsibility to protect the breast pump from theft and loss. I will handle the pump with care. I will keep the breast pump in a secure area at all times.	
<input checked="" type="checkbox"/> I understand that, if the breast pump breaks or malfunctions, I must return the pump to the WIC clinic for repair or replacement.	
<input checked="" type="checkbox"/> I understand that I am the only one authorized to use this pump. I will not loan or sell this pump to anyone.	
<input checked="" type="checkbox"/> I understand that this breast pump is the property of the Arizona WIC Program and, as state property, I must return the WIC clinic by the due date or pay the WIC Program back for the cost of the pump (up to a maximum of \$200.00).	
WIC Participant Signature	<u><i>[Signature]</i></u> Date <u>3/11/22</u>
Issuer (WIC Staff)	<u><i>[Signature]</i></u> Title <u>RD</u>
Date to be returned	<u>3/15/22</u> Date issued <u>3/11/22</u>
Issuing Local Agency/Clinic	<u>1015</u> Breast Pump Issue Number <u>0000</u>
This section for Breast Pump Transfer only.	
Agency Initiating Transfer	Date
Agency Acknowledgment of Transfer	Date



Review with the Participant

Participant Must Sign and Initial

Scan into HANDS

WIC participants need to sign a pump contract before leaving with a pump. The pump contract documents that a participant has received pump education, training, and know what is expected of them while they have the pump.

When presenting the contract to the participant, make sure that you go over all the information and that they understand each section. Let's discuss how you create the contract.

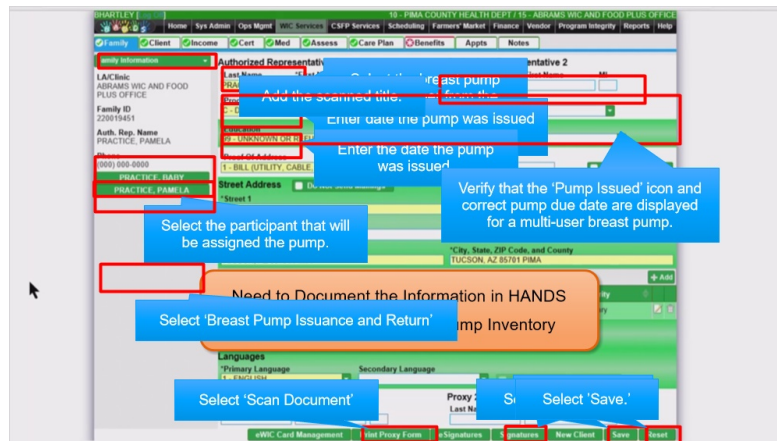
In HANDS, you will need to print the pump release form from the participant's file by following these steps:

- From the Family screen select the participant that will be assigned the pump.
- Then, on the Client screen, navigate to the drop-down menu titled 'Client Information' and hit the arrow to expand the options.
- Scroll to 'Forms' and select 'Multiple User BP Release' or 'Personal Use DE BP Release.'
- Before printing, you will want to choose the appropriate language (English or Spanish). Then click the 'Print Form' button in the bottom right-hand corner of the page. You may also use the 'Print Blank Form' button on the same page and complete all information manually.
- When you finish, you should generate a form that looks similar to this. You will need to complete the fields for Issuer, Title, Date to be Returned, Date Issued, Issuing Local Agency/Clinic,

and Breast Pump Serial Number.

- Review the “Breast Pump Release Form” with the participant.
- Have the participant sign and initial where appropriate.
- You must scan this document into the HANDS system when it is completed.

Documentation: Updating HANDS



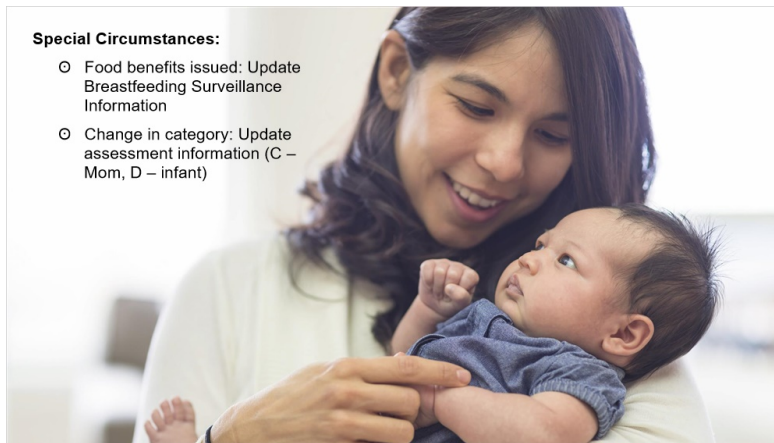
Once the participant has signed the pump contract, you will need to document the information in HANDS. HANDS keeps track of the breast pump inventory as well as participant information.

1. On the Family screen, select the participant and assign the pump.
2. Then, on the Client screen, navigate to the drop-down menu titled 'Client Information' and hit the arrow to expand the options.
3. Scroll to the certification section and select 'Breast Pump Issuance and Return.'
4. Then, verify the correct participant is selected and click the 'Issue' button in the bottom right-hand corner of the screen.
5. On the Issuance screen, select the breast pump serial number from the drop-down list that corresponds with the serial number on the pump you are physically giving to the participant.
6. Enter date the pump was issued in the 'Issue Date' field.
7. For Multiple User Breast Pumps only, Input the due date in the 'Due Date' field, then click 'Save.' This does not need to be done for Single User Breast Pumps since they will not be returning them to the clinic.
8. Next, you will scan the signed contract into HANDS. Select the 'Scan Document' button at the bottom right-hand corner of the page. Start by adding the scan title in the Scan Title field, using the Serial Number and then Due Date.
9. After you have scanned the contract, select 'Save' at the bottom

right hand of the screen.

10. For Multiple User Breast Pumps only, verify that the 'Pump Issued' icon and correct pump due date are displayed for a multi-user breast pump.

Documentation: Requirements



Once you have finished issuing the breast pump, it is important to document details with a TGIF note or another approved note format. The breastfeeding assessment should be documented in the “Notes” screen and must include:

- Reason for category change and/or or pump issuance
Type of pump
- Any breastfeeding and pump education offered
- Mom’s feelings about breastfeeding
- Amount of breastfeeding
- If applicable, number of cans of formula
- If issuing formula, any tailoring done based on the assessment, and
- Any referrals made such as the Breastfeeding Peer Counselor, IBCLC, Breastfeeding Hotline etc.

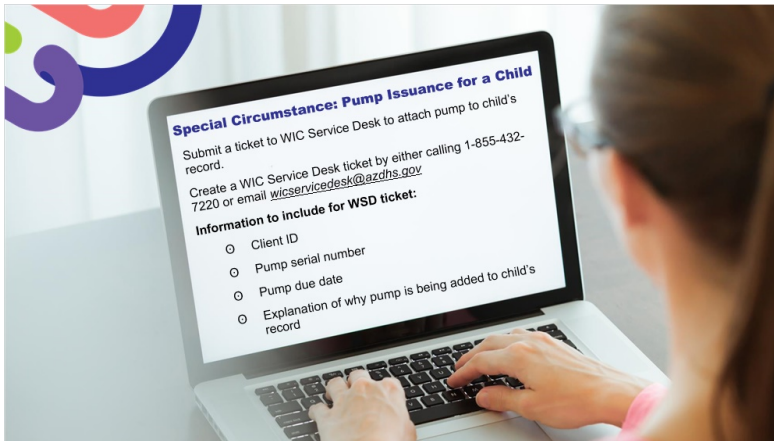
If either of the following situations occur, additional documentation is required.

If food benefits are issued, correctly updating the Breastfeeding Surveillance information is required.

If there is a change in category, information in the assessment tab

should be updated in 'C' or Clinical section for mom, and 'D' or Dietary section for the infant.

Special Circumstance: Pump Issuance for a Child



If a breast pump is warranted based on the breastfeeding assessment and the child is older than one year of age, it is then at the discretion of the Local Agency to continue reissuing the multi-user breast pump, issue a single user breast pump, or encourage the use of the manual pump.

If the multiple user pump is determined to be the best support, there are a few must haves. First, the child must continue to maintain a current Certification period, thorough documentation shall be done in the HANDS Notes screen, and current Breast Pump Loan Agreements shall be on file in the Child's record.

We discussed what to include in the note and the Breast Pump Loan Agreement earlier in the training.

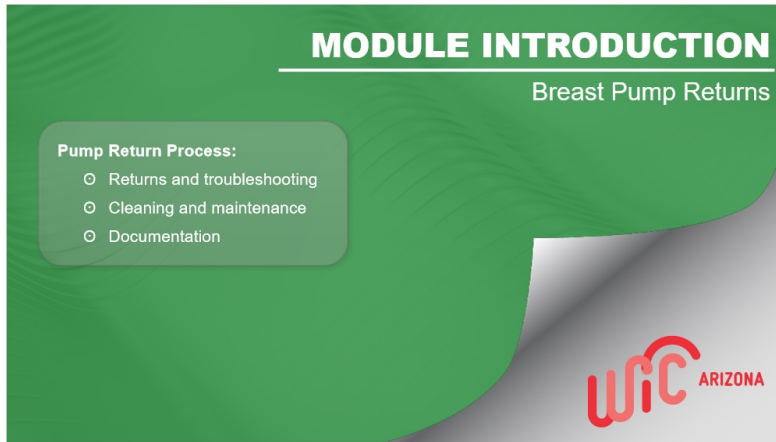
Staff should submit a ticket to the WIC Service Desk (WSD) in order to get the pump attached to the child's record.

Staff can create a WSD ticket by either calling 1-855-432-7220 or emailing wicservicedesk@azdhs.gov.

Information needed for a WSD ticket includes: Client ID, pump serial number, pump due date, and explanation of why the pump is being added to the child's record (example, mom is not in active cert).

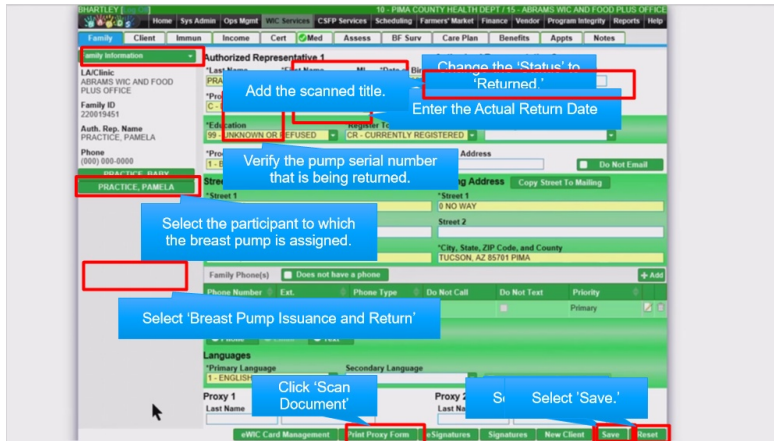
Module 6: Breast Pump Returns

Introduction



Welcome to module 6, breast pump returns. In this module we will cover the pump return process. We will cover returns and troubleshooting, cleaning and maintenance, and documentation.

Returns: Documentation

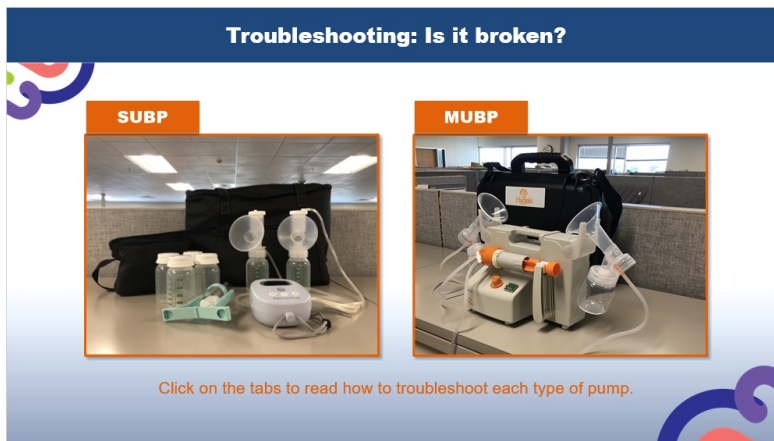


Complete the receipt for the return of participant's Multiple User Breast Pump. Pink copy goes to the participant. Scan the white copy into HANDS. The yellow copy remains in the receipt booklet.

Following the collection of a returned breast pump, you will need to document its return in the HANDS system.

1. On the Family screen, navigate to the participant to which the breast pump is assigned.
2. Then on the Client screen, navigate to the drop-down menu titled 'Client Information' and hit the arrow to expand the options
3. Select the option, 'Breast Pump Issuance/Return.'
4. Verify the pump serial number that is being returned and pump in HANDS by clicking on the 'Pump Serial Number' listed.
5. Then, change the 'Status' to 'Returned.'
6. In the 'Return Date' field enter the actual return date, and then click on the 'Save' button.
7. In the breast pump and issuance and return screen, click the 'Scan Document' button and scan in the white copy of the pump return receipt. Start by adding the scan title in the Scan Title field, using the Serial Number and then Return Date.
8. After you have scanned the receipt, select 'Save' at the bottom right hand of the screen.

Returns: Troubleshooting




Multiple User Breast Pumps are the only pumps that are returned after use to the WIC program. Single User Breast Pumps and Manual pumps are kept by the participant.

Common reasons for pump returns are the participant is no longer using the pump, they have reached their breastfeeding goal, they stopped breastfeeding, the pump is long overdue, or the pump is not working effectively.

If a participant brings in a pump that is not working, they can be issued a new one. Click on the tab below to read how to troubleshoot each type of pump.

Troubleshooting: Is it broken? Close

SUBP



MUBP

SUBP:

- Advise participant to contact the manufacturer directly for pump repairs and warranty support
- If participant returns Single User Breast Pump to Local Agency, Local Agency should label it broken or disassemble it

Click on the tabs to read how to troubleshoot each type of pump.

SUBP:


- Advise participant to contact the manufacturer directly for pump repairs and warranty support
- And, if the participant returns Single User Breast Pump to Local Agency, Local Agency should label it broken or disassemble it

Troubleshooting: Is it broken? Close

MUBPs:

- Ensure tubing is pushed in all the way to create the most negative pressure
- Assemble the test pumping kit for single pumping; cover the hole for the unused side
- Attach it to the breast pump
- Attach the vacuum gauge to the M size breast flange
- Turn the suction to LOW/MIN and read the value: ~ 50 mmHg
- Turn the suction to HIGH/MAX and read the value: ~ 250 to 270
- If the pump is not gauging at proper negative pressure
- Check the pump kit assembly
- Verify the flange is M sized
- Ensure the valve is completely intact and affixed securely
- Ensure the tubing is secure
- Verify the piston arm is properly set up for one side

MUBP



Click on the tabs to read how to troubleshoot each type of pump.

MUBPs:

- Ensure tubing is pushed in all the way to create the most negative pressure
- Assemble the test pumping kit for single pumping; cover the hole for the unused side
- Attach it to the breast pump
- Attach the vacuum gauge to the M size breast flange
- Turn the suction to LOW/MIN and read the value: ~ 50 mmHg
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- If the pump is not gauging at proper negative pressure...
- Check the pump kit assembly

- Verify the flange is M sized
- Ensure the valve is completely intact and affixed securely
- Ensure the tubing is secure, and
- Verify the piston arm is properly set up for one side

Returns: Cleaning & Maintenance

Cleaning and Maintenance Procedure

Important That It Is Properly Cleaned and Sanitized



Click on the image to see the steps for cleaning a Multiple User Breast Pump.

When a pump is returned, it is important that it is properly cleaned and sanitized for the next user.

Click on the image to see the steps necessary to clean a breast pump.

Cleaning and Maintenance Procedure

Important That It Is Properly Cleaned and Sanitized

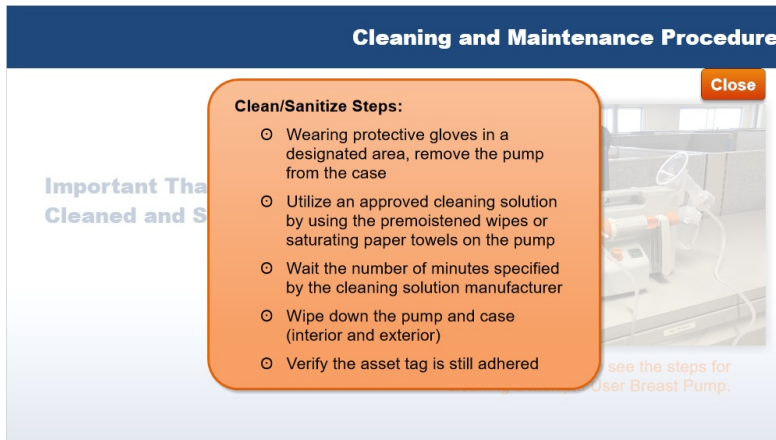


STEPS Click on the image to see the steps for cleaning a Multiple User Breast Pump.

[Clean/Sanitize](#)

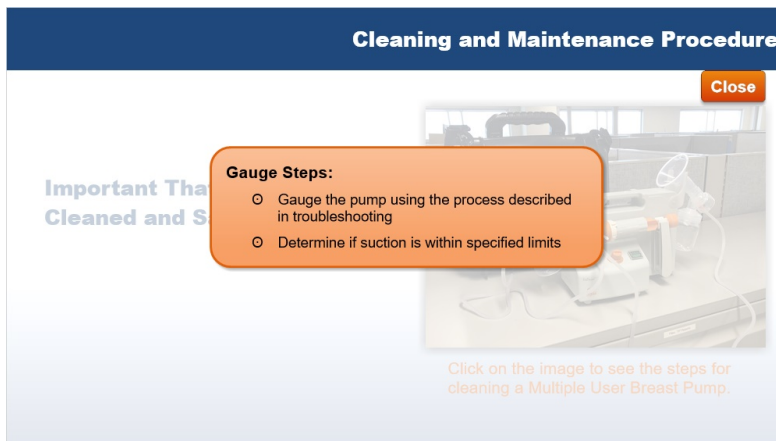
[Gauge](#)

[Accessories](#)



Clean/Sanitize Steps:

Wearing protective gloves in a designated area, remove the pump from the case. Utilize an approved cleaning solution by using the premoistened wipes or saturating paper towels on the pump. Wait the number of minutes specified by the cleaning solution manufacturer. Wipe down the pump and case (interior and exterior) and verify the asset tag is still adhered.



Gauge Steps:

Gauge the pump using the process described in troubleshooting and determine if suction is within specified limits.

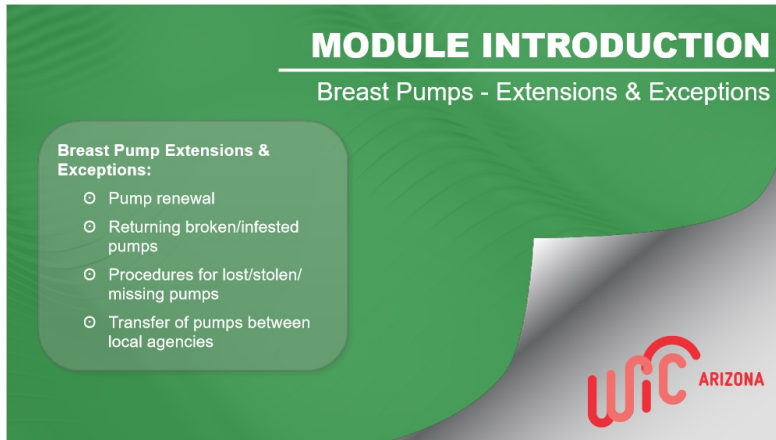


Accessories Steps:

Discard accessories such as tubing, flanges, and bottles. Multiple User Breast Pump kits have sterile accessories for the next user.

Module 7: Breast Pumps - Extensions & Exceptions

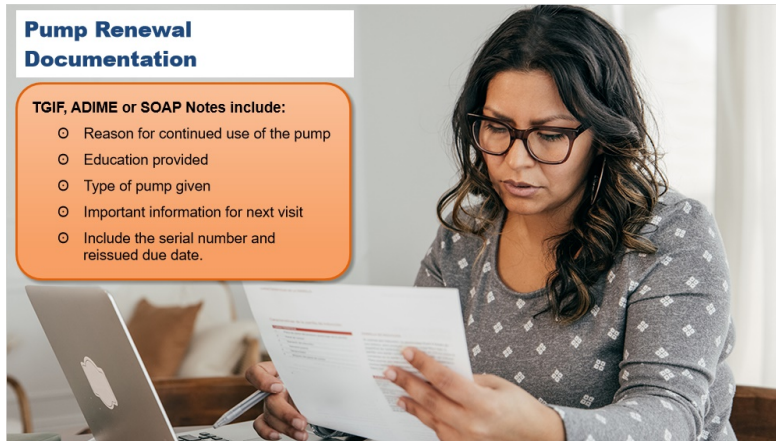
Introduction



Welcome to module 7, extensions and exceptions.

In this last module, we'll cover a few areas that you may encounter when working with pumps. Specifically, we'll cover the process for pump renewal, how to handle broken or infested pumps, procedures to follow for overdue or missing pumps, and how to handle the transfer of pumps between local agencies.

Extensions: Pump Renewal



Sometimes participants will want to keep their pump beyond their due date. To complete a pump renewal in the clinic, you will need to complete and scan the new contract into HANDS.

Updating HANDS will be identical to the process you followed when the pump was first checked out. You are only changing the due dates for the pump's return.

Unlike the first contract, pump renewal contracts can be signed virtually. You can review the contract with the participant either virtually or via phone, and the participant can sign the breast pump contract in DocuSign. These completed contracts do not need to be scanned into HANDS.

This applies to renewal contracts only. Pump renewals require a TGIF, ADIME or SOAP note in HANDS, and should include the following:

- Reason for continued use of the pump
Education Provided
- Type of Pump given
- Important information for next visit
- Include the serial number and reissued due date.

Exceptions: Broken MUBPs

Broken MUBPs

Complete the Multiple User Breast Pump Request for Repair Form
Contact the State Breast Pump Logistics Coordinator or the State Breastfeeding Coordinator

Regarding Pick-up, Shipping, or Hand-delivery of the Pump

Chapter Number – Breastfeeding Education and Support

☐ Broken
☐ Infested

Arizona Department of Health Services
Multiple User Breast Pump Request for Repair

Local Agency: 10-15
Clinic: Abrams

Contact Name: Ben Hartley
Phone Number: 123-456-7890
Email Address: WIC@stateemail.com

Serial Number: #2222222
Pump Issue: damaged valve

Within Warranty: ☐ Yes ☐ No ☒ Unknown

Attach to pump before returning pump to ADHS Warehouse.

Arizona WIC Program
Policy and Procedures Manual 19-12 Original March 2007
Revised February 2012

If you have a broken or infested Multiple User Breast Pump, you should document the item in HANDS. Broken Single User Breast Pump should be referred to the manufacturer.

Let's go over the steps you need to take to document the return of a broken pump in HANDS.

1. On the Family screen, navigate to the participant to which the breast pump is assigned.
2. Then on the Client Information screen navigate to the drop-down menu and hit the arrow to expand the options.
3. Select the option, 'Breast Pump Issuance/Return.'
4. Verify the pump serial number that is being returned and the select pump in HANDS by clicking on the 'Pump Serial Number'.
5. Then change the 'Status' to 'Returned'
6. In the 'Return Date' field enter the actual return date.
7. Document the problem with the pump in the Comments section of the Pump screen. Examples include - arm not moving, cord frayed, and not maintaining suction, and then click on the 'Save' button.
8. Next, we need to set the pump status as broken. Select the pump serial number that was just returned and then click on the 'Change Status' button at the bottom of the screen.
9. Change the 'Client Pump Status' to 'Broken' and then click on

the 'Save' button.

10. Complete a receipt for a multiple user breast pump and exit the participant file.
11. Contact the State Breast Pump Logistics Coordinator or the State Breastfeeding Coordinator for information regarding pick-up, shipping, or hand-delivery of the pump to any ADHS-sponsored event.
12. Complete the Multiple User Breast Pump Request for Repair Form, which we will cover next.

Exceptions: Repair Form

Note:
Follow your Local Agency Policy and Procedures for storage of the broken breast pump until it is returned to the ADHS warehouse.

Please reach out to your Training or Breastfeeding Coordinator for more details specific to your Local Agency.

Chapter Nineteen – Breastfeeding Education and Support

☒ Broken
☐ Infected

Arizona Department of Health Services
Multiple User Breast Pump Request for Repair

Local Agency: 10-15
Clinic: Abrams
Contact Name: Ben Hartley
Phone Number: 123-456-7890
Email Address: WIC@lokeemail.com
Serial Number: #722222
Pump Issue: damaged/solve
Within Warranty: Yes No ☒ Unknown

Attach to pump before returning pump to ADHS Warehouse.

Arizona WIC Program
Policy and Procedure Manual
19-02
Original: March 1997
Revision: February 2021

After completing the return in HANDS, you should complete the Multiple User Breast Pump Request for Repair Form (see Chapter 19, Appendix B.)

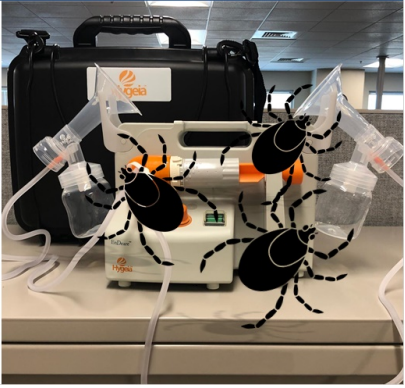
The following sections must be filled out: Broken should also be checked, Local Agency, Clinic, Contact Name, Phone Number, Email Address, Serial Number, reason for the return and Within Warranty.

Note: Follow your Local Agency Policy and Procedures for storage of the broken breast pump until it is returned to the ADHS warehouse. Please reach out to your Training or Breastfeeding Coordinator for more details specific to your Local Agency.

Exceptions: Infested

Steps to Return an Infested Pump:

1. Place the suspect pump into a bag & seal it
2. Place sealed pump into a second bag
3. Seal the second bag
4. Document the return in HANDS
5. Complete the MUBP Request for Repair
6. Follow the Policy and Procedures for storage



If a participant returns a pump infested with insects, you should take the following steps.

Place the suspect pump into a bag and seal it. Then, place the sealed pump into a second bag and seal second bag.

Then, document the return in HANDS just like a broken Multiple User Breast Pump and complete the Multiple User Breast Pump Request for Repair form. But, instead of 'Repair' checking the 'Infested' box at the top of the Request for Repair form and make sure this form is placed on the outside of the bags.

Follow your Local Agency Policy and Procedures for storage of the infested breast pump.

Exceptions: Lost or Stolen Pumps

The screenshot displays the HANDS software interface. On the left, a sidebar contains client information for LA/Clinic ABRAMS WIC AND FOOD PLUS OFFICE, including Family ID 220019344, Auth. Rep. Name ST. PUMP, BREE, Phone (111) 111-1111, Client ID 15101426880, Client Name ST. PUMP, BABY, Date of Birth 3/5/2022, Age 0 yrs, 5 mos, Cert. Period 3/14/2022 - 3/4/2023, Term. Date N/A, Due Date N/A, LDTU N/A, Weeks PG N/A, Next Appt. N/A, and Appr Thru N/A. The main window shows a 'Notes' tab with a table of notes. A blue callout box points to the first note with the text 'Check the Notes Prior to Benefit Issuance'. The note is dated 09/02/22, created by BHARTLEY, and contains the text: 'STATE WIC OFFICE BP CASE - State attempted to call AR, however, we were not able to leave a message. If AR returns to WIC and before you issue monthly FBs, please call the State Breast Pump Logistics Coordinator or any other member of the Breastfeeding Team, so we can start the Restitution Agreement for the lost pump. Please issue only monthly FBs until the pump issue is resolved.'

Date	Client	Note Type	Note	Created By
09/02/22	15101426880: ST. PUMP, BABY		STATE WIC OFFICE BP CASE - State attempted to call AR, however, we were not able to leave a message. If AR returns to WIC and before you issue monthly FBs, please call the State Breast Pump Logistics Coordinator or any other member of the Breastfeeding Team, so we can start the Restitution Agreement for the lost pump. Please issue only monthly FBs until the pump issue is resolved.	BHARTLEY

When a participant reports a pump as lost or stolen, you must report this to the State Agency so they can start an investigation to determine the status for continued program participation. For Multiple User Breast Pumps, you will also need to notify your supervisor or Breastfeeding Coordinator to assure the appropriate action is taken and any necessary statements are collected.

Begin by updating the participant's file by checking the "Referred to State" box on the Breast Pump Issuance and Return Screen. Note all statements and documentation in HANDS, and then notify the Breast Pump Logistics Coordinator.

Once a participant is under investigation, they will be on a monthly benefit Issuance until a personal statement or police report is received or until informed otherwise by the State Agency.

It is also important to verify the participant phone number at every visit as this is how the State Agency will remain in contact with them. Here is an example of a note you will see from the State Breast Pump Logistics Coordinator when a participant is under investigation. It is important to check the notes prior to benefit issuance when assisting someone who is under investigation. Always follow instructions as written in the state notes.

Exceptions: Overdue Pumps

The screenshot shows the 'Notes' tab for a client named ST. PUMP, BABY. A red box highlights a 'STAFF ALERT' note. A blue callout box points to the 'Notes' tab with the text 'Check the Family File for Staff Alerts'.

Date	Client	Note Type	Note	Created By
	15101426880: ST. PUMP, BABY		STATE WIC OFFICE BP CASE - State attempted to call AR re overdue pump, telephone listed is the wrong #. If AR returns to WIC without the pump, please call the State Breast Pump Logistics Coordinator. Please issue only monthly FBs until the pump has been returned.	BHARTLEY

For pumps that are overdue because the participant fails to renew their rental or return the pump by the due date, Local Agencies must contact the participant (or alternate contact, if necessary) by phone within 30 days of the pump return due date.

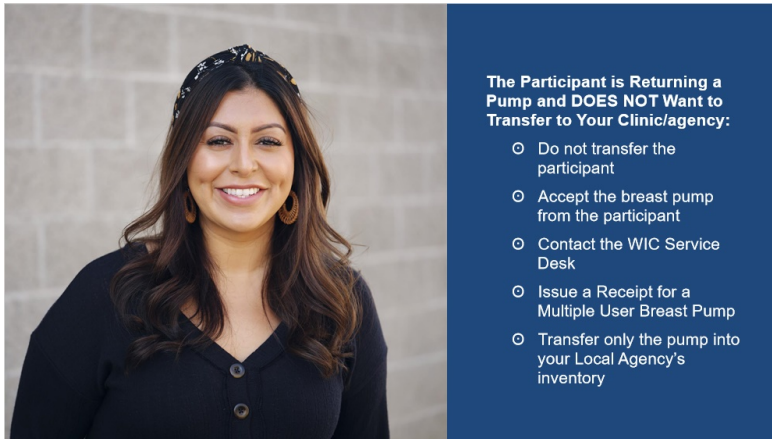
If attempts do not result in the return of the breast pump or a new signed release form, the participant will be placed on monthly food benefit issuance. Food benefits should never be withheld in order to retrieve a pump. It is always important to verify and update the phone number in all overdue pump cases.

Once the pump has been returned, the participant will resume normal benefit pick-up.

If a participant with an overdue pump is no longer in an active certification or is unreachable by phone and letter attempts, they will be referred to the State Breast Pump Logistics Coordinator.

Make sure to check the family file for staff alerts from the State office. The notes from the State Breast Pump Logistics Coordinator will be in red and will provide instructions on how to handle each overdue pump situation.

Exceptions: Transfers



At times, participants will return breast pumps to local agencies where they did not check out the pump. What do you do with the pump? The answer is, “it depends.” There are two scenarios that will arise when a pump is being returned to a Local Agency but is not the home agency.

Let’s look at how we handle each situation.

If the participant is returning a pump and WANTS to transfer to your clinic, transfer the participant, accept the breast pump from the participant, then document the pump’s return in the Breast Pump Issuance and Return Screen. Issue a Receipt for a Multiple User Breast Pump and retain the pump for your Local Agency’s use.

Note, the pump will transfer with the participant. Once they are transferred into your clinic, you can proceed with usual services!

If the Participant is returning a pump and DOES NOT want to transfer to your clinic/agency, do not transfer the participant but accept the breast pump from the participant. Contact the WIC Service Desk with the pump serial number, Family ID number and Participant Name, if available. Issue a Receipt for a Multiple User Breast Pump and transfer only the pump into the current Local Agency inventory.

Course Summary



Throughout this Breast Pump Training course, we took a deep dive into the processes involved in supporting our breastfeeding participants and their pumping needs. Let's reflect on all we learned. We have covered:

- Essential breast pump information
- Choosing the right pump
- Breastfeeding assessment and support
- Breast pump education
- Breast pump documentation
- Breast pump returns, and
- Extensions and exceptions

The intention of this training is to provide you with the tools and knowledge to feel successful as you work with breast pumps in the Arizona WIC program.

It is important to note that this a training based on State level policies and procedures. Please check with your local agency for practices specific to your site. Always follow your Local Agency policies and procedures and be sure to reach out to your supervisor or your training or breastfeeding coordinator if you need further information.

Click 'Continue' to complete the course.

Congratulations



Congratulations!

You've completed the Breast Pump Training Course! Thank you for your efforts in helping to bring breastfeeding support to all our WIC participants.

You've already received credit for completing this course so feel free to close this window and return to the LMS.