

Staff Checklist for Issuing Hospital-Grade Breast Pumps for Medical Necessity

- Trained staff, who have completed the electric breast pump training, are responsible for issuance and follow-up of loaned breast pumps. Pumps are not issued prenatally.
- Initial and date each item as this checklist is completed with the client. Place copy in client's chart.
- Any items completed by Healthy Babies, Happy Moms, Inc. (HBHM) should have HBHM listed in the checked area.

ASSESSMENT AND PRE-APPROVAL:

- _____ 1. Complete **Hospital-Grade Electric Breast Pump Flow Chart**. If client qualifies for a rental breast pump, continue with this checklist.
- _____ 2. Email State Breastfeeding Coordinator (SBC) with participant's name, WIC ID number, name of client's insurance, and reason for medical necessity for pre-approval.
- _____ 3. Fax WIC-23BP to Participant's qualified medical professional for completion.
- _____ 4. Fax a copy of the completed WIC-23BP to the SBC for approval. If SBC is not available contact WIC Chief, or WIC client services manager for approval. Add written approval to file.

UPON RECEIVING APPROVAL:

- _____ 1. Fax or email the **Request for Breast Pump Rental** to HBHM. HBHM will call to confirm they have received faxed or emailed form.
- _____ 2. Schedule pump instruction and pick-up date with participant, unless pump was already delivered by HBHM.
- _____ 3. Confirm delivery date of pump to agency/participant.
- _____ 4. Document everything above on RIWEBS.

ISSUANCE OF PUMP: (to be done at LA, or in home by HBHM)

- _____ 1. Determine correct size of breast shield.
- _____ 2. Instruct client to wash hands before pumping.
- _____ 3. Show client how to connect the attachment kit to the electric pump and how to adjust suction setting. Have client perform demonstration, to verify understanding.
- _____ 4. Review cleaning instructions. Include manufacturer's recommendations.
- _____ 5. Adjust suction if necessary. Explain that pump should be used only to comfort level. Review vacuum adjustment levels, if appropriate.
- _____ 6. Review pumping frequency and length of time for pumping session.
- _____ 7. Provide milk storage information and return to work information.
- _____ 8. Provide pump kit instruction booklet, if applicable.
- _____ 9. Client must read and fill-out **HBHM Client Information & Rental Agreement**. (Give *white* copy to HBHM; place *yellow* copy in participant or central file, give *pink* copy to participant.)
- _____ 10. Client must read and fill-out **Multi-User Electric Breast Pump Loan/Release Form**.
- _____ 11. Put an alert on RIWEBS indicating that a pump has been loaned and pump must be returned before infant can receive formula checks.
- _____ 12. Document in a Breastfeeding Note on RIWEBS the following information: date the pump was loaned, why pump was loaned, agency check-in plan, and expected date of return.

- _____13. Provide client with contacts of appropriate LA staff to call for help.
- _____14. Review follow-up plan and any concerns with client.
- _____15. Review protocol for lost, stolen, or damaged pump with client.
- _____16. Instruct client to call WIC office if pump is not working properly. Instruct client to stop using pump and call WIC office if experiencing any pain or discomfort.
- _____17. Instruct client to call MD/Lactation Consultant for medical questions/concerns.
- _____18. Determine date of pump return and document on both the **WIC Electric Breast Pump Log** and in client's chart. (Not to be more than 3 months from date of issuance.)

FOLLOW-UP: (as each item on this checklist is completed, initial and date)

Any time a client indicates that she is no longer fully breastfeeding, instruct client to return pump within 3 business days. Client may not receive infant formula checks until pump return. If the client cannot read the rental agreement or the release form the LA staff must read the form to them. If client does not speak English translation MUST be provided.

1-2 business days after pump loan

- _____1. Contact client by phone within 1-2 business days of initial instruction to assure pump is operating properly.
- _____2. Document on RIWEBS made/attempted phone call and additional information about contact.

Bi-weekly (initial this each month that client has the pump in her possession)

- _____1. Follow-up shall continue by telephone at least bi-weekly.
- _____2. Verify in phone call that client is still fully breastfeeding, and medical need still exists.
- _____3. Document on RIWEBS that phone call was made/attempted and additional information about contact.

Each check pick-up (initial this each time the client comes in for check pick-up and pump is in her possession). Client should be instructed to bring pump with her at each check pick-up visit. ♦

- _____1. Verify that client is still fully breastfeeding.
- _____2. Complete a Breastfeeding Note on RIWEBS after meeting with client.

RETURN:

- _____1. Plug pump in, to ensure it is in good working order and assess pump for damage.
- _____2. Document return date on both the **WIC Electric Breast Pump Log** and in client's chart.
- _____3. Complete a Breastfeeding Note in RIWEBS indicating that pump has been returned.
- _____4. Remove the alert about the breast pump from the system.
- _____5. Email SBC with client name, WIC ID and information that pump has been returned.
- _____6. Fill-out Client Receipt on **WIC Electric Breast Pump Loan/Release Form**. Make a copy of form (with receipt filled-out) and place in client's chart. Give receipt to client for her records.
- _____7. Notify HBHM that pump has been returned.
- _____8. Place pump in designated safe, locked location for breast pump storage.

♦ If client does not show up for her quarterly check pick-up, pump is considered lost. Please refer to procedure manual for lost pump procedures.