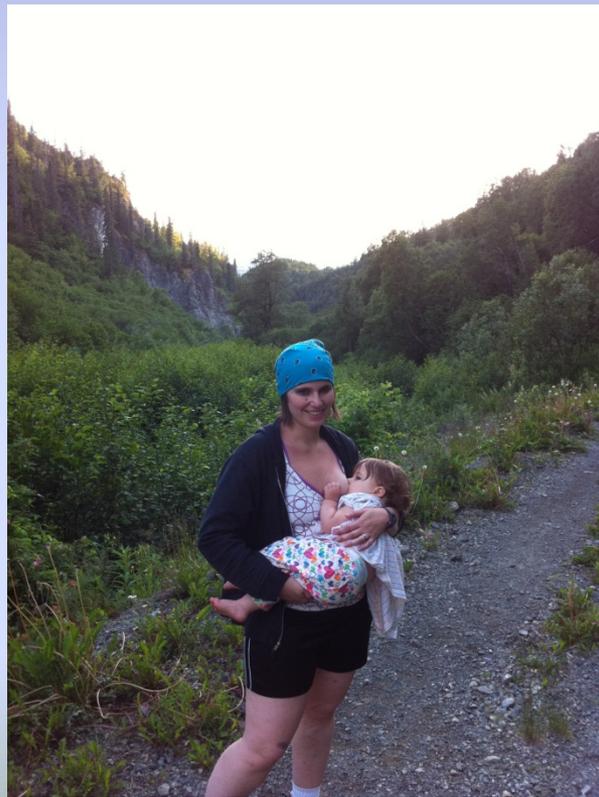


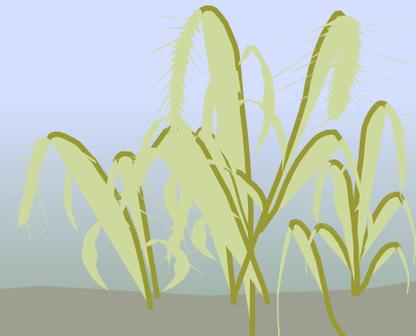
# *Breastfeeding & WIC*





# *Breastfeeding: A WIC Priority*

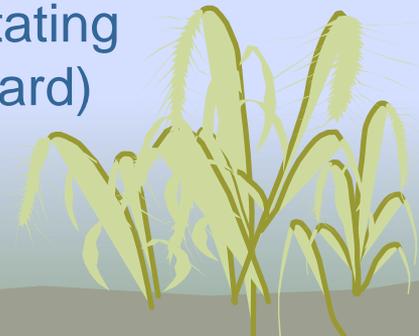
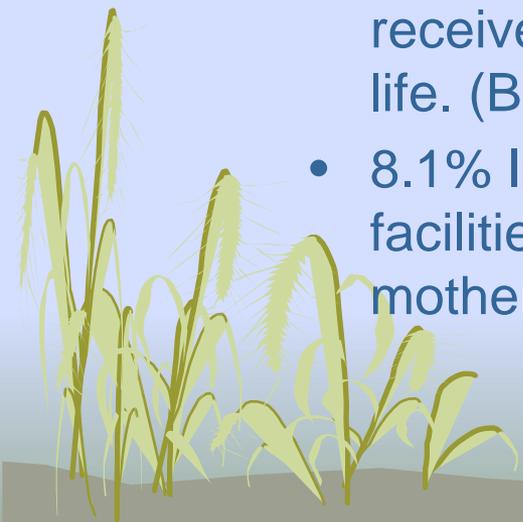
- Improves health outcomes for infants
- Improves health outcomes for mothers
- Reduces health care costs
- Make sure all staff are trained
- Suggested training: USDA Glow & Grow
- <http://lovingupport.nal.usda.gov/content/grow-and-glow-wic>





## *Healthy People 2020 Objectives*

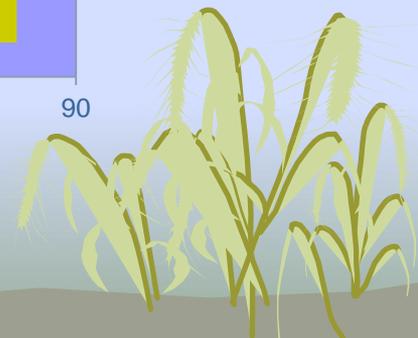
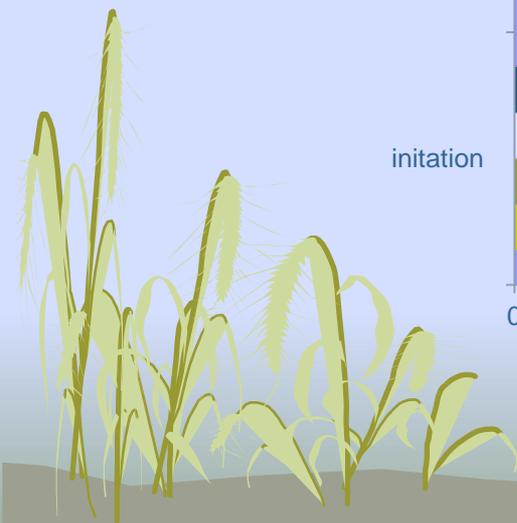
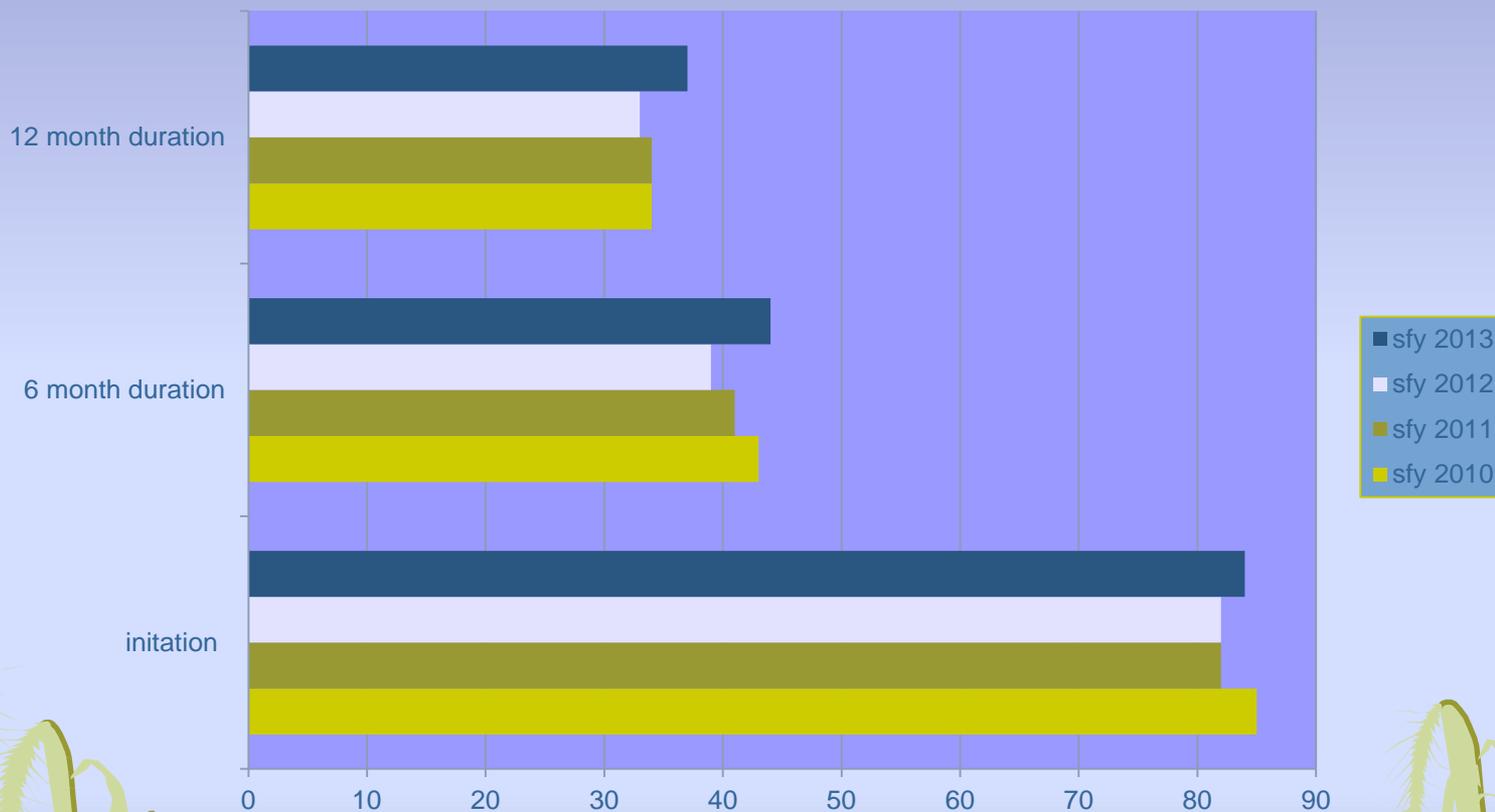
- 81.9% initiation of breastfeeding (AK WIC 84%)
- 60.6% duration at 6 months (AK WIC 44%)
- 34.1% duration at 1 year (AK WIC 37%)
- 46.2% Exclusively through 3 months (46.6% BF Report Card)
- 25.5% Exclusively through 6 months (BF Report Card 21%)
- 38% increase the proportion of employers that have worksite lactation support programs.
- 14.2% Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life. (BF Report Card 14.5%)
- 8.1% Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies. (21.71% BF Report Card)





# SFY 2009-2013 WIC Breastfeeding Rates

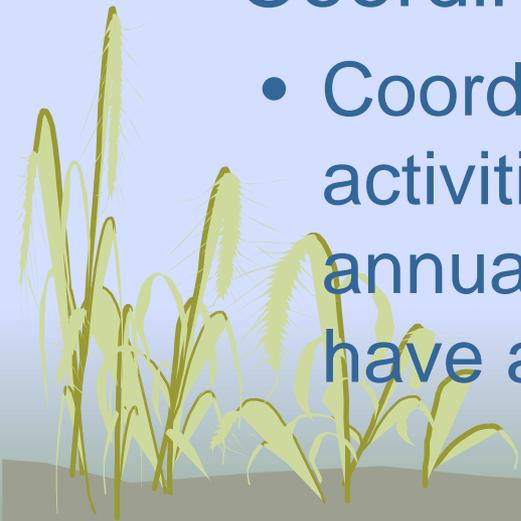
## Breastfeeding Rates 2010-2013





# *Clinic Breastfeeding Policies*

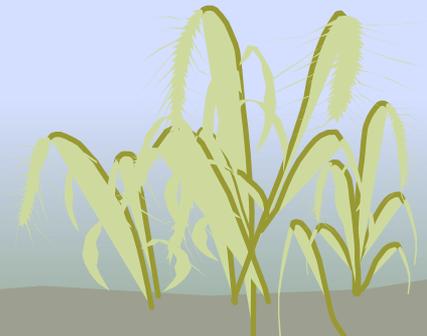
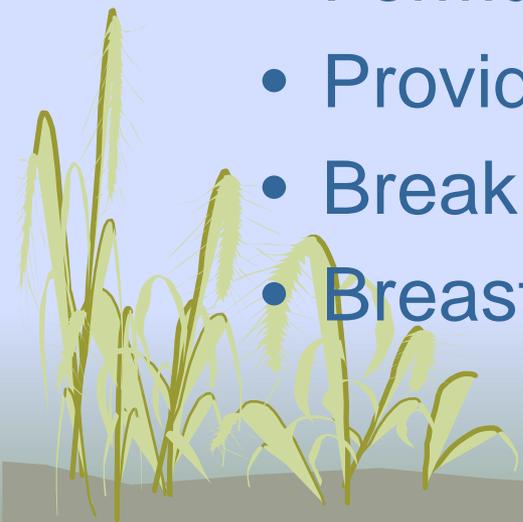
- Breastfeeding = provision of mother's milk on an average of one time per day
- Each agency must have a designated staff person as the Breastfeeding Coordinator
  - Coordinates bf promotion & support activities, training for new staff and annually for all staff, ensure all women have access to bf education & support





# *BF Friendly Environments*

- WIC Clinic environment should promote & support clients & employees' breastfeeding goals:
  - Posters, pictures, magazines, books
  - Formula manufacturers
  - Provide private space to BF if requested
  - Break times
  - Breast pumps/kits



# *BF Friendly Environments*



# Breast Pumps

Type	Examples	Type of Use
Convenience	<ul style="list-style-type: none"> <li>• Hand Expression</li> <li>• Manual Pumps</li> <li>• Pedal Pump</li> </ul>	<ul style="list-style-type: none"> <li>• Occasional separation from baby</li> <li>• Used no more than 8 times per week</li> <li>• Temporary or short term use</li> </ul>
Work or School	<ul style="list-style-type: none"> <li>• Personal-use Double Electric*</li> </ul> <p>(Medela Pump- In-Style)</p>	<ul style="list-style-type: none"> <li>• Used 9 or more times per week</li> <li>• Plans to pump for a few months</li> <li>• Attending school/work more than 20 hours per week or less frequently with an inflexible schedule</li> <li>• Mothers with a well-established milk supply</li> </ul>
Medical Need	<ul style="list-style-type: none"> <li>• Hospital-grade Double Electric</li> </ul> <p>(Medela Lactina)</p>	<ul style="list-style-type: none"> <li>• Frequent use</li> <li>• To bring in or increase milk supply</li> <li>• To maintain milk supply</li> <li>• Long or short term use</li> <li>• Mother whose baby is not nursing</li> <li>• Mother with severe, recurrent engorgement</li> <li>• Mother with very sore nipples</li> <li>• Mother that has had breast surgery</li> <li>• Mother that is relactating</li> <li>• Mother that needs to pump and dump</li> </ul>

\* Clients living in remote areas of the state or that are homeless may be candidates for personal-use double electric pumps in lieu of hospital-grade double electric breast pumps. For guidance see "Type of Use" for the hospital-grade pumps to determine if this type of pump is appropriate for clients living in remote areas of the state or that are homeless. This policy should be implemented on a case-by-case basis and approved by the clinic breastfeeding specialist, WIC Coordinator/assistant or designee. Special emphasis should be placed on educating the client that use of the pump is for an individual and there are risks associated with loaning personal -use double electric pumps to other women such as cross-contamination and poorly working pumps. Receiving a personal-use double electric pump is a onetime only occurrence in the WIC program and clients should be made aware of this stipulation through the use of the Breast Pump Loan Agreement located at the end of this policy.

# Breast Pump Loans

## Alaska WIC Breast Pump Loan & Release Agreement WIC Clinic \_\_\_\_\_

The WIC Program is extremely pleased with your decision to provide your infant with breast milk. In order to borrow a pump or be issued a single-user pump, you must agree to abide by this Loan and Release Form Agreement.

### WIC Participant Information

Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Infant's DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address \_\_\_\_\_  
*Last First*

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Additional Contact Person's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

.....  
Breast Pump Issued \_\_\_\_\_ Pump Serial Number \_\_\_\_\_ OR \_\_\_\_\_ State Tag Number

- Electric Breast Pump  
 Pump In Style

Reason for Issuance:  Back to Work/School  Increase Milk Supply  NICU  Other

Check as appropriate:

- For Single User Electric Pumps Only:* I understand that I will be issued only one single-user electric pump while on the Alaska WIC Program. I understand that I should not loan out or sell this pump.
- I have received and understand instructions for operating this breast pump including how to properly close the case. I am able to operate this breast pump without assistance.
- I have inspected this breast pump and agree that it is in good condition.
- I have received and understand instructions for cleaning this breast pump.
- I agree to follow the instructions for operating and cleaning this breast pump.
- I understand that the WIC Program, or its representatives, cannot be held responsible for any personal damage caused by the use of this breast pump. I release the WIC Program from any liability regarding my use of this breast pump.
- I understand this breast pump is a loan from the WIC Program, and that it is loaned to me on a priority basis. I may be required to return it for use by a higher priority WIC participant. I agree to return the breast pump on (date) \_\_\_\_\_ or sooner, if requested or if I am not using it on a daily basis.
- I understand that I must return the breast pump undamaged and clean or be subject to a financial penalty of \$565.00. If I don't return the loaned electric breast pump, the state may use other types of legal options to collect payment, including small claims court, which could result in **Permanent Fund Dividend (PFD) garnishment**.
- I understand that this breast pump must not be removed from the local area without special permission.

**Our supplies are limited so please return the breast pump, when you no longer need it. THANK YOU.**  
*The WIC Program reserves the right to schedule monthly appointments, call you to check on the pump and may issue vouchers on a monthly basis while the pump is on loan.*

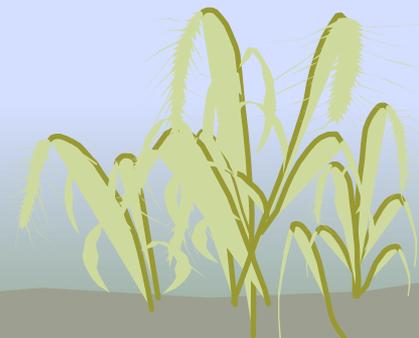
WIC Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Breast pump Returned Date \_\_\_\_\_

WIC Representative Signature \_\_\_\_\_ Date \_\_\_\_\_



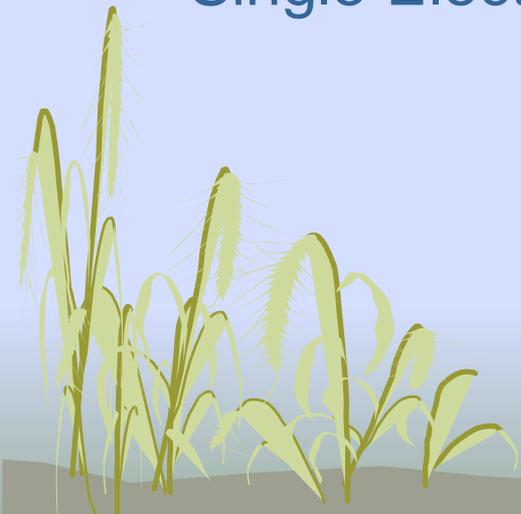
# *Tracking Electric Breast Pumps*

- Set up tracking log for electric breast pumps (SPIRIT)
- Call or visit with client monthly
- Send a series of 2 letters if client is not bringing back pump
- Paper work and follow up information to the State Office WIC if pump is not retrieved



# *Other Breastfeeding Items*

- Vitamin D
- Nipple shields
- Nipple shells
- Harmony Pumps
- Single Electric



# *Questions?*

