Staff Checklist for Issuing Hospital-Grade Breast Pumps

- Trained staff, who have completed the electric breast pump training, are responsible for issuance and followup 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.

| ASSESSMEN | Т: |
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| | Complete Hospital-Grade Electric Breast Pump Flow Chart. If client qualifies for rental breast pump, continue with this checklist. |
| | 2. Determine if client needs a collection kit. |
| <u></u> | 3. Schedule pump instruction and pick-up date with participant. Pick-up date should be ≤ 2 weeks before participant returns to work/school, unless the State Breastfeeding Coordinator (SBC) has permitted the pump to be loaned earlier. Participant must be able to pick-up pump within 3 business days of delivery to agency. |
| | 4. Fax or email the Request for Breast Pump Rental to Healthy Babies, Happy Moms Inc. (HBHM). HBHM will call to confirm they have received faxed or emailed form. |
| | 5. Email SBC with participant name, WIC ID, name of client's insurance, and date of return to work/school. |
| | 6. Confirm delivery date of pump to agency. |
| | 7. Document everything above on RIWEBS. |
| ISSUANCE O | F PUMP: (complete the following steps when mom is at clinic to pick-up pump) |
| - - | 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 appropriate. 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 <i>white</i> copy to HBHM; place <i>yellow</i> copy in participant or central file, give <i>pink</i> 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. |
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| 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 beyond date of baby's first birthday.) |
| y time a client i | s each item on this checklist is completed, initial and date) ndicates that she is no longer fully breastfeeding, instruct client to return pump within 3 ent may not receive infant formula checks until pump return. |
| business days 1. | after pump loan 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. |
| onthly (initial th | nis each month that client has the pump in her possession) Follow-up shall continue by telephone at least monthly. |
| 2. | Verify in phone call that client is still fully breastfeeding. |
| 3. | Document on RIWEBS that phone call was made/attempted and additional information about contact. |
| - | up (initial this each time the client comes in for check pick-up and pump is in her t should be instructed to bring pump with her at each check pick-up visit. Verify that client is still fully breastfeeding. |
| 2. | Complete a Breastfeeding Note on RIWEBS after meeting with client. |
| TURN: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 on 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. |
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