

# Breastfeeding Update



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# Agenda



- World Breastfeeding Week Celebrations
- Milk Storage Tear Offs
- Chapter 2 Changes
- Chapter 19 Changes
- Weights for newborns

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# WBW Celebrations

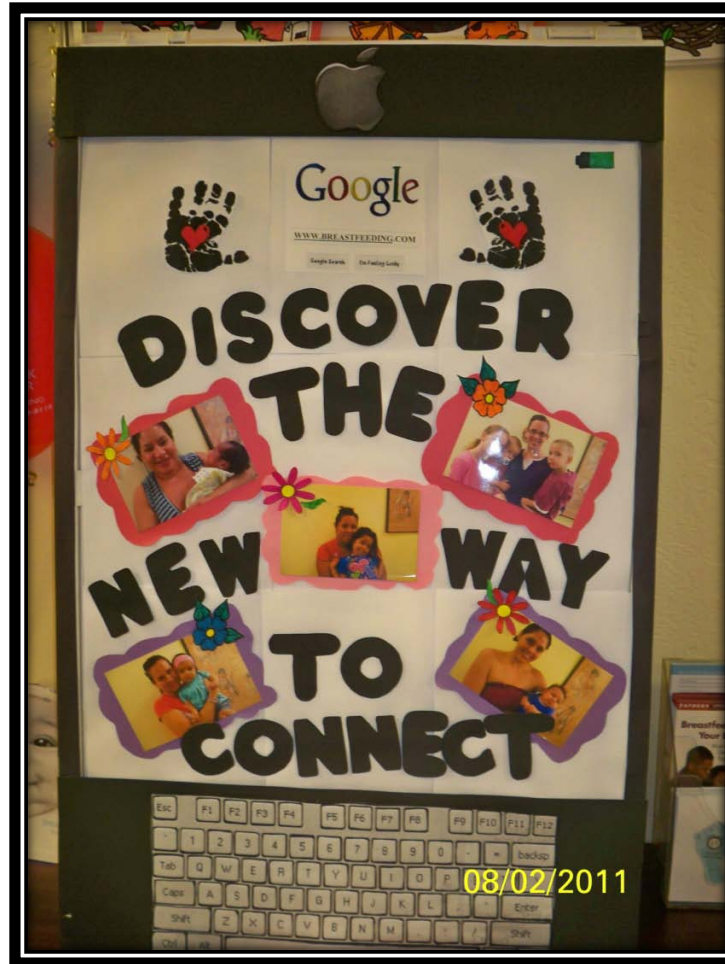


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# World Breastfeeding Week



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# Milk Storage Tear-Offs


- WSCA worked with pump vendors to develop milk storage guidelines
- Consistent with *Keep it Simple* guidelines
- USDA is reviewing
- LAs will be notified when they are available for distribution

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# Tear-off sheets



Western States Contracting Alliance

## WSCA Breastmilk Storage Guidelines<sup>1</sup> 2011

These guidelines are for healthy full-term babies—babies born near their due date<sup>2,3</sup>

	Counter top or table	Refrigerator	Freezer with separate door	Freezer compartment within a small refrigerator <sup>4</sup>	Cooler with frozen ice packs
Temperature Ranges <sup>4</sup>	60-65° F (16-29° C)	39° F (4° C)	24° F (-4° C)	5° F (-15° C)	59° F (15° C)
Freshly Pumped Breastmilk	5 hours	5 days	5-6 months	2 weeks	24 hours
Freshly Pumped Breastmilk <i>(Pumped and held under very clean conditions and cooler temperatures)</i>	Up to 6 hours	Up to 6 days	6-12 months	2 weeks	24 hours
Thawed Breastmilk <i>(Previously frozen)</i>	1-2 hours	24 hours	Never re-freeze thawed breastmilk	Never re-freeze thawed breastmilk	Don't store
Thawed breastmilk <i>(Previously frozen—Pumped and held under very clean conditions and cooler temperatures)</i>	3-4 hours	24 hours	Never re-freeze thawed breastmilk	Never re-freeze thawed breastmilk	Don't store


There are many different milk storage guidelines. Talk with your WIC staff, peer counselor or lactation specialist about which storage guidelines will work best for you and your baby.

<sup>1</sup> Adapted from Health and Human Services [womanhealth.gov](http://www.womanhealth.gov). "Breastfeeding." Last modified August 2010. <http://www.womanhealth.gov/breastfeeding/>;

<sup>2</sup> Storage times and temperatures may vary for premature or sick babies. Check with your health care provider.

<sup>3</sup> Academy of Breastfeeding Medicine Protocol #8 Human milk storage information for home use for full-term infants (2010).

<sup>4</sup> Indicate maximum temperature unless otherwise noted.



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## WSCA Breastmilk Storage Guidelines<sup>1</sup> 2011

Congratulations on your commitment to providing breastmilk to your baby.

### Storing Breastmilk

- Wash bottles and pumping supplies in hot soapy water or in the dishwasher.
- Wash your hands before handling your breastpump kit and starting a pumping session.
- Breastmilk can be stored in clean glass or BPA-free<sup>2</sup> plastic bottles with tight fitting lids.
 

**Note—** You can also use special breastmilk storage bags, which are made for freezing breastmilk. Don't use disposable bottle liners or other plastic bags to store your breastmilk.

<sup>2</sup>Ask your WIC staff or health department about BPA-free bottles.

### After each pumping session

- Put the date on the container. If you are giving the breastmilk to your childcare provider put your child's name on it.
- Gently swirl the container to mix the breastmilk. It is normal for breastmilk to separate.
- Refrigerate or chill your milk after you pump it.
 

**Note—** Don't store milk on the shelves of the refrigerator door.

### Tips for freezing milk

- Leave an inch or so of space at the top of the container because milk will expand as it freezes.
- Store milk in the back of the freezer. Don't store milk on the shelves of the freezer door.
- Chill freshly pumped milk before adding it to frozen milk.<sup>3</sup>

### Tips for thawing and warming milk

- Use the oldest stored milk first.
- Breastmilk does not need to be warmed. It can be served at room temperature or cold.
 

**Note—** If you do warm your milk, swirl it (*don't shake it*). Test the breastmilk temperature by dropping some on your wrist. It should be slightly warm.
- Thaw frozen milk in the refrigerator overnight or under warm running water. You can also thaw milk in a container of warm water.
- Never put breastmilk in the microwave. Microwaving creates hot spots, which can burn your baby's mouth.
- Use thawed breastmilk within 24 hours. Never refreeze thawed breastmilk.

<sup>1</sup> Adapted from Health and Human Services [womanhealth.gov](http://www.womanhealth.gov). "Breastfeeding." Last modified August 2010. <http://www.womanhealth.gov/breastfeeding/>;

<sup>2</sup> Human Milk Banking Association of North America, 2011.

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# Emergency Pump Issuance

This should only be a rare occurrence

## Examples

- NICU mom from out of town
- Your agency serves her hospital discharged with non-latching baby
- Mom walks in with an urgent need



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# Emergency Pump Issuance

## Visiting Agency

- Issue pump to participant
- Fax signed pump loan form to home agency
- Record it in pump log as transfer
- File pump loan acknowledgement in pump log

Pump loan form

Pump loan acknowledgement

- Fax signed pump loan acknowledgement to Visiting Agency and State
- File loan form with agency pump records and make note in AIM
- Responsible for retrieval
- Takes ownership of pump

## Home Agency

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# Hospital Grade Pump Loan

**Arizona WIC Program**  
**Hospital-Grade Double Electric Breast Pump Release Form**

Participant's Name (Mom): \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Alternate Contact Person: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Family ID: \_\_\_\_\_

I am currently enrolled in the Arizona WIC Program and will continue enrollment by keeping my WIC appointments.

I understand that it is my responsibility to inform the WIC clinic of any change of address or phone number.

I have received instruction on assembly, use, disassembly, and cleaning of the breast pump and the storage and handling of expressed breast milk.

I understand that the Arizona Department of Health Services, the Arizona WIC Program, and its employees are not responsible for any personal damage caused by the use of this breast pump. I am the only one responsible.

I understand that it is my responsibility to protect the breast pump from theft and loss. I will handle the breast pump with care. I will keep the breast pump in a secure area at all times.

I understand that, if the breast pump breaks or malfunctions, I must return the pump to the WIC clinic for replacement or repair.

I understand that this breast pump is for my use only. I will not loan or sell this breast pump to any one. I understand that loaning or selling this breast pump is a crime and will result in the reimbursement of the breast pump cost and/or criminal prosecution.

I understand that this breast pump is the property of the Arizona WIC Program and, as State property, I must return it to the WIC clinic by the due date or pay the WIC Program back for the cost of the pump (up to a maximum of \$400.00).

WIC Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Issuer (WIC Staff): \_\_\_\_\_ Title: \_\_\_\_\_  
Date to be returned: \_\_\_\_\_ Date issued: \_\_\_\_\_  
Issuing Local Agency/Clinic: \_\_\_\_\_ Breast Pump Serial Number: \_\_\_\_\_  
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This section for pump transfers only:  
Agency Acknowledgment of Transfer: \_\_\_\_\_  
Date Sent to Issuing Agency: \_\_\_\_\_

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# Personal Pump Issuance

**Arizona WIC Program  
Personal-Use Double Electric Breast Pump Release Form**

	I have received instruction on assembly, use, disassembly, and cleaning of the breast pump and the storage and handling of expressed breast milk.
	I understand that the Arizona Department of Health Services, the Arizona WIC Program, and its employees are not responsible for any personal damage caused by the use of this breast pump. I am the only one responsible.
	I understand that it is my responsibility to protect the breast pump from theft and loss. I will handle the breast pump with care. I will lock the pump in my car when traveling, either in the trunk or out of sight. I will keep the breast pump in a secure area at home.
	I understand that this breast pump is for my use only. I will not loan or sell this breast pump to anyone. I understand that loaning or selling this breast pump is a crime and will result in the reimbursement of the breast pump cost and/or criminal prosecution.
	WIC Participant Signature: _____ Date: _____
	Issuer (WIC Staff): _____ Title: _____
	Date issued: _____
	Pump Serial Number: _____

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# Newborn Weights

Friendly reminder...

- Best practice is to **weigh all babies** when they come in for their initial certification visit
- This should be **documented** in AIM



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# Questions???



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