



Mothers need effective breastpumps

- Mothers should have access to clinically proven breast pumps designed to initiate, build and maintain lactation.
- At the lower reimbursement rates and absent any substantive quality standards in policy, there is nothing to ensure minimum standards of performance or reliability and nothing that addresses the variability in products.
- In order for a mother to meet the clinical recommendations of six months exclusive breastfeeding and continued breastfeeding for at least one year, lactation must be initiated, built and maintained. With the infant as the gold standard, this means that the breast pump needs to act as a replacement for an infant, thereby mimicking the volume and efficiency of milk extraction, reliably and effectively stimulating the mammary gland and removing breast milk consistently over many months.

Clinically-proven breast pump specifications include:

- An embedded breast pump suction pattern that both stimulates milk production and expression reliably over time. An infant stimulates milk ejection at the beginning of a feed by sucking rapidly, over 100 sucks/minute, before slowing to approx. 60 sucks/minute, once milk starts to flow.
- Delivery of vacuum in rhythmic cycles, and includes separate, independent controls for speed ranging 30-120+ cycles per minute.
- Large piston-driven technology or multiple pistons which safely mimics the same air displacement to create suction (vacuum) levels up to 270 mmHg.
- An expanded suction range of 90-270mmhg when double or single pumping, allowing the mother to use her maximum comfortable vacuum for the best clinical outcomes. This is the highest vacuum setting where a mother still feels comfortable during pumping, which is different for every mother.
- An automatic suction release and barrier mechanism which allows for safe operation.
- Simultaneous milk removal, to frequently and thoroughly drain both breasts.
- Ability to match the milk removal efficiency of a healthy infant, which is 80% of milk in 5 minutes.
- Options for anatomically correct and adaptable breast shield sizing. If designed poorly, breast shields can inhibit milk output and future production.
- Ability to perform reliably and consistently for at least one year.
- The breast pump is electric and is listed and approved by ETL, UL, CSA or equivalent.

All mothers should have access to effective, clinically-proven breast pumps.

Babies in California are still falling short of clinical recommendations to receive exclusive breastmilk for at least six months. In California, only 26% are given breast milk for the first six months.

While average rates of breastfeeding have increased, the rates mask the disparities in access, which directly impacts the Medi-Cal population.

Access to an appropriate, high-quality breast pumps can mean the difference between long-term breastfeeding success and early discontinuation or supplementation with formula.

<https://www.ncbi.nlm.nih.gov/pubmed/26914013>

<https://www.ncbi.nlm.nih.gov/pubmed/30208472>

Hartmann P, et. al. Importance of Vacuum for Milk Expression Breastfeed Med 3(1) 11-19
As a Class 2 Medical Device, the FDA does not affirm the ability of a breast pump to sustain breastfeeding over time.

Karen Farley, kfarley@calwic.org, (916) 572-0700
Sarah Diaz, sdiaz@calwic.org | Terri Cowger-Hill, terricowger@aol.com