

BREAST PUMP SELECTION CRITERIA

Feeding at the breast is the ideal method of infant feeding. For a baby that cannot breastfeed, milk expressed from his/her mother’s breast is the next best option (UNICEF, 2002). Clinical consultation with an International Board Certified Lactation Consultant (IBCLC) or a clinician trained in lactation management is recommended to effectively assess and resolve “Special Situations.” Mothers should receive instruction and follow-up in how to properly utilize electric breast pumps to ensure success.

Type of Use	Manual Pump	Personal Electric Pump	Rental-Grade Electric Pump
Occasional Use (night out, part-time work)	X	X	
Daily Pumping established milk supply and breastfeeding when with child (full-time work or school)		X	X
Exclusive Pumping infant not at breast / no latch (see “Special Situations” below)			X

Special Situations	Manual Pump	Personal Electric Pump	Rental-Grade Electric Pump
Initiating milk supply and unable to feed at breast			X
Low milk supply			X
Infant too premature to effectively feed at the breast			X
Infant or mother too ill to enable feeding at the breast			X
Child anatomical and/or physiologic abnormalities that diminish infant feeding (Down Syndrome, cleft lip, etc.)			X
Mother breast and/or nipple abnormalities (inverted or flat nipples, breast surgery, etc.)			X
Breast infections			X
Poor latch and/or Sore nipples and/or Engorgement	IBCLC or expert clinician evaluation required to assess cause and develop plan of correction, which may or may not include the use of a pump. Personal electric pumps not recommended for temporary use.		

These recommendations have been developed and endorsed by the Rhode Island Breastfeeding Coalition, the Physicians’ Committee for Breastfeeding in Rhode Island and the Rhode Island Department of Health for health care providers and insurers to utilize in conjunction with the standard breast pump prescription posted at <http://www.health.ri.gov/family/breastfeeding/BreastPumpPrescription.pdf>.

Bibliography

- Academy of Breastfeeding Medicine Protocol Committee. ABM clinical protocol #10: Breastfeeding the near-term infant (35 to 37 weeks gestation).
- Becker GE, McCormick FM, Renfrew MJ. Methods of Milk Expression for Lactating Women. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.:CDO06170.
- Chamberlain LB, McMahon M, Philipp BL, Merewood A. Breast pump access in the inner city: a hospital-based initiative to provide breast pumps for low-income women. *J Hum Lact.* 2006 Feb;22(1):94-8.
- Cloherly JP, Eichenwald EC, Stark AR, Manual of Neonatal Care, 6th Ed. Lippincott, Williams & Wilkins, 2006.
- Hill PD, Aldag JC. Milk volume on day 4 and income predictive of lactation adequacy at 6 weeks of mothers of nonnursing preterm infants. *J Perinat Neonatal Nurs.* 2005 Jul-Sep;19(3):273-82.
- Hill PD, Aldag JC, Chatterton RT. Effects of pumping style on milk production in mothers of non-nursing preterm infants. *J Hum Lact.* 1999 Sep;15(3):209-16.
- Jones F, Tully MR. Best Practices for Expressing, Storing and Handling Human Milk in Hospitals, Homes and Child Care Settings. 2nd Ed. HMBANA, 2006.
- Kent JC, Mitoulas LR, Cregan MD, Geddes DT, Larsson M, Doherty DA, Hartmann PE. Importance of vacuum for breastmilk expression. *Breastfeed Med.* 2008 Mar;3(1):11-9.
- Meier PP, Engstrom JL, Hurst NM, Ackerman B, Allen M, Motykowski JE, Zuleger JL, Jegier BJ. A comparison of the efficiency, efficacy, comfort, and convenience of two hospital-grade electric breast pumps for mothers of very low birthweight infants. *Breastfeed Med.* 2008 Sep;3(3):141-50.
- Meier PP, Furman LM, Degenhardt M. Increased lactation risk for late preterm infants and mothers: evidence and management strategies to protect breastfeeding. *J Midwifery Womens Health.* 2007 Nov-Dec;52(6):579-87.
- Thomas J, Marinelli KA, Hennessy M; Academy of Breastfeeding Medicine Protocol Committee. ABM clinical protocol #16: breastfeeding the hypotonic infant. *Breastfeed Med.* 2007 Jun;2(2):112-8.