

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE/ PROCEDURE

Guideline/Procedure Number: MPXG5009			Lead Department: Health Services	
Guideline/Procedure Title: Lactation Clinical Practice Guidelines			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 01/15/2014		Next Review Date: 08/09/2024 Last Review Date: 08/09/2023		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI		<input type="checkbox"/> P & T	
	<input type="checkbox"/> OPERATIONS		<input type="checkbox"/> EXECUTIVE	
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	
	<input type="checkbox"/> CEO <input type="checkbox"/> COO		<input type="checkbox"/> CREDENTIALING	
			<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT	
			<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC	
			<input type="checkbox"/> DEPT. DIRECTOR/OFFICER	
Approval Signature: Robert Moore, M.D., MPH, MBA			Approval Date: 08/09/2023	

I. RELATED POLICIES:

- A. MCCP2020 – Lactation Policy and Guidelines
- B. MPCR16 – Lactation Consultant Credentialing Policy
- C. MCUG3118 – Prenatal and Perinatal Care
- D. MCCP2021 - Women, Infant and Children (WIC) Supplemental Food Program

II. IMPACTED DEPTS:

N/A

III. DEFINITIONS:

Baby Friendly Hospital Initiative – A global initiative sponsored by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to encourage and recognize hospitals and birth centers that offer an optimal level of care for infant feeding.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To support optimal nutrition in the healthy infant by appropriately supporting the mother’s efforts to initiate and sustain breastfeeding exclusively for about six months and with complementary foods (not formula) for at least 12 months per American Academy of Pediatrics (AAP) recommendations.

VI. GUIDELINE / PROCEDURE:

Lactation Guideline / Procedure

A. General Breastfeeding Guidelines

Introduction: Human breast milk is uniquely specific to the needs of the human infant. Partnership HealthPlan of California (PHC) and the American Academy of Pediatrics (AAP) acknowledge breastfeeding as the preferred method of infant nutrition. Research has demonstrated numerous health benefits of breast feeding. Additional to health benefits, breastfeeding also provides social, economic and environmental benefits for both mother and infant.

B. Promotion and Support of Breastfeeding

1. Lactation Education and Support Services: Each PHC county has a local Women Infants and Children (WIC) Nutrition Program that includes lactation education, support and provision of breast pumps, for low income women, including those with Medi-Cal. All pregnant members should be

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referred to WIC. Lactation support for PHC members is a shared goal and responsibility of WIC and the health delivery system provided through PHC, by the following providers:

- a. Primary care providers are encouraged to provide opportunities for members to learn about the advantages of breastfeeding through educational materials. Referrals for all pregnant patients to prenatal breastfeeding classes will ensure they have current evidence based information about breastfeeding.
- b. Prenatal care providers should specifically assess a pregnant member's knowledge and interest in breastfeeding at the first prenatal visit. Obstetrical care includes documentation of a complete breast exam and anticipatory guidance for any condition that could affect breastfeeding. Education regarding the advantages of breastfeeding should be ongoing. The pregnant members and their partners should be referred to a breastfeeding class antenatally and have access to one on one breastfeeding education prenatally and postnatally. This is especially important for members who are first time mothers or have not breastfed in the past.
- c. Comprehensive Perinatal Service Programs (CPSP): PHC strongly supports having all pregnant members receive support services provided through CPSP providers, which provide comprehensive assessments as part of their total prenatal care. CPSP providers may provide their own lactation support services or refer to other community resources to provide breastfeeding promotion, education and counseling.
- d. PHC Care Coordination: Members who are planning to breastfeed need specific resources to call for assistance with breastfeeding when indicated. Through specific programs and general case management support, PHC Care Coordination supports breastfeeding in accordance with current guidelines and evidence-based practices.
- e. Postpartum follow-up calls are made to PHC members within the first month after delivery when possible to encourage a timely postpartum visit. If needed, referrals are made for lactation assistance, support, education and information.
- f. Hospitals providing obstetrical care play a key role in supporting successful initiation of breastfeeding. Standards of care for hospitals in this area are fully outlined in the [UNICEF/WHO Baby Friendly Hospital Initiative](https://www.unicef.org/documents/baby-friendly-hospital-initiative) (<https://www.unicef.org/documents/baby-friendly-hospital-initiative>) and will also include:
 - 1) The hospital should receive information on the member's prenatal record stating the infant feeding plan. That plan should be confirmed when a woman is admitted for delivery.
 - 2) Family centered childbirth practices allowing for early mother-infant contact and breastfeeding within one half-hour of birth as well as rooming in. Hospitals are encouraged to view initiation of breastfeeding as a process accomplished over several days and offer support, assistance, and education accordingly.
 - 3) Newborns should be nursed whenever they show signs of hunger/interest approximately 8-12 times every 24 hours after the first 24 hours. Mothers can be encouraged to hold their infants even when not feeding to better assist them as they begin the process of learning and understanding their infants feeding cues.
 - 4) Members need access to qualified nursing staff to assist with initiation of breastfeeding, evaluate breastfeeding progress and to give ongoing information during the hospital stay.
 - 5) Supplements such as water, glucose water or formula should not be given to breastfeeding newborns unless there is an order from the Health Care Provider.
 - 6) Discharge planning includes the assessment of the need for follow-up with WIC, a peer counselor, the infant care office, an International Board of Lactation Consultant Examiner (IBCLC), or a home health or public health nurse visit specifically to assist the mother with breastfeeding. Whenever possible this should occur within 1-2 calendar days of discharge.

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- 7) The lactating mother leaves the hospital with a list of resources for support and assistance with breastfeeding, information on how to tell if her baby is getting enough milk, and referral to a breastfeeding support group.
- g. Infant care providers should encourage exclusive breastfeeding per AAP recommendations. Infant care providers should consider referral to a qualified lactation consultant, home health nurse or public health nurse for evaluation before suggesting supplementation with formula or cessation of lactation. Providers need to consider the mother's health and well-being when giving recommendations. If a baby needs to stop feeding at the breast, the mother may need to be provided with a breast pump and instructions on how to use it to maintain her milk supply.
- h. Home Health Nurse or Public Health Nurse Visit: All members are eligible to receive home health nurse visits or public health nurse visits after discharge from the hospital for assistance with breastfeeding. It is strongly recommended that home visiting nurses have specific training in lactation/breastfeeding support. The first mother-baby home health visit by a home health nurse does not require prior authorization and subsequent visits are easily available through the authorization process. Public health nurse visits do not require authorization and can be ordered in a variety of ways including by notation on the postpartum discharge orders at time of discharge or by contacting the local county Public Health Department.
2. Timing of Lactation Support Services: Lactation Education and Support is different in the prenatal, immediate Postpartum (in the hospital), early postpartum (from hospital discharge to 84 calendar days after delivery), and late postpartum periods (from 84 calendar days to 365 calendar days post-delivery). Lactation visits independent of the standard postpartum visits are covered by PHC.
3. Providers of Lactation support services:
 - a. Basic Lactation support services may be provided in a provider office by a medical professional as follows: Physician, a Registered Nurse (RN) or Registered Dietitian (RD) working under the supervision of a Physician, Nurse Practitioner (NP), Physician Assistant (PA), Certified Nurse Midwife (CNM), or Licensed Midwife (LM).
 - b. Certified Lactation Consultants provide more specialized lactation support. Most International Board Certified Lactation Consultants (IBCLCs) have an underlying health professional licensure (RN, RD, MD, DO, CNM, NP, PA) as well.
 - c. Lactation Educators and other lactation support staff without additional health professional licensure may provide basic lactation support services under the supervision of a PHC contracted Physician or PHC credentialed IBCLC.
4. Breast Pumps: When breastfeeding is interrupted or discontinued, the use of Breast Pumps and alternative feeding fluids may be necessary. If mother is unable to feed the baby at the breast due to a medically based separation or a physical problem of varying duration, and until resolution of any of these problems are achieved, providing a breast pump in a timely fashion is appropriate and a covered benefit.
5. Supplementation: When supplementation is necessary, consider AAP guidelines for breast milk supplementation.
6. Banked Human Milk: Banked human milk is currently not widely available, but may be helpful for specific conditions in the hospital setting. According to WIC, in their landmark publication Ramping up for Reform, "Banked human milk is provided by Medi-Cal and health insurance plans in order to provide infants, especially high-risk infants, the healthiest start in life and reduce costly health complications."
7. Active Management of Potentially Adverse Breastfeeding Situations
 - a. Active Management and Support of Breastfeeding should follow the guidelines set forth by the authorities listed in the reference section below.
 - 1) These guidelines change often as new research emerges, so providers are expected to stay informed of updated best practice guidelines.

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C. Contraindications

1. AAP Guidelines should be utilized to identify additional conditions that are contraindicated
 - a. Medications that may require temporary interruption of breastfeeding may be found utilizing AAP Guidelines; or for additional information call the Infant Risk Center at 806-352-2519.

D. Education Materials for PHC Members

Educational materials may be helpful for parents. They are readily available through your local WIC office.

E. Useful Resources

1. Sources of simplified definitions:
ACA <http://www.investopedia.com/terms/a/affordable-care-act.asp> (updated Sept. 23, 2022)
2. CPSP <http://cchealth.org/services/perinatal/>
3. FQHC <https://www.cms.gov/mlnproducts/downloads/fqhcfactsheet.pdf> (updated October 2022)
4. Bilitool www.bilitool.org
5. Medications in Mothers Milk 2021, Hale, T, Hale Publishing, L.P.
6. Breastfeeding ANSWERS Made Simple – A Guide for Helping Mothers, Mohrbacher, N., 2012 Hale Publishing, L.P.
7. Red Book: 2021-2024 Report of the Committee on Infectious Disease, 32nd Edition, American Academy of Pediatrics, January 2021

VII. REFERENCES:

- A. American Academy of Pediatrics, Clinical Practice Guideline. <https://pediatrics.aappublications.org/content/pediatrics/129/3/3827.full.pdf>
- B. Affordable Care Act, Section 4106a, Women's Health Preventive Services,
- C. Infant Risk Center: Call 806-352-2519
- D. CA WIC Association: Ramping up for Reform-Quality Breastfeeding Support in Preventive Care. http://www.calwic.org/storage/documents/bf/2012/Ramping_up_for_Reform-WIC_Breastfeeding_Toolkit_2012.pdf
- E. Department of Health and Human Services/Center for Medicaid and CHIP Services
- F. Medicaid Coverage of Lactation Services. CMS Bulletin
- G. U.S. Preventive Services Task Force (USPSTF), Breastfeeding: Primary Care Interventions (Oct. 25, 2016) <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breastfeeding-primary-care-interventions>

VIII. DISTRIBUTION:

- A. PHC Department Directors
- B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X. REVISION DATES:

Medi-Cal

02/17/16; 04/19/17; *03/14/18; 05/08/19; 06/10/20; 08/11/21; 08/10/22; 08/09/23

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

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PREVIOUSLY APPLIED TO:

HealthyKids MPXG5009 (Healthy Kids program ended 12/01/2016)
02/17/16 to 12/01/2016

PartnershipAdvantage
MPXG5009 – 01/15/2014 to 01/01/2015