PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

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Business Unit: Quality Improvement</td></tr>
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<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 08/12/2026</td></tr>
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I. RELATED POLICIES:

A.

A. MPCR16 – Lactation Consultant Credentialing Policy
B. MCUG3118 – Prenatal and Perinatal Care
C. MPNP9006 – Doula Services Benefit
D. MPNP9007 – Lactation Policy and Guidelines
E. MPNP9008 - Women, Infant and Children (WIC) Supplemental Food Program
F. MCUP3013 Durable Medical Equipment (DME) Authorization

II. IMPACTED DEPTS:

A. N/A

III. DEFINITIONS:

A. 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 efforts to initiate and sustain breastmilk feeding exclusively for about six months and with complementary foods (not formula) for at least 12 months per American Academy of Pediatrics (AAP) recommendations. Per All Plan Letter (APL) 26-005, Maternity Services for Pregnant and Postpartum Medi-Cal Members, lactation services and supplies are covered preventive services and are provided without cost sharing to the member.

VI. POLICY / 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 (Partnership) and the American Academy of Pediatrics (AAP) acknowledge breast milk feeding as the preferred method of infant nutrition. Research has demonstrated numerous health benefits of breast milk feeding. Additional to health benefits, breast milk feeding also provides social, economic, and environmental benefits for both parent and infant. Services shall be coordinated

across providers to support continuity of care consistent with 42 CFR § 438.208.

B. Promotion and Support of Breast Milk Feeding
   1. Lactation Education and Support Services: Each Partnership county has a local Women Infants and Children (WIC) Nutrition Program that includes lactation education, support, and provision of breast pumps for low-income individuals, including Partnership members. All eligible pregnant and postpartum members should be referred to WIC. Lactation support for Partnership members is a shared goal and responsibility of WIC and the health delivery system provided through Partnership, by the following providers and support services:
      a. Primary care providers (PCPs) are encouraged to provide opportunities for members to learn about the advantages of breastfeeding through educational materials. Referrals for pregnant and postpartum members to-breastfeeding breast milk feeding classes during and after pregnancy will ensure they have current evidence-based information about breast milk feeding. Providers should document education and referrals provided.
      b. Prenatal care providers should specifically assess a pregnant member's knowledge and interest in breastmilk feeding 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 breast milk feeding should be ongoing. The pregnant members and their partners should be referred to a breast milk feeding class antenatally and have access to one on one breast milk feeding education prenatally and postnatally. This is especially important for members in their first pregnancy who have not breastfed in the past. All assessments and education shall be documented in the medical record.
      c. Comprehensive Perinatal Service Programs (CPSP) and Partnership Health Perinatal Services Programs (PHPS): Partnership strongly supports having all pregnant members receive support services provided though Perinatal Services providers, which provide comprehensive assessments as part of their total prenatal care. CPSP/Perinatal Services Providers may provide their own lactation support services or refer to other community resources to provide breast milk feeding promotion, education, and counseling.
      d. Doulas are recognized Medi-Cal providers who may offer various types of support, including lactation support, education, and care coordination. For more details, refer to Partnership policy MCNP9006 Doula Services Benefit.
      e. Partnership Population Health: Through specific programs and general case management support, Partnership Population Health supports breastfeeding in accordance with current guidelines and evidence-based practices. Members who are planning to breastfeed and need specific resources are encouraged to call for assistance with breast milk feeding when wanted.
      f. Postpartum follow-up calls are made to Partnership members within the first month after delivery when possible to encourage a timely postpartum visit. If needed, referrals are made for lactation or newborn feeding assistance, support, education, and information.
      g. Hospitals providing obstetrical care play a key role in supporting successful 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) 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 birthing person is admitted for delivery.
         2) Family centered childbirth practices allowing for early parent-infant contact and breastfeeding within one half-hour of birth as well as rooming in. Hospitals are encouraged to view initiation of breast milk feeding 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. Lactating persons can be encouraged to hold their infants even when not feeding to better assist them as they begin the process of learning and understanding feeding cues.
4) Members need access to qualified nursing staff to assist with initiation of breastfeeding, evaluation of breastfeeding progress, and providing ongoing information to manage common difficulties during the hospital stay.
5) Supplements such as water, glucose water or formula should not be given to breast milk feeding newborns unless there is an order from the Health Care Provider. Parents should be counseled in the risks associated with bottles and pacifiers.
6) Coordinate discharge to ensure parents and infants have access to ongoing breast milk feeding care and support.
    a) Discharge planning includes consideration of arrangements that include follow-up with perinatal health educator, doula WIC, a peer counselor, the infant care provider office, an International Board Certified Lactation Consultant (IBCLC), or a home health or public health nurse visit specifically to assist the parent with breast milk feeding. Whenever possible this should occur within 1-2 calendar days of discharge.
7) The Birth Facility should provide lactating patients with a list of resources for support and assistance with breast milk feeding, including information on how to tell if the baby is getting enough milk and referral for breast milk feeding support resources.

h. Infant care providers should encourage exclusive breast milk feeding per AAP recommendations. Infant care providers should consider referral to a lactation counsellor / educator, certified lactation consultant, doula, licensed midwife, home health nurse or public health nurse for evaluation before suggesting supplementation with formula or cessation of breast milk feeding. Providers need to consider the birthing parent's health and well-being when giving recommendations. If a baby needs to stop feeding at the breast, the lactating parent may be provided with a breast pump and instructions on how to use it to maintain milk supply.
i. Home Health Nurse or Public Health Nurse Visit: All members who are eligible to receive home health nurse visits or public health nurse visits after discharge from the hospital for assistance with breastfeeding will be offer these services. It is strongly recommended that home visiting nurses have specific training in lactation/breastfeeding support. The first parent-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 Partnership. Services shall be provided based on medical need and without unnecessary delay.
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. Licensed midwives may enroll in Medi-Cal as direct/billing providers and apply as a CPSP provider. See https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx for more information.
c. 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, LM, NP, PA) as well.
d. Lactation Educators, lactation counselors, and other lactation support staff without additional health professional licensure may provide basic lactation support services under the supervision of a Partnership contracted licensed medical professional (Physician, NP, PA, CNM, LM) or Partnership credentialed IBCLC.
e. Doulas may provide prenatal, peripartum and postpartum education and support

~~4.~~ Breast Pumps: Manual and electric breast pumps and breast pump supplies are covered when medically necessary and prescribed.~~- breastfeeding is interrupted or discontinued, the use of breast pumps and alternative feeding fluids may be necessary. If the lactating parent 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. Breast pumps are a covered benefit when medically necessary.~~
a. DME Providers ensure the timely delivery of DME and related supplies necessary for breastfeedingb. A Treatment Authorization Request is not required for non-hospital grade breast pumps.

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.

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 Partnership Members
Educational materials may be helpful for parents. They are readily available through ~~your~~ local WIC office, perinatal services and clinical providers.

E. Useful Resources
1. Sources of simplified definitions:
   ACA http://www.investopedia.com/terms/a/affordable-care-act.asp (updated Jan. 27, 2025)
2. CPSP https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx
3. FQHC https://www.cms.gov/mlnproducts/downloads/fqhcfactsheet.pdf (updated October 2022)
4. Bilitool www.bilitool.org
5. Hale's Medications & Mothers' Milk 2025-2026, A Manual of Lactational Pharmacology, 21st Ed., Springer Publishing

6. Breastfeeding ANSWERS Made Simple – A Guide for Helping Mothers, Mohrbacher, N., 2020, Second Edition Hale Publishing, L.P. (PDF digital edition available)
7. Red Book: 2024-2027 Report of the Committee on Infectious Disease, 33rd Edition, American Academy of Pediatrics, April 2024

VII.

A. **REFERENCES:** Department of Health Care Services (DHCS) APL 26-005 Maternity Services for Pregnant and Postpartum Medi-Cal Members (March 25, 2026 *supersedes* 00-012 and 18-022)

C. B. American Academy of Pediatrics, Clinical Practice Guideline. https://pediatrics.aappublications.org/ Affordable Care Act, Section 4106a, Women's Health Preventive Services, Infant Risk Center: Call 806-352-2519

D. California Department of Public Health: Women, Infants & Children (WIC) Breastfeeding FAQs, (Jan. 24, 2025)

E. Department of Health and Human Services/Center for Medicaid and CHIP Services Medicaid Coverage of Lactation Services. CMS Bulletin

F. U.S. Preventive Services Task Force (USPSTF) Final Recommendation Statement. Breastfeeding: Primary Care Behavioral Counseling Interventions (April 11, 2025)

G. 42 CFR § 438.206 – Availability of Services

H. 42 CFR § 438.208 – Care Coordination

I. Affordable Care Act Section 2713 – Preventive Services

VIII. DISTRIBUTION:

A. Partnership Department Directors

B. Partnership Provider Manual

IX. PERSON 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; 08/14/24; 08/13/25; 08/12/26

Partnership Advantage (effective Jan. 1, 2028)
N/A

*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.

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

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Policy/Procedure Title: Lactation Clinical Practice Guideline			☒ **External Policy** ☐ **Internal Policy**
Original Date: 01/15/2014			**Next Review Date: 08/12/2026** **08/12/2027Last Review Date: 08/12/2026**
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