



# Model Policy

## Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies

3rd Revised Edition

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## Background

Scientific evidence identifies breastfeeding as the optimal method of infant feeding. Support for breastfeeding, including lactation counseling services and breastfeeding pumps and supplies, ensures the opportunity for enhanced health for women and their children. Identified as the most compelling preventive modality available to health care providers, breastfeeding reduces the risk of several common causes of infant morbidity. Infants who are exclusively breastfed in the first six months of life (human milk only, along with needed medicine or vitamins), with complementary foods added thereafter while breastfeeding continues, demonstrate improved health and wellness as compared to their formula-fed peers. Most improved health outcomes manifest in a dose-response relationship: the greater the duration and/or exclusivity of breastfeeding, the greater the protective effect.

Breastfeeding's unique protective effect decreases the incidence of middle ear disease, diarrhea, and respiratory illnesses in the breastfed infant. Most research indicates the incidence of allergic disease, asthma, and obesity is less in infants who are breastfed. Significantly lower rates of necrotizing enterocolitis, a life-threatening bowel disorder related to prematurity, and Sudden Infant Death Syndrome (SIDS) occur among infants who are breastfed. The risk of developing chronic conditions such as childhood inflammatory bowel disease, lymphoma, leukemia, and insulin-dependent diabetes is significantly lower for breastfed infants.

Studies have shown that the benefits of breastfeeding to the mother include a reduced incidence of pre-menopausal breast cancer and pre-menopausal ovarian cancer. Newer evidence points to a reduced risk of developing Type 2 diabetes and a reduction in maternal cardiovascular disease.

The economic benefits to the family, health care system and workplace are widely published in the literature. If 90% of U.S. families could comply with the universal medical recommendation to breastfeed exclusively for six months, the United States is projected to save \$13 billion per year, including the cost of an excess 911 deaths, nearly all of which would be in infants (\$10.5 billion and 741

deaths at 80% compliance)<sup>1</sup>. A similar study estimates the maternal health burden from current breastfeeding rates both in terms of premature death as well as economic costs, showing that suboptimal breastfeeding incurs a total of \$17.4 billion in cost to society resulting from premature death, \$733.7 million in direct costs, and \$126.1 million in indirect morbidity costs<sup>2</sup>.

Current U.S. breastfeeding rates are suboptimal and result in significant excess costs and preventable infant deaths. Implementation of strategies to promote longer breastfeeding duration and exclusivity are needed to reduce health care costs and improve population health. For example, the Healthy People<sup>3</sup> 2020 goals for breastfeeding include: breastfeeding initiation at 81.9%, and duration of any breastfeeding for six months at 60.6% and for one year at 34.1%. The most recent data from the U.S. Centers for Disease Control and Prevention (2009 births) identifies national breastfeeding initiation rates at 76.9%, duration of any breastfeeding for six months at 47.2% and for one year at 25.5%. There is clearly a significant gap to be bridged to meet the nation's public health goals for breastfeeding.

Professional health care organizations universally and actively encourage the support necessary to promote successful establishment and maintenance of breastfeeding. These organizations include (but the list is not limited to) the American Academy of Pediatrics; the American College of Obstetricians and Gynecologists; the American Academy of Family Physicians; the Academy of Breastfeeding Medicine; the American Hospital Association; the Association of Women's Health, Obstetric and Neonatal Nurses; the National Association of Pediatric Nurse Practitioners; the Academy of Nutrition and Dietetics; the American Public Health Association; the International Lactation Consultant Association; the United States Lactation Consultant Association; The Joint Commission; and the Human Milk Banking Association of North America. The United States Breastfeeding Committee (USBC), a multi-sectoral, nonprofit coalition comprised of federal government agencies, non-governmental

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<sup>1</sup> Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics*. 2010;125(5):e1048-e1056.

<sup>2</sup> Bartick MC, Stuebe AM, Schwarz EB, Luongo C, Reinhold A, Foster EM. Cost analysis of maternal disease associated with suboptimal breastfeeding. *Obstet Gynecol*. 2013;122(1):111-119.

<sup>3</sup> Healthy People provides a framework for health promotion and disease prevention for the nation and is designed to identify the most significant threats to public health and establish national goals to help reduce these threats.

organizations, and health professional associations, serves as a national collective voice for supporting breastfeeding as a public health imperative.

Federal government agencies continue to offer significant data and documentation recognizing breastfeeding as a public health issue, supporting programs designed to increase breastfeeding rates. These organizations include (but the list is not limited to) Department of Health and Human Services: Centers for Disease Control and Prevention, Indian Health Service, Agency for Healthcare Research and Quality, Health Resources and Services Administration / Maternal and Child Health Bureau, Office on Women's Health, and Food and Drug Administration; and within the Department of Agriculture: the Food and Nutrition Service/Women, Infants and Children Program.

In addition, in January 2011, Surgeon General Regina M. Benjamin released *The Surgeon General's Call to Action to Support Breastfeeding*. This unprecedented document from the nation's highest medical source calls on health care providers, employers, insurers, policymakers, researchers, and the community at large to take 20 concrete action steps to support mothers in reaching their personal breastfeeding goals.

## Policy

Health plan coverage guidelines developed by the Institute of Medicine, authorized under provisions of the Patient Protection and Affordable Care Act, and released by the U.S. Department of Health and Human Services (DHHS) require health insurance plans to cover certain women's preventive services including "breastfeeding support, supplies, and counseling." Insurers are required<sup>4</sup> to provide coverage consistent with these guidelines, from the first plan year beginning August 1, 2012. **This model policy identifies best practices for supporting coverage of services, pumps and supplies appropriately.**

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<sup>4</sup> For new plans created after August 1, 2012, and for non-grandfathered plans effective August 1, 2012.

## Breastfeeding Support and Counseling Services

In order to adequately support the intent of the law to ensure that women are adequately supported in their efforts to breastfeed, breastfeeding counseling services (also known as lactation consultation services) are a covered benefit during the prenatal and postpartum periods. Counseling services include prenatal and postpartum breastfeeding education and support groups, as well as individual consultations to address specific problems, and are considered covered services. These include inpatient counseling and up to a total of six (6) outpatient lactation consultations. Additional consultations may be covered under medically necessary circumstances identified by and/or prescribed by a recognized provider.

This policy offers guidelines for coverage of health care providers who are professionally licensed, or, consistent with insurance companies' credentialing requirements, who have individual certification awarded by an independently-accredited program that measures assessment of predetermined standards for knowledge, skills, or competencies in a health-related profession, substantially equal to those articulated by the National Commission for Certifying Agencies (NCCA), the Institute for Credentialing Excellence (ICE), and American National Standards Institute (ANSI). The ability to counsel the breastfeeding mother and infant lies within the professional scope and practice of approved lactation care providers.

Approved lactation care providers may vary in their training, licensure, certification, level of care, and ability to deliver care. Many disciplines offer lactation care to the mother and infant, such as nurses, advanced practice nurses, physician assistants, physicians, registered dietitians, peer lactation counselors, and lactation educators. The role of approved lactation care providers includes educating families, health professionals, and policymakers about the value of breastfeeding as a global public health imperative. These providers are trained to observe breastfeeding, assess, counsel, identify lactation problems, and specifically create a plan of care for the patients. This plan is communicated to other health care professionals and primary care providers based on an observed feeding assessment and follow-up care in order to help the mother and infant attain successful breastfeeding practices.

## Breastfeeding Pumps and Supplies

Breast pumps and supplies are considered a covered benefit during the first year of the child's life, when provided from a durable medical equipment provider, an approved lactation care provider, a pump manufacturer or its representative, or an in-network provider, at the time of service whenever possible, or within 24 hours of notification of need. Shipping of the medical equipment is also covered.

Electric pump *rentals* ('hospital-grade' or 'rental-grade'<sup>5</sup>) are covered on a medically necessary<sup>6</sup> basis only, such as to support initiation of lactation for mothers and infants who are separated due to illness, or who are unable to feed directly from the breast due to maternal or infant medical complications, congenital anomalies, prematurity, induced lactation, relactation, adoption, or other medical conditions for mother or infant which preclude effective feeding at the breast.

Electric pump *purchases* (single- or multi-user) are a covered benefit for those mothers who need to maintain lactation when separated on a regular basis, or for a prolonged period of time, from their infant. One electric pump purchase will be covered every 36 months (or replaced during that period if the manufacturer's warranty is less than 36 months).

A breast pump kit is also covered, which allows expression from both breasts simultaneously (also known as 'double pumping'). This kit has tubing, valves, and other parts (specific to each manufacturer's requirements) as well as two flanges and two collection bottles for simultaneous pumping. Up to two double pump kits will be provided per pregnancy.

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<sup>5</sup> Sometimes called a "hospital-grade" or "rental-grade" pump, the preferred nomenclature identified by the U.S. Food and Drug Administration (FDA) is "multiple user" or "multi-user", to identify equipment intended for use by more than one person. See: <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/BreastPumps/ucm061952.htm>, accessed June 27, 2013.

<sup>6</sup> Mothers with a history of breast trauma, surgery, or delayed lactation benefit from the use of hospital-grade pumps, as documented in the medical literature.

Other lactation equipment such as supplemental lactation aids, nipple shields, and breast shells may be covered when supplied during a lactation consultation and/or with the counsel of a permitted provider.

Pasteurized donor human milk is considered life saving for fragile infants who are preterm or who are medically compromised, such as those diagnosed with formula intolerance, metabolic conditions, or genetic conditions requiring human milk. Maternal illness, maternal death, surgery, drug or medication use contraindicated for breastfeeding, and chronic conditions that are contraindicated for breastfeeding, are substantive reasons for use of pasteurized donor human milk. Pasteurized donor human milk from a screened donor provided by a human milk bank associated with the Human Milk Banking Association of North America (HMBANA),<sup>7</sup> will be a covered benefit. Human milk purchases provided by non-HMBANA milk-sharing groups will not be covered. Prescription from a licensed provider identifying the medical condition/diagnosis and necessity for the infant to receive pasteurized donor human milk is required for this coverage. Prescriptions for banked donor human milk must be renewed every three months.

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<sup>7</sup> HMBANA: The Human Milk Banking Association of North America is a non-profit organization that provides guidelines for pasteurization of milk from carefully screened donors for fragile and sick infants improving their potential to survive and thrive.

## Breastfeeding Support & Counseling Services Benefit Guidelines

	Coverage	Permitted Providers	Coverage Criteria	Member Costs, Exclusions, Maximums
<b>Education &amp; Support</b>				
Prenatal/postpartum breastfeeding classes	Covered benefit for one class series in the prenatal period and one class series up to 12 months postpartum	Approved lactation care providers, <sup>8</sup> licensed providers (such as MD, APRN, DO, PA), contracted network providers, RN certified childbirth/breastfeeding educators, and Registered Dietitians (RD, RDN, LDN) <sup>9</sup>	No referral or prior authorization required	No cost to member  Prenatal and postpartum series up to a total of 18 class weeks
Breastfeeding support groups	Covered benefit for one monthly meeting up to a maximum of 12 meetings	Approved lactation care providers, licensed providers (such as MD, APRN, DO, PA), contracted network providers, RN certified childbirth/breastfeeding educators, and Registered Dietitians (RD, RDN, LDN)	No referral or prior authorization required	No cost to member  One monthly meeting up to a total of 12 meetings
<b>Lactation Counseling</b>				
In-patient hospital	Covered benefit included as part of inpatient stay for facility employed providers; separately payable service (with place of service code) for non-employee in-network providers	Network hospitals, employed approved lactation care and/or licensed providers; in-network non-employee providers	No referral or prior authorization required	No cost to member
Outpatient hospital, home, provider office/clinic	Covered benefit for 6 outpatient lactation consultation visits per birth up to 2 hours per visit	Approved lactation care providers, licensed providers (such as MD, APRN, DO, PA); non-licensed providers, RN, and RD, RDN, LDN may bill as 'incident-to' physician services <sup>10</sup>	No referral or prior authorization required; prior authorization required beyond 6 visits	No cost to member  Up to 6 visits per birth, up to 2 hours per visit

<sup>8</sup> Approved lactation care providers are those who, consistent with insurance companies' credentialing requirements, have individual certification awarded by an independently-accredited program that measures assessment of predetermined standards for knowledge, skills, or competencies in a health-related profession, substantially equal to those articulated by the National Commission for Certifying Agencies, the Institute for Credentialing Excellence, and the American National Standards Institute (ANSI).

<sup>9</sup> RD (registered dietitian), RDN (registered dietitian and nutritionist), LDN (licensed dietitian and nutritionist)

<sup>10</sup> For information on 'incident-to' billing guidelines, see [www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0441.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0441.pdf), accessed April 9, 2013.

## Breastfeeding Pumps and Supplies Benefit Guidelines

	Coverage	Permitted Providers	Coverage Criteria	Member Costs, Exclusions, Maximums
<b>Multi-user rental-grade electric breast pump</b> <ul style="list-style-type: none"> <li><b>Rental (CPT code: E0604)</b></li> </ul>	Covered benefit per birth event, with prescription indicating medical necessity	Hospitals, DME approved vendors, approved lactation care providers, in-network providers, or direct order from manufacturers or their representatives <ul style="list-style-type: none"> <li>To be provided at time of service or within 24 hours of notification of need</li> <li>Includes instructions on assembly, cleaning, and use</li> </ul>	<ul style="list-style-type: none"> <li>Requires prescription by a licensed provider, specifying medical necessity and length of need, as advised by an approved lactation care provider</li> </ul>	No cost to member  Maximum benefit is \$1,000 for rental and kit, for up to one year
<b>Electric breast pump (single- or multi-user)<sup>11</sup></b> <ul style="list-style-type: none"> <li><b>Purchase (CPT code: E0603)</b></li> </ul>	Covered benefit per birth event, with prescription	DME approved vendors, approved lactation care providers, in-network providers, or direct order from manufacturers or their representatives <ul style="list-style-type: none"> <li>To be provided at time of service or within 24 hours of notification of need</li> <li>Includes instructions on assembly, cleaning, and use</li> </ul>	<ul style="list-style-type: none"> <li>No 'medical necessity' requirement</li> <li>Requires prescription by a licensed provider, as advised by an approved lactation care provider</li> <li>Prescription should specify pump (make and model) specific to individual's needs</li> </ul>	No cost to member  Maximum benefit is \$1,000 for pump and accessories  One breast pump purchase covered every 36 months, or replaced per pregnancy where manufacturer's warranty is less than 36 months

<sup>11</sup> Mothers that may experience limited access to electricity will be provided with a manual pump (that includes a separate collection container with a cylinder or lever to promote suction and release) upon request, in addition to the appropriate single-user or multi-user electric breast pump.

<b>Pump kits</b>	Covered benefit, no prescription needed	DME approved vendors, approved lactation care providers, in-network providers, or direct order from manufacturers or their representatives <ul style="list-style-type: none"> <li>Double pump kits are provided with the rental or purchase of a single- or multi-user electric pump</li> </ul>	<ul style="list-style-type: none"> <li>Initial kit included with pump</li> <li>Second kit covered with medical necessity</li> <li>Additional kit upon request per birth if within 36 months of pump purchase</li> </ul>	<p>No cost to member</p> <p>New kit covered with every birth event, up to a maximum benefit of \$150 per kit</p>
<b>Other equipment, supplemental lactation aid,<sup>12</sup> nipple shields,<sup>13</sup> breast shells<sup>14</sup></b>	Covered benefit, no prescription needed	DME approved vendors, approved lactation care providers, in-network providers, or direct order from manufacturers or their representatives	<ul style="list-style-type: none"> <li>Requires coding V24.1</li> </ul>	<p>No cost to member</p> <p>Maximum benefit of \$250 per calendar year</p>
<b>Donor human milk<sup>7,15</sup></b>	Covered benefit for identified at-risk infants through the first 12 months of life	Supplied through HMBANA-associated milk banks, or banks of equal or greater standard, only <sup>7</sup>	<ul style="list-style-type: none"> <li>Requires prescription by a licensed provider; renewable every three months</li> </ul>	<p>No cost to member</p> <p>Maximum 12 month supply</p>

<sup>12</sup> Supplemental Lactation Aid: Brand names include Supplemental Nursing System (SNS), starter SNS, Lact-Aid and others used to provide a supplement of additional milk while the infant is nursing at the breast. This supplement is delivered during the breastfeeding process through the use of a small tube attached to the breast and milk flowing from a container through the tube to the infant.

<sup>13</sup> Nipple Shields: A nipple shield is made of thin flexible silicone and is used to aid in the breastfeeding latching process or when the infant and mother have difficulty breastfeeding due to sore or flat nipples. It is a reusable product with the mother only requiring a maximum of two shields.

<sup>14</sup> Breast Shells: Breast shells are used to protect sore nipples during the healing process. They are worn inside the bra and removed prior to feeding.

<sup>15</sup> Donor Human Milk: Action 12 of *The Surgeon General's Call to Action to Support Breastfeeding* states, "Identify and address obstacles to greater availability of safe banked donor milk for fragile infants."

**A note regarding breast pumps<sup>16</sup>:**

Breast pumps vary in terms of quality. *Appropriate* pumps will have these features: automatic electric breast pump with intermittent suction, 50-80 cycles per minute with adjustable vacuum ranging from 50 to 250 mm Hg. A pedal pump used by “foot” power may be substituted for electric pumps for mothers with compromised upper body arms and/or hand anomalies. Please see Appendix for details regarding Minimum Breast Pump Specifications.

**Medical documentation and referral for breastfeeding infant with special needs:**

Special needs children should be seen as soon as possible after delivery and be referred to an approved lactation care provider at discharge, in order to receive services no later than day 3-4 postpartum. Mothers with history of infertility, breast surgery, or special medical needs should see inpatient approved lactation care providers for an initial consultation within 24 hours of delivery, and after discharge by day 3-4 postpartum.

**Nomenclature**

**Multi-User or ‘Rental-Grade’ Electric Pump:** These breast pumps are utilized in the hospital setting and by rental after discharge. There is an implication that these types of breast pumps are intended for multiple, different users for mother-infant dyads facing significant medical challenges. As a result these breast pumps typically have enhanced features to meet the demands of these medical challenges. These pumps have also been referred to as ‘hospital grade’ in the consumer market. The designation of ‘hospital grade’ is not recognized by the FDA. This term originated due to the pumps having a three-pronged grounded plug. These heavy-duty electric breast pumps are rented and returned for reuse by many different women.

**Multi-User Electric Pump:** This is an FDA designation indicating that this type of breast pump prevents contamination with infectious particles and organisms between different users (cross contamination) due to the pump's filter/design. The multi-user designation does not specifically address where the pump should be

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<sup>16</sup> For definitive information on pump quality and efficacy, please refer to *Clinics in Human Lactation: Pumps & Pumping Protocols*. Walker, Marsha. Hale Publishing, 2012.

used (Neonatal Intensive Care Unit, postpartum unit, home, school, or business). Any pump that would be shared or used by multiple women should be a multi-user breast pump to prevent potential infection between users. Different women using the same multi-user pump should have their own individual, personal-use kit (that connects the pump to both breasts simultaneously facilitating milk extraction and collection) with tubing/flanges/bottles that attach to the pump. Multi-user designed pumps are also used by single-users. The multi-user designation does not address the pump motor or any other pump specifications. Some multi-user pumps have 36-month warranties and may be preferable to 12-month warranted pumps.

**Single User Electric Pump:** This is not an officially designated description. The 'single-user' descriptor is associated with breast pumps that are only to be used by one person.

**Double (sided) Electric Pump:** This refers to a breast pump that can simultaneously express both breasts. These pumps utilize appropriate kits for the pump, including flanges, bottles, and tubing that connect the pump to both breasts simultaneously to facilitate milk extraction and collection. Double electric pumps are recognized as the standard pump in both the inpatient and outpatient setting. Single (sided) electric pumps are inferior to double (sided) electric pumps.

**Electric Pump:** These utilize electricity for power from standard wall or car outlets.

**Battery and Manual (hand) Pumps:** These pumps utilize either battery power or are powered by hand and are inferior to electric pumps.

## Coding Guidelines

### *Feeding problems*

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- P92.01 Bilious vomiting of newborn
- P92.09 Other vomiting of newborn
- P92.1 Regurgitation and rumination of newborn
- P92.2 Slow feeding of newborn
- P92.3 Underfeeding of newborn
- P92.5 Neonatal difficulty in feeding at breast
- P92.8 Other feeding problems of newborn
- P92.9 Feeding problem of newborn, unspecified
- R11.10 Vomiting, unspecified (>28 days old)
- R11.12 Projectile vomiting (>28 days old)
- R11.14 Bilious vomiting (>28 days old)

### *Jaundice*

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- P59.0 Neonatal jaundice associated with preterm delivery
- P59.3 Neonatal jaundice from breast milk inhibitor
- P59.8 Neonatal jaundice from other specified causes
- P59.9 Neonatal jaundice, unspecified

### *Weight and hydration*

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- P74.1 Dehydration of newborn
- P74.2 Disturbances of sodium balance of newborn
- P74.3 Disturbances of potassium balance of newborn
- P92.6 Failure to thrive in newborn
- R62.51 Failure to thrive in child over 28 days old
- R63.4 Abnormal weight loss
- R63.5 Abnormal weight gain
- R63.6 Underweight

### *Infant distress*

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- R68.11 Excessive crying of infant (baby)
- R68.12 Fussy infant (baby)
- R10.83 Colic

### *GI issues*

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- K21.9 Gastroesophageal reflux disease without esophagitis
- R19.5 Other fecal abnormalities
- K52.2 Allergic and dietetic gastroenteritis and colitis
- K52.89 Other specified noninfective gastroenteritis and colitis
- R19.4 Change in bowel habit
- R19.5 Other fecal abnormalities
- R19.7 Diarrhea, unspecified
- R19.8 Other specified symptoms and signs involving the digestive system and abdomen

### *Gestation and Congenital Disorders*

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- P07.00 Extremely low birth weight newborn, unspecified weight
- P07.10 Other low birth weight newborn, unspecified weight
- P07.01 Extremely low birth weight newborn, <500 grams
- P07.02 Extremely low birth weight newborn, 500-749 grams
- P07.03 Extremely low birth weight newborn, 750-999 grams
- P07.14 Other low birth weight newborn, 1000-1249 grams
- P07.15 Other low birth weight newborn, 1250-1499 grams
- P07.16 Other low birth weight newborn, 1500-1749 grams
- P07.17 Other low birth weight newborn, 1750-1999 grams
- P07.18 Other low birth weight newborn, 2000-2499 grams
- P07.30 Preterm newborn, unspecified weeks of gestation

### *Mouth*

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- B37.0 Candidal stomatitis (oral thrush)
- B37.83 Candidal cheilitis
  
- Q35.9 Cleft palate, unspecified
- Q36.9 Cleft lip, unilateral
- Q36.0 Cleft lip, bilateral
- Q37.9 Unspecified cleft palate with unilateral cleft lip
- Q37.8 Unspecified cleft palate with bilateral cleft lip
- Q38.1 Ankyloglossia
- Q38.2 Macroglossia
- Q38.3 Other congenital malformations of tongue
- Q38.5 Congenital malformations of palate (high arched palate)

### *Airway*

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- Q32.1 Other congenital malformations of trachea
- Q31.5 Congenital laryngomalacia
- J39.8 Other specified diseases of respiratory tract
- J98.09 Other diseases of bronchus, not elsewhere classified

### *Other*

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- Z09 Encounter for follow-up examination after completed treatment  
(When the original reason for visit has resolved)

## Mother

### *Breast & Nipple issues*

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- B37.89 Candidiasis, breast or nipple
- L01.00 Impetigo, unspecified
- O91.02 Infection of nipple associated with the puerperium
- O91.03 Infection of nipple associated with lactation
- O91.13 Abscess of breast associated with lactation/Mastitis purulent
- O91.23 Nonpurulent mastitis associated with lactation
- O92.03 Retracted nipple associated with lactation
- O92.13 Cracked nipple associated with lactation
- Q83.0 Congenital absence of breast with absent nipple
- Q83.1 Accessory breast
- Q83.2 Absent nipple
- Q83.3 Accessory nipple
- Q83.8 Other congenital malformations of breast (ectopic oraxillary breast tissue)
- R20.0 Anesthesia of skin
- R20.1 Hypoesthesia of skin
- R20.2 Parasthesia of skin
- R20.3 Hyperesthesia (burning)
- R20.8 Other disturbance of skin sensation
- R20.9 Unspecified disturbance of skin sensation

### *Constitutional*

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- G47.23 Circadian rhythm sleep disorder, irregular sleep wake type
- G47.9 Sleep disorder, unspecified
- R53.83 Fatigue

### *Lactation*

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- O91.02 Infection of nipple associated with the puerperium
- O92.13 Cracked nipple associated with lactation
- O92.20 Unspecified disorder of breast assoc w/ pregnancy and the puerperium
- O92.29 Other disorders of breast assoc w/ pregnancy and the puerperium
- O92.03 Retracted nipple associated with lactation
- O92.3 Agalactia
- O92.4 Hypogalactia
- O92.5 Suppressed lactation
- O92.6 Galactorrhea
- O92.70 Unspecified disorders of lactation
- O92.79 Galactocele (Other disorders of lactation)
- Z39.1 Encounter for care and exam of lactating mother

### *Other*

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- Z09 Encounter for follow-up examination after completed treatment (*When the original reason for visit has resolved*)

<b>Pumps, Supplies and Equipment</b>	
<b>A4281-A4286</b>	Breast pump supplies
<b>E0603</b>	Breast pump Electric (AC and /or DC) single- or multi-user
<b>E0604</b>	Breast pump Electric (AC and /or DC) 'rental grade'

## Most Frequent Place of Service Codes for Lactation Counseling Services

Place of Service Code(s)	Place of Service Name	Place of Service Description
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy, or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. (Effective May 1, 2010)
18	Place of Employment – Worksite	A location, not described by any other Place of Service code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides ongoing or episodic occupational medical, therapeutic, or rehabilitative services to the individual. (This code is available for use effective January 1, 2013 but no later than May 1, 2013)
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention. (Effective January 1, 2003)
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under the supervision of, physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birth Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of newborn infants.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
71	Public Health Clinic	A facility maintained by either state or local health departments that provides ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.

## Bibliography

### Reference Sources

Academy of Breastfeeding Medicine Clinical Protocol Committee. ABM clinical protocol #2 (2007 revision): guidelines for hospital discharge of the breastfeeding term newborn and mother: "the going home protocol". *Breastfeed Med.* 2007;2(3):158-165.

Academy of Breastfeeding Medicine Protocol Committee. ABM clinical protocol #3: hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate, revised 2009. *Breastfeed Med.* 2009;4(3):175-182.

American Academy of Family Physicians. Family physicians supporting breastfeeding (position paper). <http://www.aafp.org/about/policies/all/breastfeeding-support.html>. Published 2001. Updated 2008. Accessed July 15, 2013.

American Academy of Pediatrics. Human milk. In: Pickering LK, Baker CJ, Long SS, McMillan JA, eds. *Red Book: 2006 Report of the Committee on Infectious Diseases*. 27th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2006: 123-130.

American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk (policy statement). *Pediatrics*; originally published online February 27, 2012; DOI: 10.1542/peds.2011-3552.

American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. The changing concept of Sudden Infant Death Syndrome: diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics*. 2005;116(5):1245-1255.

Angeletti MA. Breastfeeding mothers returning to work: possibilities for information, anticipatory guidance and support from U.S. health care professionals. *J Hum Lact.* 2009;25(2):226-232.

Ball TM, Wright AL. Health care costs of formula-feeding in the first year of life. *Pediatrics*. 1999;103(4, pt 2):870-876.

Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics*. 2010;125(5):e1048-56.

Bartick MC, Stuebe AM, Schwarz EB, Luongo C, Reinhold A, Foster EM. Cost analysis of maternal disease associated with suboptimal breastfeeding. *Obstet Gynecol.* 2013;122(1):111-119.

Becker GE, Cooney F, Smith HA. Methods of milk expression for lactating women. *Cochrane Database Syst Rev.* 2011;(12):CD006170.

Bramson L, Lee JW, Moore E, et al. Effect of early skin-to-skin mother-infant contact during the first 3 hours following birth on exclusive breastfeeding during the maternity hospital stay. *J Hum Lact*. 2010;26(2):130-137.

Britton C, McCormick FM, Renfrew MJ, Wade A, King SE. Support for breastfeeding mothers. *Cochrane Database Syst Rev*. 2007;(1):CD001141.

California WIC Association. Opportunities for Nutrition and Breastfeeding Interventions Under Health Care Reform. [http://www.calwic.org/storage/documents/reports/CWA-Lactation\\_and\\_Nutrition\\_Counseling\\_Under\\_Health\\_Reform\\_May\\_2012.pdf](http://www.calwic.org/storage/documents/reports/CWA-Lactation_and_Nutrition_Counseling_Under_Health_Reform_May_2012.pdf). Published May 2012. Accessed June 27, 2013.

California 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](http://www.calwic.org/storage/documents/bf/2012/Ramping_Up_for_Reform-WIC_Breastfeeding_Toolkit_2012.pdf). Published February 2012. Accessed June 27, 2013.

Castrucci BC, Hoover KL, Lim S, Maus KC. A comparison of breastfeeding rates in an urban birth cohort among women delivering infants at hospitals that employ and do not employ lactation consultants. *J Public Health Manag Pract*. 2006;12(6):578-585.

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity Obesity, National Center for Chronic Disease Prevention Health Promotion. Breastfeeding among U.S. children born 2000-2009, CDC National Immunization Survey. Centers for Disease Control and Prevention Web site. [www.cdc.gov/breastfeeding/data/NIS\\_data/index.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm). Updated August 1, 2012. Accessed June 27, 2013.

Committee on Health Care for Underserved Women, American College of Obstetricians and Gynecologists. ACOG committee opinion no. 361: breastfeeding: maternal and infant aspects. *Obstet Gynecol*. 2007;109(2, pt 1):479-480.

Cheng PG, Johnson LW, Rosenthal MS. Sources of education about breastfeeding and breast pump use: what effect do they have on breastfeeding duration? An analysis of the Infant Feeding Practices Survey II. *Matern Child Health J*. 2012;16(7):1421-1430.

Chung M, Raman G, Trikalinos T, Lau J, Ip S. Interventions in primary care to promote breastfeeding: an evidence review for the U.S. Preventive Services Task Force. *Ann Intern Med*. 2008;149(8):565-582.

Declercq E, Labbok MH, Sakala C, O'Hara M. Hospital practices and women's likelihood of fulfilling their intention to exclusively breastfeed. *Am J Public Health*. 2009;99(5):929-935.

Dennis CL. Identifying predictors of breastfeeding self-efficacy in the immediate postpartum period. *Res Nurs Health*. 2006;29(4):256-268.

Dewey KG, Nommsen-Rivers LA, Heinig MJ, Cohen RJ. Risk factors for suboptimal infant breastfeeding behavior, delayed onset of lactation, and excess neonatal weight loss. *Pediatrics*. 2003;112(3, pt 1):607-619.

DiGirolamo AM, Grummer-Strawn LM, Fein SB. Effect of maternity-care practices on breastfeeding. *Pediatrics*. 2008;122(suppl 2):S43-S49.

Donnelly A, Snowden HM, Renfrew MJ, Woolridge MW. Commercial hospital discharge packs for breastfeeding women. *Cochrane Database Syst Rev*. 2000;(2):CD002075.

Dyson L, McCormick F, Renfrew MJ. Interventions for promoting the initiation of breastfeeding. *Cochrane Database Syst Rev*. 2005;(2):CD001688.

Feldman-Winter L, Barone L, Milcarek B, et al. Residency curriculum improves breastfeeding care. *Pediatrics*. 2010;126(2):289-297.

Gagnon AJ, Leduc G, Waghorn K, Yang H, Platt RW. In-hospital formula supplementation of healthy breastfeeding newborns. *J Hum Lact*. 2005;21(4):397-405.

Gonzalez KA, Meinen-Derr J, Burke BL, et al. Evaluation of a lactation support service in a children's hospital neonatal intensive care unit. *J Hum Lact*. 2003;19(3):286-292.

Grossman X, Chaudhuri J, Feldman-Winter L, et al. Hospital Education in Lactation Practices (Project HELP): does clinician education affect breastfeeding initiation and exclusivity in the hospital? *Birth*. 2009;36(1):54-59.

Guise JM, Palda V, Westhoff C, Chan BK, Helfand M, Lieu TA; U.S. Preventive Services Task Force. The effectiveness of primary care-based interventions to promote breastfeeding: systematic evidence review and meta-analysis for the US Preventive Services Task Force. *Ann Fam Med*. 2003;1(2):70-78.

Hannula L, Kaunonen M, Tarkka MT. A systematic review of professional support interventions for breastfeeding. *J Clin Nurs*. 2008;17(9):1132-1143.

Hayes DK, Prince CB, Espinueva V, Fuddy LJ, Li R, Grummer-Strawn LM. Comparison of manual and electric breast pumps among WIC women returning to work or school in Hawaii. *Breastfeed Med*. 2008;3(1):3-10.

Horta BL, Bahl R, Martines JC, Victora CG; World Health Organization. *Evidence on the Long-Term Effects of Breastfeeding: Systematic Reviews and Meta-Analysis*. Geneva, Switzerland: World Health Organization; 2007.

Howard C, Howard F, Lawrence R, Andresen E, DeBlieck E, Weitzman M. Office prenatal formula advertising and its effect on breast-feeding patterns. *Obstet Gynecol*. 2000;95(2):296-303.

Ip S, Chung M, Raman G, et al. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.

Johnston ML, Esposito N. Barriers and facilitators for breastfeeding among working women in the United States. *J Obstet Gynecol Neonatal Nurs*. 2007;36(1):9-20.

- Keister D, Roberts KT, Werner SL. Strategies for breastfeeding success. *Am Fam Physician*. 2008;78(2):225-232.
- Kramer MS, Kakuma R. Optimal duration of exclusive breastfeeding. *Cochrane Database Syst Rev*. 2012;(8):CD003517.
- Mannel R, Mannel RS. Staffing for hospital lactation programs: recommendations from a tertiary care teaching hospital. *J Hum Lact*. 2006;22(4):409-417.
- MCH Leadership Competencies Workshop. *Maternal and Child Health Leadership Competencies*. Version 3.0. Rockville, MD: U.S. Department of Health and Human Services, Health Resources Services Administration, Maternal and Child Health Bureau; 2009.
- McNiell ME, Labbok MH, Abrahams SW. What are the risks associated with formula feeding? A re-analysis and review. *Breastfeed Rev*. 2010;18(2):25-32.
- Mulder PJ, Johnson TS. The Beginning Breastfeeding Survey: measuring mothers' perceptions of breastfeeding effectiveness during the postpartum hospitalization. *Res Nurs Health*. 2010;33(4):329-344.
- Murray EK, Ricketts S, Dellaport J. Hospital practices that increase breastfeeding duration: results from a population-based study. *Birth*. 2007;34(3):202-211.
- Naylor AJ. Baby-Friendly Hospital Initiative. Protecting, promoting and supporting breastfeeding in the twenty-first century. *Pediatr Clin North Am*. 2001;48(2):475-483.
- Neifert MR. Prevention of breastfeeding tragedies. *Pediatr Clin North Am*. 2001;48(2):273-297.
- Noble LM, Noble A, Hand IL. Cultural competence of healthcare professionals caring for breastfeeding mothers in urban areas. *Breastfeed Med*. 2009;4(4):221-224.
- Ohyama M, Watabe H, Hayasaka Y. Manual expression and electric breast pumping in the first 48 h after delivery. *Pediatr Int*. 2010;52(1):39-43.
- Pak-Gorstein S, Haq A, Graham EA. Cultural influences on infant feeding practices. *Pediatr Rev*. 2009;30(3):e11-e21.
- Pérez-Escamilla R. Evidence based breast-feeding promotion: the Baby-Friendly Hospital Initiative. *J Nutr*. 2007;137(2):484-487.
- Philipp BL; Academy of Breastfeeding Medicine Protocol Committee. ABM clinical protocol #7: model breastfeeding policy (revision 2010). *Breastfed Med*. 2010;5(4):173-177.
- Philipp BL, McMahon MJ, Davies S, Santos T, Jean-Marie S. Breastfeeding information in nursing textbooks needs improvement. *J Hum Lact*. 2007;23(4):345-349.

- Philipp BL, Merewood A, Gerendas EJ, Bauchner H. Breastfeeding information in pediatric textbooks needs improvement. *J Hum Lact.* 2004;20(2):206-210.
- Quigley MA, Henderson G, Anthony MY, McGuire W. Formula milk versus donor breast milk for feeding preterm or low birth weight infants. *Cochrane Database Syst Rev.* 2007;(4):CD002971.
- Renfrew MJ, Dyson L, McCormick F, et al. Breastfeeding promotion for infants in neonatal units: a systematic review. *Child Care Health Dev.* 2010;36(2):165-178.
- Rosen IM, Krueger MV, Carney LM, Graham JA. Prenatal breastfeeding education and breastfeeding outcomes. *MCN Am J Matern Child Nurs.* 2008;33(5):315-319.
- Rosenberg KD, Stull JD, Adler MR, Kasehagen LJ, Crivelli-Kovach A. Impact of hospital policies on breastfeeding outcomes. *Breastfeed Med.* 2008;3(2):110-116.
- Schwarz EB, Ray RM, Stuebe AM, et al. Duration of lactation and risk factors for maternal cardiovascular disease. *Obstet Gynecol.* 2009;113(5):974-982.
- Shaikh U, Smillie CM. Physician-led outpatient breastfeeding medicine clinics in the United States. *Breastfeed Med.* 2008;3(1):28-33.
- Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM. *The CDC Guide to Breastfeeding Interventions.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2005.
- Slavit W, ed. *Investing in Workplace Breastfeeding Programs and Policies: An Employer's Toolkit.* Washington, DC: Center for Prevention and Health Services, National Business Group on Health; 2009.
- Spatz DL. Ten steps for promoting and protecting breastfeeding for vulnerable infants. *J Perinat Neonatal Nurs.* 2004;18(4):385-396.
- Stuebe AM, Schwarz EB. The risks and benefits of infant feeding practices for women and their children. *J Perinatol.* 2010;30(3):155-162.
- Szucs KA, Miracle DJ, Rosenman MB. Breastfeeding knowledge, attitudes, and practices among providers in a medical home. *Breastfeed Med.* 2009;4(1):31-42.
- Taveras EM, Li R, Grummer-Strawn L, et al. Opinions and practices of clinicians associated with continuation of exclusive breastfeeding. *Pediatrics.* 2004;113(4):e283-e290.
- U.S. Department of Health and Human Services. 2020 topics & objectives: Maternal, Infant, and Child Health. HealthyPeople.gov Web site. <http://healthypeople.gov/2020/default.aspx>. Updated March 8, 2013. Accessed March 13, 2013.

U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

United States Breastfeeding Committee. *Core Competencies in Breastfeeding Care and Services for All Health Professionals*. Rev ed. Washington, DC: United States Breastfeeding Committee; 2010.

Wagner J, Hanson C, Anderson Berry A. Donor human milk for premature infants: a review of current evidence. *Infant Child Adolesc Nutr*. 2013;5(2):71-77.

Walker M. *Clinics in Human Lactation: Pumps & Pumping Protocols*. Amarillo, TX: Hale Publishing; 2012.

Walker M. Conquering common breast-feeding problems. *J Perinat Neonatal Nurs*. 2008;22(4):267-274.

Wolynn T. Breastfeeding—so easy even a doctor can support it. *Breastfeed Med*. 2011;6(5):345-347.

## Related Readings

Bergström A, Okong P, Ransjö-Arvidson AB. Immediate maternal thermal response to skin-to-skin care of newborn. *Acta Paediatr.* 2007;96(5):655-658.

Bhandari N, Bahl R, Mazumdar S, Martines J, Black RE, Bhan MK; Infant Feeding Study Group. Effect of community-based promotion of exclusive breastfeeding on diarrhoeal illness and growth: a cluster randomized controlled trial. *Lancet.* 2003;361(9367):1418-1423.

Brent NB, Redd B, Dworetz A, D'Amico F, Greenberg JJ. Breast-feeding in a low-income population. Program to increase incidence and duration. *Arch Pediatr Adolesc Med.* 1995;149(7):798-803.

Dykes F. The education of health practitioners supporting breastfeeding women: time for critical reflection. *Matern Child Nutr.* 2006;2(4):204-216.

Mittman BS. Creating the evidence base for quality improvement collaboratives. *Ann Intern Med.* 2004;140(11):897-901.

Moore ER, Anderson GC, Bergman N, Dowswell T. Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database Syst Rev.* 2012;(5):CD003519.

Mori R, Khanna R, Pledge D, Nakayama T. Meta-analysis of physiological effects of skin-to-skin contact for newborns and mothers. *Pediatr Int.* 2010;52(2):161-170.

Rosenberg KD, Eastham CA, Kasehagen LJ, Sandoval AP. Marketing infant formula through hospitals: the impact of commercial hospital discharge packs on breastfeeding. *Am J Public Health.* 2008;98(2):290-295.

Rosswurm MA, Larrabee JH. A model for change to evidence-based practice. *Image J Nurs Sch.* 1999;31(4):317-322.

Spatz DL, Pugh LC; American Academy of Nursing Expert Panel on Breastfeeding. The integration of the use of human milk and breastfeeding in baccalaureate nursing curricula. *Nurs Outlook.* 2007;55(5):257-263.

## Appendix: Minimum Breast Pump Specifications<sup>17</sup>

### Minimum Specifications for Single- or Multi-User Double Electric Breast Pumps (E0603)

#### The electric personal use pump must:

- Be lightweight and portable. The total weight of furnished assembly should not exceed ten (10) pounds.
- Be packaged pre-assembled with all parts necessary for pumping. Assembly includes but not limited to pump motor unit, minimum 5' electric cord, and double pumping collection kit.
- Operate on a 110-volt household current and be UL listed.
- Have an adjustable suction pressure between 50 mm Hg and 250 mm Hg at the breast shield during use; a suction range just at the low or high end of the range is not acceptable.
- Have an automatic mechanism to prevent suction greater than 250 mm Hg when used according to manufacturer instructions to prevent nipple trauma.
- Have a mechanism for automatic release of suction for safety.
- Have variable/adjustable cycling not less than 30 cycles per minute; one fixed cycling time is not acceptable.
- Have single and double pumping capacity and capable of maintaining a consistent vacuum (no pressure change) as the collection container fills regardless of the container size and whether single or double pumping.
- Have double pumping capacity which is simultaneous, not alternating.
- Have a visible breast milk pathway and no milk is able to contact the internal pump motor unit parts at any time when the product is used per manufacturer instructions.
- Include breast flanges that are either adjustable/flexible or if rigid, come in at least two (2) sizes to accommodate different breast sizes with no sharp edges.
- Include a collection bottle of four (4) to six (6) ounces with a spill-proof cap and standard-size opening, and be bisphenol-A (BPA) and DHEP-free.
- Include a durable soft-sided carrying case with a storage compartment to hold pumping accessories and an insulated cooling compartment including freezer packs for storing expressed breast milk; this is recommended especially for women returning to work or school.
- Include a battery option and adapter that can be used as an alternate power source other than electric; this is recommended for flexibility of pumping.

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<sup>17</sup> Based on New York State Minimum Breast Pump Specifications for Medicaid Reimbursement, [http://www.health.ny.gov/community/pregnancy/breastfeeding/medicaid\\_coverage/minimum\\_breast\\_pump\\_specifications.htm](http://www.health.ny.gov/community/pregnancy/breastfeeding/medicaid_coverage/minimum_breast_pump_specifications.htm), accessed June 27, 2013.

## Minimum Specifications for Single- or Multi-User Double Electric Pumping Kits

### The kit must:

- Include breast flanges that are either adjustable/flexible or if rigid, come in at least two (2) sizes to accommodate different breast sizes with no sharp edges.
- Be packaged pre-assembled with all accessories necessary for pumping two breasts simultaneously or only one breast manually.
- Include at least two collection bottles of four (4) to six (6) ounces with a spill-proof cap and standard-sized opening, and be bisphenol-A (BPA) and DHEP-free.
- Contain collection bottle(s) and flanges made of medical grade quality to allow for repeated boiling and/or dishwasher cleaning, and which are scratch resistant and non-breakable.
- Have durable tubing designed for long-term pumping use.
- Design and materials of the furnished assembly shall allow viewing the breast milk pathway.
- Include a battery option and adapter that can be used as an alternate power source other than electric; this is recommended and may come as part of pump assembly or pumping kit.

## Minimum Specifications for Rental-Grade Double Electric Breast Pump (E0604)

### The electric rental-grade multi-user pump must:

- Must not exceed 12 pounds including carrying case.
- Operate on a 110-volt household current and be UL listed.
- Have a visible breast milk pathway and no milk is able to contact the internal pump motor unit parts at any time when the product is used per manufacturer instructions.
- Have an adjustable suction pressure between 30 mm Hg and 250 mm Hg at the breast shield during use; a suction range just at the low or high end of the range is not acceptable.
- Have an automatic mechanism to prevent suction greater than 250 mm Hg when used according to manufacturer instructions to prevent nipple trauma.
- Have a mechanism for automatic release of suction for safety.
- Have variable/adjustable cycling not less than 30 cycles per minute; one fixed cycling time is not acceptable.
- Have double pumping capacity, which is simultaneous, not alternating.
- Include a pumping kit for each personal user including durable tubing to connect to the pump and flanges, and have single and double pumping capacities.
- Include a carrying case made of durable, washable materials for the pump motor assembly and pump kit accessories; this is recommended if the pump needs to be portable.