



Policy: GG.1704
Title: **Breastfeeding Promotion**
Department: Equity and Community Health
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 11/13/2024

Effective Date: 05/01/1999

Revised Date: 10/01/2024

Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy describes the process by which CalOptima Health shall ensure that a pregnant Member receives breastfeeding information and services from CalOptima Health and its Health Networks.

II. POLICY

- A. Breastfeeding is recognized as the preferred method of infant feeding by CalOptima Health and the American Academy of Pediatrics (AAP), American Dietetic Association, American College of Obstetrics and Gynecology, American Public Health Association, National Healthy Mothers Healthy Babies Coalition, and the U.S. Department of Health and Human Services “Healthy People 2030.”
- B. CalOptima Health or a Health Network shall provide Perinatal Support Services (PSS) to an eligible Member, in accordance with CalOptima Health Policy GG.1701: CalOptima Health Perinatal Support Services (PSS) Program.
- C. Breastfeeding Guidelines for Providers
 - 1. CalOptima Health encourages Primary Care Providers (PCP) and Prenatal Care Providers to provide opportunities for learning about the advantages of breastfeeding through:
 - a. Educational materials; and
 - b. Referring the Member to CalOptima Health’s programs that support perinatal Members individual needs, such as but not limited to, Enhanced Care Management (ECM) and maternal health education and classes.
 - 2. CalOptima Health’s or a Health Network’s Prenatal Care Providers shall:
 - a. Assess a Member’s interest and understanding of the importance of breastfeeding during the first (1st) prenatal visit;
 - b. Provide a referral to the Women, Infants and Children (WIC) program for nutrition education, breastfeeding support, healthy foods and to other community services.

- c. Follow obstetrical standards of care to include:
 - i. Documentation of a complete breast exam; and
 - ii. Anticipatory guidance for any condition that could affect the Member's ability to breastfeed.
 - d. Supply the member with breastfeeding educational materials and refer the Member to a breastfeeding support and/or class (available through CalOptima Health's Bright Steps Program and WIC);
 - e. Provide the Member with specific contact information for resources to call for assistance with breastfeeding and information on how to know when the baby is getting enough milk.
 - f. Provide information on obtaining a breast pump and contracted Durable Medical Equipment (DME) vendors to obtain a breast pump, if the Member is eligible; and
 - g. Provide information and, when required, submit a Prior Authorization for human milk if the Member is eligible.
3. Hospitals that contract with CalOptima Health or a Health Network shall provide Members:
- a. Obstetrical care, in accordance with the guidance from the Baby-Friendly Hospital Initiative and/or the California Department of Public Health, "Providing Breastfeeding Support: Model Hospital Policy Recommendations" in promoting breastfeeding;
 - b. Provide maternity care to make available breast-feeding consultation or alternatively, provide information to the mother on where to receive breast feeding information, in accordance with Health and Safety Code, Section 123365;
 - c. Adopt the "Ten Steps to Successful Breastfeeding," as adopted by Baby-Friendly USA, per the Baby-Friendly Hospital Initiative, or an alternate process that includes evidence-based policies and practices and targeted outcomes, in accordance with Health and Safety Code, Section 123367; and
 - d. Discharge planning to include assessment of the need for post-discharge support including home visit by nurse or other qualified staff to support continuing breastfeeding at home, list of resources for support and assistance with breastfeeding, information on how to evaluate if her baby is getting enough milk, and referral for breastfeeding support group.
4. CalOptima Health's pediatric providers shall:
- a. Encourage Members to exclusively breastfeed for six (6) months and breastfeed with complementary foods (not formula) for at least twelve (12) months, pursuant to the AAP recommendations;
 - b. Follow specific criteria for assessment of the breastfeeding infant and early identification of breast-feeding problems, in accordance with the United Nations Children's Fund (UNICEF) "Breastfeeding assessment tool";
 - c. Refer the Member to a qualified consultant for evaluation before recommending stopping breastfeeding, or initiate supplementation with formula, if appropriate;

- d. If the Member is recommended to stop breastfeeding, the Member shall be provided with instructions on how to obtain a breast pump through Medi-Cal or WIC;
 - e. If the baby has thrush, both the baby and mother shall receive treatment; and
 - f. If the baby needs hospitalization, arrangements for continued breastfeeding, or breast pumping, shall be coordinated.
- 5. Care during the postpartum period includes:
 - a. A postpartum visit between one (1) and twelve (12) weeks after delivery;
 - b. A postpartum review;
 - c. An examination that includes obtaining a history, a physical exam, and evaluation of infant feeding;
 - d. A maternal mental health screening of the Member, using evidence-based tools, must be completed during the postpartum period. If there is clinically significant depression, intervention may be needed and follow-up shall be within 30 days; and
 - e. Review or initiation of birth control methods should take into account the mother's lactation status.
- D. Contraindications for breastfeeding
 - 1. While breastfeeding has numerous health benefits, there are some situations in which it is not in the best interest of the infant. According to the AAP, among them are the infants suffering from galactosemia, if the Member is misusing substances, if the Member has untreated active tuberculosis, or if the mother is infected with the human immunodeficiency virus (HIV).
 - 2. Although most Over-The-Counter medications are safe for breastfeeding women, the AAP lists medications that may require temporary interruption of breastfeeding. These include radioactive isotopes, antimetabolites, chemotherapy agents, and a small number of other medications. For additional information on drug interaction and breastfeeding refer to LactMed: <https://www.ncbi.nlm.nih.gov/books/NBK501922/>.
- E. CalOptima Health and its Health Networks shall provide breastfeeding education and counseling to a Member as part of the Member's PSS, in accordance with the provisions of this Policy, and the Department of Health Care Services (DHCS) Medi-Cal Managed Care Division Policy Letter 98-010: Breastfeeding Promotion.
- F. CalOptima Health and its Health Networks shall refer an eligible Member to the Women, Infants, and Children (WIC) program, in accordance with CalOptima Health Policy GG.1701: CalOptima Health Perinatal Support Services (PSS) Program. CalOptima Health and its Health Networks shall coordinate breastfeeding promotion, education, and counseling services with WIC.
- G. CalOptima Health shall participate in Orange County Perinatal Council meetings.

III. PROCEDURE

- A. A Prenatal Care Provider or contracted PSS provider shall provide breastfeeding education to a Member during the Member's first (1st) obstetric visit and throughout her participation in PSS, as necessary, and document such education in the Member's record.
- B. CalOptima Health shall evaluate and approve all educational materials regarding breastfeeding prior to dissemination to a Member. CalOptima Health shall ensure that breastfeeding education materials:
 - 1. Are culturally appropriate;
 - 2. Are written at the fifth (5th) grade education level, or below;
 - 3. Are not written or promoted by a baby formula manufacturer;
 - 4. Do not contain negative or contradictory information regarding breastfeeding;
 - 5. Are available in Threshold Languages; and
 - 6. Contain information regarding:
 - a. Health benefits and economic advantages of breastfeeding including but not limited to the potential reduction in risk for Type 2 diabetes, asthma, sudden infant death syndrome, and childhood obesity;
 - b. Maternal and infant nutrition, including the importance of exclusively breastfeeding the infant for the first six (6) months of life;
 - c. Lactation management, including access to lactation education through the PSS program, appropriate breast pump when indicated, breastfeeding support group; and
 - d. Options for overcoming commonly perceived barriers to breastfeeding.
- C. CalOptima Health, its Health Networks, or a contracted PSS provider shall provide postnatal support to a breastfeeding Member through continued health education, counseling, and the provision of medically necessary interventions.
- D. A contracted PSS provider or Practitioner shall refer a Member for professional lactation consultation services when necessary. The following persons may provide lactation consultation services:
 - 1. A certified lactation consultant approved by CalOptima Health or a Health Network to provide services;
 - 2. A PCP experienced in lactation consultation; or
 - 3. A knowledgeable Practitioner under the direction of a PCP.
- E. A manual or electric breast pump is a covered benefit. A Member may be eligible for an electric breast pump if:

1. The infant is unable to nurse due to prematurity, respiratory, or cardiac problems affecting endurance, or other medical disorder;
 2. The infant experiences problems with latching on to the Member's breast;
 3. The Member or infant is hospitalized;
 4. The Member is the mother of multiples;
 5. The Member is on medication that contraindicates breastfeeding;
 6. The Member experiences problems with relactation; or
 7. The Member is returning to work or school and has difficulties maintaining milk supply with a manual breast pump.
- F. A manual or electric breast pump may be obtained by written prescription or documentation by a pediatrician, obstetrician, or other licensed practitioner without prior authorization for approved pump model that is available through contracted Durable Medical Equipment (DME) vendors when the charge for the pump does not exceed one hundred sixty-four dollars (\$164.00) for purchase.
- G. Use of a hospital grade (multi-user) breast pump, which is an alternative to the purchase of a manual or electric breast pump, must meet the medical criteria and is available by rental only. Prior authorization is not required for the initial three (3) months, but the vendor must submit prior authorization request for ongoing use beyond three (3) months. Prior authorization for a hospital grade breast pump rental is limited to a total of twelve (12) months.
- H. A Practitioner or contracted PSS provider shall refer a Member to WIC for breastfeeding promotion, education, and counseling, in accordance with CalOptima Health Policy GG.1701: CalOptima Health Perinatal Support Services (PSS) Program and shall document the WIC referral in the Member's record.
- I. CalOptima Health or a Member's Health Network shall authorize the provision of human milk for a Member if the Member is unable to breastfeed and the infant cannot tolerate any form of formula or has a medical contraindication to the use of all formula types.
1. A Practitioner shall obtain prior authorization from CalOptima Health or the Member's Health Network for the provision of human milk to the Member
 2. CalOptima Health or the Member's Health Network shall adjudicate the Practitioner's authorization request within the following timeframes:
 - a. Twenty-four (24) hours after receipt of an emergency request;
 - b. Forty-eight (48) hours after receipt of an urgent request; and
 - c. Five (5) business days after receipt of a standard request.
 3. CalOptima Health or a Health Network shall coordinate the provision of human milk from a milk bank accredited by the Human Milk Banking Association of North America.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. American Academy of Pediatrics
- B. American Dietetic Association
- C. American College of Obstetrics and Gynecology
- D. American Public Health Association
- E. Policy Statement: Breastfeeding and the Use of Human Milk, American Academy of Pediatrics, July 2022, Volume 150, Issue 1
- F. Breastfeeding: Maternal and Infant Aspects- Special Report, American College of Obstetricians and Gynecologists (ACOG) Clinical Review: Vol. 12, January-February 2007, Reaffirmed 2013
- G. California Department of Public Health, Breastfeeding Initiative
- H. California Department of Public Health, Comprehensive Perinatal Services Program
- I. California Department of Public Health, “Breastfeeding Model Hospital Policy Recommendations, Fourth Edition, 2022.”
- J. CalOptima Health Contract for Health Care Services
- K. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- L. CalOptima Health Policy GG.1701: CalOptima Health Perinatal Support Services (PSS) Program
- M. Comprehensive Perinatal Services Program, Health Care Agency, County of Orange, CA
- N. Department of Health Care Services (DHCS), Policy Letter (PL) 98-010: Breastfeeding Promotion (12/10/98)
- O. Department of Health Care Services (DHCS), Policy Letter (PL) 12-003, Supersedes Policy Letter 12-001 and 96-01: Obstetrical Care-Perinatal Services (6/26/12)
- P. Department of Health Care Services (DHCS) CalAIM: Population Health Management (PHM) Policy Guide, May 2024
- Q. Health and Safety Code, §§ 123365-123367
- R. National Healthy Mothers Healthy Babies Coalition
- S. National Committee for Quality Assurance, Volume 2, HEDIS Technical Specifications
- T. Title 42, Code of Federal Regulations (C.F.R.), §431.635(c)
- U. United Nations Children’s Fund (UNICEF), Breastfeeding assessment tool. UNICEF, UK 2010
- V. U.S. Department of Health and Human Services: Healthy People 2030.
- W. U.S. Department of Health and Human Services: The Surgeon General’s Call to Action to Support Breastfeeding- 2011, Washington, D.C.
- X. Welfare and Institutions Code, Section 14134.55
- Y. World Health Organization (WHO). Breastfeeding key to saving children’s lives. WHO Report. WHO Geneva, 2010.

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
06/12/2014	Department of Health Care Services (DHCS)	Approved as Submitted
03/10/2016	Department of Health Care Services (DHCS)	Approved as Submitted
12/06/2023	Department of Health Care Services (DHCS)	File and Use
10/31/2024	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	05/01/1999	GG.1704	Breastfeeding Promotion	Medi-Cal
Revised	04/01/2007	GG.1704	Breastfeeding Promotion	Medi-Cal
Revised	01/01/2008	GG.1704	Breastfeeding Promotion	Medi-Cal
Revised	10/01/2013	GG.1704	Breastfeeding Promotion	Medi-Cal
Revised	02/01/2016	GG.1704	Breastfeeding Promotion	Medi-Cal OneCare Connect
Revised	02/01/2017	GG.1704	Breastfeeding Promotion	Medi-Cal OneCare Connect
Revised	04/01/2018	GG.1704	Breastfeeding Promotion	Medi-Cal OneCare Connect
Revised	03/01/2019	GG.1704	Breastfeeding Promotion	Medi-Cal OneCare Connect
Revised	12/01/2020	GG.1704	Breastfeeding Promotion	Medi-Cal OneCare Connect
Revised	08/01/2021	GG.1704	Breastfeeding Promotion	Medi-Cal OneCare Connect
Revised	07/01/2022	GG.1704	Breastfeeding Promotion	Medi-Cal
Revised	11/01/2023	GG.1704	Breastfeeding Promotion	Medi-Cal
Revised	10/01/2024	GG.1704	Breastfeeding Promotion	Medi-Cal

IX. GLOSSARY

Term	Definition
Durable Medical Equipment (DME)	Medically Necessary medical equipment as defined by 22 CCR section 51160 that a Provider prescribes for a Member that the Member uses in the home, in the community, or in a facility that is used as a home.
Enhanced Care Management (ECM)	A whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-need and/or high cost Members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered. ECM is a Medi-Cal benefit.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Perinatal Support Services (PSS)	Perinatal services as defined in the Contract for PSS.
Practitioner	A licensed independent practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Certified Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.
Prenatal Care Provider	A Doctor of Medicine (MD), Doctor of Osteopathy (DO), or Nurse Practitioner, Physician Assistant (PA), or Certified Nurse Midwife who provides prenatal care to a Member under the supervision of a licensed physician.
Primary Care Provider (PCP)	A person responsible for supervising, coordinating, and providing initial and Primary Care to Members; for initiating referrals; and, for maintaining the continuity of patient care. A Primary Care Provider may be a Primary Care Physician or Non-Physician Medical Practitioner.
Prior Authorization	A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.
Threshold Languages	Those languages identified based upon state or federal requirements and/or findings of the Population Needs Assessment (PNA).