SUPPORTING LACTATION IN JAILS: Implementing a Model Policy to Meet California Penal Code § 4002.5
Table of Contents

Acknowledgments 3
Introduction 4
How to Use This Toolkit 4
AB 2507 Model Policy 5
Appendix A – AB 2507 14
Appendix B – Lactation in Jails Checklist 15
Appendix C – Lactation Program Intake Form 16
Appendix C (Spanish) – Forma de Admisión para el Programa de Alimentación con Leche Materna 17
Appendix D – Benefits of Breastfeeding 18
Appendix D (Spanish) – Beneficios de la Lactancia Materna 20
Appendix E – Storage and Preparation of Breast Milk 22
Appendix E (Spanish) – Almacenamiento y Preparación de la Leche Materna 24
Appendix F – Breast Pumping Log 26
Appendix G – How to Keep Your Breast Pump Kit Clean 27
Appendix G (Spanish) – Cómo Mantener Limpio el Extractor de Leche Materna 29
Appendix H – Designation of Approved Person 31
Appendix H (Spanish) – Designación de la Persona Aprobada 32
Appendix I – Traveling with Frozen Breast Milk 33
Appendix I (Spanish) – Transporte de Leche Materna Congelada 34
Acknowledgments

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Introduction

As of January 1, 2020, California Penal Code § 4002.5 (Appendix A) requires all county jails in the state to develop and implement an infant and toddler breast milk feeding policy for lactating people detained in or sentenced to any county jail in the state.

Under the new law, a county sheriff or the administrator of a county jail must develop and implement a policy based on currently accepted best practices for lactation support. The policy must include provisions for, among other things, procedures for providing medically appropriate support and care related to the cessation of lactation or weaning and for conditioning an inmate’s participation in the program upon the inmate undergoing drug screening. The policy must be posted in the jail, as specified, and be communicated to all staff who interact with or oversee pregnant or lactating inmates.

Though some counties and sheriff’s departments already have lactation accommodation policies and practices in place for detainees, others have yet to create or implement the changes required under California Penal Code § 4002.5.

This toolkit is designed to make policy implementation as smooth as possible using best practices for lactation support.

How to Use This Toolkit

This toolkit is organized to help you fulfill the requirements of California Penal Code § 4002.5. Each appendix provides a model for what is now required by law. You can use these models as templates to customize for your location or to ensure the policies and practices you already have in place meet the requirements of the law.
AB 2507 Model Policy

The California Breastfeeding Coalition and American Civil Liberties Union Foundation of Southern California encourage jails to utilize this model policy to implement California Penal Code § 4002.5.

MODEL POLICY TO IMPLEMENT PENAL CODE § 4002.5

I. Purpose

These policies and procedures outline the best practices for healthcare provision to incarcerated people who are lactating, in compliance with California Penal Code § 4002.5.

II. Legal Background

AB 2507 (codified in Penal Code § 4002.5, see Appendix A), in effect from January 1, 2020, mandates that a county sheriff or the administrator of a county jail develop and implement an infant and toddler breast milk feeding policy that is based on currently accepted best practices for lactating persons detained within or sentenced to a county jail. Under both state and federal law, county jails must already provide lactating people with accommodations to express milk. See Cal. Gov. Code §§ 11135(a), 12926(r); Estelle v. Gamble, 429 U.S. 97 (1976); Cal. Penal Code § 673. This law expands the current mandates to require that jails implement a policy for delivering the expressed breast milk to the infant or toddler.

Pursuant to AB 2507 and Penal Code § 4002.5, the policy must include:

(1) Procedures for providing medically appropriate support and care related to the cessation of lactation or weaning.

(2) Procedures providing for breast milk expression, disposal, and same-day storage for later retrieval and delivery to an infant or toddler by an approved person.

(3) Procedures for conditioning a person’s participation in the program upon the lactating person undergoing drug screening.

(4) The infant and toddler breast milk feeding policy for lactating people shall be posted in all locations in the jail where medical care is provided, and the provisions of the policy shall be communicated to all staff persons who interact with or oversee pregnant or lactating people.
III. Medical Background

Exclusive breastfeeding of infants and toddlers is recommended by every major healthcare organization.\(^1\,2\,3\) The American Academy of Pediatrics states in their policy from 2012:

> Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice. The American Academy of Pediatrics reaffirms its recommendation of exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. Medical contraindications to breastfeeding are rare.

The World Health Organization states, “Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.”\(^4\)

The National Commission on Correctional Health Care supports and recommends making accommodations for nursing people in custody, including at short-stay facilities, that will enable them to maintain their breast milk supply.\(^5\)

Access to lactation accommodations and transfer of expressed breast milk to the child are essential for the health and well-being of parents and children, and enhances their long-term bonding.

IV. Model Policy

[NAME OF JAIL] implements an infant and toddler breast milk feeding policy for lactating persons detained within or sentenced to this county jail. This policy will designate appropriate programmatic protocols [hereinafter referred to as Lactation Program] to provide medically appropriate support and care related to the management of lactation or cessation thereof. The Lactation Program is based on currently accepted best practices.

Lactating Persons, as defined below, will be allowed to access a clean breast pump, accessories, and a clean, private location for the purpose of regular expression of breast milk to initiate lactation, increase milk volume, maintain milk supply, wean or cease lactation, relieve discomfort, prevent infection, and/or deliver breast milk to their child. Lactating Persons who

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choose to provide breast milk for their child will be allowed to have pumped breast milk properly stored by medical staff so that it may be picked up by an Approved Person as defined below or through a program created for this purpose.

Lactating Persons will also be allowed to have contact visits with their children as often as possible and with appropriate privacy to directly breastfeed during visits.

The jail shall employ and/or establish a partnership with a lactation support professional and/or community organization that specializes in maternal child health, to serve as a resource for Jail Staff implementing the policy and Lactating Persons availing themselves of this program.

Pregnant and postpartum people will be provided evidence-based education about lactation. Jail Staff will encourage and support Lactating Persons to meet their own individual lactation goals.

IV. **Effective Date**

January 1, 2020

V. **Definitions**

1. **Lactation**: Lactation is the process of making breast milk for a baby. It is different from other bodily processes. Lactation requires consistent, predictable removal of milk from breasts to maintain milk supply, for comfort, and to prevent illness.

2. **Lactating Persons**: People who are currently experiencing lactation.

3. **Breast milk Expression**: Milk is removed through the process of pumping the breast, either with an electric pump or through manual expression.

   a. Lactating people need to establish and build their milk supply after childbirth and must continue to have regularly scheduled times for milk expression to maintain a milk supply. The critical times to protect lactation with milk expression when there is no direct breastfeeding are:

      i. **Initiation of lactation at birth**: If Lactating Person and baby are separated at birth, the timing of the first pump should be within the first hour after birth.

      ii. **Establishing milk supply**: Lactating Person needs to express milk 6-8 times in a 24-hour period to produce sufficient milk for the child. The first two weeks are the most critical for successful and adequate milk production. Interference with milk expression during this critical time will have a lasting negative impact on lactation performance.

      iii. **Maintenance**: To maintain milk supply, a Lactating Person needs to express milk approximately 6-8 times in a 24-hour period. Without regular milk expression, the Lactating Person’s body will stop producing milk; they may also develop blocked ducts, which can be painful and cause infections.
4. **Weaning:** Weaning is the natural process of a child learning to eat complementary foods, which results in a gradual decrease in milk production. In the context of this law, weaning is a controlled slowing of milk production to help the cessation of lactation. In order to wean safely and to prevent blocked ducts or breast infection, a gradual reduction in milk expression with medical supervision is necessary.

5. **Approved Person:** An Approved Person is a person designated by the Lactating Person who will agree to pick up stored breast milk on behalf of the Lactating Person to be delivered to Lactating Person’s infant or toddler. This person may be a family member, friend, child’s guardian, or member of an organization. The Lactating Person may designate multiple Approved Persons.

6. **Breast Pumps:** Breast Pumps are durable medical equipment for milk expression and shall be included in the medical supply inventory. Pumps are categorized by the Healthcare Common Procedure Coding System (HCPCS) as:
   a. Manual (E0602)
   b. Single User Electric (E0603)
   c. Multi-User Electric (E0604) (See Appendix B for Checklist)

7. **Breast Milk Expression Accessories:** Breast Milk Expression Accessories are durable medical equipment, are coded as HCPCS A9999-Misc, and shall be included in the medical supply inventory. These products may include, but are not limited to, breast milk storage bags; breast pump kits; individual parts from pump kits, such as tubing, valves, flanges (various sizes of flanges based on breast/nipple size), and bottles; lanolin; and a glass or plastic washable food container with a lid for each Lactating Person to store filled breast milk storage bags or bottles in the freezer. (See Appendix B for Checklist)

8. **Breast Milk Storage Containers:** Breast Milk Storage Containers are clean food-safe milk containers, bottles, or breast milk storage bags that can withstand freezing temperatures. (See Appendix B for Checklist)

9. **Sterilization Products and Equipment:** Sterilization Products and Equipment are necessary to make breast pumps and accessories clean and sterile to reduce the risk of cross-contamination and infectious disease and to perform hand hygiene. (See Appendix B for Checklist)

10. **Lactation Location:** The Lactation Location is a clean, quiet, and private room used by the Lactating Person for the purpose of regular expression of breast milk to initiate lactation, increase milk volume, maintain milk supply, wean or cease lactation, relieve discomfort, prevent infection, and/or deliver breast milk to their child.
11. **Jail Staff**: All staff who work within a jail, including but not limited to, medical staff, custody staff, administrative staff, and leadership staff.

12. **Jail Administrator**: The Sheriff or other individual who manages the county jail.

13. **Medical Staff**: Staff who work exclusively in healthcare provision to people who are incarcerated.

14. **Custody Staff**: Staff who work exclusively in correctional settings and directly with people who are incarcerated.

15. **Lactation Support Professional**: Any medical staff and/or community public health staff or volunteers who have lactation-specific training, especially International Board-Certified Lactation Consultants (IBCLC), Certified Lactation Counselors, Certified Lactation Educators, Certified Lactation Educator Counselors, Certified Lactation Education Specialists, and Breastfeeding Peer Counselors.

**VI. Institutional Responsibilities**

1. The Jail Administrator shall:
   a. Implement and manage a system to administer the Lactation Program.
   b. Delegate decision-making authority to designated Medical Staff for daily operations of the healthcare delivery system and ensure adequate resources are deployed to support the required elements of care:
      i. Provision of clean, quiet, and private Lactation Location for expression of breast milk;
      ii. Provision of clean Breast Pumps and Breast milk Expression Accessories, including multiple sizes of flanges;
      iii. Provision of unlimited quantity of clean Breast Milk Storage Containers;
      iv. Provision of unlimited quantity of clean Sterilization Products and Equipment, and the ability to adequately clean and sterilize Breast Pumps and Breast Milk Expression Accessories;
      v. Provision of well-maintained and functioning freezer and, if possible, refrigerator;
      vi. Individualized schedule for each Lactating Person to pump as often as they need;
      vii. System for labelling the Lactating Person’s breast milk, including the name and number of the Lactating Person and the freezer location for the breast milk of the Lactating Person;
         1. Each bin, box, or plastic bag in which milk is contained should contain the name and number of the Lactating Person;
      viii. System for providing the Lactating Person’s breast milk to the Approved Person;
      ix. Accurate medical information and educational materials;
x. Qualified Lactation Support Professionals to answer questions; and
xi. Emergency treatment available 24 hours a day, 7 days a week.

c. Ensure access to and utilization of Breast Pumps, Breast Milk Expression Accessories, Breast Milk Storage Containers, Breast Milk Sterilization Products and Equipment, patient registries and summaries, and evidence-based guidelines to guarantee coordinated and integrated management of lactation and breast milk retrieval.
d. Staff Education: All Jail Staff shall receive training about the Lactation Program to ensure optimal support of Lactating People.
   i. All Medical Staff shall complete an additional 3-hour training.

VII. Identification of Lactating Persons

1. A person may be identified as lactating in several ways that include, but are not limited to:
   a. The Lactation Program intake provided to the inmate during the booking process (See Lactation Program Intake form in Appendix C);
      i. Note: if a person is lactating while in the booking process, they will need accommodations approximately every 3-4 hours;
   b. Person’s request to Jail Staff;
   c. Discharge record from hospital for those who give birth in custody;
   d. Sick call slip; or
   e. Clinic visit.

VIII. Directive 1 - Notification and Screening

1. **Notification:** Pregnant people shall be informed of the benefits of breastfeeding by Medical Staff both during pregnancy and after giving birth.
   a. People in jails and entering jails will be notified of this program via an advisement provided by Medical Staff.
   b. Medical Staff shall conduct a lactation screening via Lactation Program Intake form (see Appendix C) for all people upon entering a jail facility. At that time, or at any other time a person is newly determined to be lactating or pregnant, Medical Staff should provide the following information:
      i. Education about the benefits of breastfeeding. (See Appendix D).
      ii. Risks of lactation with HIV, illicit drug use, and some prescribed medications. Medical Staff will use appropriate evidence-based resources to determine the safety of prescribed medications.
      iii. Benefits of receiving medication-assisted treatment for Opioid Use Disorder (OUD). Lactating Persons who are already prescribed these medications will be counseled that lactation is both safe and preferred.
2. **Confidentiality**: Patient confidentiality will be respected, and all Jail Staff shall protect the privacy of Lactating People as per HIPAA regulations. This prohibits the Medical Staff or Lactation Support Professionals from sharing any personal health information with Custody Staff.

IX. **Directive 2 – Breast Milk Expression and Storage Protocol**

1. **Location**: Jails will provide a Lactation Location, as defined above, for Lactating Persons to express milk. The Lactation Location shall have a comfortable chair, electricity for an electric pump, flat surface to place the pump if not otherwise situated permanently (such as on a rolling cart), storage space for individual pump kits, and a sink with running hot and cold water for hand hygiene and cleaning of Breast Milk Expression Accessories. (See Appendix B for Checklist).

2. **Transport**: Custody Staff shall escort Lactating Person to the Lactation Location and maintain the Lactating Person’s privacy at all times. A Lactating Person shall have freedom of movement in the Lactation Location while pumping. Custody Staff shall not remain in the Lactation Location during milk expression, except in exigent circumstances in which Custody Staff is unable to provide the Lactating Person with privacy.

3. **Time**: Jail Staff shall schedule appropriate time for Lactating Person to express milk based on their stage of lactation and healthcare needs, as determined jointly between Medical Staff, Lactation Support Professional, and the Lactating Person.
   a. The timing and schedule for milk expression will vary based on the needs of the Lactating Person.
   b. In general, Lactating Persons need approximately 20-30 minutes for milk expression, undressing/redressing, hand hygiene, cleaning of milk expression accessories, and milk storage.
   c. Once milk supply is fully established, the approximate schedule for milk expression may be approximately every 3-4 hours.

4. **Equipment**: Jails will ensure clean Breast Pumps, Breast Milk Expression Accessories, Breast Milk Storage Containers, and Breast Milk Sterilization Products and Equipment.
   a. Type of breast pump:
      i. Lactating Persons fully separated from their infants or toddlers require the strength of an E0604 Multi-User Electric Breast Pump. If the jail stocks multi-user Breast Pumps, each Lactating Person will be issued their own individual pump kit.
   b. Jails may choose to issue individual E0603 personal-use electric Breast Pumps.
   c. Jails may use reasonable discretion in allowing a Lactating Person to utilize their own Breast Pump from home, if available.
d. Lactating Persons being released from the Jail will be released with a E0602 manual pump. Prior to the Lactating Person’s release back into the community, Jail Staff shall coordinate with community programs to support access to the appropriate Breast Pump.

e. Jails shall maintain adequate inventory of Breast Milk Expression Accessories, Breast milk Storage Containers, and Breast Milk Sterilization Products and Equipment. (See Appendix B for Checklist).

5. **Storage**: Jail Staff shall follow the breast milk storage guidelines set forth by the Centers for Disease Control and Prevention (see Appendix E) and shall:
   a. Provide clean Breast Milk Storage Containers;
   b. Provide a functioning and well-maintained freezer and, if possible, refrigerator; and
   c. Provide a system for labeling, logging, and tracking all stored breast milk. (See Appendix F for Sample Log).

6. **Sterilization and Hygiene**: Jail shall follow the hand hygiene, pump cleaning, and sterilization guidelines set forth by the Centers for Disease Control and Prevention and shall provide all necessary Breast milk Sterilization Products and Equipment. (See Appendix G).

7. **Breast Milk Expression Protocol**: When a Lactation Person enters the Lactation Program, Medical Staff and, if available, Lactation Support Professional shall:
   a. Wait until Custody Staff leaves the room;
   b. Discuss the current milk expression schedule and ascertain medically relevant diagnoses or health care needs;
   c. Instruct Lactating Person to wash their hands or use hand sanitizer;
   d. Teach Lactating Person how to use the Breast Pump, if needed;
   e. Instruct Lactating Person on labeling of Breast Milk Storage Containers with permanent marker with their name, date, and time;
   f. Direct where the labeled Breast Milk Storage Containers will be stored and ensure its safe and proper storage;
   g. Direct Lactating Person on how to clean Breast Pump, Breast Milk Expression Accessories, and surface if there is milk spillage; and
   h. Assist Lactating Person with any education, schedule changes, and/or other medical needs.

8. **Breast Milk Storage Tracking**:
   a. After receipt of labeled Breast Milk Storage Containers, Medical Staff shall initial the labeled Breast Milk Storage Containers and log their receipt on a tracking form (either electronic or manual).
   b. Medical Staff shall log the date/time that the Breast Milk Storage Containers are put in the refrigerator or freezer.
c. Jail Staff should log the date/time that the Breast Milk Storage Containers are distributed to the Approved Person for pick-up. Jail Staff should direct the Approved Person to sign that they have received the stored milk. (See Appendix F for Sample Log).

X. Directive 3 - Pick-up

1. **Pick-up schedule:** Jail Staff will determine a reasonable schedule during normal business hours for the Approved Person to pick-up the breast milk.
   a. The Lactating Person and Approved Person shall arrange coordination for the pick-up of milk in advance, if possible. Jail Staff should use reasonable efforts to support the Lactating Person in this coordination.
   b. Lactating Person must submit a form designating the Approved Person. The Lactating Person and Approved Person must both sign the form. (See Appendix H for form). The Lactating Person may designate multiple Approved Persons, and must submit a separate form for each Approved Person.
   c. When the Approved Person picks up the milk, the Jail Staff will log the date/time of pick-up and will direct the Approved Person to sign that they have received the stored milk.
   d. The Jail Staff will provide the Approved Person with the Breast Milk Storage Containers and information about keeping the milk cold. If a cooler is not available, Jail Staff will provide a bag of ice. (See Appendix I for guidance on traveling with breast milk).

2. **Failure to pick up breast milk as scheduled:** All stored breast milk will be discarded if not picked up within 6 months of being frozen or 6 days of being refrigerated.
   a. Jail Staff will use reasonable efforts to ensure milk can be picked up by the Approved Person in a timely manner;
   b. Once released from jail, the Lactating Person may take their remaining stored milk with them;
   c. If the Lactating Person is released and leaves remaining stored milk, the milk will be discarded.
4002.5. (a) On or before January 1, 2020, the sheriff of each county or the administrator of each county jail shall develop and implement an infant and toddler breast milk feeding policy for lactating inmates detained in or sentenced to a county jail. The policy shall be based on currently accepted best practices. The policy shall include all of the following provisions:

(1) Procedures for providing medically appropriate support and care related to the cessation of lactation or weaning.

(2) Procedures providing for human milk expression, disposal, and same-day storage for later retrieval and delivery to an infant or toddler by an approved person, at the option of the lactating inmate and with the approval of the facility administrator.

(3) Procedures for conditioning an inmate’s participation in the program upon the inmate undergoing drug screening.

(b) The infant and toddler breast milk feeding policy for lactating inmates shall be posted in all locations in the jail where medical care is provided and the provisions of the policy shall be communicated to all staff persons who interact with or oversee pregnant or lactating inmates.

(c) This section applies without regard to whether the jail is operated pursuant to a contract with a private contractor and without regard to whether the inmate has been charged with or convicted of a crime.

(Added by Stats. 2018, Ch. 944, Sec. 1. (AB 2507) Effective January 1, 2019.)
Appendix B – Lactation in Jails Checklist

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th><strong>Breast milk Expression Pumps and Accessories</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Private, relaxed atmosphere to facilitate the letdown reflex.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breast Pump – A pump/suction device that offers an efficient way to pump and collect milk, sustain, increase or even induce lactation, treat engorgement or sore nipples, or pull out flat or inverted nipples.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pumps are categorized by the Healthcare Common Procedure Coding System (HCPCS) as: Manual (E0602) Single-User Electric (E0603) Multi-User Electric (E0604)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Electrical outlet</td>
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<tr>
<td></td>
<td></td>
<td>Hand washing area (soap and water)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hand sanitizer</td>
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<tr>
<td></td>
<td></td>
<td>Breast pads (for leaking breast milk)</td>
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<tr>
<td></td>
<td></td>
<td>Pump kit parts (tubing, pistons, shields/bottles)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th><strong>Breast Milk Storage Containers</strong></th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breast milk bags</td>
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<tr>
<td></td>
<td></td>
<td>Insulated cooler bag (Keep ice packs in contact with milk containers at all times, limit opening cooler bag)</td>
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<tr>
<td></td>
<td></td>
<td>Refrigerator (Equal to or less than 39°F)</td>
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<tr>
<td></td>
<td></td>
<td>Freezer compartment of a refrigerator (-4°F or cooler)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th><strong>Sterilization Products and Equipment</strong></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Cleansing wipes (clean the pump parts between use)</td>
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<tr>
<td></td>
<td></td>
<td>Cavicide (Cleans pump, cord, and has a kill time of 5 minutes). Kill time is the amount of time you must leave on.</td>
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<tr>
<td></td>
<td></td>
<td>Clorox wipes (Cleans pump)</td>
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<td></td>
<td></td>
<td>Sani Cloth wipes (Cleans pump)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bleach and water disinfectant (1/3 cup bleach per 1 gallon of water OR 2 tablespoons bleach per 1 quart water). <strong>Allow surfaces to fully air dry</strong></td>
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<tr>
<td></td>
<td></td>
<td>Gloves</td>
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<tr>
<td></td>
<td></td>
<td>Quick clean micro-steam bags (20 uses per bag, only need a microwave and water)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vacuum Gauge</td>
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<tr>
<td></td>
<td></td>
<td>Test kit (pump, pump parts)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Assemble pump with test kit. Plug in pump; turn pump on; check all working parts. Attach vacuum gauge, allow pump to run for 2 minutes. Pump gauge should read between 240–260.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paper towels or soft disposable cloth to wipe cavicide or bleach solution off</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pump binder (<strong>optional</strong> – date pump cleaned, initials)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marker (<strong>optional</strong> to number pumps)</td>
</tr>
</tbody>
</table>
Appendix C – Lactation Program Intake Form

Interest in Breast Milk Feeding Program

1. Are you pregnant, postpartum, and/or lactating?
   a. If pregnant, when is your due date or delivery date?
   b. If postpartum and/or lactating, when did you give birth?

2. Do you wish to participate in the Lactation Program?

3. Do you have experience with breast milk feeding and/or pumping breast milk?

4. Tell us your current goals for breast milk feeding.

Drug Screening

Disclaimer: This section is only for the purpose of a legally mandated drug screening requirement. Your responses to the questions below do not necessarily impact your eligibility to participate in the Lactation Program. Your medical provider will discuss with you whether it is safe to breastfeed with your particular history.

1. Do you have a history of drug use or addiction?

2. Are you currently under the influence of, or have you consumed in the past 48 hours, any illegal drugs? If yes, list:

[Attach the document entitled “Benefits and Risks of Breastfeeding” (Appendix D)]
Appendix C (Spanish) – Forma de Admisión para el Programa de Alimentación con Leche Materna

Interés en el Programa de Alimentación con Leche Materna

1. ¿Está embarazada, dio a luz recientemente (postparto) y/o está dando pecho?___________
   a. Si está embarazada, ¿cuál es la fecha estimada de parto?__________________________
   b. Si está postparto y/o dando pecho, ¿cuándo nació su bebé?_________________________

2. ¿Le gustaría participar en el Programa de Alimentación con Leche Materna?__________

3. ¿Tiene experiencia dando el pecho y/o sacándose la leche manualmente o con sacaleches?________________________________________________________

4. ¿Diganos qué metas tiene para alimentar con leche materna?________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Prueba de detección de sustancias controladas

Declaración de ausencia de responsabilidad legal: El propósito de esta sección es únicamente para cumplir con el mandado legal requerido. Sus respuestas a las siguientes preguntas no afectan necesariamente su elegibilidad para participar en el Programa de Alimentación con Leche Materna. Su médico platicará con usted si es recomendable o no dar pecho en base a su historial de salud personal.

1. ¿Tiene historial de uso de drogas o adicción?____________________________________

2. ¿En este momento se encuentra usted bajo la influencia de, o ha consumido alguna droga ilegal en las últimas 48 horas? Si su respuesta es sí, por favor liste cual(es) drogas consumió los últimos dos días (48 horas):________________________________
   __________________________________________________________________________
   __________________________________________________________________________

[Incluya el folleto: Beneficios y Riesgos de la Lactancia Materna (Appendix D)]
Appendix D – Benefits of Breastfeeding

By the California Breastfeeding Coalition and the California WIC Association in partnership with California Department of Public Health: PowerPoint Presentation (calwic.org)

Scientific Evidence Supports Breastfeeding
There is overwhelming scientific evidence that human breast milk is the optimal food for human infants. Professional health organizations and government entities actively promote breastfeeding including, but not limited to the American Academy of Pediatrics (AAP), the American College of Obstetrics and Gynecologists, the American Academy of Family Physicians, the Association of Women’s Health, Obstetric and Neonatal Nurses, the Academy of Nutrition and Dietetics (formerly the American Dietetic Association), the U.S. Department of Health and Human Services, the American Public Health Association, the World Health Organization and the United States Breastfeeding Committee.

The American Academy of Pediatrics Recommendation on Breastfeeding
The American Academy of Pediatrics recommends, “…exclusive breastfeeding for about six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant.”

Exclusive breastfeeding refers to offering no other foods or fluids for infant feeding.

Quality of Human Breast Milk
Human breast milk is nutritionally complete and is the healthiest source of nutrients for infants during their first six months of life. Human milk contains a variety of enzymes, proteins, hormones, hormone–like substances, and living cells that are not found in commercial infant formula. These bioactive factors optimize the immune system, decrease the risk of infections, promote growth of optimal gut flora, and change over time to meet the specific biological needs of the growing infant. Our understanding of the benefits of breastfeeding is expanding as research on new topics such as epigenetics and the gut microbiome illustrate how human milk can lead to lower risks of infections, autoimmune disorders and non–communicable diseases.

Table 1: Risks of Not Breastfeeding
This table highlights the medical risks associated with not breastfeeding that are supported by scientific evidence. It is not an exhaustive list of all the available research.

Economic and Environmental Benefits of Breastfeeding
In addition to being the most nutritious choice, breastfeeding also

<table>
<thead>
<tr>
<th>Infant has higher risk of</th>
<th>Mother has higher risk of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity in childhood</td>
<td>Postpartum weight retention</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Depression</td>
</tr>
<tr>
<td>Respiratory tract infection</td>
<td>Ovarian cancer</td>
</tr>
<tr>
<td>Ear infections</td>
<td>Breast cancer</td>
</tr>
<tr>
<td>Sudden Infant Death Syndrome (SIDS)</td>
<td></td>
</tr>
<tr>
<td>Type 1 and 2 diabetes</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Lower IQ</td>
<td></td>
</tr>
<tr>
<td>Necrotizing enterocolitis</td>
<td></td>
</tr>
<tr>
<td>Urinary tract infections</td>
<td></td>
</tr>
<tr>
<td>Atopic dermatitis</td>
<td></td>
</tr>
</tbody>
</table>
provides economic and environmental benefits. Families do not have to purchase commercial infant formula or bottles when infants breastfeed, and there are no external costs to the environment generated by the production, transportation, and discarding of commercial infant formula containers. The reduction in health risks from breastfeeding reduces health care costs and subsequently the insurance and tax burden for everyone.

Risks of Breastfeeding
There may be risks of breastfeeding with communicable diseases, drug use, and some prescribed medications. Medical staff can work with you to determine whether it is safe for you to breastfeed.

This handout can also be downloaded and provided to the lactating person. https://www.cdph.ca.gov/Programs/CFH/DWICSN/CDPH%20Document%20Library/Families/FeedingMyBaby/Formula-breast%20milk.pdf
Appendix D (Spanish) – Beneficios de la Lactancia Materna

Información obtenida de la Guía de Alimentación Infantil de California 2016: Presentación de PowerPoint (calwic.org)

La evidencia científica apoya la lactancia materna
Hay pruebas científicas abrumadoras de que la leche materna humana es el alimento óptimo para los bebés humanos. Las organizaciones profesionales de salud y las entidades gubernamentales promueven activamente la lactancia materna, incluidas, entre otras, la Academia Americana de Pediatría (AAP), el Colegio Americano de Obstetricia y Ginecología, la Academia Americana de Médicos de Familia, la Asociación de Salud de la Mujer, Enfermeras Obstétricas y Neonatales, la Academia de Nutrición y Dietética (anteriormente la Asociación Dietética Americana), el Departamento de Salud y Servicios Humanos de los Estados Unidos, la Asociación Americana de Salud Pública, la Organización Mundial de la Salud y el Comité de Lactancia Materna de los Estados Unidos.

Recomendación de la Academia Americana de Pediatría sobre la lactancia materna
La Academia Americana de Pediatría recomienda, “… la lactancia materna exclusiva durante unos seis meses, seguida de la lactancia materna continua a medida que se introducen alimentos complementarios, con la continuación de la lactancia materna durante un año o más según lo deseen mutuamente la madre y el lactante”. 1 La lactancia materna exclusiva se refiere a no ofrecer otros alimentos o líquidos para la alimentación infantil.

Calidad de la Leche Materna Humana
La leche materna humana es nutricionalmente completa y es la fuente más saludable de nutrientes para los bebés durante sus primeros seis meses de vida. La leche materna contiene una variedad de enzimas, proteínas, hormonas, sustancias similares a las hormonas y células vivas que no se encuentran en la fórmula infantil comercial. Estos factores bioactivos optimizan el sistema inmunológico, disminuyen el riesgo de infecciones, promueven el crecimiento de la flora intestinal óptima y cambian con el tiempo para satisfacer las necesidades biológicas específicas del bebé en crecimiento. Nuestra comprensión de los beneficios de la lactancia materna se está expandiendo a medida que la investigación sobre nuevos temas como la epigenética y el microbioma intestinal ilustra cómo la leche materna puede conducir a menores riesgos de infecciones, trastornos autoinmunes y enfermedades no transmisibles.

Tabla 1: Riesgos de no amamantar
Esta tabla destaca los riesgos médicos asociados con la no lactancia materna que están respaldados por evidencia científica. No es una lista exhaustiva de todas las investigaciones disponibles.

Beneficios económicos y ambientales de la lactancia materna
Además de ser la opción más nutritiva, la lactancia materna también proporciona beneficios económicos y ambientales. Las familias no tienen que comprar fórmula o biberones comerciales para lactantes cuando los bebés amamantan, y no hay costos externos para el medio ambiente generados por la producción, el transporte y el descarte de contenedores comerciales de fórmula para lactantes. La reducción de los riesgos para la salud derivados de la lactancia materna reduce los costos de atención de la salud y, posteriormente, el seguro y la carga fiscal para todos.
### Riesgos de la lactancia materna

Puede haber riesgos de amamantar con enfermedades transmisibles, uso de drogas y algunos medicamentos recetados. El personal médico puede trabajar con usted para determinar si es seguro para usted amamantar.

Este folleto también se puede descargar y entregar a la persona que amamanta.


<table>
<thead>
<tr>
<th>El bebé tiene un mayor riesgo de</th>
<th>La madre tiene un mayor riesgo de</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesidad en la infancia</td>
<td>Retención de peso postparto</td>
</tr>
<tr>
<td>Diarrea</td>
<td>Depresión</td>
</tr>
<tr>
<td>Infección de las vías respiratorias</td>
<td>Cáncer de ovario</td>
</tr>
<tr>
<td>Infecciones del oído</td>
<td>Cáncer de mama</td>
</tr>
<tr>
<td>Síndrome de muerte súbita del lactante (SMSL)</td>
<td></td>
</tr>
<tr>
<td>Diabetes tipo 1 y 2</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
<tr>
<td>Asma</td>
<td></td>
</tr>
<tr>
<td>Coeficiente intelectual más bajo</td>
<td></td>
</tr>
<tr>
<td>Enterocolitis necrosante</td>
<td></td>
</tr>
<tr>
<td>Infecciones del tracto urinario</td>
<td></td>
</tr>
<tr>
<td>Dermatitis atópica</td>
<td></td>
</tr>
</tbody>
</table>

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Este folleto también se puede descargar y entregar a la persona que amamanta.

Appendix E - Storage and Preparation of Breast Milk

STORAGE AND PREPARATION OF BREAST MILK

BEFORE EXPRESSING/PUMPING MILK

- **Wash** your hands well with soap and water.
- **Inspect** the pump kit and tubing to make sure it is clean. Replace moldy tubing immediately.
- **Clean** pump dials and countertop.

STORING EXRESSED MILK

- **Use** breast milk storage bags or clean food-grade containers with tight fitting lids.
- **Avoid** plastics containing bisphenol A (BPA) (recycle symbol #7).

HUMAN MILK STORAGE GUIDELINES

<table>
<thead>
<tr>
<th>TYPE OF BREAST MILK</th>
<th>STORAGE LOCATIONS AND TEMPERATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Countertop</td>
</tr>
<tr>
<td></td>
<td>77°F (25°C) or colder (room temperature)</td>
</tr>
<tr>
<td>Freshly Expressed or Pumped</td>
<td>Up to 4 Hours</td>
</tr>
<tr>
<td>Thawed, Previously Frozen</td>
<td>1–2 Hours</td>
</tr>
<tr>
<td>Leftover from a Feeding (baby did not finish the bottle)</td>
<td>Use within 2 hours after the baby is finished feeding</td>
</tr>
</tbody>
</table>

ACCESSIBLE VERSION: https://bit.ly/2dxVYLU

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Always thaw the oldest milk first.

Thaw milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.

Never thaw or heat milk in a microwave. Microwaving destroys nutrients and creates hot spots, which can burn a baby's mouth.

Use milk within 24 hours of thawing in the refrigerator (from the time it is completely thawed, not from the time when you took it out of the freezer).

Use thawed milk within 2 hours of bringing to room temperature or warming.

Never refreeze thawed milk.

Milk can be served cold, room temperature, or warm.

To heat milk, place the sealed container into a bowl of warm water or hold under warm running water.

Do not heat milk directly on the stove or in the microwave.

Test the temperature before feeding it to your baby by putting a few drops on your wrist. It should feel warm, not hot.

Swirl the milk to mix the fat, which may have separated.

If your baby did not finish the bottle, leftover milk should be used within 2 hours.

Wash disassembled pump and feeding parts in a clean basin with soap and water. Do not wash directly in the sink because the germs in the sink could contaminate items.

Rinse thoroughly under running water. Air-dry items on a clean dishtowel or paper towel.

Using clean hands, store dry items in a clean, protected area.

For extra germ removal, sanitize feeding items daily using one of these methods:

- clean in the dishwasher using hot water and heated drying cycle (or sanitize setting).
- boil in water for 5 minutes (after cleaning).
- steam in a microwave or plug-in steam system according to the manufacturer's directions (after cleaning).

Label milk with the date it was expressed and the child's name if delivering to childcare.

Store milk in the back of the freezer or refrigerator, not the door.

Freeze milk in small amounts of 2 to 4 ounces to avoid wasting any.

When freezing leave an inch of space at the top of the container; breast milk expands as it freezes.

Milk can be stored in an insulated cooler bag with frozen ice packs for up to 24 hours when you are traveling.

If you don't plan to use freshly expressed milk within 4 days, freeze it right away.

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- steam in a microwave or plug-in steam system according to the manufacturer's directions (after cleaning).
Appendix E – (Spanish) Almacenamiento y Preparación de la Leche Materna

VERSIÓN ACCESIBLE: https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

ALMACENAMIENTO Y PREPARACIÓN DE LA LECHE MATERNA

ANTES DE EXTRAERSE LA LECHE

- **Lávese** bien las manos con agua y jabón.
- **Revise** el extractor y sus tubos para asegurarse de que estén limpios.
- **Limpie** los díales del extractor y la superficie de la mesa.

CÓMO ALMACENAR LA LECHE

- **Use** bolsas para almacenar leche materna o envases limpios, de calidad apta para guardar alimentos y con tapas que se ajusten bien.
- **Evite** los plásticos que contengan bisfenol A (BPA) (símbolo de reciclaje #7).

GUÍA PARA ALMACENAR LA LECHE MATERNA

<table>
<thead>
<tr>
<th>TIPO DE LECHE</th>
<th>LUGARES Y TEMPERATURAS DE ALMACENAMIENTO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fuera del refrigerador</td>
</tr>
<tr>
<td></td>
<td>77 °F (25 °C) o más frío (temperatura ambiente)</td>
</tr>
<tr>
<td>Recién extraída</td>
<td>Hasta 4 horas</td>
</tr>
<tr>
<td>Descongelada, previamente congelada</td>
<td>1 a 2 horas</td>
</tr>
<tr>
<td>Leche que sobre después de alimentar al bebé (el bebé no tomó todo el biberón)</td>
<td>Se debe usar dentro de las 2 horas después de que el bebé paró de tomar el biberón.</td>
</tr>
</tbody>
</table>

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### GUARDAR
Marque el envase de la leche con la fecha en que fue extraída y el nombre del niño si la va a dejar en la guardería infantil.

Guarde la leche en el fondo del congelador o refrigerador, no en la puerta.

Congele la leche en pequeñas cantidades, de 2 a 4 onzas, para evitar que se desperdicie.

Cuando congele la leche, deje un espacio de una pulgada en la parte de arriba del envase; la leche materna se expande al congelarse.

Cuando esté viajando, la leche se puede guardar en una bolsa térmica aislada que contenga paquetes de hielo, por un máximo de 24 horas.

Si no planea usar leche recién extraída dentro de los 4 días, congélela enseguida.

---

### DESCONGELAR
**Siempre descongele primero la leche más vieja.**

Descongele la leche bajo agua corriente tibia, en un recipiente que contenga agua tibia o durante la noche en el refrigerador.

Nunca descongele o caliente la leche en el horno de microondas. Las microondas destruyen los nutrientes y dejan partes más calientes que pueden quemarle la boca al bebé.

Use la leche dentro de las 24 horas de haberla descongelado en el refrigerador (desde el momento en que esté completamente descongelada, no desde cuando la sacó del congelador).

Use la leche descongelada dentro de las 2 horas de haberla calentado o de que haya alcanzado la temperatura ambiente.

Nunca vuelva a congelar la leche descongelada.

---

### ALIMENTAR
La leche se puede dar fría, a temperatura ambiente o tibia.

Para calentar la leche, ponga el recipiente sellado dentro de un tazón con agua tibia o bajo agua corriente tibia.

**No caliente** la leche directamente sobre la estufa o en el horno de microondas.

Antes de alimentar al bebé, pruebe la temperatura dejando caer unas gotas sobre su propia muñeca. Débe sentirla tibia, no caliente.

Revuelva la leche para mezclar la grasa que pudo haberse separado.

Si el bebé no terminó el biberón, la leche que sobre deberá usarse dentro de las 2 horas.

---

### LIMPIAR
Lave el extractor de leche y las partes que use para alimentar al bebé en un recipiente limpio, con agua y jabón. **No los lave directamente** en el lavavajillas (fregadero) porque los microbios que están allí podrían contaminarlos.

Enjuáguelos bien bajo agua corriente. Déjelos secar al aire sobre una toalla de cocina o toalla de papel limpias.

Con las manos limpias, guarde los artículos secos en un lugar limpio y protegido.

Para la eliminación adicional de microbios, desinfecte diariamente los artículos que use para alimentar al bebé mediante uno de estos métodos:

- Lávelos en la máquina de lavavajillas, usando el ciclo de lavado y secado calientes (o en el ciclo de desinfección).
- Hiérvalos en agua por 5 minutos (después de lavarlos).
- Limpielos al vapor en un sistema esterilizador de biberones eléctrico o para microondas (después de lavarlos).

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**PARA OBTENER MÁS INFORMACIÓN, VISITE:**
https://bit.ly/2dxVYLU

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**Noviembre 2019**

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Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

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californiabreastfeeding.org 25
## Appendix F – Breast Pumping Log

### Breast Milk Collection and Caregiver Pick-Up Log

<table>
<thead>
<tr>
<th>INMATE’S NAME:</th>
<th>BOOKING NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROVED CARE GIVER NAME #1:</td>
<td>INMATE’S INITIALS:</td>
</tr>
<tr>
<td>APPROVED CARE GIVER NAME #2:</td>
<td>INMATE’S INITIALS:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE/TIME</th>
<th># OF BAGS COLLECTED</th>
<th>INMATE’S INITIALS</th>
<th>LAST 4 DIGITS OF EMPLOYEE ID#</th>
<th>DATE/TIME PICK-UP</th>
<th>LAST 4 DIGITS OF EMPLOYEE ID # WHO VERIFIED CAREGIVER’S ID</th>
<th>INSULATED COOLER FOR TRANSPORT Y/N</th>
<th># OF BAGS PICKED UP</th>
<th>CAREGIVER’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix G – How to Keep Your Breast Pump Kit Clean

How to Keep Your Breast Pump Kit Clean

Providing breast milk is one of the best things you can do for your baby's health and development. Pumping your milk is one way to provide breast milk to your baby. Keeping the parts of your pump clean is critical, because germs can grow quickly in breast milk or breast milk residue that remains on pump parts. Following these steps can keep your breast pump clean and help protect your baby from germs. If your baby was born prematurely or has other health concerns, your baby’s health care providers may have more recommendations for pumping breast milk safely. The steps outlined below are based on the available scientific literature and expert opinion on breast pump hygiene. However, more research is needed to answer some questions about how to best clean breast pump equipment.

**BEFORE EVERY USE**

- **Wash your hands** well with soap and water for 20 seconds.
- **Inspect and assemble** clean pump kit. If your tubing is moldy, discard and replace immediately.
- **Clean** pump dials, power switch, and countertop with disinfectant wipes, especially if using a shared pump.

**AFTER EVERY USE**

- **Store milk safely.** Cap milk collection bottle or seal milk collection bag, label with date and time, and immediately place in a refrigerator, freezer, or cooler bag with ice packs.
- **Clean pumping area,** especially if using a shared pump. Clean the dials, power switch, and countertop with disinfectant wipes.
- **Take apart** breast pump tubing and separate all parts that come in contact with breast/breast milk.
- **Rinse** breast pump parts that come into contact with breast/breast milk by holding under running water to remove remaining milk. Do not place parts in sink to rinse.
- **Clean pump parts** that come into contact with breast/breast milk as soon as possible after pumping. You can clean your pump parts in a dishwasher or by hand in a wash basin used only for cleaning the pump kit and infant feeding items.

Follow the cleaning steps given on the next page.
Clean Pump Kit

**CLEAN BY HAND**

Place pump parts in a clean wash basin used only for infant feeding items. Do not place pump parts directly in the sink!

Add soap and hot water to basin.

Scrub items according to pump kit manufacturer’s guidance. If using a brush, use a clean one that is used only to clean infant feeding items.

Rinse by holding items under running water, or by submerging in fresh water in a separate basin.

Air-dry thoroughly. Place pump parts, wash basin, and bottle brush on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Do not use a dish towel to rub or pat items dry!

Clean wash basin and bottle brush. Rinse them well and allow them to air-dry after each use. Wash them by hand or in a dishwasher at least every few days.

**OR CLEAN IN DISHWASHER**

Clean pump parts in a dishwasher, if they are dishwasher-safe. Be sure to place small items into a closed-top basket or mesh laundry bag. Add soap and, if possible, run the dishwasher using hot water and a heated drying cycle (or sanitizing setting).

Remove from dishwasher with clean hands. If items are not completely dry, place items on a clean, unused dish towel or paper towel to air-dry thoroughly before storing. Do not use a dish towel to rub or pat items dry!

**After Cleaning**

**FOR EXTRA PROTECTION, SANITIZE**

For extra germ removal, sanitize pump parts, wash basin, and bottle brush at least once daily after they have been cleaned. Items can be sanitized using steam, boiling water, or a dishwasher with a sanitize setting. Sanitizing is especially important if your baby is less than 3 months old, was born prematurely, or has a weakened immune system due to illness or medical treatment.

For detailed instructions on sanitizing your pump parts, visit www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding.html

**STORE SAFELY**

Store dry items safely until needed. Ensure the clean pump parts, bottle brushes, and wash basins have air-dried thoroughly before storing. Items must be completely dry to help prevent germs and mold from growing. Store dry items in a clean, protected area.

Learn more about safe and healthy diapering and infant feeding habits at www.cdc.gov/healthywater/hygiene/healthychildcare.
Cómo mantener limpio el extractor de leche materna

Darle leche materna a su bebé es una de las mejores cosas que puede hacer para la salud y el desarrollo de su hijo. Extraerse la leche es una de las formas de darle leche materna a su bebé. Debido a que los microbios pueden multiplicarse rápidamente en la leche materna o en el residuo de leche que queda en el extractor, es crítico mantener limpias las piezas del extractor. Si sigue estos pasos puede mantener su extractor de leche limpio y ayudar a proteger a su bebé de los microbios. Si su hijo nació prematuramente o tiene otros problemas de salud, el proveedor de atención médica del bebé podría darle más recomendaciones sobre cómo extraerse la leche materna de manera segura. Los pasos que se enumeran a continuación se basan en la información científica disponible y la opinión de expertos sobre la higiene de los extractores de leche. Sin embargo, se necesita hacer más investigaciones para responder algunas preguntas sobre cuál es la mejor manera de limpiarlos.

**ANTES DE CADA USO**

1. **Lávese las manos** bien con agua y jabón durante 20 segundos.
2. **Inspeccione y arme** el extractor limpio. Si los tubos tienen moho, deséchelos y reemplácelos inmediatamente.
3. **Limpie** con toallitas desinfectantes los diales, el botón de encendido y la superficie donde lo pondrá, especialmente si está utilizando un extractor compartido.

**DESPUÉS DE CADA USO**

1. **Guarde la leche de manera segura.** Tape la botella o selle la bolsa de recolección de leche, ponga una etiqueta con el día y la fecha, e inmediatamente colóquela en el refrigerador, el congelador o en una bolsa térmica con paquetes de hielo.
2. **Limpie el área en que se va a extraer la leche**, especialmente si está usando un extractor compartido. Limpie los diales, el botón de encendido y la superficie con toallitas desinfectantes.
3. **Desprenda** los tubos del extractor y separe todas las partes que entren en contacto con el pecho o la leche materna.
4. **Enjuague** las piezas que entren en contacto con el pecho o la leche materna para quitar la leche que quede. Para ello sosténgalas debajo del grifo y deje correr el agua. No coloque estas piezas dentro del lavavajillas para enjuagarlas.
5. **Limpie las piezas del extractor que entren en contacto con el pecho o la leche materna en cuanto termine de extraerse la leche.** Puede lavar las piezas del extractor en la lavadora automática de platos, o a mano en un recipiente que use solamente para lavar el extractor y los artículos para la alimentación del bebé.
6. **Siga los pasos de limpieza que se describen en la página siguiente.**
**Limpie el extractor**

**LÁVELO A MANO**

Coloque las piezas del extractor en un recipiente limpio que use solamente para los artículos de alimentación del bebé.

¡No coloque las piezas del extractor directamente dentro del lavamanos!

Agregue agua caliente y jabón dentro del recipiente.

Restriégue las piezas de acuerdo con las instrucciones del fabricante del extractor. Si usa un cepillo, utilice uno limpio que use solamente para limpiar los artículos de alimentación del bebé.

Enjuáguelos con agua corriente debajo del grifo o sumergiéndolos en agua fresca dentro de otro recipiente.

Séquelos completamente al aire. Coloque las piezas del extractor, el recipiente de lavado y el cepillo para biberones sobre una toalla de cocina limpia sin usar, o una toallita de papel, en un lugar que esté protegido de la suciedad y el polvo. ¡No use la toalla de cocina para secar los artículos a mano!

Limpie el recipiente de lavado y el cepillo para biberones. Enjuáguelos bien y déjelos secar al aire después de cada uso. Lávelos a mano o en la lavadora de platos al menos cada tantos días.

**O LÁVELO EN LA LAVADORA DE PLATOS**

Lave las piezas del extractor en la lavadora de platos, si son aptas para lavadora de platos. Asegúrese de colocar los artículos pequeños en una canastilla cerrada o en una bolsa de red. Agregue jabón y, si es posible, use la función de lavado con agua caliente y el ciclo de secado en caliente (o de desinfección).

Retírelos de la lavadora de platos con las manos limpias. Si los artículos no están completamente secos, colóquelos sobre una toalla de cocina limpia sin usar, o una toallita de papel, para que se sequen al aire completamente antes de guardarlos. ¡No use la toalla de cocina para secar los artículos a mano!

**Después de limpiarlos**

**DESINFÉCTELOS PARA UNA MAYOR PROTECCIÓN**

Para una mayor eliminación de microbios, desinfecte las piezas del extractor, el recipiente de lavado y el cepillo para biberones al menos una vez al día después de limpiarlos. Se pueden desinfectar con vapor, agua hirviendo o en una lavadora de platos que tenga la función de desinfectado. La desinfección es particularmente importante si su bebé tiene menos de 3 meses, nació prematuro o si tiene el sistema inmunitario debilitado debido a una enfermedad o tratamiento médico.

Para obtener instrucciones detalladas sobre cómo desinfectar las piezas del extractor, visite, www.cdc.gov/healthywater/hygiene/healthycare/infantfeeding.html

**GUÁRDELOS DE MANERA SEGURA**

Guarde los artículos secos de manera segura hasta que los necesite. Asegúrese de que las piezas limpias del extractor, los cepillos para biberones y los recipientes de lavado se hayan secado al aire completamente antes de guardarlos. Deben estar completamente secos para ayudar a prevenir la multiplicación de microbios y el moho. Guarde los artículos secos en un lugar limpio y protegido.

Obtenga más información sobre hábitos seguros y saludables al cambiarle los pañales o alimentar a su bebé en www.cdc.gov/healthywater/hygiene/healthycare.
Appendix H - Designation of Approved Person

Designation of Approved Person for Infant and Toddler Breast milk Feeding Program

Name of incarcerated person: ______________________________________________________________

Booking number of incarcerated person: ___________________________________________________

Date of birth of incarcerated person: _____________________________________________________

Name of infant or toddler: _________________________________________________________________

Date of birth of infant or toddler: _________________________________________________________

The breast milk will be picked up by

Name:_______________________________________________________________________________

Relationship to me:_____________________________________________________________________

Phone number:_________________________________________________________________________

Name:_______________________________________________________________________________

Relationship to me:_____________________________________________________________________

Phone number:_________________________________________________________________________

Name:_______________________________________________________________________________

Relationship to me:_____________________________________________________________________

Phone number:_________________________________________________________________________

Name:_______________________________________________________________________________

Relationship to me:_____________________________________________________________________

Phone number:_________________________________________________________________________

This authorization shall be considered a standing authorization while I am in custody.

I understand the following:
• Approved Person will be required to produce a government-issued photo ID.
• The jail will discard breast milk that is not picked up by my designated caregiver within a 6-month period.

Signature: _____________________________________________________________________________
Appendix H (Spanish) – Designación de la Persona Aprobada

Designación de la persona aprobada para el programa de alimentación con leche materna para bebés y niños pequeños.

Nombre de la persona encarcelada:__________________________________________

Numero de preso de la persona encarcelada:____________________________________

Fecha de nacimiento de la persona encarcelada:___________________________

Nombre del bebé o y niño pequeño:__________________________________________

Fecha de nacimiento del bebé o y niño pequeño:___________________________

La leche materna será recogida por

Nombre:_______________________________________________________________

Relación (conmigo):_____________________________________________________

Número de teléfono:_____________________________________________________

Nombre:_______________________________________________________________

Relación (conmigo):_____________________________________________________

Número de teléfono:_____________________________________________________

Nombre:_______________________________________________________________

Relación (conmigo):_____________________________________________________

Número de teléfono:_____________________________________________________

Nombre:_______________________________________________________________

Relación (conmigo):_____________________________________________________

Número de teléfono:_____________________________________________________

Esta autorización se considerará efectiva y permanente mientras este bajo custodia.

Entiendo lo siguiente:
• La persona autorizada tendrá que mostrar una identificación oficial con fotografía.
• La cárcel tirará la leche materna que no sea recogida por la persona autorizada en un periodo de 6 meses

Firma:_________________________________________________________________
Appendix I – Traveling with Frozen Breast Milk
INSTRUCTIONS FOR TRANSPORTING & THAWING FROZEN BREAST MILK

Transporting Frozen breast milk: Place frozen milk in an insulated bag or cooler with a cool/ice packs. The farther you live from the jail, the more likely it is that you will have to pad the inside of the cooler with extra cold packs to keep frozen milk from thawing.

General Guidelines for Frozen breast milk:
• The oldest dated milk should be used first.
• Thaw breast milk by placing the collection container in the refrigerator.
• If you need the milk more quickly, you can hold it under warm running water or place it in a cup, pot, bowl, or basin of warm water.
• DO NOT thaw breast milk at room temperature, in very hot water, or in the microwave. Microwaving can create hot spots. Both microwaving and heating in very hot water may decrease the amount of certain anti-infective properties in the milk.
• Breast milk separates during storage and the cream rises to the top. Gently swirl, or rotate, the collection bottle of milk to mix it together. Avoid vigorous shaking.
• Frozen milk should be kept cold and used within 24 hours from the time it thaws completely.
• Do not refreeze milk once it has been thawed.
Transporte de Leche Materna Congelada:
Coloque la leche materna en una bolsa aislante o en una hielera con bolsas de hielo. Mientras más retirado vivas de la cárcel, necesitarás mayor cantidad de hielo para evitar que la leche se descongele en el trayecto a casa después de recogerla. En cuanto llegue a su destino, guarde la leche congelada en el congelador.

Guía general; para descongelar leche materna:
- Primero use la leche materna con fecha de extracción más antigua
- Descongele la leche materna pasándola del congelador al refrigerador
- Si la necesita descongelar más rápidamente, puede detener la botella de la leche congelada bajo el chorro de agua tibia o poniéndola en un plato hondo o tazón que tenga agua tibia.
- Nunca descongele la leche materna dejándola a temperatura ambiente, tampoco use agua muy caliente, no use el microondas para descongelar la leche pues se generan zonas calientes. Tanto el uso de microondas como el de agua muy caliente para descongelar la leche materna reduce la cantidad de ciertas propiedades contra infecciones que tiene la leche.
- La leche materna se separa en dos capas durante su almacenaje con la crema de la leche en la capa de arriba. Gire suavemente con movimientos circulares la botella con la leche para mezclar las dos capas. Evite agitarla vigorosamente.
- Mantenga la leche descongelada en un lugar frío y úsela dentro de las siguientes 24 horas a partir del tiempo en que la terminó de descongelar.
- No congele de nuevo la leche que ha sido descongelada.