

## Breast Pump Access in the Inner City: A Hospital-Based Initiative to Provide Breast Pumps for Low-income Women

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### Abstract

An effective electric breast pump is an important tool for the management of breastfeeding challenges such as provision of human milk to sick or premature infants. A breast pump is also, in Western culture, critical for breastfeeding mothers who return to work. Obtaining an effective electric breast pump can be particularly difficult for uninsured or impoverished women because of the expense, complicated insurance reimbursements, and scarcity of providers that supply breast pumps to the inner-city community. To address this problem at Boston Medical Center (BMC), an inner-city hospital that serves a poor and minority urban population, members of the Breastfeeding Center worked with a local charity and local insurance companies to increase access to pumps for all women at BMC and to guarantee that every breastfeeding mother with an infant in the neonatal intensive care unit receive a double-setup electric breast pump, regardless of her insurance status or ability to pay. *J Hum Lact.* 22(1):94-98.

**Keywords:** breast pump, inner city, insurance coverage

### Need for Electric Breast Pumps

A double-setup electric breast pump is an important key to successful breastfeeding for many mothers. Although hand expression of human milk is a valid alternative, realistically in a developed country, most women rely on a breast pump to remove human milk.

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Women need breast pumps for a variety of reasons. A mother with a sick or premature infant in the neonatal intensive care unit (NICU) needs a breast pump to provide milk for a baby who cannot nurse at the breast and to maintain her milk supply.<sup>1</sup> Mothers who return to work rely on breast pumps to collect their milk while they are away from their baby and to maintain their milk supply.<sup>2</sup> Also, mothers may use breast pumps to bridge the gap temporarily when they are having breastfeeding problems such as latch difficulties or slow infant weight gain or weight loss.

Breast pumps are especially important for impoverished mothers, who often must return to work early. Many low-income mothers decide not to breastfeed or to wean early because they plan to return to work<sup>3</sup>; this is especially true for women who plan to return before 6 weeks postpartum.<sup>4</sup> The American Academy of Pediatrics recommends exclusive breastfeeding for approxi-

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mately the first 6 months of life, with continued breastfeeding to a year or beyond.<sup>5</sup> With better access to breast pumps, more low-income mothers may be able to meet this goal. The purpose of this article is to discuss the difficulties inner-city women in the Boston area have in accessing a double-setup electric breast pump and to explain the pump-distribution service we designed at Boston Medical Center (BMC) to meet their needs. Note that individual insurance policies may vary, depending on specific coverage type and location. The information in this article was valid at the time it went to press.

### **Barriers to Accessing Electric Breast Pumps**

With a personal-use double-setup electric breast pump costing between \$175 and \$320, buying or renting a pump outright is out of the economic reach of many low-income women, and obtaining one by other means is often extremely difficult. Even if women manage to negotiate the complexities of insurance coverage, Boston's urban women have difficulty accessing effective electric breast pumps because local pharmacies, particularly those located in the inner city, rarely accept insurance reimbursements for breast pumps. One BMC mother who presented her neighborhood pharmacy with a prescription for a breast pump received a "bicycle horn" hand pump in response. Although some local Women, Infants and Children (WIC) offices offer double electric pumps on loan, they are so limited in the greater Boston area that demand exceeds supply.

### **Solutions—Designing a Pump Service**

After witnessing continuous problems related to accessing pumps among our mothers, the BMC Breastfeeding Center has worked to create a service that (1) provides a double-setup electric breast pump for all women with an infant in the BMC NICU, and (2) provides access to pumps for all women in the inner-city community who are able to obtain the appropriate health insurance.

### **Challenges—Maternal Separation**

An informal survey performed by the breastfeeding team demonstrated that approximately 40% of women in the BMC NICU either had no insurance or had a type of insurance that would not pay for a pump. To ensure that all NICU mothers received a double-setup electric breast pump, the physician who serves as medical direc-

tor of the Breastfeeding Center approached an internal BMC charity, the Kids Fund, which provides medical equipment to BMC patients, such as eyeglasses and asthma nebulizers. The Kids Fund agreed to pay for breast pumps for mothers of NICU infants who could not otherwise obtain breast pumps, at a cost of \$10 000 to \$15 000 per year. Now all BMC NICU mothers without alternative access to pumps receive an Ameda Purely Yours (Hollister Inc, Libertyville, Ill) breast pump courtesy of the Kids Fund.

### **Challenges—Pump Distribution for Insured Women**

The breastfeeding team also worked to increase the access to breast pumps for all BMC clients. The team aligned itself with 2 local breast pump distributors and worked together in approaching local insurance companies and navigating the complexities of reimbursements. Following are the descriptions of several reimbursement programs and their operation.

#### *Healthy Start*

Healthy Start is a statewide safety net program covering the prenatal period, birth, and postpartum period for women with no health insurance. Healthy Start now offers all breastfeeding clients an Ameda Purely Yours pump. This pump can be delivered to the hospital and can be reimbursed from the patient's Healthy Start durable medical equipment budget, the same fund that would pay for other medical equipment such as crutches or a wheelchair.

#### *Boston Medical Center HealthNet Plan*

The Boston Medical Center HealthNet Plan (BMCHNP) is a BMC-based, managed care organization providing coverage to MassHealth (Medicaid) patients. Leaders of the BMCHNP agreed to fund Medela Pump-in-Style (Medela Inc, McHenry, Ill) breast pumps for mothers with breastfeeding problems or who were returning to work, after meeting with the medical director of the Breastfeeding Center and discussing the health and financial benefits of continued breastfeeding.<sup>6</sup> BMCHNP obtains these pumps directly from Medela at reduced cost; they are delivered to BMC patients in the hospital by a local breast pump company, which is subsequently reimbursed with a teaching and setup fee. Breast pumps are such a popular incentive for BMCHNP that their radio and billboard commercials advertise breast pumps, alongside announcements for

free prescription drugs, children's bicycle helmets, and infant car seats.

#### *Standard MassHealth*

Standard MassHealth (Medicaid) covers an Ameda Purely Yours without tote for women who are separated from their babies for medical reasons.

With the increase in coverage demonstrated by these local insurance companies, others followed because it was a popular incentive that gained them clients.

#### *Neighborhood Health Plan*

Neighborhood Health Plan (NHP) covers breast pumps for women on the commercial plan and the Medicaid plan (patients with standard MassHealth can link their coverage to NHP). NHP provides the mother with an Ameda Purely Yours without tote and requires a prescription for coverage.

#### *HMO Blue*

HMO Blue provides any type of personal-use pump including the Medela Pump-in-Style Advanced and the Ameda Purely Yours. HMO Blue also requires a prescription and that the mother submit a copy of her credit card as a security measure, which would be used only if she canceled her insurance coverage.

#### *Tufts Health Plan*

Mothers with Tufts Health Plan can receive either a personal-use pump or an electric pump rental with a prescription. However, Tufts Health Plan provides coverage only for women with specific needs. This plan will cover for a medical separation of mother and baby, a latch issue, prematurity, inverted or cracked nipples, engorgement, mastitis, or nutritional supplements. Tufts will not supply a breast pump for a mother who is simply returning to work without a breastfeeding problem.

#### *Harvard Pilgrim Health Plan*

Harvard Pilgrim Health Plan will cover a double electric rental breast pump if the mother and baby are separated for a medical reason or if the mother has "cracked and bleeding nipples." A prescription is required for coverage.

Because some mothers need a breast pump when leaving the hospital, the supplier delivers a surplus of pumps to BMC, which the lactation service then distributes to the patients before they leave.

### **Serving the Community**

The BMC Breastfeeding Center operates as a research and clinic center, with lactation consultants to help women in the hospital and a breastfeeding telephone support line that assists women after they leave the hospital. The telephone line also serves any woman in the community who needs breastfeeding assistance, regardless of whether she is affiliated with BMC. From 1999 to 2003, the most common reason for calls to the telephone support line was need for a breast pump (44% of all calls; 1096 of 2482).<sup>7</sup> When women call with the appropriate insurance to obtain a breast pump, we arrange with the breast pump distributors working with BMC to send pumps to the mother's home, or they can choose to pick up a pump at the hospital. We also counsel mothers in obtaining the appropriate insurance that covers breast pumps or offer help with other solutions to breastfeeding problems.

### **Discussion**

Based on our clinical experience, we believe that many BMC women were unable to obtain an effective double-setup electric pump before our intervention. Financial issues, lack of access, and language barriers contribute to this problem. Because most mothers from the inner city do not have the means to search out and buy an expensive double-setup electric personal-use pump, many mothers went without. These same mothers are the ones who have a higher need for a breast pump because they usually return to work earlier than mothers from higher income families.

When we discuss our program with others, the concern often voiced is that personal-use pumps such as the Purely Yours and the Pump-in-Style are not the optimal pump for all situations, particularly for mothers of infants in the NICU. Indeed, even the manufacturers recommend a hospital-grade breast pump for a premature or hospitalized infant or an infant with latch problems.<sup>8</sup> Independent research on the efficacy of different breast pump models is lacking, but we acknowledge that clinical experience leads some practitioners to prefer a more durable hospital-grade pump in certain circumstances. However, we are also aware that unless the hospital proactively sets out to provide pumps for disadvantaged women, many mothers will have no pump at all. We also know from direct experience that because of practical circumstances, provision of rental pumps to families who are transient, lacking transportation, and may not speak English often can lead to major issues

with the return of rental models. Both breast pump distributors with whom we work have ceased to offer rental pumps because of tremendous financial losses incurred on unreturned pumps. We therefore adhere to the belief that a personal-use pump is far preferred to no pump or to the hand pumps that insurance companies previously offered. We also suggest that hospitals should further examine carefully the possibility that many patients are not receiving pumps because of financial issues and should address this problem.

Based on our experience, having access to breast pumps increases breastfeeding. In 1995, before BMC became a Baby-Friendly Hospital, 43% of non-US-born black women with infants in the normal newborn nursery initiated breastfeeding in the hospital (compared to only 16% initiation rate among US-born blacks<sup>9</sup>). As mothers of healthy newborns, most had little trouble with breastfeeding and therefore no immediate need for a double-setup electric breast pump. By contrast, only 27% of non-US-born black women with infants in the NICU initiated breastfeeding (compared to 34.5% of US-born blacks<sup>10</sup>). In 1999, when BMC became a Baby-Friendly Hospital and all mothers in the NICU had access to a double-setup electric breast pump paid for by the Kids Fund, the breastfeeding initiation rate for non-US-born black women with infants in the NICU leapt to 81% (from 27% in 1995). Although the rate among US-born blacks also rose, to 64% (from 34.5% in 1995), the increase was far less dramatic<sup>10</sup> (Table 1). Many of the non-US-born black women were new immigrants, with no health insurance, little money, and significant language barriers. We hypothesize that the breastfeeding rate in this population increased by 54 percentage points primarily because all women received a breast pump.

As we worked to create this system, discussion with insurance providers was sometimes difficult. When first called regarding provision of a pump for a mother in need, the initial response of the insurance company was often, “No, we do not cover breast pumps.” Through persistence and contact with the correct department (usually the durable medical equipment department), we often discovered that the companies did, in fact, offer coverage, and we were able to obtain the information we needed to set up reimbursement systems. However, it is important to keep up-to-date because the situation changes constantly. In the past decade, MassHealth has alternatively reimbursed and then reversed the decision to reimburse breast pumps twice. Also, many of the

Table 1. Breastfeeding Rates at Boston Medical Center Among Black Women Before (1995) Versus After (1999) Boston Medical Center Became a Baby-Friendly Hospital\*

	<i>General</i>		<i>NICU**</i>	
	1995	1999	1995	1999
US-born black	16	74	34.5	64
Non-US-born black	43	96	27	81

\*Data are expressed as percentages.

\*\*NICU, neonatal intensive care unit.

HMOs have changed the eligibility guidelines that women must meet to receive a breast pump.

The 2 main methods we used to approach insurance companies were to present the cost analysis of providing breast pumps and the popularity of the benefit. We found that it was difficult for companies to accept the potential long-term cost savings of covering a breast pump in the same way it is difficult to convince employers about the benefits of pumping rooms and longer break times for breastfeeding employees.<sup>11</sup> However, we were more effective using this approach when we based the cost analysis on the scientific literature. A study by Ball and Wright found an additional cost of \$331 to \$475 for each infant who was never breastfed in the first year of life.<sup>6</sup> We also found that insurance providers could gain clientele by covering breast pumps because many women decided to switch their insurance coverage to plans that covered a breast pump. By convincing insurance providers that breast pumps were a popular incentive for women, many providers were more easily convinced to begin coverage.

Gaining reimbursement from health insurance providers is a complicated process, requiring much paperwork and negotiation. Thus, we did not seek the reimbursement ourselves but, instead, worked with 2 medical equipment companies that already had reimbursement systems set up with insurance providers. Both companies use the Healthcare Common Procedure Coding System (HCPCS) code E0603 to bill the insurance companies for electric breast pumps. Although we were involved with determining breast pump coverage eligibility and requirements, and even worked with some health care providers to change their policies, we avoided becoming involved in the reimbursement system.

For women who need a breast pump, lack of access can end hopes of providing human milk for their newborn. Using a breast pump is a reality for many women, and in the NICU, it is a critical health need. In Western

society, many women no longer stay home with their children for the first year of life and beyond, and a breast pump is as important as day care and transportation for women who need help to support their families and pursue their careers. Women look to the hospital staff and lactation consultants to help them access breast pumps, and we believe the hospital is an appropriate place to provide the service.

### References

1. Groh-Wargo S, Toth A, Mahoney K, Simonian S, Wasser T, Rose S. The utility of a bilateral breast pumping system for mothers of premature infants. *Neonatal Netw.* 1995;14:31-36.
2. Meek JY. Breastfeeding in the workplace. *Pediatr Clin North Am.* 2001;48:461-474, xvi.
3. Guttman N, Zimmerman DR. Low-income mothers' views on breastfeeding. *Soc Sci Med.* 2000;50:1457-1473.
4. Noble S. Maternal employment and the initiation of breastfeeding. *Acta Paediatr.* 2001;90:423-428.
5. Work Group on Breastfeeding, American Academy of Pediatrics. Breastfeeding and the use of human milk. *Pediatrics.* 1997;100:1035-1039.
6. Ball TM, Wright AL. Health care costs of formula-feeding in the first year of life. *Pediatrics.* 1999;103:870-876.
7. Chamberlain LB, Merewood A, Malone K, Cimo S, Philipp B. Calls to an inner-city hospital telephone support line. *J Hum Lact.* 2005; 21(1): 53-58.
8. Medela Inc. How to choose a breast pump. Available at: [www.medela.com/NewFiles/faq/choosebp.html](http://www.medela.com/NewFiles/faq/choosebp.html).
9. Philipp BL, Merewood A, Miller LW, et al. Baby-Friendly Hospital Initiative improves breastfeeding initiation rates in a US hospital setting. *Pediatrics.* 2001;108:677-681.
10. Merewood A, Philipp BL, Chawla N, Cimo S. The Baby-Friendly Hospital Initiative increases breastfeeding initiation rates in a US NICU. *J Hum Lact.* 2003;19:166-171.
11. Heinig MJ. Breastfeeding and the bottom line: why are the cost savings of breastfeeding such a hard sell? *J Hum Lact.* 1998;14:87-88.

### Resumen

Una extractora de leche eléctrica efectiva es un instrumento importante para el manejo de dificultades de la lactancia materna, como en el caso de proveer leche materna a bebés enfermos o prematuros. Una extractora eléctrica también, en la cultura occidental, es crítica para las madres que amamantan a sus bebés y vuelven al trabajo. Obtener una extractora eléctrica puede ser difícil para mujeres que no tienen seguro médico o de bajos recursos económicos debido a su costo, los trámites complicados para recibir reembolso del seguro médico o la escasez de proveedores que existen en los centros de las ciudades. Para enfrentar este problema los miembros del Centro de Lactancia del Boston Medical Center (BMC), un hospital del centro de la ciudad que provee servicios a poblaciones de bajos recursos y minoritarias, lograron a través de una entidad local de caridad y compañías de seguros médicos aumentar el acceso de extractoras eléctricas para todas las mujeres en el BMC y garantizar que cada madre con su bebé en la Unidad de Cuidados Intensivos Neonatales recibiera una extractora eléctrica doble, sin tener en cuenta su cobertura de seguro médico o habilidad para pagar.