

How do I get a breast pump for use at home?

Under the Affordable Care Act, your medical insurance may provide a breast pump based on your plan contract, and in some cases, whether or not you received a pump within the last five years. This brief guide will help you know what to do to get a pump.

1. Call your insurance company **during pregnancy or the first few weeks after the baby is born**. If your baby feeds well 8-12 times every day, there is no need to pump for the first month.
 - a. Find out from your insurance plan how to get a breast pump. Some plans want you to use a particular company. Other plans may let you buy a pump and then pay you for part or all of the cost of the pump. Know your plan!
 - b. Find out from your plan what type of pump they will cover. Ideally, you want a good quality, double electric breast pump, not a hand pump or a single electric pump.
 - c. Obtain a prescription from your healthcare provider. There may also be some special forms to complete.
2. Contact the company (Medical Supply Company) to see what type of pumps they will supply under your plan. Don't forget to ask:
 - a. How to apply for a pump.
 - b. What information they need from you.
 - c. What information they need from your healthcare provider.
 - d. How quickly they can get the pump to you.
 - e. Ask whether you can pick up the pump in person, or how long it takes to ship.
 - f. Ask whether there are any additional charges for a high quality double electric pump. Check with more than one company.
3. If your baby is ill, premature, or not latching well, ask a Lactation Consultant if you need help getting a pump quickly before you leave the hospital. The hospital or WIC office may also be able to help you get a pump more quickly these in special circumstances.