

WIC Participant Breast Pump Referral

WIC Participant _____ Date of Birth _____
(Name)

Address _____ Phone _____

The International Board Certified Lactation Consultant (IBCLC) named below,
gave me instruction on _____ breast pump.
(List type of breast pump)

I understand that the IBCLC is only a referral source and, as such, **neither guarantees availability of a breast pump** nor can be held liable for any misuse of the pump or any personal damage caused with usage. I further understand that, unless otherwise stated, any pump provided through the Oklahoma State Department of Health WIC Service is loaned, and I need to return the breast pump to the WIC clinic where it was issued.

(WIC Breastfeeding Mother's Signature) Date _____

To be completed by the IBCLC:

Reason for Referral _____

Infant's Gestational Age _____

International Board Certified Lactation Consultant _____

Signature _____ Date _____

Address _____ Phone _____

WIC Participant: **You must call and make an appointment at your WIC clinic when requesting a breast pump.** Please take this form with you.

I give my permission for _____ to pick up my breast pump
at the WIC Clinic. _____ Date _____
(WIC Breastfeeding Mother's Signature)

This institution is an equal opportunity provider.

WIC Participant Breast Pump Referral

Instructions

Purpose

An International Board-Certified Lactation Consultant completes the *WIC Participant Breast Pump Referral* as documentation of a WIC breastfeeding mother's need for a breast pump. This form provides documentation to WIC clinic staff that a WIC breastfeeding mother has already received instruction on the use and operation of a breast pump. This form also provides documentation of the WIC breastfeeding mother's permission for someone else to pick up her breast pump at the clinic.

Procedure

The International Board-Certified Lactation Consultant, employed outside the WIC clinic, completes this form verifying that the WIC breastfeeding mother has received instruction on the use and operation of the breast pump that is indicated. This form is given to the WIC breastfeeding mother to be taken to the WIC clinic requesting a breast pump, if available. If the breast pump, as indicated on this form, is available to be loaned to the participant, instruction on the use and operation of the breast pump is not necessary by the clinic staff. If your clinic does not have a breast pump for loan, contact the **OSDH WIC Service Breastfeeding Helpdesk at 1-888-655-2942 option 2** for assistance.

Routing and Filing

The International Board-Certified Lactation Consultant reproduces the form as needed. It is then retained in the participant's chart at the local WIC clinic. This form is **print as needed**.