**Lactation Program Assessment Form**

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| --- | --- |
| **Human Resources ((\*)not required to report – suggestions for additional tracking within your business)** | |
| Number employed |  |
| **\***Percent of female employees employed full-time |  |
| **\***Number of male employees ages 16-44 |  |
| **\***Number of pregnancies among employees annually |  |
| **\***Breastfeeding rates of employees (if known) |  |
| **\***Current turnover rate among women who take maternity leave |  |
| **\***Current rates of absenteeism among new mothers and fathers |  |
|  | |
| **Company Policies** | |
| What existing policies provide support services for breastfeeding employees? | |
| What is the company’s maternity leave policy? Which of the following does the company provide for maternity leave?   * FMLA * Short-Term Disability * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| What polices allow for a gradual return to work following maternity leave? Check all that apply:   * Part-time employment * Job-Sharing * Telecommuting * Flextime * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Describe current break policies that allow for milk expression breaks? | |

|  |  |
| --- | --- |
| What new policies would need to be developed to provide for lactation support at your business?  *Consider: Designated Lactation Room, supplies provided, break time allotted for pumping/feeding, availability/scheduling of room, etc.* | |
| **Program Components** | |
| What department could likely serve as the administrative home for the lactation support program? | * Wellness division * Employee health unit * Human Resources * Personnel * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What funds are budgeted and available to support a lactation support program? |  |
| What realistic options do women currently have for expressing milk during the work period in privacy? | * Personal office * Office of another employee * Designated lactation room * No space * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If no designated lactation room exists, what options might be available for a space with an electrical outlet that can be locked? | * Unused office space * Closet or other small space * A room created within another space * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What type of breast pump equipment do breastfeeding employees currently receive? | * None – employees use their own breast pump equipment * Company purchases hospital-grade electric breast pumps * Company rents hospital-grade electric breast pumps * Company provides/subsidizes portable personal use pumps * Insurance |

|  |  |
| --- | --- |
| Where do employees currently store breast milk that they express during the work hours? | * Employee provided cooler pack * Company provided cooler pack * Small refrigerator designated for breast milk storage * Public shared refrigerator * Unknown |
| What educational materials are currently available for pregnant and breastfeeding employees? Check all that apply: | * Prenatal/postpartum classes * Pamphlets * Books * Videos * Company Website * Information about community resources * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What community resources are available to assist in developing a lactation support program and/or to provide direct services to breastfeeding employees? | * Hospital or private clinic nurses * Lactation consultants at the hospital or in private practice * WIC program * La Leche League Group * Local breastfeeding coalition * Employee/Co-Worker Support Group * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What in-house promotion options are available? | * Company newsletter * Memos/emails * Company Website * Employee health fair * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What kind of lactation support training do you provide for supervisors/managers? |  |

*Reprinted/Adapted with the permission of the U.S. Department of Health and Human Services; The Business Case for Breastfeeding: Steps for Creating a Breastfeeding Friendly Worksite.*

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*For Questions or more information contact Amber France or Leah Meidl at 715-421-8911*

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Lactation Program Implementation Survey

*For employees to fill out to assess where they feel the need is for a breastfeeding program/initiative in the workplace*

1. Does \_\_\_\_\_ have a policy for employees and students who are breastfeeding and pumping breast milk?

Yes No

1. Does \_\_\_\_\_ have information and resources for breastfeeding mothers posted in the workplace and/or on campus?

Yes No

1. Are you presently breastfeeding? *IF ‘NO’ SKIP TO QUESTION #6*

Yes No

1. Would you utilize a lactation room when you are working or attending class? *IF THERE ALREADY IS A ROOM SKIP TO QUESTION #5*

Yes No

1. Do you use the lactation room when you are working or attending class?

Yes No

1. In your opinion, how supportive of breastfeeding is \_\_\_\_\_? *SELECT ONE*

Not at all supportive

Somewhat supportive

Very supportive

1. What is your age in years? \_\_\_\_\_\_\_\_\_\_

***Optional:***

1. What is your gender?

Female Male Unspecifed

1. What is your race/ethnicity? *SELECT ONE*

White African American Hispanic

Asian/Pacific Islander Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your education level? *SELECT ONE*

High school graduate (or equivalent)

Some college (no degree)

College graduate (Associates degree or higher)

*Thank you for taking the time to complete this survey. For more questions about lactation support in the workplace contact Amber France or Leah Meidl at 715-421-8911*



*Updated 12/2015*