**Lactation Support Program Feedback Form**

*For Breastfeeding Employees*

Thank you for participating in \_\_\_\_\_\_\_’s Lactation Support Program! Congratulations for continuing to breastfeed after your return to work! Please take just a few moments to complete this lactation support program feedback form to provide us with your suggestions for ways we can continue to improve services to breastfeeding employees. We urge you to continue to spread the news about the program to your pregnant and breastfeeding colleagues, as well.

*This form is a formal evaluation to be completed with employees/students who have finished breastfeeding their child. Feedback is however, still encouraged by all employees. Please contact Amber or Leah at* [*afrance@co.wood.wi.us*](mailto:afrance@co.wood.wi.us) *or* [*lmeidl@co.wood.wi.us*](mailto:lmeidl@co.wood.wi.us) *with suggestions and comments.*

**The information you provide will only be reported in a summary with other responses and will never be referred to on an individual basis.**

**I. Preparation During Pregnancy**

1. While you were pregnant what method did you plan to use to feed your new baby? SELECT ONE

Breastfeed

Formula feed only

Breastfeed and formula feed

I didn’t know if I would breastfeed

1. While you were pregnant, did you plan to continue breastfeeding after returning to work or school? SELECT ONE

Yes No

1. Are you employed:

Full-time

Part-time

Casual

1. Did you continue breastfeeding after returning to work or school? SELECT ONE

Yes No

1. When you were pregnant with this baby or with any other baby, did you attend any classes that discussed breastfeeding your baby? CHECK ALL THAT APPLY

Yes, a class on breastfeeding

Yes, a child birth or baby care class that included breastfeeding

No

**II. Return to Work or School**

1. How old was your baby when you returned to work?

\_\_\_\_\_\_\_\_\_\_ months \_\_\_\_\_\_\_\_\_\_ weeks

1. On average how many hours per week did you usually work at your job or attend school while breastfeeding? SELECT ONE

1 to 9 hours per week

10-19 hours per week

20-29 hours per week

30-34 hours per week

35-40 hours per week

More than 40 hours per week

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

Yes No

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

Yes No

1. Did you use lactation/mothers room when you were working or attending class on campus? SELECT ONE

Yes No Not applicable – we do not have a lactation room

1. If you did not use a lactation/mothers room, why didn’t you?

Didn’t know about the lactation room

The lactation room was not conveniently located

Couldn’t get the time slots I needed to pump

Preferred to pump in my own office

Working from home, or taking classes online

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long did you express milk ***at work*** for your infant?

\_\_\_\_\_\_\_\_\_\_ months \_\_\_\_\_\_\_\_\_\_ weeks

1. How long did you breastfeed or provide your milk for your infant?

\_\_\_\_\_\_\_\_\_\_\_\_ years \_\_\_\_\_\_\_\_\_\_ months \_\_\_\_\_\_\_\_\_\_ weeks

1. How old was your baby when you introduced any foods or drinks other than breast milk?

\_\_\_\_\_\_\_\_\_\_\_\_ months \_\_\_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_ days

**III. Lactation Program Room & Supplies**

1. What type of breast pump do you use most often? CHECK ALL THAT APPLY

Electric Breast Pump Combination electric and battery operated breast pump

Battery operated Pump Manual breast pump (no batteries, no cord to plug in)

By hand (without using a pump)

1. How did you get the breast pump that you use most often? CHECK ONE

I bought it It was given to me as a gift

I rented it I got it from WIC

I got one through my insurance I borrowed it from a friend or relative

I use one provided by a hospital, my place of work, or another place

1. Was the breast pump you used most often new or used when you got it or began using it? CHECK ONE

New Used Not sure

1. Do you think your employer should supply you with breast pumps?

Yes No Employer already supplies breast pumps

*Please rate each of the supplies/accommodations below.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Supplies/Accommodations* | *Very Satisfied* | *Satisfied* | *Neither Satisfied nor dissatisfied* | *Dissatisfied* | *Very Dissatisfied* |
| Milk Expression Room |  |  |  |  |  |
| Milk Storage Options |  |  |  |  |  |
| Breast Pump Equipment |  |  |  |  |  |
| Availability of a room to express milk |  |  |  |  |  |
| Cleanliness of Room |  |  |  |  |  |

**IV. Lactation Program Services**

1. Did you utilize any of the educational pamphlets/videos provided by the company?

Yes No None were provided

1. If you answered NO you did not utilize the educational pamphlets answered NO to the previous question please comment why not.

Information was not easily accessible

Information was already understood (not new to me)

I don’t usually use educational pamphlets and videos to learn

I didn’t know this was provided

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you attend any classes that were offered at the workplace during business hours?

Yes No None were provided

1. If you answered NO you did not attend any of the classes that were offered at the workplace, why didn’t you?

Scheduling issues

Not enough time

Not interested

I didn’t know this was provided

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you utilize the company provided lactation consultants or health professionals for personal lactation assistance?

Yes No None were provided

1. If you answered NO you did not utilize a lactation consultant, why didn’t you?

Scheduling issues

Not enough time

Not interested

I didn’t know this service was provided

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you attend any classes in the community on breastfeeding that you heard about through your workplace?

Yes No

1. What lactation support services did you find most helpful?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***V. Work/School Environment***

1. Have you had any of the following experiences during the time that you were breastfeeding at work or school?

* A coworker, or student made negative comments Yes No Not applicable

or complained to me about breastfeeding and/or

pumping milk

* My supervisor, or teacher/instructor made Yes No Not applicable

negative comments or complained to me about

breastfeeding and/or pumping milk

* It was hard for me to arrange break time for Yes No Not applicable

pumping milk

* It was hard for me to find a place to pump milk Yes No Not applicable
* It was hard for me to arrange a place to store Yes No Not applicable

pumped breast milk

* It was hard for me to carry the equipment I Yes No Not applicable

needed to pump milk while on campus

* I felt worried about keeping my job because of Yes No Not applicable

pumping my milk

* I felt worried about continuing to breastfeed Yes No Not applicable

because of my job

* I felt embarrassed among coworkers, my Yes No Not applicable

supervisor, or other students because of needing

to pump breast milk

1. In your opinion how supportive of breastfeeding is \_\_\_\_\_?

Not at all supportive

Somewhat supportive

Very supportive

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please rate your satisfaction of support from your workplace.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Support from* | *Very Satisfied* | *Satisfied* | *Neither Satisfied nor dissatisfied* | *Dissatisfied* | *Very Dissatisfied* | *Not Applicable* |
| Supervisor |  |  |  |  |  |  |
| Colleagues |  |  |  |  |  |  |
| Mother-to-Mother Support Group |  |  |  |  |  |  |
| Company provided Services |  |  |  |  |  |  |

1. What worksite challenges made it difficult to reach your infant feeding goals?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. Attitudes & Beliefs Towards Breastfeeding**

1. If you stopped breastfeeding, did you breastfeed as long as you wanted to? *IF YOU ARE STILL BREASTFEEDING PLEASE SKIP TO OTHER (SECTION VII)*

Yes No Unsure

1. Do you feel the breastfeeding programs and support at \_\_\_\_\_\_\_ heavily influenced your decision to breastfeed as long as you did?

Yes No Unsure

1. Please rank the following reasons for your decision to stop breastfeeding with 1 being the most important reason and 6 being the least important.

* My baby lost interest in nursing or began to wean him or herself \_\_\_\_\_\_\_\_\_\_
* I felt baby was old enough to discontinue breastfeeding \_\_\_\_\_\_\_\_\_\_ Age of baby when discontinued: \_\_\_\_\_\_\_\_\_\_
* I could not or did not want to pump or breastfeed at work \_\_\_\_\_\_\_\_\_\_
* Pumping milk no longer seemed worth the effort that was required \_\_\_\_\_\_\_\_\_\_
* I had a decrease in milk supply \_\_\_\_\_\_\_\_\_\_
* Breastfeeding was too inconvenient \_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**VII. Other**

1. What recommendations do you feel the company should consider to further improve the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you would like us to contact you please provide the following information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking time to complete our evaluation form. We will continue to strive to improve this program and offer a supportive breastfeeding friendly workplace for our employees.

*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 & Rinehart, Peggy, "Workplace Lactation Support: Project Development and Implementation" (2012). Graduate Theses, Dissertations, and Capstones. Paper 10.*

*Updated 10/2015*