

LACTATION SUPPORT PROGRAM FEEDBACK FORM

For Breastfeeding Employees

Thank you for Participating in our Company Lactation Support Program!

Congratulations on 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 on 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.

How old was your baby when you returned to work? _____ months weeks

How long did you express milk at work for your infant? _____ months weeks

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

_____ years months weeks

How old was your baby when you first introduced formula or drinks other than breast milk?

_____ months weeks days

How valuable were lactation program services to helping you meet your infant feeding goals? On a scale of 1-5, with 5 being “Extremely Valuable” and 1 being “Did not Participate.”

	Extremely Valuable 5	Valuable 4	Somewhat Helpful 3	Not Helpful 2	Did not Participate 1
MILK EXPRESSION ROOM					
Company-designated lactation room					
Private office					
Other location: (please indicate) _____					
Breastfed baby at work					

	Extremely Valuable 5	Valuable 4	Somewhat Helpful 3	Not Helpful 2	Did not Participate 1
MILK STORAGE					
Company-designated refrigerator					
Public shared refrigerator					
Personal Cooler					

	Extremely Valuable 5	Valuable 4	Somewhat Helpful 3	Not Helpful 2	Did not Participate 1
BREAST PUMP EQUIPMENT					
Company-provided or -subsidized breast pump					
Personal breast pump at home or work					

	Extremely Valuable 5	Valuable 4	Somewhat Helpful 3	Not Helpful 2	Did not Participate 1
EDUCATION					
Prenatal breastfeeding class taught at work					
Pamphlets and videos provided by company					
“Back to work” class before or after returning to work					
Access to company-provided lactation consultant or health professional for personal lactation assistance					

	Extremely Valuable 5	Valuable 4	Somewhat Helpful 3	Not Helpful 2	Did not Participate 1
SUPPORT					
Support from supervisor					
Support from colleagues					
Mother-to-mother support group					

Which lactation support services did you find most helpful?

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

What recommendations do you feel the company should consider to further improve the program?

If you marked “Did not Participate” for any of the answers above, please indicate your reason(s) for not participating:

Other comments:

Name (*Optional*) _____

Position/Title (*Optional*) _____

Department (*Optional*) _____