

Lactation Support Program Feedback Form

For Breastfeeding Employees

Thank you for participating in our Company 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.

Name _____

Position/Title _____

Department _____

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 introduced any foods or drinks other than breastmilk? _____ 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," please rate the program services listed on pages 2-4.

Milk Expression Room	Extremely Valuable 5	Valuable 4	Somewhat Helpful 3	Not Helpful 2	Did not Participate 1
Company designated lactation room					
Private office					
Other location: (please indicate)					
Breastfed baby at work					

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

Breast Pump Equipment	Extremely Valuable 5	Valuable 4	Somewhat Helpful 3	Not Helpful 2	Did not Participate 1
Company provided/subsidized breast pump					
Personal breast pump at home or work					

Education	Extremely Valuable 5	Valuable 4	Somewhat Helpful 3	Not Helpful 2	Did not Participate 1
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					
Classes in the community					

Support	Extremely Valuable 5	Valuable 4	Somewhat Helpful 3	Not Helpful 2	Did not Participate 1
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 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 record your reason for not participating:

Other comments: