

Lactation Support Program Assessment Form

For Breastfeeding Employers

After implementing a lactation support program in your establishment, consider filling out this assessment form to analyze the success of the program.

During the last 12 months, did your worksite:

Have a clearly written policy on breastfeeding for employees that is accessible to them?

Yes No

Provide a single-use, private space that is not a restroom, which may be used by employees to express breast milk?

Yes No

Provide access to a breast pump in the workplace?

Yes No

Provide flexible paid or unpaid break times to allow employees to pump breast milk?

Yes No

Promote or provide access to free or subsidized breastfeeding support groups or educational classes?

Yes No

Offer paid maternity leave, separate from any accrued sick leave, annual leave, or vacation time?

Yes No

Provide a **stigma-free and supportive** environment where all employees are **valued**, staff and supervisors are supportive of a lactation program?

Yes No

If you answered "Yes" to at least 6 of the 7 questions, consider applying for the New Hampshire Breastfeeding Task Force's Breastfeeding Friendly Employer Award. For more information, please visit the following website: <http://www.nhbreastfeedingtaskforce.org/employerawards.php>