

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

Does your workplace have a clearly written policy on breastfeeding for employees that is easily **accessible**?

Yes No

Do you have access to a private, fully equipped, single-use space to express milk in the workplace?

Yes No

Do you have easy access to a breast pump at the worksite?

Yes No

Is there an **adequate and flexible** amount of break time in your schedule for you to express breast milk?

Yes No

Do you feel that your workplace provides a **stigma-free and supportive** environment where all employees are **valued**, and supervisors are supportive?

Yes No, Why? _____

Other suggestions:
