

Lactation Accommodation Program Feedback Form

For Breastfeeding Employees

Thank you for participating in (Company) Lactation Accommodation Program!

Congratulations for continuing to breastfeed after your return to work! Please take a few moments to complete this lactation support 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 child when you returned to work? _____

How long did you express milk at work for your child? _____

How long did you breastfeed or provide your milk for your child? _____

How valuable were lactation program services in helping you meet your needs? On a scale of 1-5, with 5 being "Extremely Valuable" and 1 being "Did not participate", please rate the program services listed below.

	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					
MILK STORAGE					
Company designated refrigerator					
Public shared refrigerator					
Personal cooler					
BREAST PUMP EQUIPMENT					
Company provided / subsidized breast pump					
Personal breast pump					

	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					
Classes in the community					
SUPPORT					
Support from supervisor					
Support from co-Workers					
Mother to mother support group					

Which lactation support services did you find most helpful?

What workplace challenges made it difficult to reach your feeding goals for your child?

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

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

Other comments:

Thank you for taking the time to provide us with your feedback. Please return your completed form to: