

Lactation Program Assessment Form

Human Resources	
Number of employed women of childbearing age (16-44)	
Percent of female employees employed full-time	
Number of male employees ages 16-44	
Number of pregnancies among employees annually	
Breastfeeding rates of employees (if known)	
Current turnover rate among women who take maternity leave	
Current rates of absenteeism among new mothers and fathers	
Company Policies	
What existing policies provide support services for breastfeeding employees?	
What is the company's maternity leave policy? Does the company provide FMLA or Disability Insurance for maternity leave?	
What policies allow for a gradual return to work following maternity leave? <ul style="list-style-type: none"> <input type="checkbox"/> Part-time employment <input type="checkbox"/> Job-sharing <input type="checkbox"/> Telecommuting <input type="checkbox"/> Flextime <input type="checkbox"/> Other _____ 	

What break policies could be adapted to allow for milk expression breaks?	
What new policies would need to be developed to provide for lactation support?	
Program Components	
What department could likely serve as the administrative home for the lactation support program?	<input type="checkbox"/> Wellness division <input type="checkbox"/> Employee health unit <input type="checkbox"/> Human Resources <input type="checkbox"/> Personnel <input type="checkbox"/> Other _____
What funding is available to support a lactation support program?	
What realistic options do women currently have for expressing milk during the work period in privacy (other than a toilet stall)?	<input type="checkbox"/> Personal office <input type="checkbox"/> Office of another employee <input type="checkbox"/> Designated lactation room <input type="checkbox"/> Other space
If no designated lactation room exists, what options might be available for a space with an electrical outlet that can be locked?	<input type="checkbox"/> Unused office space <input type="checkbox"/> Closet or other small space <input type="checkbox"/> A room created within another space <input type="checkbox"/> Other _____
What type of breast pump equipment do breastfeeding employees currently receive?	<input type="checkbox"/> None - employees use their own breast pump equipment <input type="checkbox"/> Company purchases hospital-grade electric breast pumps <input type="checkbox"/> Company rents hospital-grade electric breast pumps <input type="checkbox"/> Company provides/subsidizes portable personal use pumps

<p>Where do employees currently store breast milk that they express during the work hours?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Employee provided cooler pack <input type="checkbox"/> Company provided cooler pack <input type="checkbox"/> Small refrigerator designated for breast milk storage <input type="checkbox"/> Public shared refrigerator <input type="checkbox"/> Unknown
<p>What educational materials are currently available for pregnant and breastfeeding employees?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Prenatal/postpartum classes <input type="checkbox"/> Pamphlets <input type="checkbox"/> Books <input type="checkbox"/> Videos <input type="checkbox"/> Company Web site <input type="checkbox"/> Information about community resources <input type="checkbox"/> Other_____
<p>What community resources are available to assist in developing a lactation support program and/or to provide direct services to breastfeeding employees?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Hospital or private clinic nurses <input type="checkbox"/> Lactation consultants at the hospital or in private practice <input type="checkbox"/> WIC program <input type="checkbox"/> La Leche League group <input type="checkbox"/> Local breastfeeding coalition <input type="checkbox"/> Other groups
<p>What in-house promotion options are available?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Company newsletter <input type="checkbox"/> Memos/emails <input type="checkbox"/> Company Web site <input type="checkbox"/> Employee health fair <input type="checkbox"/> Other_____