



Worksite _____

Date Completed _____

Use page 1 of this document to assess your current state. This tool can be used for brainstorming and inform your work plan. You can then reference as you implement.

Does your organization have a LACTATION ROOM (aka “mother’s room”)? Yes No IP

1.1 Does your lactation room have at a **minimum** the following options (words in italics below)? Yes No IP

The lactation room is a *physical room* that is *clean* and *locks from the inside*; contains an *electrical outlet*, a *comfortable chair* and a *surface/table* to place a breast pump; and is *near a source of water*?

1.2 How are expectant or returning to work mothers **notified of** the existence of the lactation room? *Check all that apply.*

- FMLA or leave packet
- Email from human resources or sponsoring department
- Manager or supervisor
- Company newsletters
- The lactation room is not actively promoted
- Other

Does your organization have a WRITTEN POLICY or GUIDELINE for supporting breastfeeding employees? Yes No IP

2.1 Which of the following are included in the breastfeeding support policy/guideline?

- Place: existence of a mother’s room
- Equipment: organizations provides a hospital grade pump in the mother’s room
- Support: employees may use break time to express milk
- Support: employees may negotiate make-up time with managers for any extra time needed to express milk
- Support: lactation support provided through human resources or designated staff
- Support: managers are responsible to notify moms-to-be of lactation room and support

2.2 Is the breastfeeding policy **consistently supported** across the organization? Yes No IP

Please provide additional comments about your organization’s support for nursing mothers:

BE WELL staff is available to help you complete this document and implement your work plan. This document must be completed and submitted with an implementation funding request for any breastfeeding support initiatives.

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