

BREAST PUMP QUESTIONNAIRE- KEY

Name: _____ Date: _____

Do you have a pump? Yes No *Consider if type of pump meets moms needs/provide education*
If yes, what kind? _____

PLEASE TELL US MORE ABOUT YOUR NEED FOR A BREAST PUMP:

1. I need a pump:

To use a few times a week. I am with my baby most of the time. *Consider manual pump*

I am returning to work or school on *Consider single-user or loaned multi-user pump*

I am having breastfeeding problems or can't nurse my baby. *Consider loaned multi-user pump or single user pump. Provide education and/or referral for breastfeeding problem*

The problem I am having is: _____

Other _____

2. How long do you plan to breastfeed? *If at least one year, consider single-user pump* _____

3. When you are away from baby, what do you plan to feed the baby?

Breast milk only *Consider single-user pump*

Formula only *Inquire why a pump is being requested*

Both breast milk and formula *Inquire when and why a pump would be needed. Provide education on exclusive breastfeeding/referral for any breastfeeding problem*

IF YOU ARE RETURNING TO WORK OR SCHOOL: *(to receive a single-user pump the mother should be separated from the baby at least 6 consecutive hours on a regular basis).*

1. How old will your baby be when you return to work/school? *> 4 wks consider single-user; if < 4 wks consider loaned multi-user pump for a month or more*

2. How many days a week will you be working/attending school? *2 days or more consider a single-user; if 1 day/week, consider manual pump*

3. How many hours will you be away from your baby each day? *>6 hours (if more than one day a week) consider a single-user; or consider a manual or loaned multi-user pump*

4. Will your work/school schedule allow for breaks every 3-4 hours?

Yes *Consider single-user or multi-user pump.*

No *Educate mom about ideas to express more milk outside of work hours and ideas to help her work with her employer. If there are times that mom would be able to pump, consider single-user or multi-user pump.*

Unsure *Help mom brainstorm ideas to work with employer*

5. Will you have a private place with electricity to pump?

Yes *Consider single-user or multi-user pump*

No *Help mom brainstorm ideas to work with employer and/or brainstorms locations close by she could pump. Consider single-user (for battery use) or manual pump if the employer is unable to provide electricity.*

Unsure *Encourage her to look into it and help her brainstorm ideas for how this might work for her.*

WIC IS HERE TO SUPPORT YOUR BREASTFEEDING GOALS. WE ARE HERE TO HELP.

1. Does your family want you to continue breastfeeding? Yes No Unsure *Try to help mom identify her supporters and allies*

2. Is your employer/school supportive of breastfeeding? Yes No Unsure *Offer education materials, ask what they intend to do*

3. Is your childcare provider supportive of breastfeeding? Yes No Unsure *Offer educational materials, ask what they intend to do*