

Breast Pump Questionnaire/Key

Staff use only

Name: _____ Date: _____

Do you have a pump? If yes consider type/provide education

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 _____ (date).
Consider single-user or loaned electric pump.
- I am having breastfeeding problems or can't nurse my baby. The problem I am having is _____ **Consider loaned, single-user electric pump or Symphony**
- Other: _____

2. How long do you plan to breastfeed? (if at least one year, consider single-user pump)

3. When you are away from your 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 pump would be needed**

4. If you are returning to work or school, answer these questions: **(to receive a single-user pump the mother must be separated from the baby at least 6 consecutive hours a day at least twice a week)**

- a. How old will your baby be when you return to work/school? _____ **>4 wks (consider single-user; if <4 wks consider loaned electric for a month or more)**
- b. How many days a week will you be working/attending school? _____ **2days or more (if 1 day/wk, consider manual pump)**
- c. How many hours will you be away from your baby each day? _____ **>6 hours (consider single-user if more than one day a week; or loaned electric or manual if one day/wk)**

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

Yes **(electric pump)** No **(Ask how they expect to pump)** Unsure **(Have her look into it, offer to assist)**

If yes, how long will your breaks be? **(need a minimum of 20 min to prepare, pump and clean up)**

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

Yes **(Consider electric pump)** No **(Ask where and how they expect to pump)** Unsure **(Have her look into it and consider preference of participant)**

7. Does your family want you to continue to breastfeed?

Yes **(Identify supporters)** No **(Identify supporters and allies)** Unsure **(Identify supporters and allies)**

8. Is your employer/school supportive of breastfeeding?

Yes **(good, offer participant to submit support letter and educational materials)** No **(offer participant to submit support letter and educational materials)** Unsure **(offer participant to submit support letter and educational materials)**

9. Is your childcare provider supportive of breastfeeding?

Yes **(great!)** No **(offer educational materials, ask what they intend to do)** Unsure **(offer educational materials, ask what they intend to do)**