Annex I: Self-Assessment tool

The Self-Assessment Tool for Lactation Station in a Workplace ESTABLISHMENT / HEALTH FACILITY data sheet:

Company/Facility	Name	
Address:		
Brief description of the Com	pany / Industry: (please check	as appropriate)
Textile	Manufacturing	Teaching
Electronics	Service	Public sector
Garments	Commercial	others (please indicate)
Health facility		
The company / health facility is	is:	
Small – less than 10 employee	es Total No.	Of employees
Medium - 10 to 199 employee	es No of fem	ale
Large – 200 and more employ	ees No. of ma	le

Number of women of reproductive age: (15 -	49 yrs)
Number of pregnant women as of today:	
Number of women with infants below 6 mont	ths:
Number of women with infants 7 months and	below 12 months :
Number of women with children 12 to 23 mor	nths:
Is there a clinic?:If Yes, who is r	managing it?:
Please list down the services being offered by	the clinic:
1)	6)
2)	7)
3)	8)
4)	9)
5)	10)
What programs do you have for women and t 1. 2. 3. Name and title of administrator:	their children? Who are the sponsors? Please list them.
Telephone / Fax Number:	
E-mail address:	
Name and title of the clinic head (if appli	icable):
Telephone / Fax Number:E-mail address:	

ASSESSMENT CHECKLIST (Place a check where appropriate)

	COMPLIANT	Non- COMPLIANT
1. Does the Company Policy include the following:		
a. Provision of Lactation Station for Nursing/ Lactating employees.		
b. All employees are oriented / re-oriented on breastfeeding and RA 10028 at least on a yearly basis as part of their HRD activity.		
c. Mothers are encouraged to breastfeed exclusively for 6 months and beyond		
d. Workplace prohibit the promotion of breastmilk substitute, teats and pacifiers in their area.		
e. No promotional, marketing or sales materials shall be seen nor posted within the lactation station.		
f. Nursing / lactating employees are allowed lactation break not less than 40 minutes in the 8 hour period divided into 2-3 milk expression (exclusive of meal break)		
g. Guidelines on the use of the Lactation station shall be posted at the entrance of the said station.		
h. For the 2 nd year : shall have breastfeeding support system from within or from the community who can assist their needs.		

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2.	Do	es the orientation on breastfeeding include the ff:	
	a.	The importance of exclusive breastfeeding for at least 6 months	
	b.	Benefits of breastfeeding to the baby, mother and community as well	
	C.	Inform women on the RISK of artificial feeding	
	d.	Teach them on proper positioning and proper attachment	
	e.	Management of common concerns	
	f.	how to manually express breastmilk, collection, handling, storage and cup feeding.	
3.	Pr	ovision of Lactation Station	
	a.	Corner area with provision for privacy (i.e. curtain)	
	b.	Located away from a toilet facility	
	C.	Have lavatory with soap and water for hand-washing.	
	d.	Station may be near a lavatory but not in a toilet	
	e.	Clean, well ventilated, well lighted and free from contaminants and hazardous substances	

	f.	Have table, comfortable seat, electrical outlet for possible		
	g.	electronic breast pump. Breastfeeding policy posted		
	h.	Provision for personnel to assist / counsel mothers (for medium to big establishments)		
	i.	Presence of other suitable facilities or services (lactation massage, soothing music – optional)	4.1	
4.	Sh	all provide provision for breastmilk storage		
	a.	Refrigerator should be exclusively for storage of expressed breastmilk		
	b.	Cooling facilities for small establishments		
5.	No	posters on artificial milk promotion seen		
6.	La	nctation Breaks being practised;		
7.	Ha	as support System (peer counsellor - for big company)		
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