**Breastfeeding & Lactation Support for Medical Trainees**

**Resident Perception & Attitudes Survey**

Your hospital is participating in a project to increase breastfeeding support of employees with a specific focus on medical trainees. We are interested in the knowledge of all medical residents. One does NOT need to be a parent, have ever breastfed, or birth children to take this survey. This survey is to gain an understanding of medical trainees’ knowledge of breastfeeding support. This survey will allow your hospital to understand the gaps in support to address them through this project. Please note anytime breastfeeding is mentioned this includes pumping. We appreciate your candor.  Your answers will remain confidential. Completion of this survey is completely voluntary, and you can stop at any time.

*Note for survey administrators: This survey tool was approved for IRB exemption from the American Academy of Pediatrics IRB within the context of the two learning collaborative cohorts from 2020-2022 when data was evaluated only by AAFP/AAP evaluation staff.*

***If conducting the survey at your institution, please ensure all specific institution IRB protocols are followed prior to distributing and evaluating resident data.***

1. At which hospital are you a current medical resident (selected hospital names will be in a drop-down menu or we can leave it open ended if hospital names should not be disclosed)
2. Year in medical residency
	1. 1
	2. 2
	3. 3
	4. 4
	5. Other (specify)
3. Do you identify as
	1. Male
	2. Female
	3. Prefer not to answer
	4. Prefer to self-identify (open)
4. Do you identify as transgender?
	1. Yes
	2. No
	3. Prefer not to answer
5. What race do you consider yourself to be? (Select all that apply)
	1. White or Caucasian
	2. Black or African American
	3. Asian or Asian American
	4. American Indian or Alaska Native
	5. Native Hawaiian or Pacific Islander
	6. Prefer not to answer
	7. Prefer to self-identify (open)
6. Do you consider yourself Latino or Hispanic? (Yes, No, Prefer not to answer)
7. Marital status
	1. Single, never married
	2. Married, or in a domestic partnership
	3. Widowed
	4. Divorced or separated
	5. Prefer not to answer
8. How many children do you have? (0,1,2,3,4+)
9. Are you currently pregnant? (Yes, No, Not applicable)
10. Are you aware of any lactation policies for employees at your current organization? (Yes, No) *branching logic*
	1. If yes: How did you learn about the lactation policies at your current organization? (open answer)
	2. If yes: Are the responsibilities of supervisors and lactating employees detailed in the policy? (Yes, No)
11. Are you aware of the laws protecting the rights of medical residents who choose to breastfeed and/or pump at work?
	1. Yes
	2. No
	3. Somewhat (please specify)
12. Should medical residents be allowed to take 20-30 min every 2-3 hours to express milk?
	1. Yes
	2. No
	3. Other (please specify)
13. How do you feel about breastfeeding medical residents adjusting their schedule to accommodate time to express milk? (Open response)
14. Have you ever seen/been inside the lactation facilities within your current organization?
	1. Yes *branching logic*
	2. No
	3. If yes: Please select which items were present (yes, no, unsure matrix)
		1. The lactation room is private, clean, sanitary
		2. There is a refrigerator to store human milk and a place to store pumps
		3. There is an outlet and hospital grade pump available to all lactating medical residents
		4. There is an outlet, work computer, and telephone to allow medical residents the ability to catch up on work while pumping
		5. There are enough lactation rooms for lactating employees wishing to use the room
		6. The lactation rooms are conveniently located
15. Do you know whom to contact at your workplace for breastfeeding/pumping needs?
	1. Yes
	2. No
16. If you or another employee had breastfeeding/pumping needs, would they feel comfortable asking for a change in their schedule to accommodate time to breastfeed/pump?
	1. Yes
	2. No
	3. Other (please specify)
17. Do you have personal experience breastfeeding or pumping?
	1. Yes
	2. No *branching logic*
	3. If no: Have you ever heard from fellow residents about their experiences breastfeeding/pumping at work? (yes, no)
	4. If yes to C: How would you describe what you have heard about fellow residents breastfeeding/pumping experiences while at work? If you have not heard anything, please write n/a. (open answer)
	5. If yes: did you breastfeed at your current workplace? (Yes, No)
		1. If you breastfed/pumped at your current workplace, how would you describe your experiences breastfeeding/pumping at work? (Open)
		2. If you breastfed/pumped at your current workplace, did you use the provided lactation facilities? (Yes, No-branching logic)
			1. If you didn't use the provided lactation facilities, why not? (open answer)
		3. If yes, how would you describe your experiences breastfeeding/pumping at work? (open answer)
18. Did you meet your personal breastfeeding goals?
	1. Yes
	2. No *Branching logic following*
	3. Other (please specify)
	4. IF YES logic path If you did meet your breastfeeding goals, what enabled you or assisted you in reaching that personal goal? (open answer)
	5. IF NO logic path: What prevented you from achieving your breastfeeding goals? (open answer)
	6. IF NO logic path: Would you have breastfed longer if the benefits or facilities you experienced while breastfeeding were different? (open answer)

Thank you for completing this survey!