



# HEALTHCARE CLINIC

At Breastfeed Durham, we are dedicated to creating a supportive environment for all breastfeeding, chestfeeding, and human milk feeding families in our community. This survey is essential to our efforts to recognize and support clinics like yours that are committed to these values.



Clinic Information	
Name of Clinic:	
Address of Clinic:	
Name and Position of Person Completing This Survey:	
Phone Number:	
Email Address:	

Survey Questions	Yes	No	Need more Info
1. Is your clinic interested in <b>pursuing</b> the North Carolina <b>Family Friendly Clinic Award</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your clinic ensure that <b>lactating families</b> are always <b>welcome and respected</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When supplementation is medically-indicated, does your clinic <b>make every effort</b> to support families <b>to provide expressed milk</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does your clinic <b>refrain from advertising infant formula</b> or related products directly to consumers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your clinic <b>support all lactating families</b> and <b>employees</b> , inclusive of their race, ethnicity, immigration status, nationality, creed, age, sexual orientation, gender identity, family structure, primary language, ability, or class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does your <b>clinic provide a private space for lactating employees</b> to express milk or nurse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Does your clinic have a <b>written lactation support policy</b> , and do you orient staff to ensure awareness of worksite support for lactation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Survey Questions****Yes****No****Need more Info**

8. Are **healthcare personnel** in your **clinic trained to support lactation**?

9. Does your clinic **offer lactation support** across prenatal, maternity, and postnatal care?

10. Are healthcare personnel aware of and do they follow breastfeeding guidelines from professional associations (eg. ABM)?

11. Does your **clinic actively refer** families to community chest/breastfeeding support groups and lactation services?

12. Does your clinic provide **lactation education without promoting infant formula**?

13. Does your clinic **track breastfeeding rates**?

14. Does your clinic **display signs or posters** that welcome and encourage breastfeeding?

**Additional Information**

a. Number of Providers in Your Clinic:

b. Number of Providers Who Have Completed Breastfeeding Training (3 hours) in the Last Year:

c. Number of Staff in Your Clinic:

d. Number of Staff Who Have Completed Breastfeeding Training (1 hour) in the Last Year:

**SCAN  
ME**



info@BreastfeedDurham.org

Or text: 919-622-8787

**By completing this survey, you help us understand your clinic's practices and identify any areas where we can provide additional resources or support. Together, we can ensure that every family receives the care, respect, and encouragement they need. Thank you for joining us in this important work.**