

## HUMAN RESOURCES Interview Guide

Participant ID:

Date of interview:

Interviewer:

**WARM-UP:** Hi, this is (*interviewer name*) with LTG Associates. May I please speak with (*participant name*)?

Hi (*participant name*). Thank you for agreeing to be interviewed today. Is now still a good time to do our interview? It will take around 45-60 minutes (*If yes: Great. Let's get started! If no: Can we reschedule for another time?*)

As my colleagues and I described in our earlier communication, I am part of a team that the Office on Women's Health has asked to help it better understand the barriers and facilitators to workplace breastfeeding accommodations that may be encountered by both nursing mothers and their employers. The results of this interview will help us better understand how OWH can help employers accommodate nursing mothers who need to breastfeed or express milk while at work. You were asked to participate in this interview because you are an human resources specialist who may have experience in developing and implementing workplace policies to accommodate breastfeeding employees. Before we get started, do you have any questions for me? (Answer questions.)

1. Please tell me about the kinds of accommodations your company provides for breastfeeding employees.	
2. Can you tell me about the policies and guidance your company has regarding accommodating breastfeeding employees?	
a. Were you involved in developing these policies? If yes, in what way?	
b. Are there ways that you think that they could be strengthened that would benefit breastfeeding women, their co-workers, their supervisors, and their human resources managers?	

<p>3. Can you tell me about the space(s) that your company provides for employees to express milk at work? If your company provides more than one space, please let me know that so I can record your response to these questions for each of the different spaces. <i>(Prompt if needed)</i></p>	
<p>a. Where is the FIRST space that you want to describe located?</p>	
<p>b. Is the space a simple flexible space?  i. If yes, what kind of space? <i>(Choose one)</i>  Other</p>	
<p>c. Is the space a dedicated lactation room?</p>	
<p>i. If yes, where is it located? <i>(Choose one)</i>  Other</p>	
<p>ii. How was it created?</p>	
<p>d. Do employees need to schedule the use of the space?  i. If yes, how is that done? <i>(Check all that apply)</i></p> <p><input type="checkbox"/> An online reservation system</p> <p><input type="checkbox"/> A sign-up sheet outside the door</p> <p><input type="checkbox"/> Email, i.e. email 1 person with master schedule or group email list of nursing employees</p> <p><input type="checkbox"/> Other (Please describe)</p>	
<p>e. How is privacy ensured? <i>(Check all that apply)</i></p> <p><input type="checkbox"/> A lock on the door</p> <p><input type="checkbox"/> Signs</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Other (Please describe)</p>	
<p>f. Does the space accommodate a single employee at a time?  i. If more than one woman can use it at a time, how do individual users gain privacy if desired?</p>	
<p>g. What furnishings are available in the space to benefit the breastfeeding employee? <i>(Check all that apply)</i></p> <p><input type="checkbox"/> A comfortable chair</p> <p><input type="checkbox"/> A flat surface for a breast pump</p> <p><input type="checkbox"/> A refrigerator</p> <p><input type="checkbox"/> A sink</p> <p><input type="checkbox"/> Paper towels</p> <p><input type="checkbox"/> A working electrical outlet</p>	

<input type="checkbox"/> Hand sanitizer <input type="checkbox"/> Other (Please describe)	
<p>h. Do you know where breastfeeding employees at your company typically store their milk? <i>(Check all that apply)</i></p> <input type="checkbox"/> Bring their own cooler/bag from home <input type="checkbox"/> A refrigerator for the purposes of storing milk <input type="checkbox"/> Designated space in a shared refrigerator that stores food <input type="checkbox"/> Other (Please describe)	
<p>i. Do you know how the breastfeeding employee has access to running water to wash her hands and breast pump parts?</p>	
<p>j. <i>(If appropriate)</i> How did you determine how many spaces to provide?</p>	
<p>k. Where is the SECOND space that you want to describe located?</p>	
<p>l. Is the space a simple flexible space? <i>(Choose one)</i>  i. If yes, What kind of space? <i>(Choose one)</i>  Other <i>(Please describe)</i></p>	
<p>m. Is the space a dedicated lactation room? <i>(Choose one)</i>  i. If yes, where is it located? <i>(Choose one)</i>  Other <i>(Please describe)</i>  ii. How was it created?</p>	
<p>n. Do employees need to schedule the use of the space?  i. If yes, how is that done? <i>(Check all that apply)</i></p> <input type="checkbox"/> An online reservation system 0 <input type="checkbox"/> A sign-up sheet outside the door 0 <input type="checkbox"/> Email, i.e. email 1 person with master schedule or group email list of nursing employees <input type="checkbox"/> Other (Please describe) 0	
<p>o. How is privacy ensured? <i>(Check all that apply)</i></p> <input type="checkbox"/> A lock on the door 0 <input type="checkbox"/> Signs 0 <input type="checkbox"/> Policy 0 <input type="checkbox"/> Other (Please describe) 0	
<p>p. Does the space accommodate a single employee at a time?  i. If more than one woman can use it at a time, how do individual users gain privacy if desired?</p>	
<p>q. What furnishings are available in the space to benefit the breastfeeding employee? <i>(Check all that apply)</i></p> <input type="checkbox"/> A comfortable chair 0	

<input type="checkbox"/> A flat surface for a breast pump	0	
<input type="checkbox"/> A refrigerator	0	
<input type="checkbox"/> A sink	0	
<input type="checkbox"/> Paper towels	0	
<input type="checkbox"/> A working electrical outlet	0	
<input type="checkbox"/> Hand sanitizer	0	
<input type="checkbox"/> Other (Please describe)	0	
r. Do you know where breastfeeding employees at your company typically store their milk? <i>(Check all that apply)</i>		
<input type="checkbox"/> Bring their own cooler/bag from home	0	
<input type="checkbox"/> A refrigerator for the purposes of storing milk		
<input type="checkbox"/> Designated space in a shared refrigerator that stores food		
<input type="checkbox"/> Other (Please describe)	0	
s. Do you know how the breastfeeding employee has access to running water to wash her hands and breast pump parts?		
t. <i>(If appropriate)</i> How did you determine how many spaces to provide?		
u. Where is the THIRD space that you want to describe located?		
v. Is the space a simple flexible space? <i>(Choose one)</i>		
i. If yes, What kind of space? <i>(Choose one)</i>		
Other <i>(Please describe)</i>		
w. Is the space a dedicated lactation room? <i>(Choose one)</i>		
i. If yes, where is it located? <i>(Choose one)</i>		
Other <i>(Please describe)</i>		
ii. How was it created?		
x. Do employees need to schedule the use of the space?		
i. If yes, how is that done? <i>(Check all that apply)</i>		
<input type="checkbox"/> An online reservation system	0	
<input type="checkbox"/> A sign-up sheet outside the door	0	
<input type="checkbox"/> Email, i.e. email 1 person with master schedule or group email list of nursing employees		
<input type="checkbox"/> Other (Please describe)	0	
y. How is privacy ensured? <i>(Check all that apply)</i>		
<input type="checkbox"/> A lock on the door	0	
<input type="checkbox"/> Signs	0	
<input type="checkbox"/> Policy	0	
<input type="checkbox"/> Other (Please describe)	0	
z. Does the space accommodate a single employee at a time? <i>(Choose one)</i>		

<p>aa. What furnishings are available in the space to benefit the breastfeeding employee? <i>(Check all that apply)</i></p> <p><input type="checkbox"/> A comfortable chair</p> <p><input type="checkbox"/> A flat surface for a breast pump</p> <p><input type="checkbox"/> A refrigerator</p> <p><input type="checkbox"/> A sink</p> <p><input type="checkbox"/> Paper towels</p> <p><input type="checkbox"/> A working electrical outlet</p> <p><input type="checkbox"/> Hand sanitizer</p> <p><input type="checkbox"/> Other (Please describe)</p>	<p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>
<p>bb. Do you know where breastfeeding employees at your company typically store their milk? <i>(Check all that apply)</i></p> <p><input type="checkbox"/> Bring their own cooler/bag from home</p> <p><input type="checkbox"/> A refrigerator for the purposes of storing milk</p> <p><input type="checkbox"/> Designated space in a shared refrigerator that stores food</p> <p><input type="checkbox"/> Other (Please describe)</p>	<p>0</p> <p>0</p> <p>0</p> <p>0</p>
<p>cc. Do you know how the breastfeeding employee has access to running water to wash her hands and breast pump parts?</p>	
<p>dd. <i>(If appropriate)</i> How did you determine how many spaces to provide?</p>	
<p>4. What breast pump options are available to employees?</p> <p>a. Does the employee need to bring her own breast pump?</p>	
<p>b. Does the company make a multi-user electric breast pump available in the lactation space?</p>	
<p>i. If so, does the employee pay for her own breast pump attachment kit?</p>	
<p>ii. Does the company provide or subsidize the purchase of a personal use breast pump?</p>	
<p>iii. Does the employee receive a free breast pump from the health insurer?</p>	
<p>5. How does the company provide “reasonable time” for breastfeeding employees to express milk at work?</p>	

<p>a. How is that time made available to employees? (<i>Prompt if needed</i>)</p> <ul style="list-style-type: none"> <li>▪ Part of already established paid breaks?</li> <li>▪ Separately scheduled nursing breaks?</li> <li>▪ Breaks to express milk as the need arises?</li> <li>▪ Other?</li> </ul>	
<p>i. If nursing breaks are part of established breaks, how is extra time that might be needed accommodated?</p>	
<p>ii. Are nursing breaks that are not part of established paid breaks compensated?</p>	
<p>b. How is work coverage provided while the employee is away from her work station to express milk? (<i>Prompt if needed</i>)</p> <ul style="list-style-type: none"> <li>▪ Designated floater staff?</li> <li>▪ Informal coverage by other employees?</li> <li>▪ other?</li> </ul>	
<p>6. Does your company offer any workplace social supports for breastfeeding employees? (<i>Prompt if needed</i>)</p> <ul style="list-style-type: none"> <li>▪ A bulletin board in the lactation space for encouragement?</li> <li>▪ Online support group?</li> <li>▪ In-person support groups?</li> </ul>	
<p>a. Does the company offer access to professional support from lactation consultants?</p>	
<p>i. (<i>Prompt if needed</i>) Is this service paid by the company or through the insurer?</p>	
<p>7. How does your company make employees aware of breastfeeding accommodations? (<i>Prompt if needed</i>)</p> <ul style="list-style-type: none"> <li>▪ New employee orientation?</li> <li>▪ Posters?</li> <li>▪ Newsletter?</li> <li>▪ Other?</li> </ul>	
<p>a. How has the company informed supervisors about the accommodations?</p>	
<p>8. Does your company collect any information on workplace breastfeeding accommodations? (<i>If no, skip to question 9</i>)</p>	
<p>a. Have you used a satisfaction survey of employees who used them?</p>	
<p>i. What about stories from employees who used them?</p>	

b. Have you used a survey of supervisors whose supervisees have used them?	
i. What about stories from supervisors whose supervisees have used them?	
c. Have you used another method of information collection? If yes, please tell me about it and what you have learned?	
<b>9. Please tell me how and why your company developed and implemented the policies and practices that accommodate workplace breastfeeding?</b>	
a. What was the primary motivator in developing the accommodations? <i>(Prompt if needed)</i> <ul style="list-style-type: none"> <li>▪ Knowing the potential financial benefits?</li> <li>▪ Federal or state laws?</li> <li>▪ An employee who requested the accommodations?</li> <li>▪ Other?</li> </ul>	
b. Who internally and externally was involved in developing your company breastfeeding practices and policies?	
i. Does your company have a medical department and were they involved? If yes, how were they involved?	
ii. Were outside medical consultants used? If yes, how were they used?	
iii. Were there key corporate leaders driving this and involved in development? If yes, how were they involved?	
iv. Were there key strong employee leaders involved? If yes, how were they involved?	
c. What is your understanding of any state laws related to worksite lactation accommodations and how they may apply to your company?	
d. Can you describe the process of developing policies that align with these laws?	
i. Are the policies separate lactation policies, or a part of other employee benefits policies?	
ii. Can you talk about the challenges and facilitators in the development of lactation policies and practices?	

<p>iii. If the policies and practices have changed over time can you describe the changes?</p>	
<p>1. What factors caused or prompted these changes?</p>	
<p>e. Do you have any breastfeeding “champions” or advocates in your workplace? Please speak generally about their roles, for example Work and Life or Employee Assistance professionals, rather than telling me their names.</p>	
<p>f. What is your sense of how what your company does compares with others in your industry?</p>	
<p>g. Who or what helped your company to develop and implement workplace breastfeeding accommodations? <i>(Prompt, if needed)</i></p> <ul style="list-style-type: none"> <li>▪ Online resources</li> <li>▪ Nursing mothers at your workplace</li> <li>▪ The HR manager or the company's worksite wellness division</li> <li>▪ People from the community such as a local WIC program, hospital, breastfeeding coalition</li> <li>▪ The Society for Human Resource Management</li> <li>▪ Supporting Nursing Moms at Work: Employer Solutions at: <a href="http://www.womenshealth.gov/breastfeeding/employer-solutions/">http://www.womenshealth.gov/breastfeeding/employer-solutions/</a></li> </ul>	
<p>i. Can you describe how these resources have helped?</p>	
<p>ii. How did you find these resources? <i>(Prompt if needed)</i></p> <ul style="list-style-type: none"> <li>▪ The Society for Human Resource Management</li> <li>▪ Industry groups</li> <li>▪ Outreach from state, county</li> <li>▪ Other</li> </ul>	
<p>h. What kind of help do you WISH you had had?</p>	
<p>10. Who and/or what have been the biggest challenges you have encountered in providing breastfeeding accommodations?</p>	



a. How did your company address them?	
b. What resources helped your company to address them?	
c. What resources would have been helpful to you?	
11. What things have made it easier to provide breastfeeding accommodations?	
12. Can you tell me about any ongoing challenges that your company has faced in continuing to develop and sustain workplace breastfeeding accommodations?	
a. What has your company done to try to overcome them?	
b. What kind of resources has your company used to try to manage these challenges? (Human or documents)	
c. What kinds of resources did you want but could not find or afford?	
d. What do you believe would help you sustain or improve your accommodations?	
13. What feedback on workplace breastfeeding accommodations have you received from employees who use them?	
a. What feedback on workplace breastfeeding accommodations have you received from the <i>supervisors</i> of employees who use them?	
b. What feedback have you received from other employees?	
c. What feedback have you received from the community (if applicable)?	
d. What resources have helped your company to address the concerns of each of these groups?	
i. If there weren't any, what resources do you believe would be helpful?	
e. Has your workplace received any recognition or awards for your lactation accommodations? If yes, please tell me about them.	
14. How is HR measuring/tracking/monitoring:	

a. "use" of accommodations?	
b. "access" to accommodations?	
c. "quality" of accommodations?	
<b>15. What new workplace breastfeeding supports or changes to existing accommodations does your company plan to develop and implement?</b>	
a. What resources will your company need to help to develop and implement these changes?	
b. How can the available resources be improved to better help your company develop and implement workplace breastfeeding accommodations?	
c. How can the available resources be improved to better help your employees utilize workplace breastfeeding accommodations? Their supervisors to assist them in using these accommodations?	
<b>16. What recommendations do you have for companies similar to yours that have not yet implemented worksite accommodations?</b>	
a. What do you believe are the primary barriers for other companies?	
b. What do you believe would motivate other companies to develop and implement worksite accommodations?	
c. What information or resources do you believe would help other employers provide worksite accommodations for breastfeeding?	
<b>17. Prior to our reaching out to you or to this interview, were you aware of the online resource Supporting Nursing Moms at Work: Employer Solutions at: <a href="http://www.womenshealth.gov/breastfeeding/employer-solutions/">http://www.womenshealth.gov/breastfeeding/employer-solutions/</a> ? If no, skip to 18; if yes:</b>	

<p>a. How did you become aware of it? <i>(Prompt if needed)</i></p> <ul style="list-style-type: none"><li>▪ By using an online search engine</li><li>▪ Supervisor or coworker</li><li>▪ Through the Society for Human Resource Management</li><li>▪ Through an industry organization</li><li>▪ Through a state breastfeeding coalition</li><li>▪ Other</li></ul>	
<p>b. What elements of the website did you find most useful and why? <i>(Prompt if needed)</i></p> <ul style="list-style-type: none"><li>▪ The industry solutions pages</li><li>▪ Policy templates</li><li>▪ Videos</li><li>▪ FAQs</li><li>▪ Other</li></ul>	
<p>c. What elements of the website did you find less useful and why?</p>	
<p>18. What additional thoughts would you like to share regarding workplace breastfeeding accommodations?</p>	



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