

**Lactation Friendly Workplace Action Plan**

**Organization: Date:**

Complete this action plan and identify areas you would like to work on using the results of your self-assessment. Each section corresponds with the components of the self-assessment tool.

**Policy Development (Commitment)**

| **Action Items** | **Lead Person** | **Timeline** |
| --- | --- | --- |
| *Example: create policy, obtain approval from leadership* |  |  |
|  |  |  |
| Resources needed:  *Example: sample policy* | | |

**Time (Workplace Flexibility)**

| **Action Items** | **Lead Person** | **Timeline** |
| --- | --- | --- |
| *Example: create policy, ensure time is provided to employees for pumping* |  |  |
|  |  |  |
| Resources needed:  *Example: sample policy* | | |

**Space (Lactation Friendly Environment)**

| **Action Items** | **Lead Person** | **Timeline** |
| --- | --- | --- |
| *Example: identify space, purchase items (e.g. chair, table, decor)* |  |  |
|  |  |  |
| Resources needed:  *Example: space prioritized for lactation support* | | |

**Optional: Additional Goals for achieving Lactation Advocate (i.e. Educational Resources, Support Groups, etc.)**

| **Action Items** | **Lead Person** | **Timeline** |
| --- | --- | --- |
| *Example: infants allowed at work, insurance plan covers lactation equipment, multi-user pump made available, etc.* |  |  |
|  |  |  |
| Resources needed: | | |