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| Lactation Program |
| Lactation Room Guidelines |
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| **Human Resources** |
| **8/1/2011** |

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| Team Members Information, forms and Guidelines for participating in XYZ Company’s Lactation Program. |

# Table of Contents:

# Section 1.

Introduction: Breastfeeding Friendly Workplace

# Section 2.

XYZ Breastfeeding Friendly Workplace Support Statement

# Section 3.

Guidelines for the use of the XYZ Team Member Lactation Program

1. Breastfeeding Education
2. Returning to the Workplace
3. Guidelines for Use of the Team Member Lactation Room
   1. Scheduling a time for the Team Member Lactation Room
   2. Accessing the Team Member Lactation Room
   3. Discontinuing use of the Team Member Lactation Room
4. Guidelines for the Breast Pump Loaner Initiative

# Section 4.

Team Member Information Packet (Distribution to XYZ Team Members)

XYZ Team Member Lactation Program

1. Team Member Preparation Form
2. What is a Lactation Room
3. Getting Ready to Pump
4. Storage of Breast Milk

Introduction to the XYZ Team Member Lactation Room

Team Member Lactation Program Registration Forms

## SECTION 1: Introduction

## Breastfeeding Friendly Workplace

Breastfeeding is the best possible method of infant nutrition. Breast milk provides advantages for infant health, growth and development, while significantly reducing the risk of several acute and chronic illnesses. Breastfeeding also provides emotional, economic and health benefits for mothers and families. The longer an infant is breastfed, the greater he or she is likely to have significant *and lifelong* health benefits. Leading health experts recommend that mothers exclusively breastfeed for the first six months and continue (gradually introducing the infant to solid food and water around that time) for at least the baby’s first year. A workplace lactation program helps working women who are nursing mothers to continue breastfeeding upon their return to work.

# SECTION 2: XYZ Breastfeeding Friendly Workplace Support Statement

XYZ Company (XYZ ) recognizes that breast milk is the optimal food for the growth and development of infants. XYZ encourages Team Members and management to have a positive, accepting attitude toward working women and breastfeeding. The XYZ will provide support for continued breastfeeding by working mothers through:

* Development of a work culture that is supportive of breastfeeding.
* Flexible work schedule to facilitate providing time for the purpose of expressing breast milk.
* The casino will designate a clean, comfortable and private space within the workplace for mothers who wish to express breast milk. Currently, a Team Member Lactation Room with a hospital-grade breast pump is available on the lower level of the hotel

# SECTION 3: XYZ Guidelines for the Team Member Lactation Program

## Breastfeeding Education:

The Human Resources will provide pregnant Team Members with information packets concerning breastfeeding, which will be made available to any Team Member who requests maternity leave. These packets will include information on the following items:

* Team Member preparation for expressing milk at the workplace
* XYZ Team Member Lactation Room and Breast Pump Information
* Getting Ready to Pump
* Storage of Breast Milk in the Workplace
* Introduction to the Team Member Lactation Program Registration Form In addition, information will be shared during New Hire Orientation as part of the orientation presentation.

## Before Returning to the Workplace After Giving Birth

1. The Team Member shall contact the Coordinator who will provide information and schedule the returning Team Member for the times assigned to use the room.
2. The Coordinator will provide the Team Member information on the breast pump kit required or provide one (based on availability) and instructions for use of the hospital grade breast pump. After the Team Member registers to use the lactation room, the Coordinator will make an appointment for the Team Member to pick up the breast pump kit from Human Resources and complete a payroll deduction form.

The use of the lactation room is free. A hospital-grade breast pump is available in the room. The Team Member may also bring her own pump to and from the lactation room on a daily basis, if she wishes, but she will be responsible for securing it against theft or use by others. It is the responsibility of everyone using the lactation room to maintain a clean room ready for the next user.

## Using the Team Member Lactation Room

Scheduling a time for the Team Member Lactation Room

1. The Team Member should inform her direct supervisor that she will be using the lactation room and inform her supervisor of her regularly scheduled time slots after they have been confirmed by the Coordinator. Her direct supervisor should support the Team Member by allowing the Team Member to participate in the lactation program during the Team Member’s scheduled time slots.
2. The Team Member will be assigned a maximum of three month and then further use is reevaluated and may be extended.
3. No leave time should be charged to the Team Member for using the lactation room. **It is mutually understood by the supervisor and Team Member that the Team Member must complete a full workday.**.
4. A Team Member whose name is on the Team Member lactation room calendar for a designated time slot has priority for using the room at that time.
5. If a Team Member knows she will be out for an extended period of time (any period exceeding two weeks), she should remove her name from the lactation calendar or notify the Coordinator to have her name removed. This will make her time slot(s) available for other lactating Team Members to use the room.

## Accessing the Team Member Lactation Room

1. When the Coordinator receives a Team Member Lactation Program Registration Form (section 5), filled out and signed by the Team Member, she will arrange with the Team Member to pick up a breast pump kit and Team Member information sheets (section 4).
2. The Coordinator will contact the Team Member, confirming the Team Member's approved time slots on the lactation room calendar. The Coordinator will send the Team Member information on how to access the room, which will be kept locked at all times. The key will be issued by the Security Department and is kept in the Key Watcher located in the Hotel.
3. The Team Member may access the lactation room only for the purposes of expressing, storing and collecting her breast milk. The door to the Lactation Room should be kept locked. XYZ is not responsible for the security or integrity of breast milk stored in or outside of the lactation room refrigerator.
4. The average time for the use of the lactation room is 20 minutes.
5. Team members in a cash handling position must lock up their banks prior to starting their lactation break. Please remember that all bags are subject to search and containers with your portable cooler shall be transparent to see the content,

## Discontinuing Use of the Team Member Lactation Room

1. When a Team Member has stopped breastfeeding, decides not to use the Lactation Room anymore, or separates from XYZ, It is expected that she notify the coordinator to remove her name from the Lactation Room calendar.
2. The breast pump kit belongs to the user. The breast pump kits can be kept or discarded at the user’s discretion.
3. To avoid contamination of breast milk and possible harm to the infant, the Team Member should never share her breast pump kit with any other person.

## The Breast Pump Loaner Initiative

This program is for the use of XYZ Team Members who work in a location where no lactation room or space has yet been designated for that purpose. The casino will make reasonable efforts to provide a room or space near the work area, for Team Members to express breast milk in private.

1. The Team Member shall indicate on the Team Member Lactation Program Registration Form (Section 5) that she wants to borrow a loaner breast pump from the program.
2. The Coordinator will inform the Team Member whether or not a breast pump will be available for her use on her indicated date of return. If the Team Member does not return on the date indicated, the program does not guarantee that the pump reserved for her will be available when she does return. In the event of a change in her return date, she may call the Coordinator to try to change her borrowing beginning and end dates.
3. Upon receiving the pump, the Team Member will sign a receipt that she is borrowing the pump and promises to return it to the Breastfeeding Initiative Coordinator, in clean and undamaged condition, on a certain date. If she either discontinues breastfeeding early, or extends her breastfeeding beyond the return date, she will inform them of the new date.
4. **By accepting the pump the Team Member certifies that she will keep it secure from loss, damage or theft and return it to the program on the agreed upon date or earlier if the Team Member no longer needs the pump or separates from XYZ .**

# SECTION 4: XYZ Team Member Information Packet

The following forms will be sent to those Team Members who have registered to participate in the Team Member Lactation Program. These forms shall be completed upon return from leave of absence.

Form 1: Congratulations on the birth of your child and decision to breastfeed.

Form 2: XYZ Team Member Lactation Room and Breast Pump Loaner Initiative

Form 3: Getting Ready to Pump Information Sheet

Form 4: Storage of Breast Milk at the Work Place.

Form 5: Team Member Lactation Program Registration Form (*3 pages*)

CONGRATULATIONS ON THE BIRTH OF YOUR CHILD AND ON YOUR DECISION TO BREASTFEED!

XYZ Company recognizes breastfeeding as the best possible choice for you and your newborn infant.

To help you to continue breastfeeding when you return to work, a Lactation Room has been set up on the lower level of the Hotel.

## BEFORE RETURNING TO WORK

1. Complete the Team Member Lactation Program Registration Form from or request the form from the Coordinator.
2. At least 2 weeks before you return to work,fill out the form and send it to the Breastfeeding Coordinator to inform her of your imminent return to work, whether you will be using the lactation room and follow the procedures described in Section 3 to ensure your enrollment in the program.
3. Communicate with your direct supervisor prior to your return to work that you are planning to continue breastfeeding
4. Start expressing your breast milk at least two to three weeks prior to returning to work. This will prepare you for the time you will be away from your infant and establish a pattern of breast milk expression at the workplace.
5. Create a breast milk “stockpile” to have your milk available for your infant when you return to work. Breast milk can be kept in the freezer for up to three to four months.
6. When you are at work, there is the possibility of leakage. Use breast pads to prevent your clothes from getting wet.
7. Prepare yourself with storage cooler and ice packs to store your breast milk while traveling to and from work.

XYZ Team Member Lactation Room

## Team Member Lactation Room:

The purpose of the Team Member lactation program is to support you in your decision to continue providing breast milk for your infant after returning to work. You may use the lactation room located at the lower level of the Hotel. You are not required to purchase a breast pump in order to use the lactation room. A hospital grade double pump system will be available for your use for a comfortable, efficient form of expression in the Team Member Lactation Room.

The Coordinator will provide you with the information for or if available with the breast pump kit for use with the hospital-grade double pump system for cost and have it deducted from your check. The breast pump kit is for an individual user. Never share the breast pump kit with anyone! Sharing one can harm an infant because of possible contamination of breast milk.

It is the responsibility of everyone using the Team Member Lactation Room or borrowing a breast pump:

1. To clean up any spills of breast milk she makes.
2. To access the lactation room only for the purposes of expressing, storing and collecting her breast milk. The door to the lactation room should be kept locked.
3. To keep the breast pump clean and in working order.
4. To store her breast milk in her personal cooler bag or in the refrigerator.
5. To take her breast milk home at the end of each workday.

Should you have any questions, please call the Coordinator 760 291-5236.

# Getting Ready to Pump:

1. Wash your hands.
2. Wipe the breast pump to assure clean equipment.
3. Prepare your breast:
   1. Massage: Hold your breast with both hands. Slide the palms of your hands forward from the chest wall down to the nipple. Repeat on the other breast
   2. Shake: Lean forward, and gently shake your breast, so gravity will help the milk reflex (come down).
4. Turn on the pump and apply the bell of the pump or the funnel to the dark portion of your breast, known as the areola, first one and then the other. Make sure there is a good seal over both of your breasts.
5. As you are pumping, practice relaxation and think of or look at a picture of your infant. This will help increase the flow of your breast milk.
6. Pumping at least 10 –15 minutes helps maintain your milk supply.
7. After pumping, wash your equipment with hot sudsy water or antiseptic wipes. Rinse and dry the equipment.
8. You can choose to store your breast milk in the refrigerator in the room or, if you prefer, one closer to your workplace, or in your cooler bag.
9. When preparing your breast milk for storage, regardless of where you store it, write your name and the date the milk was expressed. Make a reminder for yourself to take it home at the end of the day. If it is left in a XYZ refrigerator for more than 48 hours, it is subject to being discarded.
10. Please leave the room clean and ready for use by the next mother.

STORAGE OF BREAST MILK AT THE WORK PLACE

Team Members are responsible for storage of expressed breast milk. It is normal for pumped milk to vary in color, consistency and scent, depending on your diet and the baby’s age. Stored milk separates into layers because the cream will rise to the top. Just shake the container gently before feeding your infant.

* A leak-proof lid and a clean glass or hard plastic container is acceptable for storage of human milk.
* When storing your milk, seal containers tightly. Write on a piece of masking tape or container label your name, work telephone number, the date & the time the breast milk was expressed. (Labels and Sharpies) are available in the Lactation Room for your use.
* Freshly expressed breast milk can be stored for up to 24 hours in a cooler bag with freezer packs.
* Breast milk can be refrigerated for up to 72 hours. Storing breast milk in amounts of 6 to 8 ounces allows for less milk waste and avoids over-feeding.
* Take your breast milk home at the end of every work day. XYZ is not responsible for the security or integrity of breast milk stored in or outside of the Lactation Room refrigerator. If you do not plan to use the breast milk within a few days, you can freeze it in the coldest section of your freezer. Do not place the container up against the wall of the freezer. Breast milk can be frozen for up to 3 to 4 months.

# SECTION 5.

## Introduction to the Team Member Lactation Registration Form

Purpose of the form:

* Identify who will use the Team Member lactation room
* Determine who will receive a breast pump kit
* Inform the Team Member of the location of the Team Member lactation room and assign designated time slots when she can use it.

In response to receiving the form:

* The Coordinator will provide the Team Member with the information on how to access the Team Member lactation room
* Inform the participant of her responsibilities in using the Team Member

## Lactation Room

How to access the form

* The form and information on the Lactation Room are available on the Public Share under the Lactation Program folder.
* Breastfeeding Information Packet distributed as part of the maternity leave process in Human Resources
* Request from Human Resources using the following contacts:

Coordinator:

email:

Phone:

fax:

## Who will collect this form?

The Human Resources Coordinator located in Human Resources. You may email, fax or submit in person; however it must be received two weeks in advance.

Team Member Lactation Program Registration Form

To participate in the use of the Team Member Lactation Program, please fill out the form below and return it to the Coordinator located in the Human Resources Department, no later than two weeks before your return to the workplace. This form may be emailed or faxed

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge: \_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Member’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of child's birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Return to Work Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Program Requested

o Lactation Room (Complete Schedule Request)

o Purchase kit by payroll deduction

o Loaner Breast Pump

## Assigned times

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| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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Team Members Signature Date

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Coordinator’s Signature Date

# Lactation Room Request for Assigned times

Please circle the times you are requesting. Please circle you top 3 choices

Mornings

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# Lactation Room Assigned times

The following days and times have been approved for you.

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| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
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Team Members Signature Date

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Coordinator’s Signature Date

Lactation Room Replacement Parts

Ameda Replacement Parts are available at:

Online at- <http://www.amedaonline.com>

Online at- <http://www.breastpumpsdirect.com>





