

Mothers Room Procedures for Employees



Nursing Mothers in City Hall:

- You will receive the Mother's Room access code upon return of this signed waiver to the Health and Wellness Coordinator in the Human Resources Department.
- Please do not share the code with other employees. If others request the code, refer them to the Wellness Coordinator.
- If you use the provided breast pumps, supply your own tubing, adaptor, bottles, and baggies.
- Breast pumps are to be used only in the Mother's Rooms and not to be taken out of the rooms.
- Do not use other person's equipment.
- Only breast milk may be stored in the room's refrigerator. Label your bottles and baggies with your name, date and phone number when placing them in the refrigerator. Remove your expressed milk at the end of each day.
- Wipe down your station before leaving the area.
- Each station is equipped with a pump, table, chair, trash can, tissue and sanitizer. If there is an issue with the room or any equipment is missing please contact the Wellness Coordinator at 768-2921.
- Track your personal belongings, as only you are responsible for items left in the Mother's Room.



Waiver for Breast Pump Use

- I understand the City of Albuquerque is providing a breast pump.
- I acknowledge use of the available breast pump is voluntary.
- I understand the City of Albuquerque will make the best effort to maintain the breast pumps, but the City of Albuquerque does not guarantee the breast pumps will be available or functioning properly.
- I have read and received a copy of the Mother's Room Procedures, and I agree to comply with the Procedures.
- I understand I have an opportunity to learn about the provided breast pumps by reviewing product information on the Ameda website, <http://www.ameda.com/breastfeeding-products/multi-user-breast-pumps/ameda-elite-breast-pump>, and it is my choice to review the materials. Materials are third party and the City of Albuquerque does not accept responsibility for accuracy or completeness of third party materials.
- I release the City of Albuquerque and any of its entities and employees from loss, damage, injury, accident, liability, claim, cost or expense arising from use of breast pump.

Please check one:

- I intend to use the City of Albuquerque provided breast pump.
- I intend to use the Mother's Room, but I do **not** intend to use the City of Albuquerque provided breast pump.

Print Name: _____

Signature: _____ Date: _____