Memorandum of Understanding
Between
AFGE Local 2923 and NIEHS
Nursing Mothers and Lactation Program

The Parties agree that the health and wellbeing of our employees is critically important. Returning to work after having a new baby can be difficult, especially for women who choose to breastfeed. This MOU serves to ensure that support and worksite assistance for nursing mothers and their babies remain happy and healthy. One purpose of this MOU is to provide the emotional support and worksite assistance nursing mothers need to make the return to work the least stressful as possible. The Union and the Employer recognize the importance of breastfeeding and encourage support from managers, supervisors, and co-workers.

Locations:

For each building or leased building there shall be a minimum of one lactation room.

- Clinical Research Unit (on Main Campus) - Room 170
- Main Campus (Building 101) - Room E137A

There are two treatment rooms in the Health Unit, located in Building 101 (Room E111) that may be used by nursing mothers as a rest area. These rest areas are NOT dedicated lactation rooms; use must be coordinated with the Health Unit Nurse. Nursing mothers may either go to the Health Unit to see if the rest area is available or call the Health Unit Nurse at 541-4689 to inquire about room availability. The Health Unit is open Monday through Friday from 7:45 a.m. to 4:15 p.m. Each room has a bed, a chair, a sink, hand soap, and paper towel. A hospital grade breast pump is available, or nursing mother may also use their own pump. Electrical outlets are available in the room. Each room also has Ethernet access.

- Keystone - Room 1119

The Parties agree that whenever renovation, justified need and/or budget will permit, another lactation room in the Rall Building (i.e., Main Campus, building 101) will be considered. The Agency shall negotiate with the Union as appropriate. The Agency agrees to routinely monitor the program to assess where improvements can be made.

Lactation Rooms
At a minimum each lactation room will meet the following basic requirements.

- Private locked room or other space (not restroom)
- A minimum of 80 square feet of space
- Clean, safe environment
- Rooms shall have a microwave, table, chair, sink, paper towels, and a trash can
- Electrical outlets with surge protector to expand the outlets to 6
- Chair and table for a breast pump
- Hospital grade breast pump (durable pump that more than one mother can use safely), which is approved by FDA and is BPA/DEHP free (the Agency agrees to periodically...
survey participants as to their preference of breast pump and consider such information when purchasing a new pump
• Instructions on how to use the breast pump
• Small refrigerator exclusively for expressed milk storage during the day with a freezer storage area for at least 1 freezer pack
• Phone and phone number to contact NIH Lactation Consultants or other Lactation Consultants
• Rooms shall have an area for reading material and posting information
• Rooms shall be cleaned and maintained by contract/custodial staff
• The NIEHS Health Unit Nurse shall ensure the rooms are clean and organized as well as aspects contained herein

Agency will provide breastfeeding information factsheets in each lactation room and have a webpage [http://inside-www.niehs.nih.gov/odhsb/occup/lactation.htm](http://inside-www.niehs.nih.gov/odhsb/occup/lactation.htm) on the NIEHS internet that is fully and easily accessible by any/all BUE’s that includes at a minimum:
• Prenatal information on breastfeeding
• Information regarding postpartum assistance in the hospital, at home, and back at work
• Phone number of NIH lactation consultants
• Links or Information regarding mother-to-mother support groups

NIH Services
Employees shall have equivalent services and/or have full use and access to the NIH Nursing Mothers Program [http://dohs.ors.od.nih.gov/lactation.htm](http://dohs.ors.od.nih.gov/lactation.htm) which includes:
• Telephone support while on maternity leave, providing advice and problem-solving during the first critical weeks
• Return-to-work consultation
• Onsite lactation rooms in various buildings, all equipped with breast pumps.
• Prenatal breastfeeding education classes taught at various locations on campus (Bethesda campus)

Employee Offices
Employees may use their offices in lieu of the lactation room(s). For those employees who have difficulty meeting aspects of scheduling or other parts of this MOA or prefer to use their office, they shall be permitted to have a lock placed on their office so they can use their office rather than the lactation room(s). For those employees who have cubicles, they shall be granted access to a nearby vacant and available office for use as appropriate.

Lactation Room Guidelines
1. The lactation room may be used by NIH employees, contractors and visitors. However, you must register with the NIEHS Lactation Program to use the room on an ongoing basis. There is no fee for use of the lactation room. To register for ongoing use of a lactation room the application agreement form must be completed – see appendix.

2. The person whose name appears on the schedule at a designated time has priority to use the room at that time. The schedule may be accessed online through Outlook. If an employee would like to be added to the schedule, please contact the NIEHS Health Unit Nurse.
3. Employees are responsible for placing their names on the schedule. The Agency agrees to make the schedule easily accessible and easy-to-use. Normally, employees should schedule no more than three time slots per day (with no more than 30 minutes per slot). Additional scheduled time slots shall be on a space available basis. However, if employees need additional time slots, the employee may use the NIEHS Health Unit or their own office, if desired.

4. If the nursing mother needs to make a change to the schedule they are responsible for making the change. Employees are expected to notify the NIEHS Health Unit Nurse if they need to discontinue use of the lactation room.

5. Employees, when on extended leave (more than two weeks), may be removed from the schedule to make room for another person needing to use that time slot in the lactation room. If arrangements are made in advance and the leave is less than two weeks, the employee's time slot will be held. Time slots cannot be held if leave is longer than two weeks and there is heavy demand for use of the room. The employee shall be placed back on the schedule when their leave has ended.

6. Employees who are not scheduled users of the lactation room, or if they are not able to use the room at their scheduled time, may contact the NIEHS Health Unit Nurse to gain access to the electronic calendar.

7. Employees must provide their own collection bottles and double-pumping type of hook-up tubing, all of which will need to be compatible with the Agency's hospital grade electronic breast pump. For those bargaining unit employees who show a need, the Union agrees to assist in paying for kits or collection equipment compatible with the Agency's breast pump. Employees may use their own breast pump if desired.

8. It is the responsibility of everyone using the lactation room to assure that the area has been cleaned sufficiently for the next user. Paper towels, soap, and water will be made available to each client for cleaning up spillage. Employees should notify the NIEHS Health Unit Nurse if cleaning materials are not available. If a nursing mother uses the Agency breast pump, she should prepare the pump for the next user by wiping the connection with alcohol pads provided.

9. The Agency shall provide the lactation program agreement online and ensure that it is easily accessible to employees.

10. The Agency shall also send an email notice to all employees periodically regarding the nursing mothers/lactation program.

11. The Agency shall ensure that applicants to the program shall be granted a key to the most nearby lactation room normally within 2 business days. In the interim, the employee may use the lactation room when it is unoccupied, their office, or any other nearby private location designated by the Agency.

Breast Milk Storage/Removal Policy
Breast milk may be stored in a dedicated lactation refrigerator. Each nursing mother will be required to label the expressed breast milk with her name, and date. The breast milk can then be placed in the designated refrigerator in a second box-like container which separates the stored breast milk from that of other clients. NIEHS will not be responsible for the security and
integrity of breast milk placed in the lactation refrigerator. NIEHS and its employees or contractors will not be held responsible for any adverse event allegedly attributable or related to breast milk stored in the health center. At the conclusion of the workday, each client will remove her stored breast milk from the dedicated lactation refrigerator. Any milk that is left in the dedicated lactation room will be discarded.

Time
Employees shall be granted appropriate duty time or administrative leave for nursing/lactation issues regarding all matters mentioned herein. The Agency acknowledges that due to the location of some lactation rooms and sometimes challenges involved in nursing that 30 minutes twice a day is common during an 8-hour day.

Participation

Contact NIEHS Health Unit at 541-4689 or 541-0338. Currently Lindia Engram, email: engram1@niehs.nih.gov

Complete a NIEHS Lactation Program Agreement (see appendix) and send either via inter-office mail or by email to NIEHS Health Unit (MD E1-04).

Employees should contact the Health Unit Nurse to sign out a key and to gain access to the Lactation Rooms calendar.

Before using the pump, employees should notify the NIEHS Health Unit Nurse regarding any nipple or breast redness, pain, cracking, discharge, or other evidence of possible infection. Women with mastitis should be seen and cleared by their personal physician for use of a breast pump before continuing with the program.

Nothing in this document changes or waives either party’s rights.

For the Agency:

/s/ Noreen Gordon 9 December 2010
Labor and Employee Relations Specialist

For the Union:

/s/ Bill Jirles 12-9-10
President, AFGE Local 2923
Appendix

NIEHS LACTATION PROGRAM AGREEMENT
I have received and reviewed information on the NIEHS Lactation Program, including its purpose, content, policies, and procedures. I've had an opportunity to ask questions and have all of them answered to my satisfaction.

I understand that, if available, I will be able to have access to and use of an electronic breast pump and a refrigerator dedicated exclusively to the storage of expressed breast milk. I also understand that it is my responsibility to provide and care for containers, necessary kits, tubing, or other accessories to collect and store my breast milk.

I agree to follow the NIEHS Lactation Program policies and procedures on access to and use of an electronic breast pump, and I agree to use the electronic breast pump according to the manufacturer's instructions. I also agree to follow the NIEHS Lactation Program policies and procedures on collection, labeling, and storage of my expressed breast milk. I accept the responsibility to remove all my stored breast milk by the end of each day or otherwise have the stored milk discarded by NIEHS Health Unit staff. I will notify NIEHS Health Unit Nurse before using the pump if I have nipple or breast redness, pain, cracking, discharge, or other evidence of mastitis. If I have or develop such a problem, I will see my personal physician for his/her written clearance before continuing with the program.

NIEHS and its employees or contractors will not be held responsible for any adverse event allegedly attributable or related to breast milk stored in the health center. I understand that if I choose not to store my milk in the dedicated lactation room refrigerator and instead put my breast milk in my own insulated container, I take full responsibility for my breast milk as I remove it from the NIEHS site.

Name _________________________________________________________________
(Please Print)

Signature ______________________________________________________________

Date ______________ Start Date: _____________ Bldg/Room #_____________

Ext. ____________________ Email address: __________________________________

FOH Health Center: PHS/DFEOH Health Unit Z5Q (NIEHS)
Nurse Coordinator: Lindia A. Engram, RN BSN
Signature