

FOR PEER COUNSELOR ONLY

Date Received: _____

Date Initial Call Made: _____

Follow-up Date: _____

Notes: _____

Draw a Map to your home below.



WIC Breast Feeding Peer Counseling Program

BFPC REFERRAL FORM

loving support
makes breastfeeding work

How to latch the baby properly?

What if my baby refuses the breast?

What if I don't make enough milk?

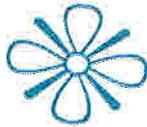


What if my baby is still in the hospital?

What to do if I am going back to work or school?

How to pump and store breast milk?

The Breastfeeding Peer Counseling Program (BFPC) is a *special WIC Support Service* offered to all WIC pregnant and breastfeeding women.



The BFPC program provides:

- basic breastfeeding information
- support to help mothers meet their breastfeeding goals
- address breastfeeding questions and conduct assessments of concerns
- encouragement to breastfeed
- referral to a trained breastfeeding counselor

The program is available outside the usual WIC clinic hours and outside the WIC clinic environment such as your home or in the hospital.

If you are interested, please fill out and submit the form provided to any WIC Clinic. For more information, please call BFPC Manager @ 475-0302.



BFPC REFFERAL/ENROLL (SIGN-UP)

Name: _____ WIC ID# _____
Contact #: _____

- Client is interested in receiving breastfeeding information.
- Client is currently breastfeeding.
- Client needs follow-up help with breastfeeding.
- Does not want to breastfeed.
- Concerns/Topic of interest

Expected Due Date: _____

Delivering your baby at:

- GMH SAGUA NAVAL HOSPITAL
- OTHER _____ I don't know

Please visit me:

- Hospital I'll come to the WIC Clinic Other
- Home (draw map on reverse side of form)

Address: _____

Baby's Name: _____ DOB: _____

Referred by: _____ (N.A.) Clinic: _____

Noted by: _____ (WIC Nutritionist)

Date: _____

