



BF Peer Counselor Database



Insert Prenatal Contact

Participant

WIC ID

Contact Date

Contact type

Length of contact

Intervention Level

BF Class

Intend to BF?



*(How long do you plan to breastfeed this new baby?)
(¿Por cuánto tiempo piensa darle pecho a este bebé?)*

Notes

Date off program

Reason off program

Date of next contact (EDD is 04/01/16)

Reason for next contact