

1. Last Name First Name MI

N.C. Department of Health and Human Services
Women's and Children's Health Section
Nutrition Services Branch

2. Family ID	F										
3. Date of Birth											
		Month	Day	Year							
4. County of Residence											
5. Expected Delivery Date											
		Month	Day	Year							

Breastfeeding Peer Counselor Program Letter of Agreement

The WIC breastfeeding peer counselor program wants you to be successful with breastfeeding your baby. To help you be successful, a breastfeeding peer counselor will:

- Contact you during pregnancy and the early days of breastfeeding
- Be available to help you with breastfeeding until you wean your baby
- Refer you to lactation experts or healthcare providers if needed
- Help you
 - ✧ Get a good start with breastfeeding
 - ✧ Make plenty of breast milk for your baby
 - ✧ Learn how to breastfeed your baby anywhere
 - ✧ Keep breastfeeding when you go back to work or school
 - ✧ Get support from your family and friends
 - ✧ Deal with breastfeeding concerns

Your role in breastfeeding peer counselor services is to:

- Tell the peer counselor about your needs during pregnancy and after your baby is born
- Let the peer counselor know how and where you would like to be contacted
- Let the peer counselor know if your address or phone number change

Both the breastfeeding peer counselor and the participant must read and sign this letter of agreement to begin breastfeeding peer counselor program services.

I understand my role and wish to get breastfeeding peer counselor program services.

I understand my role of breastfeeding peer counselor program services and will help the participant receive the services they need.

Signature of Participant

Signature of Breastfeeding Peer Counselor

Date

Date

Participant's Phone Number

Breastfeeding Peer Counselor's Phone Number