

**EXHIBIT 6-M**  
**SAMPLE PEER**  
**DOCUMENTATION FORM**



**1. Client Name**  
 \_\_\_\_\_  
**• WIC ID#**  
 \_\_\_\_\_  
**Date of Birth (MM/DD/YYYY)**      **Age** \_\_\_\_\_  
 \_\_\_\_\_  
**Expected date of delivery** \_\_\_\_\_  
**Infant's Birth Date** \_\_\_\_\_ **Sex** M / F  
**Infant's Name** \_\_\_\_\_  
**Phone/Message #** \_\_\_\_\_  
**Alternate phone#** \_\_\_\_\_  
**Best Time to Contact** \_\_\_\_\_  
**Language** \_\_\_\_\_  
**Notes** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## First Contact or Referral

**Directions:** This form is used to refer women to the Peer Counseling Program by completing sections 1 and 2 (sections 3 and 4 are optional). This form is then given to the Peer Counselor Manager or Coordinator, who will assign the client to a peer counselor for follow-up.

**2. Referred by:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Issues Discussed:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Get to know who you're talking to.**

**Where did you/will you be delivering?** \_\_\_\_\_

**Any previous breastfeeding experience?**  Yes  No **Explain** \_\_\_\_\_  
 \_\_\_\_\_

**What have you heard about breastfeeding?** \_\_\_\_\_  
 \_\_\_\_\_

**What are your plans after the baby's birth?** \_\_\_\_\_  
 \_\_\_\_\_

**Does the baby's father and/or other significant person support your decision to breastfeed?**  Yes  No  
**Explain** \_\_\_\_\_

**Questions/Concerns about breastfeeding?** \_\_\_\_\_

**What about breastfeeding sounds wonderful to you?**  
 \_\_\_\_\_

**4. Identify barriers**

- lack of confidence
- embarrassment
- loss of freedom
- Encouragement
- concerns about dieting or health practices
- influence of family/friends
- work/school schedule
- other (identify) \_\_\_\_\_  
 \_\_\_\_\_

**5. For Peer Counselor/Manager use only**

**Peer assigned:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Peer Phone Numbers Given? Date:** \_\_\_\_\_

**Peer Program Info Card Given? Date:** \_\_\_\_\_

**Peer Contact**  Accepted  Declined

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

**PRENATAL SUPPORT AND EDUCATION CONTACTS**

Participant Name: \_\_\_\_\_ Peer name and initials: \_\_\_\_\_

	1st	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>
Contact Date									
Contact Type									
Initials									

Contact Types: (T) Telephone Visit (NA) Not avail (LM) Left message (C) Clinic Visit (H) Hospital Visit (HM) Home Visit (M) Meeting/Class

Date	Topic	Comments
<b>Initial Contacts</b>		
_____	What are your questions about breastfeeding?	_____
_____	Discuss potential barriers/family support	_____
_____	Benefits of early exclusive breastfeeding	_____
_____	Smoking/alcohol/drugs	_____
_____	Breastfeeding and childbirth classes	_____
_____	Positioning	_____
_____	Other _____	_____
_____	Other _____	_____

<b>Further Pregnancy Contacts</b>		
_____	What are your questions about breastfeeding ?	_____
_____	Have you talked with your health care provider about your plans to breastfeed? _____	_____
_____	What to expect about /plan for breastfeeding in the hospital	_____
_____	Social and family support and barriers	_____
_____	What are your plans after the baby is born?	_____
	work / school	_____
	other	_____
_____	Positioning	_____
_____	Talking/Communicating with baby while breastfeeding	_____
_____	Answer questions about nipple sizes and shapes	_____
_____	Frequency and duration of feedings	_____
_____	Explain relationship between let-down and relaxation	_____
_____	Reviewed “Diapers of the Breastfed Baby”/”Diaper Diaries”	_____
_____	How to avoid engorgement	_____
_____	How to avoid sore nipples	_____
_____	Calling WIC after the baby is born	_____
_____	Waking a sleepy baby	_____
_____	Supplies/resources offered through the hospital and WIC	_____
_____	Benefits of breastfeeding	_____
_____	Benefits of exclusive breastfeeding	_____
_____	Other _____	_____
_____	Other _____	_____

**WIC Breastfeeding Brochures and Handouts**

The Peer can provide these handouts if they were not provided at the WIC appointment and would be helpful to the client. If the client has received the material at WIC the peer can ask if the mother has questions. Select the most relevant topics and discuss.

- Breastfed Babies Welcome - Child Care Providers
- Breastfed Babies Welcome - Mothers Guide
- Breastfeeding, Card 1 – What to Expect in First Weeks\*
- Breastfeeding, Card 2 - How to Prevent Breast Soreness\*
- Breastfeeding, Card 3 - Returning to Work or School\*
- Breastfeeding, Card 4 -Breastfeeding an Older Baby \*
- Breastfeeding, Card 5 - When You Need to Be Away\*
- Breastfeeding: Getting Started in 5 Easy Steps\*
- Busy Moms (BF)
- Embarrassment? (BF)
- Encouragement (BF)
- Helpful Hints on Breastfeeding\*
- Infant, Card 1 - Breastfeeding Your Baby\*
- Pregnancy, Card 1 - Benefits of Breastfeeding\*
- Tips for Breastfeeding
- Ways I Can Help Mommy (BF coloring pages)
- Loving Support...Breastfeeding magnet with phone numbers for breastfeeding support
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

\* Most commonly used handouts

## POSTPARTUM SUPPORT AND EDUCATION CONTACTS

Participant Name: \_\_\_\_\_ Peer name and initials: \_\_\_\_\_

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
Contact Date												
Contact Type												
Initials												

Contact Types: (T) Telephone (NA) Not avail (LM) Left message (C) Clinic Visit (H) Hospital Visit (HM) Home Visit (M) Meeting/Class

Baby's date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Cesarean Y / N    Gestational Age: \_\_\_\_\_

Baby's name: \_\_\_\_\_      Birth Interventions? \_\_\_\_\_

Baby's birth wt. \_\_\_\_\_ Discharge wt. \_\_\_\_\_ Wt. at \_\_\_\_\_ weeks \_\_\_\_\_

Date	Topic	Comments
	<b>Early Postpartum Period</b>	

- \_\_\_\_\_ How does mother feel that breastfeeding is going? \_\_\_\_\_
- \_\_\_\_\_ Ask mother: Do you have help? \_\_\_\_\_
- \_\_\_\_\_ How are other family members adjusting? \_\_\_\_\_
- \_\_\_\_\_ Is baby content between feedings? \_\_\_\_\_
- \_\_\_\_\_ Are you able to nap when the baby naps? \_\_\_\_\_
- \_\_\_\_\_ Supplementation, if any (what/how much) \_\_\_\_\_
- \_\_\_\_\_ Noticeable let-down/audible swallowing \_\_\_\_\_
- \_\_\_\_\_ Baby's output (Diaper Diaries) \_\_\_\_\_
- \_\_\_\_\_ Basic breastfeeding technique (position/latch) \_\_\_\_\_
- \_\_\_\_\_ Supply and Demand \_\_\_\_\_
- \_\_\_\_\_ Weight checks \_\_\_\_\_
- \_\_\_\_\_ Engorgement \_\_\_\_\_
- \_\_\_\_\_ Sore Nipples \_\_\_\_\_
- \_\_\_\_\_ Growth Spurts \_\_\_\_\_
- \_\_\_\_\_ Postpartum blues \_\_\_\_\_
- \_\_\_\_\_ Yielded for: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

### Later Postpartum Period

- \_\_\_\_\_ How is breastfeeding going? \_\_\_\_\_
- \_\_\_\_\_ Getting enough rest? \_\_\_\_\_
- \_\_\_\_\_ Family members still supportive? \_\_\_\_\_
- \_\_\_\_\_ Teething \_\_\_\_\_
- \_\_\_\_\_ Milk Supply Issues \_\_\_\_\_
- \_\_\_\_\_ Nursing schedule \_\_\_\_\_
- \_\_\_\_\_ Sore Nipples \_\_\_\_\_
- \_\_\_\_\_ Family Planning \_\_\_\_\_
- \_\_\_\_\_ Returning to work or school \_\_\_\_\_
- \_\_\_\_\_ Supplementation / weaning \_\_\_\_\_
- \_\_\_\_\_ Yielded for: \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_