

Qtr 1 (July-Aug-Sept)
 Qtr 2 (Oct-Nov-Dec)
 Qtr 3 (Jan-Feb-Mar)
 Qtr 4 (Apr-May-June) X

Quarterly Report NH Breastfeeding Peer Counseling Program

Local Agency _____ Completed by _____ Date _____

1. Staffing

Number of current active Peer Counselors _____

Average number of total BFPC hours budgeted **PER WEEK** _____

Number of anticipated PC's to train and hire in the next quarter _____

2. Breastfeeding Trainings and Purchases

Trainings attended (staff name, name of training and date) _____

Books/self-study modules/webinars _____

3. Service Delivery

Please complete the table below or attach a summary table that indicates the number of peer counselor contacts with pregnant and breastfeeding women, completed during the quarter.

** Documented phone contacts must be completed phone calls (spoke with participant).

Peer Name/BF Coordinator	# of attempted phone/text/email contacts	# of completed phone/text/email contacts	# of in-clinic contacts	# of in-home contacts	# of groups/classes	# of electric BP issued	# of 1 st , 3 rd , 6 th month contacts

4. Please list 2 successes and 2 challenges this quarter.

Success 1:

Success 2:

Challenge 1:

Challenge 2:

5. Peer Counselor/BF Coordinator Name and Years of Service

Please complete the following table:

Name of Peer Counselor/BF Coordinator	IBCLC or CLC?	Date of Hire	Budgeted Hours/qtr	Hours worked 1st month of qtr	Hours worked 2nd month of qtr	Hours worked 3rd month of qtr

If you could change one thing about our BFPC Program, what would it be?

THANK YOU!

Please complete and submit electronically to Kristina Thompson at Kristina.Thompson@dhhs.state.nh.us at the end of each quarter.

If you have questions, please call me 603.271.4545.