

**North Carolina WIC Breastfeeding Peer Counseling Program
Welcome Letter**

Participant Name: _____

Family ID: _____ **Expected or Actual Delivery Date:** _____

Welcome to the WIC Breastfeeding Peer Counseling Program! We are excited to support you on your breastfeeding journey. Our goal is to help you succeed in meeting your feeding goals and we are here to help every step of the way.

As part of the breastfeeding peer counseling program, your peer counselor will:

- Contact you during pregnancy and soon after your baby arrives.
- Be available to help you with breastfeeding.
- Connect you to lactation experts or healthcare providers if needed.
- Help you:
 - Get a good start with breastfeeding.
 - Learn how to make plenty of milk for your baby.
 - Feel comfortable breastfeeding anywhere you wish.
 - Find the right breastfeeding support for you.
 - Work through any breastfeeding concerns.
 - Continue breastfeeding when you return to work or school, if you want to.

To make the most of the breastfeeding peer counseling program, please:

- Share your needs and questions with your peer counselor during pregnancy and after your baby is born.
- Inform the peer counselor if your address or phone number changes.
- Let us know your preferred method of contact.

By signing below, you agree to join the Breastfeeding Peer Counseling Program. A peer counselor will be in touch with you throughout your breastfeeding journey to provide support when you need it most. You can opt out of this program anytime you want, and it will not affect your WIC benefits or eligibility.

Participant Signature: _____ **Date:** _____

Phone Number: _____ **Alternate Phone Number (optional):** _____

Email Address: _____

Contact Preference: ☐ Telephone ☐ Text Message ☐ Email ☐ Videoconference ☐ Other _____

Peer Counselor Contact Information:

We are here to support you and answer any questions that may arise about breastfeeding.

Your peer counselor is: _____ You can reach her at: _____

For WIC Staff Use:

I have provided the WIC participant with an overview of the Breastfeeding Peer Counseling Program and collected the necessary information for them to begin receiving program services.

WIC Staff Signature: _____ **Date:** _____