**Directions:** This report is a tool for documenting the number and types of contacts a peer counselor has with prenatal and breastfeeding participants. Enter the number of contacts by type weekly. At the end of each month, calculate the totals. The Peer Counselor Program Manager will then print the “Monthly Breastfeeding Activities Report” from the Crossroads system and attach it to this report. This combined information will be used to assess and report on the monthly activities of each Peer Counselor.

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| --- | --- | --- | --- |
| **Month/Year:**  |  | **Peer Counselor Name:**  |  |
|  |
| **Question** | **Week 1** | **Week 2** | **Week 3** | **Week 4** | **Week 5** | **Total** |
| How many attempts did you make? |  |  |  |  |  |  |
| How many initial prenatal contacts did you make? |  |  |  |  |  |  |
| How many second prenatal contacts did you make? |  |  |  |  |  |  |
| How many contacts did you make from delivery to 1 week postpartum?*\*Required to contact every 2-3 days.*  |  |  |  |  |  |  |
| How many week 2 postpartum contacts did you make? |  |  |  |  |  |  |
| How many week 3 postpartum contacts did you make?  |  |  |  |  |  |  |
| How many week 4 postpartum contacts did you make?  |  |  |  |  |  |  |
| How many follow-up contacts did you make?  |  |  |  |  |  |  |
| **Monthly Assessment** |
| List activities and needs from your Peer Counselor Program Manager. | What is your current caseload as of the last day of this reporting month? |  |
| Of this current caseload, how many women are pregnant? |  |
| Of this current caseload, how many are breastfeeding? |  |
| During this month, how many participants enrolled in the Breastfeeding Peer Counseling Program and were added to your caseload?  |  |
| During this month, how many women were terminated from your caseload?  |  |
| During this month, how many times did you complete a referral for a question outside your scope of practice?  |  |