

## LOCAL AGENCY BREASTFEEDING FOLLOW UP TRACKING FORM

Complete the form using information obtained from the WIC staff person(s) making breastfeeding follow-up contacts. Submit to ITCA every month electronically, by fax or mail.

1. **Local Agency:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Breastfeeding Lead:** \_\_\_\_\_

2. **How many total breastfeeding follow-up phone calls or sent post cards were attempted this month by all staff? (or other method of follow-up used)**

Total number of post cards sent: \_\_\_\_\_

Total number of phone calls (include calls to clients that were not reached or had disconnected phone numbers): \_\_\_\_\_

List other methods of follow-up that were used this month and number of contacts made or attempted?

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3. **How many total clients were reached this month by phone?**  
(Total number of clients that were reached by all staff making calls.)

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4. **List all problems identified below.**  
(List each problem identified during any of the phone calls.)

Problem	Number of clients who reported this problem

-Continued on next page-

5. **Please describe any breastfeeding issues, problems, or positive events that have occurred**

