

Member Organization Survey

One of the goals of the HCBC is to catalogue breastfeeding support services offered in Harris county and identify gaps in services. **Please answer these questions about your organization and return to**

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HCBC Member Organization Survey

1. Please indicate which services your clients receive, and which you would like to offer.

Breastfeeding Support Service	% of clients receiving this service now from			Want to offer this service to our clients
	Your Group	Other	If other – Please write the name of the organization	
Prenatal Breastfeeding Classes				
In-hospital Skilled assistance with BF in first hr postpartum				
In-hospital Skilled assistance with BF at hospital bedside				
Telephone : Warm-line ^a				
Telephone: Proactive ^b ave:1-4 calls/client				
Telephone: Proactive ^b ave: ≥6 calls/ client				
Clinic based breastfeeding consultation by Peer Counselors / Educators				
----- Lactation Consultants (IBCLC)				
----- Physician with BF credentials				
Support Groups for BF women				
Home visits by trained (peer) counselors				
----- Ave 1- 4 visits / client				
----- Ave 6 or more visits / client				

^aMothers may call in and speak to a BF counselor. ^bCounselor calls all mothers at specified times postpartum

2. Who receives services from your organization?

Group	Number / Year	% Hispanic	% African American	% Caucasian	% Asian/Other
Total # women / year					
---During pregnancy					
---Intrapartum					
---Postpartum in Hospital					
---Post discharge 1-2 wks					
---Post discharge 2wk – 1yr					

3. Eligibility: How do women become eligible for your services?
