

Alabama Breastfeeding Resource Guide 2024-2025

SUBMISSION DEADLINE: **September 30, 2024**

Entity Name and Mailing Address: _____

Baby Friendly Certified? Yes _____ No _____ CHAMPS National Participant? Yes _____ No _____

Provider Lactation Credential/Certification: _____

Contact Name and Phone (State WIC office use only): _____

Information for Publication:

Phone: _____ Email Address: _____

Website: _____ Face Book Page: _____

Other Public Contact Information: _____

Service Population: _____

Counties Served: _____

Do you make home visits? Yes _____ No _____

Virtual visits? Yes _____ No _____

Cost of services: _____

Insurance Accepted? Yes _____ No _____

Services Offered

_____ Prenatal Breastfeeding Classes

_____ Breastfeeding Accessories

_____ Individual Breastfeeding Consultation

_____ Weekend Appointments

_____ Breastfeeding Support Group

_____ Doula Services

_____ On-call/After Hours Breastfeeding Support

_____ Provider/Staff Education

_____ Breast Pump Rentals

_____ Other: _____

RETURN COMPLETED FORM TO: laurie.gregory@adph.state.al.us or

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THIS FORM MAY BE DUPLICATED TO SHARE WITH COMMUNITY LACTATION CONTACTS