

Contact Information

Wood County Health Department

Aspirus Riverview Clinic– 4th Floor 420 Dewey Street, Wisconsin Rapids, WI 54494 715-421-8911 Monday - Friday: 8:00 AM– 4:30 PM

Wood County WIC

Wisconsin Rapids Location Aspirus Riverview Clinic– 4th Floor 420 Dewey Street Wisconsin Rapids, WI 54494 715-421-8950

> Marshfield Location: (by appointment only)

1600 North Chestnut Avenue Marshfield, WI 54449 715-421-8950

For more information on breastfeeding and breastfeeding resources visit <u>www.woodcountybreastfeeding.org</u>

Wood County Health Department Breastfeeding Services

*The Wood County Health Department has 7 professionals certified in lactation.

Public Health

Service available Monday through Friday 8am-4:30pm By appointment •Prenatal Breastfeeding Education

Breastfeeding Consultations (home visits available) <u>Walk-in (no appointment needed)</u>
Weight Checks

Breastfeeding Follow-Up

Lactation consultants call all breastfeeding moms who reside in Wood County. Calls are made at 1 month, 3 months, and 6 months postpartum.

Breastfeeding Support Group

Circle of Moms - Tuesdays at 10am (peer-led)

Breastfeeding Equipment/Accessories

- Rental pumps and kits \$30 one-time fee
- Breastfeeding accessories (Medela)
- Cover-ups- \$5.00
- Pump holders \$5.00



WIC Services

Available 24/7 Breastfeeding peer counselor (715)213-3537

Available by Appointment

- Lactation consultations by appointment
- Prenatal breastfeeding education 3 times throughout pregnancy

Breastfeeding Follow-Up

Calls to all WIC breastfeeding moms are made

- 2x in first week
- Weekly in first month
- Monthly in first year
- As needed for follow-up

Breastfeeding Equipment

- Rental Pumps
- Hand pumps
- Personal electric pumps
- Accessories



Wood County Breastfeeding Services

Wood County Health Department

Lactation Consultants available Monday through Friday 8am-4:30pm 715-421-8911

Wood County WIC

Lactation services available 24/7 715-213-3537 Lactation Consultant available Monday through Thursday 9am-4:30pm 715-421-8950

<u>Aspirus Riverview Hospital</u> Aspirus Riverview Family Birth Center 715-421-7452

<u>Ministry Saint Joseph's Hospital</u> Breastfeeding Warmline 715-389-3903 Ministry Saint Joseph's Birth Center 715-387-7071



For more information on breastfeeding and breastfeeding resources visit <u>www.woodcountybreastfeeding.org</u>



wood county HEALTH DEPARTMENT



LACTATION REFERRAL FORM

Date:				
Mother:		DOB.	DOB.	
Address:				
Phone:				
Postpartum Referral				
Child's Name:		DOB:	Sex: M/F	
Birth Weight: Disc	charge Weight:	Birth Length:	Gestation:	
Has mom/baby worked with	an IBCLC in the hos	spital: <u>YES/NO</u> :		
Discharge Date:				
Referral Comments:				
<u> </u>				
Type of follow-up requesting]:			
	astfeeding Appointme			
**If applicable:	Breastfeeding Appoir	itment		
	arting to be sent to _			
*****	****	******	******	
Staff Signature & Phone N	umber:			
Referring Agency:				
Please email o	r fax this form to the	e Wood County Health De	epartment	
	Email: <u>afrance@</u>	<u>@co.wood.wi.us</u>		
\//		421-8962 partment (Attn: Amber)		
	, i i			
For any questions please call the health department at (715) 421-8911.				