Please fill in the spaces provided or place a cross (x) in the appropriate boxes. Where a written answer if needed, please take as much space as you need

**All questions relate to your youngest baby**

|  |
| --- |
| **Section 1: Personal information** |
| 1. | How old are you? | Under 20 |  | 1 |
|  |  | 21-25 |  | 2 |
|  |  | 26-30 |  | 3 |
|  |  | 31-35 |  | 4 |
|  |  | 36-40 |  | 5 |
|  |  | 41 + |  | 6 |
|  |  |  |  |  |
| 2a. | What country were you born in? | Click here to enter text. |
|  |  |  |
| 2b. | What country was your youngest baby’s father born in? | Click here to enter text. |
|  |  |  |
| 3. | Who is your main support person (with whom you live) | Partner |  | 1 |
|  |  | Other |  | 2 |
|  |  | None |  | 3 |
|  |  |  |  |  |
| 4. | What is your highest level of education? | Primary School |  | 1 |
|  |  | High School |  | 2 |
|  |  | TAFE |  | 3 |
|  |  | College/University |  | 4 |
|  |  |  |  |  |
| 5. | What is your usual occupation? | Professional |  | 1 |
|  |  | Proprietor/Manager |  | 2 |
|  |  | Office/Sales |  | 3 |
|  |  | Skilled Workers |  | 4 |
|  |  | Semi-skilled |  | 5 |
|  |  | Unskilled |  | 6 |
|  |  | Farmers |  | 7 |
|  |  | Home duties |  | 8 |
|  |  | Other (Please specify) |  | 9 |
|  |  | Click here to enter text. |

|  |
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| **All questions relate to your youngest baby** |
| **Section 2: Your pregnancy and birth (if you have more than one child, please give answers about your most recent birth)** |
| 6. | What was the baby’s date of birth? | Click here to enter a date. |
|  |  |  |  |  |
| 7. | How old is your baby now? | Click here to enter text. |  |  |
|  |  |  |  |  |
| 8a. | What was your baby’s birth weight? | Click here to enter text. | gms |
|  |  |  |  |  |
| 8b. | How many weeks pregnant were you when your baby was born?  | Click here to enter text. | weeks |
|  |  |  |
| 9a. | Were you well throughout the pregnancy? | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |
| 9b. | *If no*, what was/were the problem(s)? e.g. did you have high blood pressure, or gestational diabetes? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 10. | What type of birth did you have with this baby? | Normal vaginal |  | 1 |
|  |  | Forceps |  | 2 |
|  |  | Elective caesarean |  | 3 |
|  |  | Emergency caesarean |  | 4 |
|  |  | Vacuum extraction |  | 5 |
|  |  |  |  |  |
| 11. | How long were you in labour? | Click here to enter text. | Hours |  |
|  |  | (write N/A if you did not go into labour) |
|  |  |  |  |  |
| 12a. | Did you have any medications during labour/birth/caesarean? | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 12b. | *If you did*, what type of medication was it? (you can place a cross (x) in more than one box) |
|  |  | Pain relief injection |  | 1 |
|  |  | Gas |  | 2 |
|  |  | Epidural/Spinal |  | 3 |
|  |  | General anaesthetic |  | 4 |
| Cervidil/prostin (inserted into the vagina to start or advance labour) |  | 5 |
| Oxytocin (an intravenous drip to induce labour) |  | 6 |
| Oxytocin (an injection given after baby’s birth to help deliver the placenta) |  | 7 |
|  |  | Antibiotics |  | 8 |
|  |  |  |  |  |
| 13a. | Did you experience any complications during labour? E.g. excessive blood loss, shoulder dystocia etc. |
|  |  | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 13b. | *If you experienced complications during labour,* what were the complications? If blood loss, what volume? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 13c. | *If you had an emergency caesarean,* why was this performed? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 14a. | Did you experience any complications after the birth? E.g. excessive bleeding. |
|  |  | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 14b. | *If you experienced complications after the birth,* what were the complications? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 15. | How soon after the birth did you hold your baby? |  |  |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 16. | If your baby was examined or given any medical care away from you immediately after birth, how long was this for? |
|  | Click here to enter text. | approximately |
|  |  |  |  |  |
| 17. | Did you spend any time in skin-to-skin contact with your baby immediately after birth? How long were you together like that? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 18. |  When did you first put the baby to the breast?  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 19a. |  Did your baby find its own way to your breast for the first feed? |
|  |  | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 19b. | Did you receive help in getting your baby onto the breast for the first feed? |
|  |  | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 20. | Please describe how you felt about the baby’s first breastfeed (take as much space as you need) |
|  | Click here to enter text. |
|  |  |  |  |  |
| 21a. | When did you go home after the birth of this baby | <24 hours |  | 1 |
|  |  | 25-36 hours |  | 2 |
|  |  | 37-48 hours |  | 3 |
|  |  | >49 hours |  | 4 |
|  |  |  |  |  |
| 21b. | Did you feel ready to go home? | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 21c. | *If no*, please explain why not |  |  |  |
|  | Click here to enter text. |

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| **All questions relate to your youngest baby, unless otherwise stated.****Q22-28 relate to your first baby** |
| **Section 3: Breastfeeding: Where a written answer is needed please take as much space as you need to. The spaces given are not an indication of how much to write.** |
| 22. | If you breastfed your first baby, when did you decide that you would breastfeed? E.g. before pregnancy? Early in pregnancy? Late in pregnancy? At birth? |
|  | Click here to enter text. |
|  |  |  |  |
| 23. | What motivated you to breastfeed your first baby? |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 24. | Who was most influential in your decision to breastfeed your first baby? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 25a. | How does your partner feel about breastfeeding? | Supportive |  | 1 |
|  |  | Not supportive |  | 2 |
|  |  | Not interested |  | 3 |
|  |  |  |  |  |
| 25b. | Could you describe your partner attitude to breastfeeding? |
|  | Click here to enter text. |
|  |  |
| 26. | Please write about what you expected of breastfeeding before you gave birth the ***first time*** and whether/how your experience was different from your expectations |
|  | Click here to enter text. |
|  |  |
| 27a. | As a new mother with your first baby were any of the following a major issue for you? (please rate each row by placing a cross (x) next to a number. 0 = not an issue and 4 = a major issue) |
|  | **Please mark a number in every row** | **Not an issue****0** | **1** | **2** | **3** | **Major****4** |
|  | Lack of confidence |  |  |  |  |  |
|  | Lack of support |  |  |  |  |  |
|  | Problems with breastfeeding |  |  |  |  |  |
|  | Lack of knowledge about breastfeeding |  |  |  |  |  |
|  | Baby unsettled |  |  |  |  |  |
|  | Conflicting advice |  |  |  |  |  |
|  | Feeling alone |  |  |  |  |  |
|  | Feeling exhausted |  |  |  |  |  |
|  | Adjusting to being a mother |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 27b. | *If you answered 3 or 4 to any of the above,* could you describe in what way this has been an issue for you? |
|  | Click here to enter text. |
|  |  |
| 28a. | Did you encounter problems with breastfeeding your first baby? |
|  |  | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 28b. | *If yes*, did you consider them: | Minor |  | 1 |
|  |  | Moderate |  | 2 |
|  |  | Severe |  | 3 |
|  |  |  |  |  |
| 28c. | *If minor,* please list problems |  |  |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 28d. | *If moderate,* please list problems |  |  |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 28e. | *If severe,* please list problems |  |  |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 28f. | *If moderate to severe,* did you seek help *before the birth* to prepare you to breastfeed your youngest baby? |
|  |  | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |
| 28g. | *If yes to 28f,* who provided you with help? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 28h. | *If moderate to severe,* did you seek help in the early days *after the birth* of your baby? |
|  |  | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 28i. | *If yes* to 28h, who provided you with help? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 29a. | *If this is not your first baby*, would you say breastfeeding this baby was easier, harder or the same as your experience with your first baby? |
|  |  | Harder |  | 1 |
|  |  | Easier |  | 2 |
|  |  | Same |  | 3 |
|  |  | Not applicable |  | 4 |
|  |  |  |  |  |
| 29b. | *If harder,* why do you think that is? (you can place a cross (x) in more than one box) |
|  |  | Thought I knew what to expect |  | 1 |
|  |  | Advice from Midwives confused me |  | 2 |
|  |  | Baby was harder to feed |  | 3 |
|  |  | I had a lot of problems feeding this baby |  | 4 |
|  |  | I had no support |  | 5 |
|  |  | Other child made it harder |  | 6 |
|  |  | I have not been well |  | 7 |
|  |  | Baby has not been well |  | 8 |
|  |  | Not applicable |  | 9 |
|  |  |  |  |  |
| 29c. | *If easier,* why do you think that is? (You can place a cross (x) in more than one box) |
|  |  | Knew what to expect |  | 1 |
|  |  | Sought help early |  | 2 |
|  |  | Better support from Midwives |  | 3 |
|  |  | I was more determined |  | 4 |
|  |  | Baby was easier to feed |  | 5 |
|  |  | I was more confident |  | 6 |
|  |  | I was more relaxed |  | 7 |
|  |  | Partner was more supportive |  | 8 |
|  |  | Not applicable |  | 9 |
|  |  |  |  |  |
| 30. | Excluding supplements given while breastfeeding was being established, how long was breastmilk this baby’s only food (i.e. how many weeks baby drank breastmilk, with medicines and vitamin drops if needed, but no other drinks or solid foods.)? |
|  | Click here to enter text. |
|  |  |
| 31a. | When was a milk drink other than breastmilk first introduced? E.g. in hospital or at? Months of age? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 31b. | Why was a milk drink other than breastmilk introduced at that time? E.g. planning to wean, returned to work, not enough breastmilk, wanted others to feed baby etc. |
|  | Click here to enter text. |
|  |  |  |  |  |
| 32. | When did you introduce solid foods? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 33a. | How old was your baby when you stopped breastfeeding? |  |
|  | Click here to enter text. | Months | Click here to enter text. | Weeks |  |
|  |  |
| 33b. | *If still breastfeeding,* how long do you plan to continue? | Click here to enter text. |
|  |  |  |  |  |
| 34a. | What was your original plan for how long to breastfeed? | Click here to enter text. |
|  |  |  |  |  |
| 34b. | If you changed from your original plan, why was that? |  |  |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 35a. | Where did your baby mostly sleep at night? |
|  |  | To 1 month old1 | 1 to 2 months2 | 2 to 3 months3 | 3 to 6 months4 | 6 to 12 months5 |
|  | Same bed as parent |  |  |  |  |  |
|  | Cot beside parents’ bed |  |  |  |  |  |
|  | In another room |  |  |  |  |  |
|  | Combination |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 35b. | Could you give details if the above options don’t describe your sleep arrangements adequately? |
|  | Click here to enter text. |
|  |  |
| 36a. | Did your baby receive any supplements in hospital? (you can place a cross (x) in more than one box) |
|  |  | No |  | 1 |
|  |  | Unknown |  | 2 |
|  |  | Boiled water |  | 3 |
|  |  | Glucose water |  | 4 |
|  |  | Formula |  | 5 |
|  |  | Expressed breastmilk |  | 6 |
|  |  |  |  |  |
| 36b. | How was your baby fed in hospital? (you can place a cross (x) in more than one box) |
|  |  | Breast |  | 1 |
|  |  | Bottle |  | 2 |
|  |  | Syringe |  | 3 |
|  |  | Cup |  | 4 |
|  |  | Tube |  | 5 |
|  |  |  |  |  |
| 37a. | Has your baby been given a dummy/pacifier? | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 37b. | *If so*, when was it first introduced? |  |  |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 38. | Have you experienced any of the following with your youngest baby: (you can place a cross (x) in more than one box) |
|  | Had no problems |  | 1 |
|  | Feeling very tired – more than usual |  | 2 |
|  | Breast pain |  | 3 |
|  | Nipple pain |  | 4 |
|  | Cracked or abraded nipples |  | 5 |
|  | The baby is fussy/unsettled |  | 6 |
|  | Too much milk |  | 7 |
|  | Milk slow to ‘come in’ |  | 8 |
|  | Low supply |  | 9 |
|  | Difficulties getting baby onto breast |  | 10 |
|  | Mastitis |  | 11 |
|  | Other (please explain)  |  | 12 |
|  | Click here to enter text. |
|  |  |  |  |  |
| 39. | Please expand on your problems and how they were overcome. E.g. where did you find the information you needed? What did you do to resolve the problem? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 40a. | Have you expressed breastmilk for your youngest baby? | No |  | 1 |
|  |  | Yes, occasionally |  | 2 |
|  |  | Yes, regularly |  | 3 |
|  |  |  |  |  |
| 40b. | *If regularly,* why? |  |  |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 41. | What do you consider to be ***the most helpful*** (*e.g. seeing the Lactation Consultant in hospital, having help at home*) and ***the least helpful*** (*e.g. stay in hospital not long enough, unsupportive employer*) experiences you have encountered with breastfeeding since the baby was born? |
| a. | Most helpful |
|  | Click here to enter text. |
|  |  |
| b. | Least helpful |
|  | Click here to enter text. |
|  |  |  |  |  |
| 42a. | Have you personally asked for help from an ABA breastfeeding counsellor?  |
|  |  | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 42b. | *If yes,* was this helpful? | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 42c. | *If yes,* in what ways was this helpful? |  |  |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 42d. | *If no,* in what ways was this not helpful? |  |  |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 43a. | Did you or do you anticipate returning to work/study in the first 6 months? |
|  |  | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 43b. | *If yes,* will it be/was it | Full time? |  | 1 |
|  |  | Part time? |  | 2 |
|  |  |  |  |  |
| 43c. | *If yes,* will it be/was it | Working at home? |  | 1 |
|  |  | Away from home? |  | 2 |
|  |  |  |  |  |
| 43d. | *If yes,* who will be caring or who cared for the baby? | Family |  | 1 |
|  |  | Friend |  | 2 |
|  |  | Family Day Care |  | 3 |
|  |  | Child Care Centre |  | 4 |
|  |  | Take baby to work |  | 5 |
|  |  |  |  |  |
| 43e. | *If yes,* do you intend to/did you continue breastfeeding when you return to work? |
|  |  | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 44. | Overall, how would you describe your experience of breastfeeding this baby? |
|  |  | Just as expected |  | 1 |
|  |  | Harder than expected |  | 2 |
|  |  | Easier than expected |  | 3 |
|  |  | Managed any problems |  | 4 |
|  |  |  |  |  |
| 45a. | *If this is not your first baby,* how many other children do you have? | Click here to enter text. |
|  |  |  |  |  |
| 45b. | In the first 6 months, how did you feed your ***other babies?*** |
|  | Baby | Breastfed1 | Bottlefed | Both4 | Cup5 |
|  | Expressed breastmilk2 | Formula3 |
|  | One |  |  |  |  |  |
|  | Two |  |  |  |  |  |
|  | Three |  |  |  |  |  |
|  | Four |  |  |  |  |  |
|  | Five or more |  |  |  |  |  |
|  |  |  |  |  |
| 46. | *If breastfed at all,* how old was each baby when you stopped breastfeeding and why did you stop breastfeeding? |
|  | Baby | Age in weeks or months when breastfeeding stopped completely | Reasons why breastfeeding stopped completely |
|  | 1 | Click here to enter text. | Click here to enter text. |
|  | 2 | Click here to enter text. | Click here to enter text. |
|  | 3 | Click here to enter text. | Click here to enter text. |
|  | 4 | Click here to enter text. | Click here to enter text. |
|  | 5 and more | Click here to enter text. | Click here to enter text. |
|  |  |  |  |  |
| 47a. | Have you ever been diagnosed with depression? | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |
| 47b. | *If yes,* were you diagnosed | Before you became pregnant with your most recent baby |  | 1 |
|  |  | During your most recent pregnancy |  | 2 |
|  |  | After your most recent baby was born |  | 3 |
|  |  |  |  |  |
| 47c. | Were you breastfeeding when you were diagnosed with depression? | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |
| 47d. | *If yes*, did you continue to breastfeed? | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 48a. | Did you ever breastfeed in public, e.g. on public transport, at a shopping centre, in a restaurant, at an entertainment venue? |
|  |  | Yes |  | 1 |
|  |  | No |  | 2 |
|  |  |  |  |  |
| 48b. | *If yes,* did you encounter any positive reactions? What were they? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 48c. | *If yes,* did you encounter any negative reactions? What were they? |
|  | Click here to enter text. |
|  |  |  |  |  |
| 48d. | Were you comfortable breastfeeding in public? |  |  |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 49. | What would you like to add about your experience of breastfeeding that has not been addressed in the questionnaire? Overall was breastfeeding a good or bad/easy or hard experience? In what way was it valuable to you? |
|  | Click here to enter text. |
|  |  |