Job No. R868-01
OMB # 0910-0558
Expiration Date: 12/31/2007

Project FIRST

If you have older children, please think only about your youngest baby when you answer the questions.

SECTION A: YOUR NEW BABY'S BIRTH

1. Is your baby a boy or a girl? Boy..... ☐ Girl ..... ☐

2. What was your baby's length at birth? _____ INCHES

3. In the past month, were you or your baby enrolled in the WIC program or did you get WIC food or vouchers for yourself or for your baby? (WIC is a program that gives food to pregnant and nursing women, babies, and young children.) **(PLEASE "X" ALL THAT APPLY)**

   Yes, I was enrolled or got WIC food for myself..... ☐
   Yes, my baby was enrolled or got WIC formula or food..... ☐
   No..... ☐

4. When you were pregnant with this baby or with any other baby, did you attend any classes that discussed breastfeeding your baby? **(PLEASE "X" ALL THAT APPLY)**

   Yes, a class on breastfeeding..... ☐
   Yes, a child birth or baby care class that included breastfeeding..... ☐
   No..... ☐

5. Which type of health professional was your birth attendant?

   An obstetrician..... ☐
   A family doctor, general practitioner, internist, or other physician..... ☐
   A midwife or nurse midwife..... ☐
   Another type of health care provider ..... ☐
   No health professional was present..... ☐

6. Other than the medical staff, who was with you during your labor? **(PLEASE "X" ALL THAT APPLY)**

   The baby's father..... ☐
   Relatives or friends..... ☐
   A professional labor support person, such as a doula..... ☐
   No one other than medical staff..... ☐

7. How was your baby delivered?

   Vaginally and not induced ..... ☐
   Vaginally and induced ..... ☐
   A planned cesarean..... ☐
   An unplanned or emergency cesarean..... ☐

8. Which of the following medications did you have during labor or delivery? **(PLEASE "X" ALL THAT APPLY)**

   General anesthesia (you were put to sleep)..... ☐
   A spinal or epidural..... ☐
   Demerol or Stadol..... ☐
   Nitrous oxide (gas breathed through a mask or mouthpiece while remaining conscious)..... ☐
   Pudendal block or other local blocks (injections into the vagina or cervix before the birth)..... ☐
   Other pain medication or don't know which pain medication..... ☐
   No pain medication ..... ☐

9. How much weight did you gain during this pregnancy? _____ POUNDS

SECTION B: YOU AND YOUR BABY IN THE FIRST FEW WEEKS

10. How many nights were you in the hospital or birth center after your baby was born?

    None ..... ☐ 1 night..... ☐ 2 nights .... ☐ 3 nights..... ☐ 4 to 7 nights .... ☐ More than 7 nights..... ☐

11. Was your baby given a pacifier by you, the medical staff, or anyone else while in the hospital or birth center?

    Yes ..... ☐ No ..... ☐ Don't know ..... ☐

12. In your opinion, which statement best describes the attitude of the following people about feeding your baby? **(PLEASE "X" ONE BOX FOR EACH OF THE PEOPLE LISTED)**

	FAVORED BREASTFEEDING ONLY	FAVORED FORMULA FEEDING ONLY	FAVORED MIXED FORMULA AND BREASTFEEDING	HAD NO PREFERENCE FOR EITHER METHOD OF FEEDING	DON'T KNOW
Your doctor.....	☐	☐	☐	☐	☐
Baby's doctor	☐	☐	☐	☐	☐
Staff of hospital or birth center	☐	☐	☐	☐	☐

13. As best you know, what is the recommended number of months to exclusively breastfeed a baby, meaning the baby is only fed breast milk?

    _____ MONTHS

14. Did you receive a gift pack or diaper bag from the hospital or birth center? Include a gift pack from a child birth class if you took the class at the hospital or birth center.

    Yes ..... ☐ No ..... ☐ ➔**(GO TO QUESTION 16)**

15. Were any of the following included in the gift pack? If you received more than one gift pack from the hospital or birth center, answer for all that you received. **(PLEASE "X" ALL THAT APPLY)**

    Infant formula ..... ☐ Coupon for infant formula ..... ☐ Breastfeeding supplies (nursing pads, nipple cream, etc.) ..... ☐

16. Did you receive a gift pack from any place besides the hospital or birth center, for example, from your doctor or a child birth class taken somewhere other than the hospital?

    Yes ..... ☐ No ..... ☐

17. Have you received free samples of infant formula through the mail? Do not include coupons for formula.

    Yes ..... ☐ No ..... ☐

18. Did you ever breastfeed or try to breastfeed your baby, either in the hospital or birth center, or after you went home?

    Yes ..... ☐ ➔**(GO TO QUESTION 20)** No ..... ☐

19. How important were each of the following reasons for your decision not to breastfeed your baby?

	NOT AT ALL IMPORTANT	NOT VERY IMPORTANT	SOMEWHAT IMPORTANT	VERY IMPORTANT
My baby was sick and could not breastfeed	☐	☐	☐	☐
I thought I would not have enough milk	☐	☐	☐	☐
A health professional said I should not breastfeed for medical reasons	☐	☐	☐	☐
I was sick or had to take medicine	☐	☐	☐	☐
I believe that formula is as good as breastfeeding or that formula is better	☐	☐	☐	☐
I thought that breastfeeding would be too inconvenient	☐	☐	☐	☐
I tried breastfeeding before and didn't like it or it didn't work out	☐	☐	☐	☐
I wanted to be able to leave the baby for several hours at a time	☐	☐	☐	☐
I wanted to go on a weight loss diet	☐	☐	☐	☐
I wanted to go back to my usual diet	☐	☐	☐	☐
I wanted to smoke again or smoke more than I should while breastfeeding	☐	☐	☐	☐
I had too many household duties	☐	☐	☐	☐
I planned to go back to work or school	☐	☐	☐	☐
I wanted or needed someone else to feed my baby	☐	☐	☐	☐
Someone else wanted to feed the baby	☐	☐	☐	☐
I wanted my body back to myself	☐	☐	☐	☐
The baby's father didn't want me to breastfeed	☐	☐	☐	☐
The baby's grandmother didn't want me to breastfeed	☐	☐	☐	☐
I wanted to use contraception that can't be used while breastfeeding	☐	☐	☐	☐

IF YOU NEVER BREASTFED AT ALL, GO TO SECTION C ON PAGE 3. ALL OTHERS PLEASE CONTINUE.

20. About how long after your delivery did you breastfeed or try to breastfeed your baby for the very first time?

Less than 30 min ☐ 3 to 6 hours ☐ 1 day ☐
30 to 60 min ☐ 7 to 12 hours ☐ 2 days ☐
1 to 2 hours ☐ 13 to 24 hours ☐ More than 2 days ☐

21. While you were in the hospital for delivery of this baby, did anyone help you with breastfeeding by showing you how or talking to you about breastfeeding?

Yes ☐ No ☐ ➔(GO TO QUESTION 25)

22. How many hours after the baby's birth did you *first* get help with breastfeeding?

Less than 30 min ☐ 3 to 6 hours ☐ 1 day ☐
30 to 60 min ☐ 7 to 12 hours ☐ 2 days ☐
1 to 2 hours ☐ 13 to 24 hours ☐ More than 2 days ☐

23. Who helped you with breastfeeding? **(PLEASE "X" ALL THAT APPLY)**

Doctor ☐ Lactation consultant ☐ Friend(s) ☐
Midwife ☐ Peer counselor ☐ Breastfeeding support group member ☐
Nurse ☐ Family member(s) ☐ Someone else ☐

24. Using 1 to mean "Not at all helpful" and 5 to mean "Very helpful," how helpful was the breastfeeding help you received from a doctor, midwife, nurse, or lactation consultant? **If you did not receive help from one of these, go to Question 25.**

NOT AT ALL HELPFUL (1)	(2)	(3)	(4)	VERY HELPFUL (5)
☐	☐	☐	☐	☐

25. While you were in the hospital or birth center, did your baby stay in your room day and night, except for doctor visits, bathing, or other treatments?

Yes, all the time ☐ ➔(GO TO QUESTION 28) Yes, some nights but not all ☐ No ☐

26. Was your baby brought to you for feeding during the night?

Yes ☐ No ☐

27. When your baby was not in your room, how did the staff decide when to feed the baby or to bring him or her to you for feeding? **(PLEASE "X" ALL THAT APPLY)**

Whenever he or she cried or seemed hungry ☐ Whenever you asked or went to get him or her ☐
On a schedule determined by the nurses or doctors ☐ Don't know ☐

28. During the first few days after your baby was born, did you feed him or her…

Whenever he or she cried or seemed hungry ☐ Sometimes on a schedule AND sometimes
On a schedule or routine ☐ when he or she cried or seemed hungry ☐

29. While you were in the hospital or birth center, was your baby fed water, formula, or sugar water at any time?

	YES	NO	DON'T KNOW
Water	☐	☐	☐
Formula	☐	☐	☐
Sugar water	☐	☐	☐

30. How long did it take for your milk to come in?

1 day or less ☐ 2 days ☐ 3 days ☐ 4 days ☐ More than 4 days ☐

31. Using 1 to mean "Disliked Very Much" and 5 to mean "Liked Very Much," how would you say you felt about breastfeeding during the first week you were breastfeeding?

DISLIKED VERY MUCH (1)	(2)	(3)	(4)	LIKED VERY MUCH (5)
☐	☐	☐	☐	☐

32. Were you given information about any breastfeeding support groups or services before you went home from the hospital or birth center?

Yes ☐ No ☐

33. When you left the hospital or birth center, how were you feeding your baby?

Breastfeeding only ☐ Formula feeding only ☐ Both breast and formula feeding ☐

34. Did you have any pain while breastfeeding at any time in the first 2 weeks?

Yes ☐ No ☐ ➔(GO TO QUESTION 36)

35. Using 0 to mean "No pain at all" and 10 to mean "The worst possible pain," how much pain, if any, were you in when you were breastfeeding during the following time periods? *(If you were not breastfeeding in some of the time periods, mark "NA" for Not Applicable.)*

	NO PAIN (0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	WORST POSSIBLE PAIN (10)	NA
1st day	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1st week	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2nd week	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

36. Did you have any of the following problems breastfeeding your baby during your first 2 weeks of breastfeeding? **(PLEASE "X" ALL THAT APPLY)**

My baby had trouble sucking or latching on	☐	I didn't have enough milk	☐
My baby choked	☐	My nipples were sore, cracked, or bleeding	☐
My baby wouldn't wake up to nurse regularly enough	☐	My breasts were overfull (engorged)	☐
My baby was not interested in nursing	☐	I had a yeast infection of the breast	☐
My baby got distracted	☐	I had a clogged milk duct	☐
My baby nursed too often	☐	My breasts were infected or abscessed	☐
It took too long for my milk to come in	☐	My breasts leaked too much	☐
I had trouble getting the milk flow to start	☐	I had some other problem	☐
My baby didn't gain enough weight or lost too much weight	☐	I had no problems	☐ ➔ **(GO TO SECTION C ON THIS PAGE)**

37. Did you ask for help with these problems from a health professional (a doctor, midwife, or nurse), a lactation consultant, or a breastfeeding support group?

Yes ☐ No ☐

38. Did you get any help with these problems from a health professional, a lactation consultant, or a breastfeeding support group?

Yes ☐ No ☐ ➔**(GO TO SECTION C ON THIS PAGE)**

39. Did the help you received solve the problem(s) or make them better?

NO, NOT AT ALL (1)	(2)	(3)	(4)	YES, VERY MUCH (5)
☐	☐	☐	☐	☐

SECTION C: FEEDING YOUR BABY

40. In the past 7 days, how often was your baby fed each food listed below? Include feedings by everyone who feeds the baby and include snacks and night-time feedings.

If your baby was fed the food once a day or more, write the number of feedings per day in the first column. If your baby was fed the food less than once a day, write the number of feedings per week in the second column. **Fill in only one column for each item.** *If your baby was not fed the food at all during the past 7 days, write in 0 the second column.*

	FEEDINGS PER DAY	FEEDINGS PER WEEK
Breast milk	_____	_____
Formula	_____	_____
Water	_____	_____
Sugar water	_____	_____
Cow's milk or any other milk (rice, soy, goat, or other)	_____	_____
100% fruit or 100% vegetable juice	_____	_____
Sweet drinks (juice drinks, soft drinks, soda, sweet tea, Kool-Aid, etc.)	_____	_____
Baby cereal	_____	_____
Other **(PLEASE SPECIFY)** _____	_____	_____

41. How old was your baby when he or she was first fed formula?

1 day or less ☐ 2 to 6 days ☐ 7 to 13 days ☐ 14 to 20 days ☐ More than 20 days ☐ Never fed formula ☐

42. What type of baby cereal was your baby fed in the past 7 days? **(PLEASE "X" ALL THAT APPLY)**

Baby was not fed baby cereal ☐ Dry cereal that you added a liquid to ☐ Cereal in a jar already mixed ☐

43. Was your baby given any herbal or botanical preparation or any kind of tea in the past 2 weeks? *(Do not count preparations applied to the baby's skin or anything the baby may have received through breastfeeding after you took an herbal or botanical preparation.)*

Yes ☐ No ☐ ➔**(GO TO QUESTION 45)**

44. Please list all the kinds of herbal or botanical preparations or teas your baby was given in the past 2 weeks.

_____

45. Which of the following was your baby given in vitamin or mineral drops at least 3 days a week during the past 2 weeks? If your baby was given drops that contained more than one of the items listed, please mark each of the separate items. **(PLEASE "X" ALL THAT APPLY)**

Fluoride ☐ Iron ☐ Vitamin D ☐ Other vitamins ☐ None of these ☐

IF YOUR BABY WAS FED FORMULA IN THE PAST 7 DAYS, PLEASE CONTINUE. ALL OTHERS GO TO QUESTION 55 ON PAGE 4.

46. In the past 7 days, about how many ounces of formula did your baby drink at each feeding?

1 to 2 ☐ 3 to 4 ☐ 5 to 6 ☐ 7 to 8 ☐ More than 8 ☐

47. Which formula was fed to your baby in the past 7 days? Infant formulas are listed alphabetically on the Formula List insert along with a group number. Please "X" the group number for each infant formula your baby was fed. **(PLEASE "X" ALL THAT APPLY)**

Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
☐	☐	☐	☐	☐	☐

48. What type of infant formula was your baby fed? **(PLEASE "X" ALL THAT APPLY)**

Ready to feed ☐ Liquid concentrate ☐ Powder from can that makes more than one bottle ☐ Powder from single serving packs ☐

49. Which of the following describes the iron content of the formula you usually use?

With iron ☐ Low iron (additional iron may be necessary) ☐

50. How did you decide to use the formula you fed your baby in the past 7 days? **(PLEASE "X" ALL THAT APPLY)**

A doctor or other health professional recommended the formula	☐	I chose a formula labeled as useful for a problem my baby had	☐
I chose the same formula fed to my baby at the hospital	☐	I use the formula given by WIC	☐
I heard that the formula is better for my baby in some way	☐	I chose the same formula I fed an older child	☐
I chose the formula I received samples or coupons for	☐	Friends or relatives recommended the formula	☐
I saw an advertisement for the formula and wanted to try it	☐	I chose a formula based on low price	☐

51. Did you discuss your choice of formula with the baby's doctor?

Yes ☐ No ☐

52. During the past 2 weeks, how many times have you switched the formula you feed your baby?

None ☐ ➔**(GO TO INSTRUCTION ABOVE QUESTION 55)** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐

53. Did you switch formulas because your baby had a problem with the formula you were using?

Yes ..... ☐ No ..... ☐ ➔ **(GO TO INSTRUCTION ABOVE QUESTION 55)**

54. What type of problem did your baby have with the formula(s)? **(PLEASE "X" ALL THAT APPLY)**

An allergic reaction or intolerance ..... ☐	Too much gas ..... ☐
Constipation..... ☐	Too much spit up..... ☐
Diarrhea..... ☐	Vomiting ..... ☐
Too much mucus ..... ☐	Other problem (Please specify_____) ☐

IF YOUR BABY WAS BREASTFED AT ALL IN THE PAST 7 DAYS, PLEASE CONTINUE. ALL OTHERS GO TO SECTION D ON THIS PAGE.

55. Since your baby was born, have you attended a breastfeeding class or breastfeeding support group?

Yes ..... ☐ No ..... ☐

56. Does your baby usually feed from both breasts at each feeding?

Yes ..... ☐ No ..... ☐ Baby is fed only pumped milk ..... ☐ ➔ **(GO TO QUESTION 60)**

57. Does your baby usually let go of the breast him or herself?

Yes, both breasts..... ☐ Yes, first breast only ..... ☐ Yes, second breast only..... ☐ No..... ☐

58. About how long does an average breastfeeding last?

Less than 10 minutes ..... ☐	20 to 29 minutes ... ☐	40 to 49 minutes ..... ☐
10 to 19 minutes ..... ☐	30 to 39 minutes ... ☐	50 or more minutes..... ☐

59. Using 1 to mean "Very Uncomfortable" and 5 to mean "Very Comfortable," how comfortable would you be in the following situations?

	VERY UNCOMFORTABLE (1)	(2)	(3)	(4)	VERY COMFORTABLE (5)
Nursing your baby in the presence of close women friends.....	☐	☐	☐	☐	☐
Nursing your baby in the presence of men and women who are close friends.....	☐	☐	☐	☐	☐
Nursing your baby in the presence of men and women who are not close friends.....	☐	☐	☐	☐	☐

60. In an average 24-hour period, what is the LONGEST time for you, the mother, between breastfeedings or expressing milk? Please count the time from the start of one breastfeeding or expressing session to the start of the next. Please think of time between feedings during both night and day to find the longest time. **(WRITE IN THE NUMBER OF HOURS AND MINUTES)**

_____ HOURS **AND** _____ MINUTES

61. How many times in the past 7 days was your baby fed expressed or pumped breast milk to drink? *(Write in 0 if your baby was not fed expressed or pumped milk to drink.)*

_____ TIMES

62. How old do you think your baby will be when you completely stop breastfeeding? _____ MONTHS

63. Using 1 to mean "Not at all Confident" and 5 to mean "Very Confident", how confident are you that you will be able to breastfeed until the baby is the age you marked in Question 62?

NOT AT ALL CONFIDENT (1)	(2)	(3)	(4)	VERY CONFIDENT (5)
☐	☐	☐	☐	☐

64. Using 1 to mean "Dislike Very Much" and 5 to mean "Like Very Much," how would you say you feel about breastfeeding now that your baby is several weeks old?

DISLIKE VERY MUCH (1)	(2)	(3)	(4)	LIKE VERY MUCH (5)
☐	☐	☐	☐	☐

65. Using 1 to mean "Never" and 5 to mean "Always," please choose the answer for each of the following statements that best describes how you feel about breastfeeding your new baby.

	NEVER (1)	(2)	(3)	(4)	ALWAYS (5)
I feel that I can find out what I need to know about breastfeeding my baby.....	☐	☐	☐	☐	☐
I feel that breastfeeding takes too much time.....	☐	☐	☐	☐	☐
I feel that my baby gets enough breast milk at each feeding	☐	☐	☐	☐	☐
I feel that I can breastfeed my baby whether it hurts or not.....	☐	☐	☐	☐	☐
I feel that my family supports my decision to breastfeed my baby	☐	☐	☐	☐	☐

SECTION D: OTHER INFORMATION

66. Has your baby used a pacifier in the past 7 days? Yes ..... ☐ No ..... ☐

67. Has your baby had jaundice at any time since he or she was born?

Yes ..... ☐ No ..... ☐ ➔**(GO TO QUESTION 69)**

68. How was the jaundice treated? **(PLEASE "X" ALL THAT APPLY)**

I fed formula in addition to breastfeeding for a while..... ☐	My baby was placed under a lamp (phototherapy) ..... ☐
I stopped breastfeeding for a while..... ☐	My baby received an exchange transfusion..... ☐
I stopped breastfeeding and did not begin breastfeeding again ..... ☐	My baby received some other treatment..... ☐
	No treatment was given ..... ☐

69. Since the time your baby was discharged from the hospital after the birth, has he or she been hospitalized for any reason or has your baby been taken to a hospital for any outpatient procedure or surgery?

Yes ..... ☐ No ..... ☐ ➔**(GO TO QUESTION 71)**

70. How many nights was your baby in the hospital for the most recent problem since discharge after the birth? *(Write in 0 if your baby did not stay overnight.)*

_____ NIGHTS

71. Does your baby have any serious, long-term medical problems?

No..... ☐ Yes..... ☐ ➔ **(PLEASE EXPLAIN BRIEFLY)** _____

72. Date you completed this form: Month _____ Day _____ Year _____

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