Questionnaire for Breastfeeding Mother (# ___)

	Hospital: _____ Date questionnaire completed: _____	
Questions about experiences during pregnancy		
1.	How many antenatal visits did you make to this health facility for care before you gave birth? _____ visits ☐ None *(if none, go to question 4.)*	
2.	During these visits did the staff discuss any of the following issues related to your labour and birth: *(tick if yes.)* ☐ That you could have companions of your choice with you during labour and birth ☐ Alternatives for dealing with pain during labour and what is better for mothers and babies	[MF.1]
3.	During these visits did the staff give you any information on the following topics: *(tick if yes.)* ☐ The importance of spending time skin-to-skin with your baby immediately after birth? ☐ The importance of having your baby with you in your room or bed 24 hours a day? ☐ The risks of giving water, formula or other supplements to your baby in the first six months if you are breastfeeding? ☐ Whether a woman who is HIV-positive can pass the HIV infection to her baby? ☐ Why testing and counselling for HIV is important for pregnant women?	[3.1] HIV.1 HIV.2
Questions about the birth and the maternity period		
4.	Were you encouraged to walk and move about during labour? ☐ Yes ☐ No *[if "No"]* Why not: _____ _____	[MF.2]
5.	When was your child born? Date: _____ Approximate time: _____ What was your baby's weight at birth: _____ grams or _____ lbs	[Gen.1]
6.	What type of delivery did you have: ☐ Normal (vaginal) ☐ Caesarean section without general anaesthesia ☐ Caesarean section with general anaesthesia ☐ Other: (describe): _____	[Gen.2]
7.	How are you feeding your baby? ☐ Breastfeeding exclusively ☐ Both breastfeeding and feeding breast-milk substitutes ☐ Feeding my baby breast-milk substitutes (not breastfeeding at all) ☐ Other: (please describe): _____ *Note: If you are breastfeeding or both breastfeeding and feeding breast-milk substitutes, please continue with this questionnaire. If you are not breastfeeding at all, please fill out the other questionnaire for "Non-Breastfeeding Mother".*	[Gen.3]
8.	How long after birth did you first hold your baby? ☐ Immediately ☐ Within five minutes ☐ Within half an hour ☐ Within an hour ☐ As soon as I was able to respond (after C-section with general anaesthesia) ☐ Other: (how long after birth?) _____ ☐ Can't remember ☐ Have not held yet *[if you haven't held your baby yet, go to Q13.]*	[4.1]

9.	How did you hold your baby, this first time? ☐ Skin-to-skin ☐ Wrapped without much skin contact	[4.2]
10.	If it took more than five minutes after birth for you to hold your baby, what was the reason? (☐ There was not any delay.) ☐ My baby needed help/observation ☐ I had been given anaesthesia and wasn't yet awake ☐ I didn't want to hold my baby or didn't have the energy ☐ I wasn't given my baby this soon but do not know why ☐ Other: _____	[4.3]
11.	For about how long did you hold your baby this first time? ☐ Less than 30 minutes ☐ 30 minutes to less than an hour ☐ An hour or more ☐ Longer:___ hours ☐ Can't remember	[4.4]
12.	During this first time your baby was with you did anyone on the staff encourage you to look for signs your baby was ready to feed and offer you help with breastfeeding? ☐ Yes ☐ No	[4.5]
13.	Did the staff offer you any help with breastfeeding since that first time? ☐ Yes ☐ No *[if yes:]* How long after birth was this help offered? ☐ Within 6 hours of when your baby was born ☐ More than 6 hours after the birth of your baby	[5.1]
14.	Did the staff give you any help with positioning and attaching your baby for breastfeeding before discharge? ☐ Yes ☐ No ☐ The staff offered help, but I didn't need it.	[5.2]
15.	a. Did the staff show you or give you information on how you could express your milk by hand? ☐ Yes ☐ No b. Have you tried expressing your milk yourself? ☐ Yes ☐ No If yes, were you able to express your milk? ☐ Yes ☐ Partly ☐ No	[5.3] [5.4]
16.	Where was your baby while you were in the maternity services after giving birth? ☐ My baby was always with me both day and night ☐ There were times my baby was not with me If your baby was away at all, please describe where, why and for how long: _____ _____ *[Note: If your baby was cared for away from you during all or part of the night, please mention that in your description above]*	[7.1]
17.	What advice have you been given about how often to feed your baby? ☐ No advice given ☐ Every time my baby seems hungry (as often as he/she wants) ☐ Every hour ☐ Every 1-2 hours ☐ Every 2-3 hours ☐ Other (please tell us): _____	[8.1]
18.	What advice have you been given about how long your baby should suckle? ☐ No advice given ☐ For a limited time If so, for how long? _____ ☐ For as long as my baby wants to ☐ Other (please tell us): _____	[8.2]

19.	Has your baby been given anything other than breast milk since it was born? ☐ Yes ☐ No ☐ Don't know *[if "No" or "Don't know", go to Question 22]* If yes, what was given? *[tick all that apply]* ☐ Infant formula ☐ Water or sugar water ☐ Other fluids (please tell us what): _____ ☐ Don't know	[6.1]
20.	If yes, why was your baby given the supplement(s)? *[tick all that apply]* ☐ I requested it. ☐ My doctor or other staff recommended the supplements, but didn't say why. ☐ My doctor or other staff recommended the supplements because (please say why): _____ ☐ Other (please tell us why): _____ ☐ Don't know ☐ No supplements were given	[6.1
21.	If supplement(s) were given, were they fed by: ☐ Bottle with teat or nipple? ☐ Cup? ☐ Spoon? ☐ Other: _____ ☐ Don't know	[9.1]
22.	Has your baby sucked on a pacifier (dummy or soother), as far as you know, while you've been in the maternity unit? ☐ Yes ☐ No ☐ Don't know	[9.2]
23.	Have you been given any leaflets or supplies that promote breast-milk substitutes? ☐ Yes ☐ No What, if any, of the following have you received: ☐ Leaflet from formula company promoting formula feeding or related supplies? ☐ A gift or samples to take home, including formula, bottles, or other related supplies? ☐ Other (please tell us what): _____	[Code.2]
24.	Have you been given any suggestions by the staff about how or where to get help, if you have problems with feeding your baby after you return home? ☐ Yes ☐ No	[10.1]
25.	*[If "Yes":]* What suggestions have you been given? *[tick all that apply]* – ☐ Get help from the hospital ☐ Get help from a health professional – ☐ Call a helpline – ☐ Get help from a mother support group or a peer/lay counsellor ☐ Get help from another community service ☐ Other (please tell us what): _____	[10.2]

Thank you so much for answering all these questions!

If there is anything you want to know after filling in this form you can talk to one of the health care staff members about it before you go home. By answering this questionnaire you are contributing to making our maternity services better.