

Additional File 2: Postpartum survey

Post Delivery Survey

Participant ID _____

Date _____

1. **Have you initiated breastfeeding?** Yes No

2. **Have you ever breastfed in the past?** Yes No

3. **Have you ever done hand expression before this study?** Yes No

4. **Have you practiced hand milk expression at home?** Yes No
 If yes, how many times have you practiced at home? _____

5. **Did you encounter any problems when you practiced?** Yes No
 If yes, what kind of problems have you encountered?

6. **How satisfied were you with the experience of hand milk expression?**

1 2 3 4 5 6 7 8 9 10

Not satisfied at all

Extremely satisfied

7. **How helpful was the hand expression education provided by the research team?**

1 2 3 4 5 6 7 8 9 10

Not helpful at all

Extremely helpful

8. **Do you think practicing hand expression helped initiating breastfeeding easier?**

1 2 3 4 5 6 7 8 9 10

Not at all

Extremely so

9. **Do you plan on exclusively breastfeeding?** Yes No

If yes, how likely will you continue exclusively breastfeeding?

1 2 3 4 5 6 7 8 9 10

Not likely at all

Extremely likely

If no or not likely to continue, name any barriers preventing you from exclusively breastfeeding.

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10. **How likely would you recommend hand milk expression to your friends and families?**

1 2 3 4 5 6 7 8 9 10

Not likely at all

Extremely likely