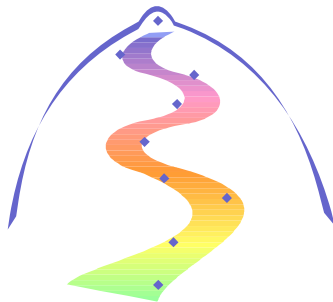


Ward number _____ Code number _____

Breastfeeding study of preterm infants in neonatal wards in Denmark 2009 – 2011

Questionnaire 1 for the baby's mother



Beginning of hospitalization

Thank you for participating in the study.

We ask you to answer this questionnaire when your baby is about one week old. The questions are about you, the delivery, how your first week has passed and whether you have started breast milk pumping and/or are breastfeeding.

For each question, you are asked to either write your answer or tick a box. If you may tick more than one box, this will be stated in the question.

You can always ask the nursing staff for help in completing the questionnaire if you need to. Once you have completed the questionnaire, please return it to the nursing staff.

After you have returned this form, you will receive the next questionnaire, which you are requested to complete and return when your baby is discharged from the neonatal ward.

The questionnaire is filled in; date: _____

The first questions are about your baby's birth (delivery) and how you and your baby are doing right now.

1. Your baby was born: date: _____

2. The gestational age of your baby at birth: _____ weeks _____ days

3. Birth weight: _____ grams

4. Your baby is:

A girl ₁

A boy ₂

5. Your baby is born by Caesarean section

Yes ₁

No ₂

6. Did you have complications in connection to labour/delivery, which prevented you, for more than the first 24 hours, from being together with your baby?

Yes ₁

No ₂

7. Have you and your baby been admitted to different wards after the delivery?

Yes ₁

No ₂

8. Today your baby is _____ days old.

9. Yesterday your baby was placed in:

A closed incubator ₁

An open incubator ₂

A cot/bed ₃

Questions about breastfeeding

The next questions are about your experiences and thoughts about breastfeeding.

10. Did you plan to breastfeed your baby?

Yes (Proceed to question 12) ₁

No ₂

11. What is your reason for not breastfeeding?

(Please answer this question and proceed to question 16)

I do not want to breastfeed ₁

I cannot breastfeed (e.g. because of breast surgery) ₂

I am not allowed to breastfeed (e.g. because of medication) ₃

Other reasons ₄

Please describe: _____

12. For how long have you planned to breastfeed your baby?

Until the baby is _____ month(s) old

13. For how long have you planned to breastfeed your baby if your baby was born at the estimated date of delivery?

Until the baby is _____ month(s) old

14. Of how great importance is it to you to breastfeed?

Very great importance ₁

Great importance ₂

Some importance ₃

Little importance ₄

No importance ₅

I don't know ₆

15. How confident are you that you can breastfeed your preterm baby for as long as you have planned?

- Very confident _1
- Confident _2
- Don't know _3
- Uncertain _4
- Very uncertain _5

16. Does your partner support your choice of breastfeeding?

- Yes _1
- No _2
- I don't know _3
- I'm alone with my baby _4

17. Have you breastfed before?

- Yes _1
- No, this is my first child _2
(Proceed to question 19)
- No, I haven't breastfed my other children _3
(Proceed to question 19)

18. For how long have you breastfed your children?

Child No. 1: Exclusive breastfeeding for _____ month(s)
Breastfeeding for a total of _____ month(s)

Child No. 2: Exclusive breastfeeding for _____ month(s)
Breastfeeding for a total of _____ month(s)

Child No. 3: Exclusive breastfeeding for _____ month(s)
Breastfeeding for a total of _____ month(s)

Child No. 4: Exclusive breastfeeding for _____ month(s)
Breastfeeding for a total of _____ month(s)
(if you have more children, continue here)

19. What are your experiences with breastfeeding in your close family/network?

- Mostly positive experiences _1
- Mostly negative experiences _2
- No experiences _3

20. What are your experiences with breastfeeding in your partner's close family/network?

- Mostly positive experiences _1
- Mostly negative experiences _2
- No experiences _3

21. What are your experiences with breastfeeding preterm babies in your and your partner's close family/network

- Mostly positive experiences _1
- Mostly negative experiences _2
- No experiences _3

Questions about breast milk pumping

22. Have you started breast milk pumping for your baby?

- Yes _1
- No (Proceed to question 26) _2

23. When did you pump for the first time?

- Before my baby was 6 hours old _1
- When my baby was 6 – 12 hours old _2
- When my baby was 12 – 24 hours old _3
- When my baby was 24 – 48 hours old _4
- When my baby was more than 48 hours old _5

24. How many times have you pumped for the last 24 hours? _____ times

25. How much milk did you pump in total for the last 24 hours?

- Less than 50 ml _1
- 50 – 200 ml _2
- 200 – 400 ml _3
- 400 – 750 ml _4
- More than 750 ml _5

26. How is your baby being fed right now? (You may tick more than one box)

- Breastfeeding _1
- Feeding tube _2
- Cup _3
- Lact-aid _4
- Finger-feeding _5
- Bottle _6
- Intravenous nutrition _7

Questions about skin-to-skin contact

(With skin-to-skin contact we mean that your baby is only dressed in a nappy, maybe a cap and socks, and maybe an open blouse, but in a way that your baby's stomach, chest and legs are in direct contact with your (or another adult's) bare chest.)

27. When did you (the mother) at first have your baby skin-to-skin?

- Immediately after the baby was born _1
- Short time after delivery = 0 – 6 hours _2
- 6 – 24 hours after delivery _3
- 1 – 2 days after delivery _4
- More than two days after delivery _5
- My baby has not been skin-to-skin with me _6

28. When did your partner (or another adult) at first have your baby skin-to-skin?

- Immediately after the baby was born _1
- Short time after delivery = 0 – 6 hours _2
- 6 – 24 hours after delivery _3
- 1 – 2 days after delivery _4
- More than two days after delivery _5
- My baby has not been skin-to-skin with my partner (or another adult) _6

29. For how long did your baby have skin-to-skin contact yesterday?

(You are supposed to add the hours, if your baby was skin-to-skin with persons other than yourself)

- 0 – 1 hours _1
- 1 – 2 hours _2
- 2 – 4 hours _3
- 4 – 6 hours _4
- 6 – 8 hours _5
- 8 – 12 hours _6
- More than 12 hours _7
- My baby did not have skin-to-skin contact yesterday _8

General questions about you and your schooling

30. How old are you? _____ years

31. How do you live?

Together with my baby's father _1

Together with an adult other than my baby's father _2

Alone _3

32. Do you have other children at home (apart from your new-born baby)?

Yes _1

No _2

If yes, please give the number _____ and ages of the children _____

33. In which country are you born? _____

34. Which language do you speak at home? _____

35. Which schooling have you completed?

9th grade (or lower) without examination _1

9th grade with examination _2

10th grade with examination _3

Senior high (10th – 12th grade) _4

Other _5

Please describe: _____

36. Which educational courses/programmes have you completed or are you taking?

None _1

Labour-market courses, special training programmes _2

Occupational programmes (apprenticeship, traineeship e.g. carpentry, welding) _3

Short secondary educational programmes (2-3 years) _4

Medium-length secondary educational programmes (3-4 years) _5

Long secondary educational programmes (4-6 years or longer) _6

37. How was your employment situation before delivery?

Student _1

Homemaker _2

Unemployed _3

Retired _4

Working part time _5

Working full time _6

38. Do you smoke?

Yes _1

No _2

Thank you for completing the questionnaire.



Please return the questionnaire to the staff.

The survey is done in cooperation with
Knowledge Centre for Breastfeeding Infants with Special Needs
Copenhagen University Hospital, Rigshospitalet
Department of Neonatology
Copenhagen
Denmark