

Ward number _____ Code number _____

Telephone interview by: _____

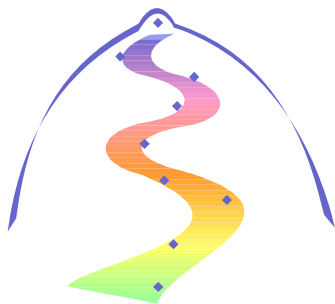
Date: _____

We are phoning you/writing to you because you are participating in "The breastfeeding survey of preterm infants", and we hope you have time to answer the following questions.

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

Questionnaire 3

Telephone interview with the baby's mother



Follow-up

1. Your baby's corrected age (age after term):

1 month ₁

4 months ₂

6 months ₃

12 months ₄

2. Are you still breastfeeding?

Yes, my baby is fully breastfed* (Proceed to question 5) ₁

Yes I am breastfeeding, but my baby is also getting

something else ₂
(Go to question 3)

No, I am not breastfeeding any longer ₃
(Proceed to question 4)

3. When did your baby start being fed in a way other than breastfeeding?

Approx. date _____

a. What is your baby getting besides breastfeeding?

(You may tick more than one box)

Pumped breast milk ₁

Infant formula ₂

Solid foods ₃

Gruel ₄

b. What was the reason(s) that you stopped full breastfeeding?

* With full breastfeeding we mean that the baby is only fed at and from the breast. In Denmark that means, that besides breastfeeding, the baby can be given water and/or a maximum of one formula feed a week.

4. When did you completely stop breastfeeding? Date _____ (approx.)

a. What is your baby getting instead of breastfeeding?
(You may tick more than one box)

- Pumped breast milk _1
- Infant formula _2
- Solid foods _3
- Gruel _4

b. What was the reason(s) that you completely stopped breastfeeding?

The following questions are about the use of a nipple shield.

5. Did you use a nipple shield for breastfeeding your preterm infant?

Yes _1

No (Proceed to question 9) _2

6. When did you begin using the nipple shield?

In hospital _1

After discharge _2

7. Are you still using the nipple shield?

Yes (Proceed to question 9) _1

No _2

8. If no, when did you stop using the nipple shield? Date: _____ (approx.)

Some questions about breast milk pumping.

9. Did you continue to pump breast milk after discharge?

Yes _1

No (Proceed to question 12) _2

10. Are you still pumping?

Yes (Proceed to question 12) _1

No _2

11. If no, when did you stop breast milk pumping? Approx. date: _____

The last questions are about breastfeeding problems

12. Have you experienced breastfeeding problems (since last questionnaire/contact)?

Yes _1

No _2

Which problems: _____

13. How would you describe your breastfeeding after discharge?

Mainly functioning _1

Mainly problematic _2

Thank you for taking your time to answer the questionnaire.
If you are not breastfeeding or pumping any more, we will not contact you again.