

# Scottish Government Maternal and Infant Nutrition Survey

Investigating health care and early feeding choices and experiences in the first 12 weeks following the birth of your new baby

This is a survey about your choices and experiences in the first 12 weeks following the birth of your new baby.

Please complete this questionnaire with respect to your baby who was born between March and April 2017.

The information you provide will help us to understand more about the choices new parents make and help health care professionals to better support new parents. **All of the answers you provide will be entirely confidential.**

**Please read the enclosed letter for more information about this survey.**

## Instructions

The survey takes around 15-20 minutes to complete. Please answer all questions, unless the instructions ask you to skip a question.

For most questions, you will be asked to put a tick in the box next to the statement which most applies to you. For example, if your answer is yes, write in a tick as below:

Yes  
 No

Don't worry if you make a mistake; just cross it out and tick the correct answer.

Sometimes you will be asked to write in a number. Please enter numbers as figures rather than words. For example:

Weeks       Days

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If you prefer, you can complete this survey online at: [survey.natcen.ac.uk/MINS5](https://survey.natcen.ac.uk/MINS5)

You will be asked to enter the User Code that can be found on the letter that came with this survey.

Alternatively, you can give your answers by calling the FREEPHONE survey helpline on **0800 652 4568**. The helpline is open Monday to Friday - 9am to 5pm.

Please return the survey in the pre-paid envelope provided,  
or to: NatCen Social Research, 103-105 Kings Road,  
Brentwood, Essex CM14 4LX.



# The birth of your baby

First, we would like to ask you some questions about the birth of your baby.

1. Is your new baby one of twins, triplets or another multiple birth?

2030

- 1  Yes      → Please complete this questionnaire with respect to the baby who was born first.  
2  No

2. How old is your baby?

Please write numbers in both boxes. Write in how many whole weeks, plus any additional days:

Weeks       Days

2031-2032  
2033

3. How many weeks pregnant were you when your baby was born (to the nearest whole week)?

Weeks

2034-2035

4. Where was your baby born?

(Please tick one box only)

2036-2037

01  **At home**

## NHS Ayrshire & Arran

- 02  Ayrshire Maternity Unit (University Hospital Crosshouse)  
03  Arran War Memorial Hospital Community Maternity Unit

## NHS Borders

04  Borders General Hospital Maternity Unit (Melrose)

## NHS Dumfries & Galloway

- 05  Glenoch Birthing Centre (Galloway Community Hospital, Stranraer)  
06  Cresswell Maternity Wing (Dumfries and Galloway Royal Infirmary)

## NHS Fife

07  Victoria Hospital Maternity Unit (Kirkcaldy)

## NHS Forth Valley

08  Forth Valley Royal Hospital Women's and Children Unit (Larbert)

## NHS Grampian

- 09  Aberdeen Maternity Hospital  
10  Dr Gray's Maternity Unit (Elgin)  
11  Peterhead Maternity Unit

### **NHS Greater Glasgow & Clyde**

- 12  Inverclyde Community Maternity Unit
- 13  Princess Royal Maternity Hospital (Glasgow Royal Infirmary)
- 14  Queen Elizabeth University Hospital Maternity Unit
- 15  Royal Alexandra Maternity Unit
- 16  Vale of Leven Community Maternity Unit

### **NHS Highland**

- 17  Belford Hospital Midwifery Unit (Fortwilliam)
- 18  Dr MacKinnon Memorial Hospital Maternity Unit (Skye)
- 19  Campbeltown Hospital
- 20  Cowal Community Hospital (Dunoon)
- 21  Henderson Maternity Unit (Caithness General Hospital, Wick)
- 22  Lorn & Islands Hospital Community Maternity Unit (Oban)
- 23  Mid Argyll Hospital Community Maternity Unit (Lochgilphead)
- 24  Raigmore Maternity Hospital (Inverness)
- 25  Victoria Hospital Community Maternity Unit (Rothesay)

### **NHS Lanarkshire**

- 26  Wishaw General Hospital Maternity Unit

### **NHS Lothian**

- 27  Simpson Centre for Reproductive Health (Royal Infirmary of Edinburgh)
- 28  St John's Hospital (Livingston)

### **NHS Orkney**

- 29  Balfour Hospital Maternity Unit

### **NHS Shetland**

- 30  Gilbert Bain Hospital Community Maternity Unit

### **NHS Tayside**

- 31  Arbroath Infirmary Community Maternity Unit
- 32  Montrose Royal Infirmary Community Maternity Unit
- 33  Perth Royal Infirmary Community Maternity Unit
- 34  Ninewells Hospital

### **NHS Western Isles**

- 35  Western Isles Hospital Maternity Unit
- 36  Uist and Barra Hospital Community Maternity Unit

- 37  **Other location, please specify** \_\_\_\_\_

5. How long after your baby was born did you stay in hospital or a Community Maternity Unit? Please give this time either in hours **or** in days.

Either in hours:

--	--	--

 Hours

2051-2053

or in days:

--	--

 Days

2054-2055

or:

Please tick this box if you did **not** stay in a hospital or Community Maternity Unit

2050

6. Thinking about the birth of your baby, what kind of delivery did you have?

(Please tick one box only)

2056

- 1  Normal birth (vaginal)
- 2  Vaginal breech birth (baby coming bottom first)
- 3  A caesarean (through a cut in the abdomen)
- 4  Vaginal delivery using forceps
- 5  Delivery using vacuum cap on the baby's head (ventouse or Kiwi)

7. During your labour or birth, did you use any of the following to relieve the pain?

(Please tick all that apply)

2057-2068

- 01  Natural methods (e.g. breathing, massage)
  - 02  Water or a birthing pool
  - 03  TENS machine (with pads on your back)
  - 04  Gas and air (breathing through a mask or mouth piece)
  - 05  Injection of morphine or a similar painkiller
  - 06  Epidural or spinal (injection in your back)
- or**
- 07  No, none of the above

8. How much did your baby weigh when he/she was born? Please give his/her weight either in pounds/ ounces **or** in kilograms.

Either in pounds and ounces (for example, 7lb 11oz):

--	--	--	--	--

 lb    

--	--

 oz

or in kilograms (for example, 3.50kg):

	.		
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 kg

2069-2070  
2071-2072  
2073-2075

9. Did **you** have skin-to-skin contact with your baby within the first hour of him/her being born?  
(By skin-to-skin contact we mean you were holding the baby so that his/her bare skin was next to your bare skin.)

(Please tick one box only)

2076

- 1  Yes  
2  No  
3  Don't know

10. Did your baby **feed** in the first two hours after his/her birth (breastfeed, expressed milk or formula feed)?

(Please tick one box only)

2077

- 1  Yes  
2  No  
3  Don't know

11. Immediately or shortly after the birth, did **you** have any health problems that affected your ability to feed your baby the way you wanted to?

2078

- 1  Yes → Go to Q.12  
2  No → Go to Q.13

12. What were these health problems?

(Please tick all that apply)

2079-2081

- 1  Birth complications  
2  I just didn't feel well  
3  Other health complications

## Babies admitted to Special Care Baby Units, Neonatal Units, Transitional Care Wards or to a Children's Hospital

13. Within the first week of his/her birth, was your baby cared for in a Special Care Baby Unit, a Neonatal Unit, a Transitional Care Ward or admitted to a Children's Hospital?

(Please tick all that apply)

2082-2086

- 1  Yes, in a Special Care Baby Unit → Go to Q.14  
2  Yes, in a Neonatal Unit → Go to Q.14  
3  Yes, in a Transitional Care Ward → Go to Q.14  
4  Yes, he/she was admitted to a Children's Hospital → Go to Q.14  
5  Yes, one of the above, but I'm not sure which → Go to Q.14  
**or**  
6  No, none of the above → Go to Q.18

14. How long did your baby stay in the Special Care Unit, Neonatal Unit, Transitional Care Ward or Children's Hospital? (Please record the total number of days that your baby spent in these types of care, even if your baby moved between these types of care).

(Please tick one box only)

2087

- 1  One day or less
- 2  2 - 3 days
- 3  4 - 7 days
- 4  More than a week (up to a month)
- 5  More than a month

15. Do you think that having your baby admitted for extra care affected your ability to feed him/her the way you wanted to?

(Please tick one box only)

2088

- 1  Yes
- 2  No
- 3  Don't know

16. While your baby was in the Special Care Unit, Neonatal Unit, Transitional Care Ward or Children's Hospital, did you receive any information about methods of expressing breast milk?

(Please tick one box only)

2089

- 1  Yes – I received information
- 2  No – information was offered, but I said I didn't need it
- 3  No – information was not offered, but I'd told staff that I intended to formula feed
- 4  No – information was not offered

17. Were you offered an electric breast pump to take home?

(Please tick one box only)

2090

- 1  Yes
- 2  No, but I would like to have been offered one
- 3  No, but I didn't need one – I had my own breast pump
- 4  No, but I didn't need one – my baby was able to breastfeed
- 5  No, but I didn't need one – I didn't want to express my milk

SPARE COLUMNS: 2091-2099

## Feeding choices

18. Before you had your new baby, had you ever breastfed or expressed breast milk before?

(Please tick one box only)

2100

- |   |                          |   |              |
|---|--------------------------|---|--------------|
| 1 | <input type="checkbox"/> | Yes   | → Go to Q.19 |
| 2 | <input type="checkbox"/> | No, this is my first baby   | → Go to Q.20 |
| 3 | <input type="checkbox"/> | No, this is not my first baby, but I haven't breastfed or expressed milk before | → Go to Q.20 |

19. What is the longest period you have breastfed a baby or expressed breast milk for before? Please give this time either in days **or** in weeks **or** in months.

Either in days:

<input type="text"/>	<input type="text"/>	Days
----------------------	----------------------	------

2101-2102

or in weeks:

<input type="text"/>	<input type="text"/>	Weeks
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2103-2104

or in months:

<input type="text"/>	<input type="text"/>	<input type="text"/>	Months
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2105-2107

20. Are there any medical reasons why you are not able to breastfeed / express milk (for example breast surgery or medication)?

(Please tick one box only)

2108

- |   |                          |            |
|---|--------------------------|------------|
| 1 | <input type="checkbox"/> | Yes        |
| 2 | <input type="checkbox"/> | No         |
| 3 | <input type="checkbox"/> | Don't know |

21. **Before your new baby was born**, how would you describe your intentions for feeding your baby?

(Please tick the **one** box from the list below that best describes your thoughts **before** the birth)

2109

- |   |                          |   |              |
|---|--------------------------|---|--------------|
| 1 | <input type="checkbox"/> | I intended to breastfeed only   | → Go to Q.22 |
| 2 | <input type="checkbox"/> | I intended to express milk only   | → Go to Q.24 |
| 3 | <input type="checkbox"/> | I intended to formula feed only   | → Go to Q.23 |
| 4 | <input type="checkbox"/> | I intended to breastfeed and express milk   | → Go to Q.22 |
| 5 | <input type="checkbox"/> | I intended to mix feed (breastfeed and/or express breast milk <b>and</b> give formula milk as well) | → Go to Q.22 |
| 6 | <input type="checkbox"/> | I had not decided how I was going to feed my baby   | → Go to Q.24 |



22. I intended to breastfeed...

(For each statement below, please tick the **one** box that best describes your thoughts **before** the birth)

	Agree strongly 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Disagree strongly 5	
and I was really keen to continue breast feeding even if there were problems which made it harder for me or my baby						2110
but if there were problems which made it harder for <b>me</b> I would not continue to breastfeed (for example, sore nipples)						2111
but if there were problems which made it harder for <b>my baby</b> I would not continue to breastfeed (for example, baby not settled or gaining weight)						2112
but if there were problems which made it harder for <b>me or my baby</b> I would not continue to breastfeed						2113

**IF YOU ANSWERED Q22, PLEASE NOW GO TO Q24  
ONLY ANSWER Q23 IF YOU INTENDED TO FORMULA FEED ONLY**

23. I intended to formula feed only...

(For each statement below, please tick the **one** box that best describes your thoughts **before** the birth)

	Agree strongly 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Disagree strongly 5	
but I would breastfeed or express milk if my baby was born premature or was unwell at birth						2114
but I felt under pressure to breastfeed						2115
and I felt under pressure to formula feed						2116

24. Did a health professional discuss your experiences and thoughts about feeding your new baby with you **during your pregnancy**?

(Please tick one box only)

2117

- 1  Yes – it was helpful and it influenced my choice
- 2  Yes – it was helpful, but it did not influence my choice
- 3  Yes – it was not helpful, but it did influence my choice
- 4  Yes – it was not helpful and it did not influence my choice
- 5  No – it was not discussed

25. While you were pregnant, did you receive a copy of the booklet “Off to a good start: all you need to know about breastfeeding”?

(Please tick one box only)

2118

- |   |                          |                                |              |
|---|--------------------------|--------------------------------|--------------|
| 1 | <input type="checkbox"/> | Yes and I have read it         | → Go to Q.26 |
| 2 | <input type="checkbox"/> | Yes, I have looked at it a bit | → Go to Q.26 |
| 3 | <input type="checkbox"/> | Yes, but I have not read it    | → Go to Q.27 |
| 4 | <input type="checkbox"/> | No                             | → Go to Q.27 |
| 5 | <input type="checkbox"/> | I can't remember               | → Go to Q.27 |

26. How useful was this booklet?

(Please tick one box only)

2119

- |   |                          |                      |
|---|--------------------------|----------------------|
| 1 | <input type="checkbox"/> | Very useful          |
| 2 | <input type="checkbox"/> | Quite useful         |
| 3 | <input type="checkbox"/> | Not sure / undecided |
| 4 | <input type="checkbox"/> | Not very useful      |
| 5 | <input type="checkbox"/> | Not useful at all    |

27. Are you aware of the feedgood.scot website?

(Please tick one box only)

2120

- |   |                          |                                  |              |
|---|--------------------------|----------------------------------|--------------|
| 1 | <input type="checkbox"/> | Yes and I have looked at it      | → Go to Q.28 |
| 2 | <input type="checkbox"/> | Yes, but I have not looked at it | → Go to Q.29 |
| 3 | <input type="checkbox"/> | No                               | → Go to Q.29 |

28. How useful is this website?

(Please tick one box only)

2121

- |   |                          |                      |
|---|--------------------------|----------------------|
| 1 | <input type="checkbox"/> | Very useful          |
| 2 | <input type="checkbox"/> | Quite useful         |
| 3 | <input type="checkbox"/> | Not sure / undecided |
| 4 | <input type="checkbox"/> | Not very useful      |
| 5 | <input type="checkbox"/> | Not useful at all    |

SPARE COLUMNS: 2122-2129

## Your feeding experience so far

The following questions ask about your experience of feeding your baby.

29. Have you ever breastfed or expressed breast milk for your new baby?

(Please tick one box only)

2130

- |   |                          |     |              |
|---|--------------------------|-----|--------------|
| 1 | <input type="checkbox"/> | Yes | → Go to Q.30 |
| 2 | <input type="checkbox"/> | No  | → Go to Q.47 |

30. Are you still breastfeeding or expressing breast milk for your baby now?

(Please tick one box only)

2131

- |   |                          |   |              |
|---|--------------------------|---|--------------|
| 1 | <input type="checkbox"/> | Yes, I'm exclusively breastfeeding / expressing milk                    | → Go to Q.32 |
| 2 | <input type="checkbox"/> | Yes, I'm mix feeding (breastfeeding / expressing, plus formula feeding) | → Go to Q.32 |
| 3 | <input type="checkbox"/> | No  | → Go to Q.31 |

31. How old was your baby when he or she last had breast milk? Please give his/her age in either days or weeks.

Either in days:

		Days
--	--	------

2132-2133

or in weeks:

		Weeks
--	--	-------

2134-2135

### For mothers who have breastfed or expressed breast milk at any time since the birth of this baby

32. Which statement best describes how you were feeding your baby when you **left** the hospital / maternity unit? (If you had a home birth, please choose the statement that best describes how you were feeding your baby 48 hours after the birth).

(Please tick one box only)

2136

- |   |                          |  |
|---|--------------------------|--|
| 1 | <input type="checkbox"/> | I was only giving my baby breast milk                  |
| 2 | <input type="checkbox"/> | I was only giving my baby formula milk                 |
| 3 | <input type="checkbox"/> | I was giving my baby both breast milk and formula milk |

33. Shortly after the birth of your baby, did anyone explain to you how to recognise that your baby was getting enough breast milk?

(Please tick one box only)

2137

- |   |                          |   |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | Yes   |
| 2 | <input type="checkbox"/> | No – an explanation was offered, but I said I didn't need/want an explanation |
| 3 | <input type="checkbox"/> | No – no one explained this or offered an explanation                          |

34. Shortly after the birth of your baby, did you feel that you could recognise whether your baby was getting enough breast milk?

(Please tick one box only)

2138

- |   |                          |  |
|---|--------------------------|--|
| 1 | <input type="checkbox"/> | Yes, definitely  |
| 2 | <input type="checkbox"/> | Yes, probably  |
| 3 | <input type="checkbox"/> | Not sure / undecided   |
| 4 | <input type="checkbox"/> | No, probably not   |
| 5 | <input type="checkbox"/> | No, definitely not   |
| 6 | <input type="checkbox"/> | I didn't breastfeed or express milk shortly after the birth of my baby |

35. Have you had / did you have any problems breastfeeding or expressing breast milk for your baby? (Even if you are no longer breastfeeding or expressing milk, please indicate if you had any problems when you were breastfeeding / expressing milk).

2139

- 1  Yes → Go to Q.36  
 2  No → Go to Q.39

36. Have you had any of the following problems breastfeeding or expressing breast milk for your baby and, if so, when did these problems arise?

(For each problem listed, please tick all that apply)

	No, never <sub>1</sub>	Yes, while in hospital <sub>2</sub>	Yes, in the first two weeks at home <sub>3</sub>	Yes, after the first two weeks at home <sub>4</sub>	
My baby wouldn't attach at the breast					2140
I had difficulty attaching the baby to the breast myself					2141
My baby attached, but wouldn't suck					2142
My baby had a tongue tie that was causing problems					2143
My baby had to be tested for hypoglycaemia (low blood sugar)					2144
My baby was premature, small or unwell					2145
My baby lost a lot of weight					2146
My baby's weight gain was very slow					2147
My baby was sleepy and wouldn't feed					2148
My baby wouldn't settle after feeds					2149
I had full or engorged breasts					2150
I had sore nipples					2151
I had sore breasts					2152
I had mastitis					2153
I didn't produce enough milk					2154
I was worried about how much milk my baby was getting					2155
Prolonged or frequent feeds					2156
Other problems, please specify _____					2157
Other problems, please specify _____					2158
Other problems, please specify _____					2159

37. Did anyone give you any information about and/or help with this/these problem(s)?

2160

- 1  Yes → Go to Q.38  
 2  No → Go to Q.39

38. Who gave you information about and/or help with these breastfeeding problems?

For each time you select 'Yes' for section A, please also answer section B and C.

(a) Who gave information or help?				(b) How easy was it to get this information or help?			(c) How helpful was this information or help?		
<b>Midwives and maternity staff</b>	1	<input type="checkbox"/>	Yes → 2170	1	<input type="checkbox"/>	Very easy 2171	1	<input type="checkbox"/>	Very helpful 2172
	2	<input type="checkbox"/>	No	2	<input type="checkbox"/>	Quite easy	2	<input type="checkbox"/>	Quite helpful
				3	<input type="checkbox"/>	Not sure / undecided	3	<input type="checkbox"/>	Not sure / undecided
				4	<input type="checkbox"/>	Not very easy	4	<input type="checkbox"/>	Not very helpful
				5	<input type="checkbox"/>	Not easy at all	5	<input type="checkbox"/>	Not helpful at all
<b>Your Health Visiting team</b>	1	<input type="checkbox"/>	Yes → 2173	1	<input type="checkbox"/>	Very easy 2174	1	<input type="checkbox"/>	Very helpful 2175
	2	<input type="checkbox"/>	No	2	<input type="checkbox"/>	Quite easy	2	<input type="checkbox"/>	Quite helpful
				3	<input type="checkbox"/>	Not sure / undecided	3	<input type="checkbox"/>	Not sure / undecided
				4	<input type="checkbox"/>	Not very easy	4	<input type="checkbox"/>	Not very helpful
				5	<input type="checkbox"/>	Not easy at all	5	<input type="checkbox"/>	Not helpful at all
<b>Your GP</b>	1	<input type="checkbox"/>	Yes → 2176	1	<input type="checkbox"/>	Very easy 2177	1	<input type="checkbox"/>	Very helpful 2178
	2	<input type="checkbox"/>	No	2	<input type="checkbox"/>	Quite easy	2	<input type="checkbox"/>	Quite helpful
				3	<input type="checkbox"/>	Not sure / undecided	3	<input type="checkbox"/>	Not sure / undecided
				4	<input type="checkbox"/>	Not very easy	4	<input type="checkbox"/>	Not very helpful
				5	<input type="checkbox"/>	Not easy at all	5	<input type="checkbox"/>	Not helpful at all
<b>Local breastfeeding support group</b>	1	<input type="checkbox"/>	Yes → 2179	1	<input type="checkbox"/>	Very easy 2180	1	<input type="checkbox"/>	Very helpful 2181
	2	<input type="checkbox"/>	No	2	<input type="checkbox"/>	Quite easy	2	<input type="checkbox"/>	Quite helpful
				3	<input type="checkbox"/>	Not sure / undecided	3	<input type="checkbox"/>	Not sure / undecided
				4	<input type="checkbox"/>	Not very easy	4	<input type="checkbox"/>	Not very helpful
				5	<input type="checkbox"/>	Not easy at all	5	<input type="checkbox"/>	Not helpful at all
<b>Breastfeeding counsellor, lactation consultant or a peer supporter from a voluntary organisation</b>		<input type="checkbox"/>	Yes → 2182	1	<input type="checkbox"/>	Very easy 2183	1	<input type="checkbox"/>	Very helpful 2184
	2	<input type="checkbox"/>	No	2	<input type="checkbox"/>	Quite easy	2	<input type="checkbox"/>	Quite helpful
				3	<input type="checkbox"/>	Not sure / undecided	3	<input type="checkbox"/>	Not sure / undecided
				4	<input type="checkbox"/>	Not very easy	4	<input type="checkbox"/>	Not very helpful
				5	<input type="checkbox"/>	Not easy at all	5	<input type="checkbox"/>	Not helpful at all
<b>Breastfeeding telephone helpline</b>	1	<input type="checkbox"/>	Yes → 2185	1	<input type="checkbox"/>	Very easy 2186	1	<input type="checkbox"/>	Very helpful 2187
	2	<input type="checkbox"/>	No	2	<input type="checkbox"/>	Quite easy	2	<input type="checkbox"/>	Quite helpful
				3	<input type="checkbox"/>	Not sure / undecided	3	<input type="checkbox"/>	Not sure / undecided
				4	<input type="checkbox"/>	Not very easy	4	<input type="checkbox"/>	Not very helpful
				5	<input type="checkbox"/>	Not easy at all	5	<input type="checkbox"/>	Not helpful at all
<b>NHS Infant Feeding Advisor</b>	1	<input type="checkbox"/>	Yes → 2188	1	<input type="checkbox"/>	Very easy 2189	1	<input type="checkbox"/>	Very helpful 2190
	2	<input type="checkbox"/>	No	2	<input type="checkbox"/>	Quite easy	2	<input type="checkbox"/>	Quite helpful
				3	<input type="checkbox"/>	Not sure / undecided	3	<input type="checkbox"/>	Not sure / undecided
				4	<input type="checkbox"/>	Not very easy	4	<input type="checkbox"/>	Not very helpful
				5	<input type="checkbox"/>	Not easy at all	5	<input type="checkbox"/>	Not helpful at all
<b>NHS tongue tie clinic</b>	1	<input type="checkbox"/>	Yes → 2191	1	<input type="checkbox"/>	Very easy 2192	1	<input type="checkbox"/>	Very helpful 2193
	2	<input type="checkbox"/>	No	2	<input type="checkbox"/>	Quite easy	2	<input type="checkbox"/>	Quite helpful
				3	<input type="checkbox"/>	Not sure / undecided	3	<input type="checkbox"/>	Not sure / undecided
				4	<input type="checkbox"/>	Not very easy	4	<input type="checkbox"/>	Not very helpful
				5	<input type="checkbox"/>	Not easy at all	5	<input type="checkbox"/>	Not helpful at all
<b>NHS breastfeeding support worker</b>	1	<input type="checkbox"/>	Yes → 2194	1	<input type="checkbox"/>	Very easy 2195	1	<input type="checkbox"/>	Very helpful 2196
	2	<input type="checkbox"/>	No	2	<input type="checkbox"/>	Quite easy	2	<input type="checkbox"/>	Quite helpful
				3	<input type="checkbox"/>	Not sure / undecided	3	<input type="checkbox"/>	Not sure / undecided
				4	<input type="checkbox"/>	Not very easy	4	<input type="checkbox"/>	Not very helpful
				5	<input type="checkbox"/>	Not easy at all	5	<input type="checkbox"/>	Not helpful at all
<b>Family member, partner or friend</b>	1	<input type="checkbox"/>	Yes → 2197	1	<input type="checkbox"/>	Very easy 2198	1	<input type="checkbox"/>	Very helpful 2199
	2	<input type="checkbox"/>	No	2	<input type="checkbox"/>	Quite easy	2	<input type="checkbox"/>	Quite helpful
				3	<input type="checkbox"/>	Not sure / undecided	3	<input type="checkbox"/>	Not sure / undecided
				4	<input type="checkbox"/>	Not very easy	4	<input type="checkbox"/>	Not very helpful
				5	<input type="checkbox"/>	Not easy at all	5	<input type="checkbox"/>	Not helpful at all

39. Are you aware of the National Breastfeeding Helpline?

(Please tick one box only)

2200

- 1  Yes and I have used it  
2  Yes, but I have not used it  
3  No

40. Has your baby ever been given infant formula milk?

2201

- 1  Yes → Go to Q.41  
2  No → Go to Q.58

SPARE COLUMNS: 2202-2209

## For mothers who have breastfed and also given infant formula milk

41. Please indicate when your baby was **first** given infant formula milk:

(Please tick one box only)

2210

- 1  While in hospital (or, if you had a home birth, within the first 48 hours)  
2  At home, within two weeks of his/her birth  
3  At home, more than two weeks after his/her birth

42. What were the reasons you decided to give infant formula?

(Please tick all that apply)

2211-2232

- 1  I always intended to mix feed (breastfeed or express milk plus formula feeds)  
2  A health professional advised me to (e.g. nurse, doctor, midwife or health visitor)  
3  My partner, friend and/or relative advised me to  
4  Previous experience with another baby  
5  It allowed my partner to be involved  
6  To make breastfeeding more manageable  
7  To help my baby to sleep longer  
8  I had problems breastfeeding  
9  I was anxious about how much milk my baby was getting and decided to give a formula supplement  
10  I was attending a social event and it was easier to give formula  
11  Other reason, please specify \_\_\_\_\_

2233  
SPARE COLUMNS: 2234-2239

43. How often has your baby been fed infant formula? If your pattern of using infant formula has varied, please select **one** statement that best describes your current situation.

(Please tick one box only)

2240

- 1  At every feed  
2  Almost all feeds  
3  About half of all feeds  
4  One or two feeds a day  
5  A few feeds a week, but not every day  
6  A few feeds since he/she was born, but not every week  
7  Only once or twice since he/she was born

SPARE COLUMNS: 2241-2249

## For mothers who have stopped breastfeeding / expressing breast milk

If you have stopped breastfeeding → Go to Q.44

If you are still breastfeeding → Go to Q.47

44. Which of the following statements best describes how long you breastfed / expressed breast milk for your new baby?

(Please tick one box only)

2250

- 1  I would have liked to have breastfed / expressed breast milk for longer
- 2  I breastfed / expressed breast milk for as long as I intended
- 3  I breastfed / expressed breast milk for longer than I intended

45. What were the reasons you decided to stop breastfeeding / expressing breast milk?

(Please tick all that apply)

2251-2286

- 1  I breastfed or expressed milk for as long or longer than I intended to
- 2  I returned to work
- 3  I just didn't like breastfeeding
- 4  I didn't like using the breast pump
- 5  I was embarrassed feeding in front of other people
- 6  I didn't feel confident
- 7  I found it too difficult
- 8  I had feeding problems
- 9  I didn't think the baby was getting enough milk
- 10  I was too tired
- 11  I was unwell
- 12  I had to take medication that wasn't compatible with breastfeeding
- 13  A health professional advised me to stop (e.g. nurse, doctor, midwife or health visitor)
- 14  I didn't get enough help and/or support from my doctor / midwife / health visitor
- 15  My partner felt left out
- 16  My partner, family and/or friends thought I should stop
- 17  I have other children and I couldn't manage to breastfeed my baby and care for them
- 18  Other reason, please specify \_\_\_\_\_

2287  
SPARE COLUMNS: 2288-2299

46. Would access to any of the following have helped and encouraged you to breastfeed or express breast milk for longer?

(For each of the following, please tick one box only)

**A voluntary organisation** (e.g. the National Childbirth Trust or Breastfeeding Network), **peer supporter** or counsellor - someone who gives you emotional support or teaches breastfeeding skills.

- |   |                          |  |
|---|--------------------------|--|
| 1 | <input type="checkbox"/> | Yes, definitely                          |
| 2 | <input type="checkbox"/> | Yes, probably                            |
| 3 | <input type="checkbox"/> | Not sure / undecided                     |
| 4 | <input type="checkbox"/> | No, probably not                         |
| 5 | <input type="checkbox"/> | No, definitely not                       |
| 6 | <input type="checkbox"/> | I had access to a voluntary organisation |

2300

**A NHS Specialist Infant Feeding Advisor** (usually trained Midwives, Health Visitors, Dieticians or Doctors with additional training. They help you to manage more complicated breastfeeding problems. Sometimes they are called Lactation Consultants).

- |   |                          |   |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | Yes, definitely   |
| 2 | <input type="checkbox"/> | Yes, probably   |
| 3 | <input type="checkbox"/> | Not sure / undecided                                    |
| 4 | <input type="checkbox"/> | No, probably not  |
| 5 | <input type="checkbox"/> | No, definitely not                                      |
| 6 | <input type="checkbox"/> | I had access to a NHS Specialist Infant Feeding Advisor |

2301

**An NHS breastfeeding support worker** - someone who gives you emotional support or teaches basic breastfeeding skills.

- |   |                          |  |
|---|--------------------------|--|
| 1 | <input type="checkbox"/> | Yes, definitely                                    |
| 2 | <input type="checkbox"/> | Yes, probably                                      |
| 3 | <input type="checkbox"/> | Not sure / undecided                               |
| 4 | <input type="checkbox"/> | No, probably not                                   |
| 5 | <input type="checkbox"/> | No, definitely not                                 |
| 6 | <input type="checkbox"/> | I had access to a NHS breastfeeding support worker |

2302

A free-to-borrow electric breast pump

- |   |                          |   |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | Yes, definitely                         |
| 2 | <input type="checkbox"/> | Yes, probably                           |
| 3 | <input type="checkbox"/> | Not sure / undecided                    |
| 4 | <input type="checkbox"/> | No, probably not                        |
| 5 | <input type="checkbox"/> | No, definitely not                      |
| 6 | <input type="checkbox"/> | I had access to an electric breast pump |

2303

SPARE COLUMNS: 2304-2309



## For families who are giving their baby infant formula milk

The following questions are about how you make up infant formula feeds for your baby. Please try and think about how you usually make up the feeds. If this varies think about the way you do it most often.

47. When making infant formula feeds do you usually...

(Please tick one box only)

2310

- 1  Only make one feed at a time → Go to Q.48  
2  Make several feeds at a time → Go to Q.48  
3  Only ever use ready to feed formula → Go to Q.51

48. When making infant formula feeds for your baby do you usually...

(Please tick one box only)

2311

- 1  Use water that has just boiled  
2  Use water that has boiled and been left to cool for less than 30 minutes  
3  Use water that has boiled and been left to cool for 30 minutes  
4  Use water that has boiled and been left to cool for more than 30 minutes  
5  Use water that has not been boiled at all (including tap or bottled water)

49. When making infant formula feeds do you usually...

(Please tick one box only)

2312

- 1  Put the water in the bottle first and then add the powder  
2  Put the powder in the bottle first and then add the water

50. If you need to feed your baby with infant formula milk when you are out do you usually...

(Please tick one box only)

2313

- 1  Make up an infant formula feed before leaving home  
2  Make up an infant formula feed whilst you are out with cold (tap or bottled) or cooled boiled water  
3  Make up an infant formula feed whilst you are out with freshly boiled water  
4  Make up an infant formula feed whilst you are out with boiled water from a flask  
5  Take a ready to feed formula with you  
6  Never feed your baby away from home  
7  Other, please specify \_\_\_\_\_

2314  
SPARE COLUMNS: 2315-2319

51. What method(s) do you usually use to clean bottles and teats?

(Please tick all that apply)

2320-2322

- 1  Hot soapy water  
2  Dishwasher  
3  Rinse under the tap  
**or**  
4  None of the above

52. What method(s) do you usually use to sterilise bottles and teats?

2323-2327

(Please tick all that apply)

- 1  Boiling the bottles in water  
2  Soaking in sterilising solution e.g. Milton  
3  Steam steriliser  
4  Dishwasher  
5  Microwave steriliser  
**or**  
6  None of the above

53. Which of the following kinds of milk has your baby been given over the last 7 days?

2328-2331

(Please tick all that apply)

- 1  Infant formula (or "first" milk)  
2  Second milk or a follow-on formula  
3  Fresh cow's milk  
4  Another kind of milk, please specify \_\_\_\_\_

2332  
SPARE COLUMNS: 2333-2339

54. Has your baby ever been given a **second milk or follow-on formula**?

2340

- 1  Yes → Go to Q.55  
2  No → Go to Q.58

55. How old was your baby when he/she was first given the **second milk or follow-on formula**? If you cannot remember exactly, please give the approximate age to the nearest whole week.

Weeks

2341-2362

56. What were the reasons you decided to give **second milk or follow-on formula** to your baby?

(Please tick all that apply)

2343-2362

- 01  A health professional advised me to (e.g. nurse, doctor, midwife or health visitor)  
02  My partner, friend and/or relative advised me to  
03  Previous experience with another baby  
04  My baby was not gaining enough weight  
05  My baby was waking up during the night  
06  I believed that it would be better for my baby / contain more nutrition  
07  I read leaflets / saw information that advised me to (e.g. on the Internet)  
08  I saw a TV advert  
09  I saw a different type of advert (magazine etc.)  
10  Other reason, please specify \_\_\_\_\_

2363  
SPARE COLUMNS: 2364-2369

57. Has your midwife or health visitor talked to you about the **difference between first infant formula and second milk or follow-on formula**?

2370

- 1  Yes  
2  No

## About You

58. What age were you on your last birthday?

(Please tick one box only)

2371

- |   |                          |             |
|---|--------------------------|-------------|
| 1 | <input type="checkbox"/> | 19 or under |
| 2 | <input type="checkbox"/> | 20-24       |
| 3 | <input type="checkbox"/> | 25-29       |
| 4 | <input type="checkbox"/> | 30-34       |
| 5 | <input type="checkbox"/> | 35 or over  |

59. What is your ethnic group?

(Please tick one box that best describes your ethnic group)

2372-2373

### White

- |    |                          |                       |
|----|--------------------------|-----------------------|
| 01 | <input type="checkbox"/> | White Scottish        |
| 02 | <input type="checkbox"/> | White Other British   |
| 03 | <input type="checkbox"/> | White Irish           |
| 04 | <input type="checkbox"/> | White Gypsy/Traveller |
| 05 | <input type="checkbox"/> | White Polish          |
| 06 | <input type="checkbox"/> | Other White           |

### Mixed or multiple ethnic groups

- |    |                          |                                     |
|----|--------------------------|-------------------------------------|
| 07 | <input type="checkbox"/> | Any mixed or multiple ethnic groups |
|----|--------------------------|-------------------------------------|

### Asian, Asian Scottish or Asian British

- |    |                          |  |
|----|--------------------------|--|
| 08 | <input type="checkbox"/> | Pakistani, Pakistani Scottish or Pakistani British       |
| 09 | <input type="checkbox"/> | Indian, Indian Scottish or Indian British                |
| 10 | <input type="checkbox"/> | Bangladeshi, Bangladeshi Scottish or Bangladeshi British |
| 11 | <input type="checkbox"/> | Chinese, Chinese Scottish or Chinese British             |
| 12 | <input type="checkbox"/> | Other Asian  |

### African

- |    |                          |  |
|----|--------------------------|--|
| 13 | <input type="checkbox"/> | African, African Scottish or African British |
| 14 | <input type="checkbox"/> | Other African                                |

### Caribbean or Black

- |    |                          |  |
|----|--------------------------|--|
| 15 | <input type="checkbox"/> | Caribbean, Caribbean Scottish or Caribbean British |
| 16 | <input type="checkbox"/> | Black, Black Scottish or Black British             |
| 17 | <input type="checkbox"/> | Other Caribbean or Black                           |

### Other ethnic groups

- |    |                          |                                     |
|----|--------------------------|-------------------------------------|
| 18 | <input type="checkbox"/> | Arab, Arab Scottish or Arab British |
| 19 | <input type="checkbox"/> | Other ethnic group                  |

- |    |                          |                      |
|----|--------------------------|----------------------|
| 20 | <input type="checkbox"/> | Prefer not to answer |
|----|--------------------------|----------------------|

We would like your permission to add your survey responses to other information held about your health and care by NHS Scotland (for example the weight of your baby at birth). Your information will be used only for research and we will never give out your contact details. If you give your permission to add your survey responses to other health and care information held about you it will not be shared with the people who look after you and will not affect your current or future treatment or care.

60. Do you give your permission for NHS Scotland Statisticians to add your survey responses to other information about your health and care for the purpose of further research?

2374

- 1  Yes → Go to Q.61  
2  No → You have now finished this survey

61. What is your date of birth?

We are asking you to provide your date of birth so that we can add your survey responses to other information held about your health and care by NHS Scotland. Your date of birth will not be shared with anyone and it will not be possible for anyone to identify you in the survey results.

D	D	M	M	Y	Y	Y	Y

2375-2376  
2377-2378  
2379-2382

62. What is your Community Health Index (CHI) number?

We are asking you to provide your CHI number so that we can add your survey responses to other information held about your health and care by NHS Scotland. Everyone who is registered with a Scottish GP practice has their own unique CHI number. Please note that your CHI number also contains your date of birth. This number uniquely identifies you within NHS Scotland and is attached to all of your health records. Your CHI number will not be shared with anyone and it will not be possible for anyone to identify you in the survey results.

Your CHI number is 10 digits long and should be printed on the front page of your maternity record or on your hospital appointment cards.

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2383-2392

**Thank you for taking the time to complete this survey**

{MAILMERGE BARCODE}

Serial number: {SN}{CkLet}

SSERIAL NUMBER: 1-8  
CHECKLETTER: 9  
CARD NUMBER (01): 10-11  
VERSION (2): 12  
BATCH NUMBER: 13-17  
SPARE COLUMNS: 18-29