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:

6 Weeks 2 Days

If you prefer, you can complete this survey online at: 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?  
   
   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

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

4. Where was your baby born?  
   (Please tick one box only)  
   1. [ ] At home  
   2. [ ] NHS Ayrshire & Arran  
      - Ayrshire Maternity Unit (University Hospital Crosshouse)  
      - Arran War Memorial Hospital Community Maternity Unit  
   3. [ ] NHS Borders  
      - Borders General Hospital Maternity Unit (Melrose)  
   4. [ ] NHS Dumfries & Galloway  
      - Clenoch Birthing Centre (Galloway Community Hospital, Stranraer)  
      - Cresswell Maternity Wing (Dumfries and Galloway Royal Infirmary)  
   5. [ ] NHS Fife  
      - Victoria Hospital Maternity Unit (Kirkcaldy)  
   6. [ ] NHS Forth Valley  
      - Forth Valley Royal Hospital Women’s and Children Unit (Larbert)  
   7. [ ] NHS Grampian  
      - Aberdeen Maternity Hospital  
      - Dr Gray’s Maternity Unit (Elgin)  
      - Peterhead Maternity Unit
<table>
<thead>
<tr>
<th>NHS Greater Glasgow &amp; Clyde</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inverclyde Community Maternity Unit</td>
<td></td>
</tr>
<tr>
<td>Princess Royal Maternity Hospital (Glasgow Royal Infirmary)</td>
<td></td>
</tr>
<tr>
<td>Queen Elizabeth University Hospital Maternity Unit</td>
<td></td>
</tr>
<tr>
<td>Royal Alexandra Maternity Unit</td>
<td></td>
</tr>
<tr>
<td>Vale of Leven Community Maternity Unit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NHS Highland</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Belford Hospital Midwifery Unit (Fortwilliam)</td>
<td></td>
</tr>
<tr>
<td>Dr MacKinnon Memorial Hospital Maternity Unit (Skye)</td>
<td></td>
</tr>
<tr>
<td>Campbeltown Hospital</td>
<td></td>
</tr>
<tr>
<td>Cowal Community Hospital (Dunoon)</td>
<td></td>
</tr>
<tr>
<td>Henderson Maternity Unit (Caithness General Hospital, Wick)</td>
<td></td>
</tr>
<tr>
<td>Lorn &amp; Islands Hospital Community Maternity Unit (Oban)</td>
<td></td>
</tr>
<tr>
<td>Mid Argyll Hospital Community Maternity Unit (Lochgilphead)</td>
<td></td>
</tr>
<tr>
<td>Raigmore Maternity Hospital (Inverness)</td>
<td></td>
</tr>
<tr>
<td>Victoria Hospital Community Maternity Unit (Rothesay)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NHS Lanarkshire</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wishaw General Hospital Maternity Unit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NHS Lothian</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Simpson Centre for Reproductive Health (Royal Infirmary of Edinburgh)</td>
<td></td>
</tr>
<tr>
<td>St John’s Hospital (Livingston)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NHS Orkney</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Balfour Hospital Maternity Unit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NHS Shetland</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gilbert Bain Hospital Community Maternity Unit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NHS Tayside</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Arbroath Infirmary Community Maternity Unit</td>
<td></td>
</tr>
<tr>
<td>Montrose Royal Infirmary Community Maternity Unit</td>
<td></td>
</tr>
<tr>
<td>Perth Royal Infirmary Community Maternity Unit</td>
<td></td>
</tr>
<tr>
<td>Ninewells Hospital</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NHS Western Isles</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Isles Hospital Maternity Unit</td>
<td></td>
</tr>
<tr>
<td>Uist and Barra Hospital Community Maternity Unit</td>
<td></td>
</tr>
</tbody>
</table>

| 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

or in days:

[ ] [ ] Days

or:

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

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

(Please tick one box only)

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)

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):

[ ] [ ] kg
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)

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)

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?

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

12. What were these health problems?

(Please tick all that apply)

1. Birth complications
2. I just didn’t feel well
3. Other health complications

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)

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)

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)

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)

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)

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
Feeding choices

18. Before you had your new baby, had you ever breastfed or expressed breast milk before? (Please tick one box only)

1. Yes  \[\rightarrow\] Go to Q.19
2. No, this is my first baby  \[\rightarrow\] Go to Q.20
3. No, this is not my first baby, but I haven’t breastfed or expressed milk before  \[\rightarrow\] 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:
   
   [ ] Days

   or in weeks:
   
   [ ] Weeks

   or in months:
   
   [ ] Months

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)

1. Yes
2. No
3. 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)

1. I intended to breastfeed only  \[\rightarrow\] Go to Q.22
2. I intended to express milk only  \[\rightarrow\] Go to Q.24
3. I intended to formula feed only  \[\rightarrow\] Go to Q.23
4. I intended to breastfeed and express milk  \[\rightarrow\] Go to Q.22
5. I intended to mix feed (breastfeed and/or express breast milk and give formula milk as well)  \[\rightarrow\] Go to Q.22
6. I had not decided how I was going to feed my baby  \[\rightarrow\] 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)

<table>
<thead>
<tr>
<th>Agree strongly</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Disagree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

and I was really keen to continue breastfeeding even if there were problems which made it harder for me or my baby

but if there were problems which made it harder for me I would not continue to breastfeed (for example, sore nipples)

but if there were problems which made it harder for my baby I would not continue to breastfeed (for example, baby not settled or gaining weight)

but if there were problems which made it harder for me or my baby I would not continue to breastfeed

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)

<table>
<thead>
<tr>
<th>Agree strongly</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Disagree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

but I would breastfeed or express milk if my baby was born premature or was unwell at birth

but I felt under pressure to breastfeed

and I felt under pressure to formula feed

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)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – it was helpful and it influenced my choice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes – it was helpful, but it did not influence my choice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes – it was not helpful, but it did influence my choice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes – it was not helpful and it did not influence my choice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No – it was not discussed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)

1. Yes and I have read it  → Go to Q.26
2. Yes, I have looked at it a bit  → Go to Q.26
3. Yes, but I have not read it  → Go to Q.27
4. No  → Go to Q.27
5. I can’t remember  → Go to Q.27

26. How useful was this booklet?

(Please tick one box only)

1. Very useful
2. Quite useful
3. Not sure / undecided
4. Not very useful
5. Not useful at all

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

(Please tick one box only)

1. Yes and I have looked at it  → Go to Q.28
2. Yes, but I have not looked at it  → Go to Q.29
3. No  → Go to Q.29

28. How useful is this website?

(Please tick one box only)

1. Very useful
2. Quite useful
3. Not sure / undecided
4. Not very useful
5. Not useful at all

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)

1. Yes  → Go to Q.30
2. No  → Go to Q.47
30. Are you still breastfeeding or expressing breast milk for your baby now? (Please tick one box only)

1. Yes, I’m exclusively breastfeeding / expressing milk → Go to Q.32
2. Yes, I’m mix feeding (breastfeeding / expressing, plus formula feeding) → Go to Q.32
3. 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

or in weeks:

[ ] Weeks

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)

1. I was only giving my baby breast milk
2. I was only giving my baby formula milk
3. 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)

1. Yes
2. No – an explanation was offered, but I said I didn’t need/want an explanation
3. 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)

1. Yes, definitely
2. Yes, probably
3. Not sure / undecided
4. No, probably not
5. No, definitely not
6. 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).

| 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)

<table>
<thead>
<tr>
<th>Problem</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>My baby wouldn’t attach at the breast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had difficulty attaching the baby to the breast myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My baby attached, but wouldn’t suck</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My baby had a tongue tie that was causing problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My baby had to be tested for hypoglycaemia (low blood sugar)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My baby was premature, small or unwell</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My baby lost a lot of weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My baby’s weight gain was very slow</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My baby was sleepy and wouldn’t feed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My baby wouldn’t settle after feeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had full or engorged breasts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had sore nipples</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had sore breasts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had mastitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I didn’t produce enough milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was worried about how much milk my baby was getting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prolonged or frequent feeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other problems, please specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other problems, please specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other problems, please specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other problems, please specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| 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.

<table>
<thead>
<tr>
<th>(a) Who gave information or help?</th>
<th>(b) How easy was it to get this information or help?</th>
<th>(c) How helpful was this information or help?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwives and maternity staff</td>
<td>[ ] Yes 2170 1 Very easy 2171 1 Very helpful</td>
<td>[ ] Yes 2170 1 Very easy 2171 1 Very helpful</td>
</tr>
<tr>
<td></td>
<td>[ ] No 2170 2 Quite easy 2172 2 Quite helpful</td>
<td>[ ] No 2170 2 Quite easy 2172 2 Quite helpful</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Health Visiting team</td>
<td>[ ] Yes 2173 1 Very easy 2174 1 Very helpful</td>
<td>[ ] Yes 2173 1 Very easy 2174 1 Very helpful</td>
</tr>
<tr>
<td></td>
<td>[ ] No 2173 2 Quite easy 2175 2 Quite helpful</td>
<td>[ ] No 2173 2 Quite easy 2175 2 Quite helpful</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your GP</td>
<td>[ ] Yes 2176 1 Very easy 2177 1 Very helpful</td>
<td>[ ] Yes 2176 1 Very easy 2177 1 Very helpful</td>
</tr>
<tr>
<td></td>
<td>[ ] No 2176 2 Quite easy 2178 2 Quite helpful</td>
<td>[ ] No 2176 2 Quite easy 2178 2 Quite helpful</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local breastfeeding support group</td>
<td>[ ] Yes 2179 1 Very easy 2180 1 Very helpful</td>
<td>[ ] Yes 2179 1 Very easy 2180 1 Very helpful</td>
</tr>
<tr>
<td></td>
<td>[ ] No 2179 2 Quite easy 2181 2 Quite helpful</td>
<td>[ ] No 2179 2 Quite easy 2181 2 Quite helpful</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding counsellor, lactation consultant or a peer supporter from a voluntary organisation</td>
<td>[ ] Yes 2182 1 Very easy 2183 1 Very helpful</td>
<td>[ ] Yes 2182 1 Very easy 2183 1 Very helpful</td>
</tr>
<tr>
<td></td>
<td>[ ] No 2182 2 Quite easy 2184 2 Quite helpful</td>
<td>[ ] No 2182 2 Quite easy 2184 2 Quite helpful</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding telephone helpline</td>
<td>[ ] Yes 2185 1 Very easy 2186 1 Very helpful</td>
<td>[ ] Yes 2185 1 Very easy 2186 1 Very helpful</td>
</tr>
<tr>
<td></td>
<td>[ ] No 2185 2 Quite easy 2187 2 Quite helpful</td>
<td>[ ] No 2185 2 Quite easy 2187 2 Quite helpful</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Infant Feeding Advisor</td>
<td>[ ] Yes 2188 1 Very easy 2189 1 Very helpful</td>
<td>[ ] Yes 2188 1 Very easy 2189 1 Very helpful</td>
</tr>
<tr>
<td></td>
<td>[ ] No 2188 2 Quite easy 2190 2 Quite helpful</td>
<td>[ ] No 2188 2 Quite easy 2190 2 Quite helpful</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS tongue tie clinic</td>
<td>[ ] Yes 2191 1 Very easy 2192 1 Very helpful</td>
<td>[ ] Yes 2191 1 Very easy 2192 1 Very helpful</td>
</tr>
<tr>
<td></td>
<td>[ ] No 2191 2 Quite easy 2193 2 Quite helpful</td>
<td>[ ] No 2191 2 Quite easy 2193 2 Quite helpful</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS breastfeeding support worker</td>
<td>[ ] Yes 2194 1 Very easy 2195 1 Very helpful</td>
<td>[ ] Yes 2194 1 Very easy 2195 1 Very helpful</td>
</tr>
<tr>
<td></td>
<td>[ ] No 2194 2 Quite easy 2196 2 Quite helpful</td>
<td>[ ] No 2194 2 Quite easy 2196 2 Quite helpful</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family member, partner or friend</td>
<td>[ ] Yes 2197 1 Very easy 2198 1 Very helpful</td>
<td>[ ] Yes 2197 1 Very easy 2198 1 Very helpful</td>
</tr>
<tr>
<td></td>
<td>[ ] No 2197 2 Quite easy 2199 2 Quite helpful</td>
<td>[ ] No 2197 2 Quite easy 2199 2 Quite helpful</td>
</tr>
</tbody>
</table>
39. Are you aware of the National Breastfeeding Helpline?  
(Please tick one box only)

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?  

1. Yes ➔ Go to Q.41
2. No ➔ Go to Q.58

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)

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)

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 __________________________________________

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)

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
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)

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)

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 __________________________________________________________
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.

- [ ] Yes, definitely
- [ ] Yes, probably
- [ ] Not sure / undecided
- [ ] No, probably not
- [ ] No, definitely not
- [ ] I had access to a voluntary organisation

**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).

- [ ] Yes, definitely
- [ ] Yes, probably
- [ ] Not sure / undecided
- [ ] No, probably not
- [ ] No, definitely not
- [ ] I had access to a NHS Specialist Infant Feeding Advisor

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

- [ ] Yes, definitely
- [ ] Yes, probably
- [ ] Not sure / undecided
- [ ] No, probably not
- [ ] No, definitely not
- [ ] I had access to a NHS breastfeeding support worker

**A free-to-borrow electric breast pump**

- [ ] Yes, definitely
- [ ] Yes, probably
- [ ] Not sure / undecided
- [ ] No, probably not
- [ ] No, definitely not
- [ ] I had access to an electric breast pump

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)

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)

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)

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)

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 ______________________________________________________________________

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

(Please tick all that apply)

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?
(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
6. None of the above

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

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

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

56. What were the reasons you decided to give second milk or follow-on formula to your baby?
(Please tick all that apply)

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 __________________________

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

1. Yes
2. No
About You

58. What age were you on your last birthday?
(Please tick one box only)

1 19 or under
2 20-24
3 25-29
4 30-34
5 35 or over

59. What is your ethnic group?
(Please tick one box that best describes your ethnic group)

White
01 White Scottish
02 White Other British
03 White Irish
04 White Gypsy/Traveller
05 White Polish
06 Other White

Mixed or multiple ethnic groups
07 Any mixed or multiple ethnic groups

Asian, Asian Scottish or Asian British
08 Pakistani, Pakistani Scottish or Pakistani British
09 Indian, Indian Scottish or Indian British
10 Bangladeshi, Bangladeshi Scottish or Bangladeshi British
11 Chinese, Chinese Scottish or Chinese British
12 Other Asian

African
13 African, African Scottish or African British
14 Other African

Caribbean or Black
15 Caribbean, Caribbean Scottish or Caribbean British
16 Black, Black Scottish or Black British
17 Other Caribbean or Black

Other ethnic groups
18 Arab, Arab Scottish or Arab British
19 Other ethnic group

20 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?

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.

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.

Thank you for taking the time to complete this survey