

ESM 1

Breastfeeding in Mothers with Type 2 Diabetes: Initial Survey

(Clinical survey to be administered by researcher)

Current date / / (day/month/year)

Current gestation/Expected date confinement

Patient Code

1. What is your date of birth? _/_/_
day month year
2. Are you currently.....

- ☐ ₁ Married
- ☐ ₂ Living with partner/defacto
- ☐ ₃ Single, not living with a partner
- ☐ ₄ Single, living with my family

3. What is the highest qualification you have completed?

- ☐ ₁ Less than Year 10
- ☐ ₂ Year 10 or equivalent (e.g. School Certificate)
- ☐ ₃ Year 12 or equivalent (e.g. Higher School Certificate)
- ☐ ₄ Trade/apprenticeship (e.g. hairdresser, chef)
- ☐ ₅ Certificate/diploma (e.g. childcare, technician, laboratory)
- ☐ ₆ University degree
- ☐ ₇ Higher university degree (e.g. Graduate Diploma, Masters, PhD)

4. Which of the following best describes your main current employment status?

- ☐₁ In full-time paid work
☐₂ In part-time or casual paid work
☐₃ Not in paid employment

5. What was the average total income (before tax) of your household from all sources in the last financial year? (eg. you and your partner)
Include pensions and allowances.

- ☐₀ Nil/Negative income
☐₁ \$0 - \$385 per week (\$0 - \$20 000 per year)
☐₂ \$386 - \$673 per week (\$20 001 - \$35 000 per year)
☐₃ \$674 - \$961 per week (\$35 001 - \$50 000 per year)
☐₄ \$962 - \$1346 per week (\$50 001 - \$70 000 per year)
☐₅ \$1347 - \$1923 per week (\$70 0001 - \$100 000 per year)

☐₆ more than \$1923 per week (more than \$100 000 per year)
☐₇ Not sure ☐₈ Prefer not to answer

1. Does your family have a Health Care Card? (this is different from a Medicare or Private Health Insurance card) No ☐₁ Yes ☐₂

2. Which country were you born in?

☐ Australia ☐ Another country (please specify) _____

3. Do you speak a language other than English at home?

No ☐₁ Yes ☐₂ (please specify) _____

4. Are you of Aboriginal or Torres Strait Islander origin? No ☐₁ Yes ☐₂

5. Do you have children living in your household? No ☐₁ Yes ☐₂ (how many) _____

6. What is the post-code in the suburb you live in?
7. What was your pre-pregnancy weight in kilograms?
8. What is your height in centimetres? Calculated BMI=
9. How many pregnancies and children have you had? (Parity described as GPMT)

G	P	T	M
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10. Do you have any medical problems? Please give further details

	Condition
Heart/Cardiovascular	
Lungs	
Digestive system	
Kidneys	
Brain/nerves	
Skin	
Bones/joints	
Hormonal	
Blood	
Other	

1. Are you on any other medications? Please give details.

Medication	Dose

2. Feeding your baby. Please choose the answer that most closely matches your opinion, considering both your feeding plans and the likelihood you will carry out those plans.

	(1) Very much disagree	(2) Some-what disagree	(3) Unsure	(4) Some- what agree	(5) Very much agree
I am planning to only formula feed my baby (I will not breastfeed at all)					
I am planning to at least give breastfeeding a try					
When my baby is 1 month old, I will be breastfeeding without using any formula or other milk					
When my baby is 3 months old, I will be breastfeeding without using any formula or other milk					
When my baby is 6 months old, I will be breastfeeding without using any formula or other milk					

1. Have you breastfed previously?

☐₁ Yes

☐₂ No

2. Did you have difficulty initiating or continuing breastfeeding with prior children?

☐₁ Yes

☐₂ No

☐₃ Not applicable (if never breastfed)

3. Do you remember when you ceased breastfeeding with prior children? Please give details.

Child 1	
Child 2	
Child 3	
Child 4	

ESM 2

Breastfeeding in Mothers with Type 2 Diabetes: Peripartum Data Collection

Patient Code

Date of Delivery dd/mm/yy

Medical Conditions in pregnancy	
HBA1cs in pregnancy (mmol/mol, %) -dates -value	
Weeks gestation at birth	
Baby Weight at Birth	
Mother's Weight on admission prior to Birth	
Type of Birth -Induction -SVD -Assisted VD -elective LSCS -emergency LSCS -time in labour prior to emLSCS	
Maternal analgesia during labour/birth -epidural -pethidine -nitrous oxide -other (describe)	
Maternal complications -post partum haemorrhage - perineal tear - pre-eclampsia -shoulder dystocia -other (describe)	
Fetal complications -hypoglycaemia -respiratory distress - malformations - hyperbilirubinaemia -other (describe)	
First breastfeed within 1 hour (yes/no) Time post delivery if recorded	
Skin to skin contact post-partum (yes/no)	

Duration (minutes)	
Mother baby separation during admission (yes/no) Time post-partum and duration (minutes)	
Were supplemental feeds given in hospital? (yes/no)	
Were supplemental feeds with -formula -breastmilk -formula and breastmilk -Other (ie dextrose - describe)	
-Time (post birth) first supplemental feed -type of first supplemental feed	
How many supplemental feeds given during hospital stay	
Method of supplemental feed -NG tube -bottle -Other (describe)	
Length of stay in hospital (days)	
Breastfeeding method at discharge Breastfeeding= BF, Mixed feeding = MF Formula feeding= FF	

Breastfeeding in Mothers with Type 2 Diabetes: Telephone Survey at 4 Months Post-partum

Patient code

Current date / / (day/month/year)

1. How old is your baby now? (weeks)
2. Prior to giving birth did you express colostrum for your baby?

No ☐₁ Yes ☐₂
3. Prior to giving birth did you receive education on expressing colostrum for your baby?

No ☐₁ Yes ☐₂
4. Did you ever breastfeed your baby either in hospital or after you went home?

No ☐₁ Yes ☐₂
5. When you left hospital how were you feeding your baby?

☐₁ Breastfeeding only
☐₂ Formula feeding only
☐₃ Both breast and formula feeding
6. Are you currently

☐₁ Breastfeeding only
☐₂ Formula feeding only
☐₃ Both breast and formula feeding
7. If you are both breast and formula feeding are you

☐₁ Mostly breastfeeding
☐₂ Mostly formula feeding
☐₃ Around half breastfeeding and half formula feeding
8. Are you currently feeding your baby with any foods other than breastmilk or formula?

No ☐₁ Yes ☐₂

9. If yes, when did you start these solid foods? (weeks)

10. Did you take Motilium (domperidone) to increase your supply?

No ☐₁ Yes ☐₂

11. How long did you take it for (months)

12. Are you still taking it?

No ☐₁ Yes ☐₂

13. Did you take any other herbs or supplements to increase your milk supply?
(please list)

14. Are you taking any other medications or supplements? (Please list with doses)

15. If you gave formula in the first 4 weeks after your baby was born what were the reasons for supplementing with formula?

(Indicate as many as apply and note if during admission (A) or post discharge (D).

Baby had low blood sugars	
Baby was admitted to the special care or intensive care unit	
Baby did not gain enough weight (or lost weight)	
Baby was sick and could not breastfeed	
Baby was premature and could not breastfeed	
You thought you did not have enough milk supply	
A health professional said you should for medical reasons	
You were sick or had to take medicine	
You had mastitis	
You had sore or cracked nipples	
You were told you had inverted nipples	
You had difficulty attaching the baby	
You had too much milk	
Baby refused the breast	
Baby had tongue tie	
Breastfeeding was not convenient	
You wanted to be able to leave the baby for several hours at a time	
You had to return to work	
The baby's father didn't want you to breastfeed	
Other relative didn't want you to breastfeed	
You wanted to go on a diet	
You needed somebody else to feed the baby	
Someone else wanted to feed the baby	
You wanted my body back to yourself	
You did not feel comfortable breastfeeding in public	

16. Out of these reasons, which was the most important?

17. If you are you are partially breastfeeding and partially formula feeding now, what are your current reasons for supplementing with formula? Please indicate all reasons that apply.

Baby is not gaining enough weight (or losing weight)	
Baby is sick and cannot not breastfeed	
You do not have enough supply	
A health professional said I should for medical reasons	
You are sick or taking medicine	
You have mastitis	
You have sore or cracked nipples	
You were told you have inverted nipples	
You are having difficulty with attaching the baby	
You have too much milk	
Baby refuses the breast	
Baby has tongue tie	
Breastfeeding is not convenient	
You want to be able to leave the baby for several hours at a time	
You have to return to work	
The baby's father doesn't want you to breastfeed	
Other relative doesn't want you to breastfeed	
You want to go on a diet	
You need somebody else to feed the baby	
Someone else wants to feed the baby	
You want your body back to yourself	
You do not feel comfortable breastfeeding in public	
Other	

18. If you have ceased breastfeeding entirely what was the main reason?

Baby was not gaining enough weight (or losing weight)	
You did not have enough milk supply	
A health professional said you should for medical reasons	
You had to stop to take medication	
You had mastitis	
You had sore or cracked nipples	
Baby was not interested in breastfeeding	
You were having difficulty with attaching the baby	
You had to return to work	
Other	

19. If you have ceased breastfeeding entirely what other reasons have contributed? (list as many as apply)

Baby was not gaining enough weight (or losing weight)	
You did not have enough milk supply	
A health professional said you should stop for medical reasons	
You had to stop to take medication	
You had mastitis	
You had sore or cracked nipples	
Baby was not interested in breastfeeding	
You were having difficulty with attaching the baby	
You had to return to work	
Other	

20. Additional Participant Comments