Questionnaire for Day 3 After Birth

Please fill out the questionnaire below.
Thank you very much!

Dear new mother,

We would be grateful if you could take the time to respond and contribute important knowledge about newborns, breastfeeding, and skin-to-skin contact in connection with your baby's hospitalization at the Department of Neonatology.

The questionnaire should be completed when your baby is three days old or as close to this time as possible. It takes approximately 5-10 minutes to complete.

The first questions are about the birth.

1. Date of response:_____
2. When was your baby born? Date and time: _____
3. The gestational age of your baby at birth: _____weeks _____days
4. Birth weight: _____ grams
5. Your baby is:
   A boy □
   A girl □
6. Your baby was born by Caesarean section?
   Yes □
   No □
7. 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 □
   No □

The following questions are about your experiences and perceptions of breastfeeding.

8. Did you plan to breastfeed your baby?

Yes (proceed to question 11) ☐
No ☐
I don't know ☐

9. What is the reason you did not plan to breastfeed?
   I do not want to breastfeed ☐
   I cannot breastfeed
   (e.g., because of breast surgery) ☐
   I am not allowed to breastfeed
   (e.g., because of medication) ☐
   I have not decided yet ☐
   Other reasons ☐

10. If other reasons, please describe:_____

11. Have you breastfed before?
   Yes ☐
   No, this is my first child ☐
   No, I haven't breastfed my other children ☐

12. Has your baby been put to the breast (mouth against the nipple or latched on)
   Yes ☐
   No (proceed to question 15) ☐

13. When was your baby put to the breast for the first time (mouth against the nipple or latched on)
   Before 3 hours old ☐
   3-6 hours old ☐
   6-12 hours old ☐
   12-24 hours old ☐
   24-48 hours old ☐
   More than 48 hours old ☐

14. If you have initiated breastfeeding, how often have you breastfed your baby in the past 24 hours?_____number

The following questions are about expressing breast milk.

15. Have you started breast milk pumping/expressing for your baby?
   Yes ☐
   No (proceed to question 22) ☐

16. When was your breast at first stimulated for lactation after your baby's birth (by stimulating, we mean the first time you breastfed or expressed by hand or pumped)?

Before 3 hours old	☐
3 - 6 hours old	☐
6 – 12 hours old	☐
12 – 24 hours old	☐
24 – 48 hours old	☐
More than 48 hours old	☐

17. Which method did you use the first time your breast was stimulated?

Hand expression	☐
Breast pump (could be electric or manual)	☐
My baby was breastfed	☐

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

19. Day 1(0-24 hours): How many ml of breast milk have you by hand or pump expressed during the first day after birth?_____ml

20. Day 2 (24-48 hours): How many ml of breast milk have you by hand or pump expressed during the second day after birth?_____ml

21. Day 3 (48-72 hours): How many ml of breast milk have you by hand or pump expressed during the third day after birth?_____ml

Questions about Skin-to-Skin Contact.
Skin-to-skin contact means that your baby is naked or only wearing a nappy and a cap, with their stomach, chest, and legs in direct contact with your or another adult's bare stomach/chest.

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

Immediately after delivery (within 5 minutes)	☐
Short time after delivery (within 60 minutes)	☐
1-3 hours old	☐
3-6 hours old	☐
6-12 hours old	☐
12-24 hours old	☐
24-72 hours old	☐

My baby has not been skin-to-skin with me within the first 72 hours ☐

23. When did your partner (or another adult) at first have your baby skin-to-skin?
    - Immediately after delivery (within 5 minutes) ☐
    - Short time after delivery (within 60 minutes) ☐
    - 1-3 hours old ☐
    - 3-6 hours old ☐
    - 6-12 hours old ☐
    - 12-24 hours old ☐
    - 24-72 hours old ☐
    - My baby has not been skin-to-skin with my partner within the first 72 hours ☐

24. Day 1 (0-24 hours): How long was your baby skin-to-skin the first day after delivery? (You are supposed to add hours if your baby was skin-to-skin with persons other than yourself)
    - 0-1 hour ☐
    - 1-2 hours ☐
    - 2-4 hours ☐
    - 4-6 hours ☐
    - 6-8 hours ☐
    - 8-12 hours ☐
    - 12-20 hours ☐
    - More than 20 hours ☐
    - My baby did not have skin-to-skin contact day 1 ☐

25. Day 2 (24-48 hours): How long was your baby skin-to-skin the second day after delivery? (You are supposed to add hours if your baby was skin-to-skin with persons other than yourself)
    - 0-1 hour ☐
    - 1-2 hours ☐
    - 2-4 hours ☐
    - 4-6 hours ☐
    - 6-8 hours ☐
    - 8-12 hours ☐
    - 12-20 hours ☐
    - More than 20 hours ☐

My baby did not have skin-to-skin contact day 2 ☐

26. Day 3 (48-72 hours): How long was your baby skin-to-skin the third day after delivery? (You are supposed to add hours if your baby was skin-to-skin with persons other than yourself)

0-1 hour ☐
1-2 hours ☐
2-4 hours ☐
4-6 hours ☐
6-8 hours ☐
8-12 hours ☐
12-20 hours ☐
More than 20 hours ☐
My baby did not have skin-to-skin contact day 3 ☐

The following questions are about the physical separation between you and your baby since birth.

27. Where have you stayed overnight since your baby was born?

The obstetric department ☐
The neonatal department ☐
Both ☐

28. Have you been away from your baby, aside from short trips to the bathroom, kitchen, or similar, during the first three days after birth?

Yes ☐
No ☐

29. If yes, describe how_____

General questions about you

30. What year are you born?_____ year

31. How tall are you? (what is your height)_____ cm

32. How much did you weigh before your pregnancy? _____ kg

33. How do you live?

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

baby's father ☐
Alone ☐

34. In which country are you born?_____

35. Which language do you speak at home?_____

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

None ☐
Labour-market courses, special training programs, occupational programs (apprenticeship, traineeship, e.g. carpentry, welding) ☐
Short secondary educational programmes (2-3 years) ☐
Medium-length secondary educational programs (3-4 years) ☐
Long secondary educational programs (4-6 years or longer) ☐

37. Have you ever received breast surgery? (we are asking because it may have an impact on breastfeeding)

Yes, I have or have had a breast nipple piercing ☐
Yes, my breast(s) has been diminished (something has been removed) ☐
Yes, my breast(s) has been enlarged (implants) ☐
No ☐

38. Do you smoke? (we are asking because it may have an impact on breastfeeding)

Yes ☐
No ☐

39. If you have any comments, feel free to write them here:_____