

Breastfeeding Initiation

Please complete the survey below.

Thank you!

First Name

Last Name

In the last two weeks, did you stop breastfeeding?

- ☐ Yes
☐ No

What were your reasons for stopping breastfeeding? (Check ALL that apply)

- ☐ My baby had difficulty latching or nursing
☐ Breast milk alone did not satisfy my baby
☐ I thought my baby was not gaining enough weight
☐ My nipples were sore, cracked, or bleeding
☐ It was too hard, painful, or too time consuming
☐ I thought I was not producing enough milk
☐ I had too many other household duties
☐ I felt it was the right time to stop breastfeeding
☐ I got sick or I had to stop for medical reasons
☐ I went back to work
☐ I went back to school
☐ My partner did not support breastfeeding
☐ Other

For "other," please describe

Did anyone suggest that you not breastfeed your new baby?

- ☐ Yes
☐ No

For "Yes," please describe

Was your baby hospitalized in the neonatal intensive care unit?

- ☐ Yes
☐ No

Did any of these occurrences take place at the hospital where your baby was born?

	No	Yes
Hospital staff gave me information about breastfeeding	☐	☐
My baby stayed in the same room with me at the hospital	☐	☐
I breastfed my baby in the hospital	☐	☐
Hospital staff helped me learn how to breastfeed	☐	☐
I breastfed in the first hour after my baby was born	☐	☐
My baby was fed only my breast milk at the hospital	☐	☐
Hospital staff told me to breastfeed whenever my baby wanted	☐	☐
The hospital gave me a breast pump to use	☐	☐
The hospital gave me a gift pack with formula	☐	☐
The hospital gave me a telephone number to call for help with breastfeeding	☐	☐
I felt my milk "come in" because my breasts became noticeably fuller.	☐	☐
My baby was fed formula in the hospital	☐	☐
My baby was fed water or sugar water in the hospital	☐	☐
My baby was fed donor human milk in the hospital	☐	☐

My breasts became noticeably fuller ____ .

- ☐ Within a few days after I gave birth
☐ By the end of the first week after I gave birth
☐ Other

For "other," please describe.

Did any of these occurrences take place at the hospital where your baby was born?

No

Yes

Hospital staff gave me
information about breastfeeding☐☐Hospital staff helped me learn
how to breastfeed☐☐

I breastfed my baby in the NICU

☐☐I pumped while my baby was in
the NICU☐☐My baby was fed only my breast
milk while in the NICU☐☐The hospital gave me a breast
pump to use☐☐The hospital gave me a
telephone number to call for
help with breastfeeding☐☐I felt my milk "come in" because
my breasts became noticeably
fuller☐☐My baby was fed formula in the
NICU☐☐My baby was fed water or sugar
water in the NICU☐☐My baby was fed donor human
milk in the NICU☐☐