

Breastfeeding Self-Efficacy Scale- Prenatal

Please complete the survey below.

Thank you!

1) First Name

2) Last Name

3) When is your due date?

For each of the following statements, please indicate how confident you feel about breastfeeding after delivery by choosing the response that most closely describes how you feel.

I am confident I will be able to...

	Not at all confident	Not very confident	Somewhat confident	Confident	Very confident
4) Determine that my baby is getting enough milk	☐	☐	☐	☐	☐
5) Successfully cope with breastfeeding like I have with other challenging tasks	☐	☐	☐	☐	☐
6) Breastfeed my baby without using formula as a supplement	☐	☐	☐	☐	☐
7) Ensure that my baby is properly latched on for the whole feeding	☐	☐	☐	☐	☐
8) Manage the breastfeeding experience to my satisfaction	☐	☐	☐	☐	☐
9) Manage breastfeeding even if my baby is crying	☐	☐	☐	☐	☐
10) Continue wanting to breastfeed	☐	☐	☐	☐	☐
11) Comfortably breastfeed with my family members present	☐	☐	☐	☐	☐
12) Be satisfied with my breastfeeding experience	☐	☐	☐	☐	☐
13) Deal with the fact that breastfeeding can be time-consuming	☐	☐	☐	☐	☐

14)

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|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Finish feeding my baby on one breast before switching to the other breast | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15) Continue to breastfeed my baby for every feeding | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16) Keep up with my baby's breastfeeding demands | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17) Tell when my baby is finished breastfeeding | ☐ | ☐ | ☐ | ☐ | ☐ |