Northwest Territories Health and Social Services

2003 - 05 NWT Breastfeeding and Infant Nutrition Survey

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Instructions

The survey is designed to gather information on infant feeding over a period of one year. It is anticipated that information will be collected each time the infant is seen by a community health nurse during the first year of the baby's life. **It is suggested that the survey form be placed in the baby medical chart.** In this way, each time a nurse sees the baby the survey form will be immediately in view.

Each baby born between April 1, 2003 and March 31, 2004 should be included in the study. For some babies born in February or March 2004, sections of the survey form will be completed as late as March 2005. Note that sections 1 and 3 should be completed by the mother but other sections could be completed by the attending caregiver or spouse.

When Completing the Survey Form

Pay close attention to instructions provided in the survey form. At various locations you will see notes to the interviewer. Arrows and shaded boxes direct the interviewer to appropriate questions.

Please read carefully before you conduct the survey. For example in questions 17, 21, 27, and 34 the interviewer is NOT to read the categories. Allow the mother to provide her own answers. The interviewer would then check off or write down the answer(s) most **similar to the mother's response(s).**

The survey form is divided into 3 major sections. Each section should be completed at different times. Here is what you need to do:

Section 1 - Baby's First Visit (Questions 1-26)

- Complete **section 1** during the mother's first visit with the baby. When these questions are completed, remove this section from the main part of the survey and return it to the Department with the standard Health Suite/CHMIS forms that are sent in monthly.

Section 2 - The Method of Feeding Table

- Information in the table should be entered during each visit to the health center or during home visits. The survey form is designed to produce three copies of the table.
- **After information for the first 4 months has been completed, remove the yellow copy and send it to the Department** with the Health Suite/CHMIS forms that are sent in monthly. This allows us to obtain preliminary information on the baby's feeding, and allows us the opportunity to follow-up on missing information on forms, etc.
- Have the mother/caregiver provide their best estimates for all sections up to the current age of the baby. If the baby is not seen at each age listed, please have the mother recall how the baby was fed during each period up to the time closest to the current age. For example, if the baby is 7 months old when the mother is first being interviewed, fill in the table for the period when the baby was 6 months and all previous ages.
- A **"Yes" or "No"** should be checked in all boxes for all sections in the table. For example, if vitamins and minerals were not given to the baby for the first 3 months, **"no"** should be checked for all previous sections for this period. If vitamins and minerals were given between 4 months and 9 months **"yes"** should be checked for this period and the type specified. If no vitamins and minerals were given at 12 months, **"no"** should be checked again.
- Write in brand names of formulas along with types of liquids and vitamins where requested. Check types of solid foods where appropriate.
- After information for 12 months has been collected, remove the white copy and return this to the Department along with section 3 (see below). The last copy can remain in the baby's chart.

Section 3 - Changes in Feeding (Questions 27 to 39)

- Questions 27 to 32 are to be asked to all mothers who had breastfed, however short the duration was. These questions should be asked when the mother indicates on the Infant Feeding Chart that she is no longer breastfeeding.
- Questions 33 to 36 should be asked when the mother indicates on the Infant Feeding Chart that the baby started receiving solid food.
- Questions 37 and 39 should be asked on the final visit.
  When completed, this section should be returned to the Department along with the white (original) copy of the Method of Feeding Table.

Definitions

- Exclusive breastfeeding - for the purposes of this survey, exclusive breastfeeding is defined as no other food or drink, with the exception of drops and syrups (vitamins, minerals and medicines).
- Breastmilk or feeding - also includes expressed breastmilk.

Questions or Assistance?

If you have questions or are having trouble with the survey, please ask us for help or clarification. It is important that the survey is fully and accurately completed. Please call **867-920-8877 for assistance,** or visit our website: **HTTP://infoweb.hlthss.gov.nt.ca,** then click on Internal Resources for frequently asked questions about the survey.

Thank you very much for your help with this survey.
We had an excellent response rate in 1993 and the information from that report has been used extensively.

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CONSENT TO PARTICIPATE

Why are we doing the breastfeeding survey?

The NWT Breastfeeding and Infant Nutrition Survey will provide valuable information for implementing programs and policies that promote, support and protect breastfeeding, as well as other infant feeding practices. It will also allow us to evaluate progress in increasing the duration rates of breastfeeding in the NWT and help with the design of health promotion and early childhood development programs and policies.

Who is being asked to take part in the survey?

All women in the Northwest Territories who gave birth between April 1, 2003 and March 31, 2004 should be asked to take part in the study. Each health center and public health unit in the NWT will receive copies of the breastfeeding survey. Nursing staff at these locations are being asked to carry out the survey on behalf of the Department of Health and Social Services and the Health and Social Services Authorities. Full participation is very important to the success of the survey and the ability to use the information collected to develop appropriate programs and services.

It is important that women who are asked to participate understand that the answers they provide are confidential. Their answers will be summarized and the information will only be used for statistical purposes. In no way will responses when reported be traced to an individual. The survey is voluntary, but the information is very important in order to assess who is breastfeeding and reasons why or why not (e.g. barriers to breastfeeding, etc).

Please seek consent from each mother/guardian to participate in the study. You can read the following introduction to explain the survey and ask their consent.

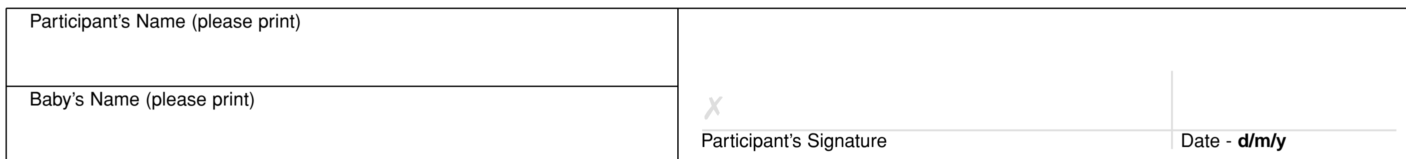
Would you be willing to take part in a survey being carried out by the Department of Health and Social Services? The purpose of this study is to look at breastfeeding and infant nutrition for all babies born in the Northwest Territories between April 1, 2003 and March 31, 2004, so that we can plan better programs and services.

It is your choice to take part in the survey. You can choose to answer all, some or none of the questions. If you agree to take part, you will be asked several questions about yourself and how you feed your baby.

All your answers will be kept private and confidential. You will not be identified by your answers since all information you provide will be combined with those of other participants and reported in numbers only. The information will only be used for statistical purposes. After the analysis is complete, your health center will get a copy of a report showing the overall results of the survey.

Your participation is important to us. Do you have any questions?

I give my informed consent to be a participant in the NWT Breastfeeding and Infant Nutrition Survey 2003/2005.



Participant's Name (please print)

Baby's Name (please print)

✗ Participant's Signature

Date - **d/m/y**

This personal information is being collected under the authority of the Department of Health and Social Services and will be used only for the purposes of improving health promotion programs and services. It is protected by the provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the survey, please contact Dr. André Corriveau, Medical Health Officer, Department of Health and Social Services, Government of the Northwest territories.

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Northwest Territories Health and Social Services

Section

Method of Feeding Table

Interviewer: ***Ask questions 27 to 32 (section 3) on visit when mother indicates baby started and then stopped receiving breastmilk. Ask questions 33 to 36 on visit when mother indicates baby started receiving solids.***

Abbreviations: **BM** = Breastmilk **F** = Formula **% BM** = Approx % of the daily feeding **% F** = Approx % of the daily feeding

Method of Feeding	AGE OF BABY									
	In Hospital	2 Weeks	1 Month	2 Months	3 Months	4 Months	5 Months	6 Months	9 Months	12 Months
Breastmilk Exclusively	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Breastmilk and Formula	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:
Formula	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes
Vitamins and Minerals	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify
Liquids other than Breastmilk or Formula	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify
Solids	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat
Does Mother put baby to bed with bottle?	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)

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Send this original copy to the Department after 12 months have been completed.

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Section 2
Method of Feeding Table

Interviewer: ***Ask questions 27 to 32 (section 3) on visit when mother indicates baby started and then stopped receiving breastmilk. Ask questions 33 to 36 on visit when mother indicates baby started receiving solids.***

Abbreviations: **BM** = Breastmilk **F** = Formula **% BM** = Approx % of the daily feeding **% F** = Approx % of the daily feeding

Method of Feeding	AGE OF BABY									
	In Hospital	2 Weeks	1 Month	2 Months	3 Months	4 Months	5 Months	6 Months	9 Months	12 Months
Breastmilk Exclusively	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Breastmilk and Formula	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:
Formula	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes
Vitamins and Minerals	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify
Liquids other than Breastmilk or Formula	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify
Solids	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat
Does Mother put baby to bed with bottle?	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)

Send this copy to the Department after 4 months has been completed

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Northwest Territories Health and Social Services

Section 2
Method of Feeding Table

Interviewer: ***Ask questions 27 to 32 (section 3) on visit when mother indicates baby started and then stopped receiving breastmilk.***
Ask questions 33 to 36 on visit when mother indicates baby started receiving solids.

Abbreviations: **BM** = Breastmilk **F** = Formula **% BM** = Approx % of the daily feeding **% F** = Approx % of the daily feeding

Method of Feeding	AGE OF BABY									
	In Hospital	2 Weeks	1 Month	2 Months	3 Months	4 Months	5 Months	6 Months	9 Months	12 Months
Breastmilk Exclusively	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Breastmilk and Formula	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes % BM: % F:
Formula	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes	❑ No ❑ Yes ↴ Brand Name F with Iron? ❑ No ❑ Yes
Vitamins and Minerals	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify
Liquids other than Breastmilk or Formula	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify	❑ No ❑ Yes ↴ Specify
Solids	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat	❑ No ❑ Yes ↴ Specify ❑ Fruit/Vegs ❑ Cereal/Bread ❑ Meat
Does Mother put baby to bed with bottle?	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)	❑ No ❑ Yes ↴ Type of Liquid(s)

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Retain this copy on the baby's medical file.

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Section 3

Interviewer: Ask questions 27 to 32 when method of feeding chart indicates baby started and then stopped receiving breastmilk even for a short time. If baby never received breastmilk, skip to question 33 about solid foods.

Interviewer: Read the question and then allow the mother to provide her own answers. Check ALL categories most similar to her response.

27 Why did you stop breastfeeding?

- 1 ❑ Not enough breast milk
- 2 ❑ Mother too tired or depressed
- 3 ❑ Difficulty with breastfeeding technique
- 4 ❑ Planned to stop at this time
- 5 ❑ Returned to work/school
- 6 ❑ Medical condition or illness - mother
- 7 ❑ Medical condition or illness - baby
- 8 ❑ Physical discomfort (e.g. sore nipples, engorged breasts)
- 9 ❑ Baby was slow to gain weight or baby lost weight
- 10 ❑ Family didn't want mother to breastfeed
- 11 ❑ Baby weaned him/herself
- 12 ❑ Baby refused breast
- 13 ❑ Advice of doctor/health professional
- 14 ❑ Mother's diet inadequate
- 15 ❑ Other family members did not want mother to breastfeed
- 16 ❑ Limited breastfeeding information/help - lack of community support
- 17 ❑ Interfered with social activities
- 18 ❑ Lack of support from employer
- 19 ❑ Wanted to drink alcohol
- 20 ❑ Other (specify): ____________________

Interviewer: If more than one answer was provided in question 27 ask:

28 What was the **main** reason you stopped breastfeeding?

____

Interviewer: For question 29, read each category and check yes or no. For those categories indicated with a yes, ask question 30.

29 Did you experience any of the following problems while breastfeeding this baby?				**30** If "Yes" did this cause you to **STOP** breastfeeding?	
Cracked/sore nipples	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes
Not enough milk	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes
Not latching properly/poor suck	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes
Infant always hungry	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes
Mastitis (infection in breast)	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes
Inverted nipple	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes
Didn't enjoy it	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes
Fussy/gassy infant	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes
Infant preferred bottle/refused breast	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes
Lack of social support (e.g. partner, family, friends)	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes
Fatigue/depression	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes
Baby was slow to gain weight or baby lost weight	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes
Any other problems?	1 ❑ No	2 ❑ Yes	-----➔	1 ❑ No	2 ❑ Yes

Specify: ____________________

Interviewer: Read each category and check Yes or No for each

31 Did any of the following help you in breastfeeding this baby?

Experience/practice	1 ❑ No	2 ❑ Yes
Education/reading	1 ❑ No	2 ❑ Yes
Nurses at health centre	1 ❑ No	2 ❑ Yes
Canada Prenatal Nutrition Classes or Prenatal classes	1 ❑ No	2 ❑ Yes
Peer Mother	1 ❑ No	2 ❑ Yes
Convenience	1 ❑ No	2 ❑ Yes
Economic reasons	1 ❑ No	2 ❑ Yes
Family/friends	1 ❑ No	2 ❑ Yes
Home visit by community or public health nurse	1 ❑ No	2 ❑ Yes
Nurses at hospital following birth	1 ❑ No	2 ❑ Yes
Lactation Consultant	1 ❑ No	2 ❑ Yes

Did anything else help?
Specify: ____________________

Interviewer: If yes was indicated more than once in question 31 ask:

32 What do you feel was the **main** help to you in breastfeeding this baby?

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Section 1

1 Baby's - Home Community	**2** Baby's Birthdate d / m / y	**3** Number of Gestational Weeks: ________	**4** Baby's Birth Weight: ________ ❑ grams ❑ lbs

5 Name of Hospital / Health Centre baby was born | If "other" specify (eg. home birth)

6 Mother's Age
years **-or-** 98 ❑ Not Known

7 Total Number of live births (including this birth)
or - 98 ❑ Not Known

8 Mother's Ethnicity (select one only)

- 1 ❑ Dene
- 2 ❑ Metis
- 3 ❑ Inuit / Inuvialuit
- 4 ❑ Non-Aboriginal (eg. Caucasian, Filipino)
  Specify: ____________________

9 Mother's High School Education

- 1 ❑ Less than Grade 9
- 2 ❑ Some High School, No Diploma
- 3 ❑ High School Diploma
- 8 ❑ Not Known

10 Mother's post-secondary education

- 1 ❑ No post-secondary education
- 2 ❑ College or Trade Certificate or Diploma - less than 2 year program
- 3 ❑ College or Trade Certificate or Diploma - program 2 years or longer
- 4 ❑ University Degree
- 8 ❑ Not Known

11 Relationship of mother/caregiver to baby

- 1 ❑ Biological Child
- 2 ❑ Adopted Child
- 3 ❑ Other (Specify): ____________________ ➞ If Adopted, Foster or other go to question 25

12 Did you have gestational diabetes with this baby?
1 ❑ Yes   2 ❑ No   8 ❑ Not Known

13 Did your mother breastfeed?
1 ❑ Yes   2 ❑ No   8 ❑ Not Known

14 Have you breastfed before?
1 ❑ Not applicable (first birth)   2 ❑ Yes   3 ❑ No   8 ❑ Not Known

15 Prior to the birth of this baby, did you receive any breastfeeding education/support?
1 ❑ No   2 ❑ Yes (Specify type of education): ____________________

16 Before the birth of this baby, did you plan on breastfeeding?
(Even for a short time or in conjunction with bottlefeeding, Note: breastfeeding includes expressed breastmilk.)

- 1 ❑ Yes ➞ If "Yes" go to question 19
- 2 ❑ No

Interviewer: Read the question and then allow the mother to provide her own answers. Check ALL categories most similar to her response(s).

17 Why did you plan to bottlefeed only?

- 1 ❑ Bottle feeding easier
- 2 ❑ Formula as good as breast milk
- 3 ❑ Breastfeeding is unappealing/disgusting
- 4 ❑ Family didn't want mother to breastfeed
- 5 ❑ Knew would be returning to work/school
- 6 ❑ Mother's medical condition
- 7 ❑ Limited breastfeeding information/help
- 8 ❑ Physical discomfort
- 9 ❑ Would interfere with social life
- 10 ❑ Medical condition of baby
- 11 ❑ Lack of support/help from family/friends
- 12 ❑ Lack of community support
- 13 ❑ Lack of support from employer
- 14 ❑ Wanted to drink alcohol
- 15 ❑ Expected multiple birth (e.g. twins)
- 16 ❑ Other (specify): ____________________

Interviewer: If more than one answer was provided in question 17 ask:

18 What was the **main** reason for not planning to breastfeed?

____

Interviewer: Go to Question 23.

19 Before the birth of this baby, did you plan to breastfeed only, or use a combination of breastfeeding and formula?

- 1 ❑ Breastmilk exclusively
- 2 ❑ Combination of breastmilk and formula
- 3 ❑ Other (specify): ____________________

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20 Are you currently or did you breastfeed this baby (even for a short time)?

[1] ❑ Yes ➞ If "Yes" go to question 23 [2] ❑ No

Interviewer: Read the question and then allow the mother to provide her own answer(s). Check all categories most similar to her response(s).

21 You just indicated that before the birth of this baby you decided to breastfeed but you didn't or couldn't after the baby was born. Why were you unable (or decided not to) breastfeed?

- [8] ❑ Bottle feeding easier
- [2] ❑ Formula as good as breast milk
- [3] ❑ Breastfeeding is unappealing/disgusting
- [4] ❑ Family didn't want mother to breastfeed
- [5] ❑ Knew would be returning to work/school
- [6] ❑ Mother's medical condition
- [7] ❑ Premature birth
- [8] ❑ Physical discomfort
- [9] ❑ Would interfere with social life
- [10] ❑ Medical condition of baby
- [11] ❑ Lack of support/help from family/friends
- [12] ❑ Limited breastfeeding information/help - lack of community support
- [13] ❑ Lack of support from employer
- [14] ❑ Wanted to drink alcohol
- [15] ❑ Multiple birth (e.g. twins)
- [16] ❑ C-section
- [17] ❑ Other (specify): ______

Interviewer: If more than one answer was provided in question 21 ask:

22 What was the **main** reason for not breastfeeding?

______

23 During your time in the hospital following the birth of this baby, did you receive any breastfeeding education/support?

[1] ❑ Not Wanted [2] ❑ No
[3] ❑ Not Applicable - Not in Hospital [4] ❑ Yes (specify):

______

24 Did you receive any breastfeeding education/support in the community once you returned to your home following the birth of this baby?

[1] ❑ Not Wanted [2] ❑ No
[3] ❑ Yes (specify):

______

25 Prior to having a baby, what type of breastfeeding education and supports do you think would be the most helpful to encourage more mothers to breastfeed?

______

26 During the stay in the hospital (or other facility) immediately following the birth of a baby, what type of breastfeeding education and support do you think would be the most helpful to encourage more mothers to breastfeed?

______

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Interviewer: Ask questions 33 to 36 when method of Feeding Chart indicates baby started receiving solids.

33 At what age was this baby given solid food regularly (at least once a day): ______ months

Interviewer: Read the question and then allow the mother to provide her own answers. Check ALL categories most similar to her response(s).

34 Why did you add solid foods at this time?

- [1] ❑ Not enough breast milk
- [2] ❑ Planned to start at this time
- [3] ❑ Advice of doctor/health professional
- [4] ❑ Advice of partner/family/friends
- [5] ❑ Baby was slow to gain weight or baby lost weight
- [6] ❑ More convenient
- [7] ❑ Less expensive
- [8] ❑ Baby self-weaned
- [9] ❑ Other (specify): ______

Interviewer: If more than one answer was provided in question 34 ask:

35 What was the **main** reason solids were given at this time?

______

36 Has baby been introduced to traditional foods (e.g. caribou, fish)?

[1] ❑ No [2] ❑ Yes ➞ **If "Yes" when was food introduced?**
- [1] ❑ Less than 3 months
- [2] ❑ 3 to 6 months
- [3] ❑ 7 months or older

Interviewer: Ask questions 37 to 39 when method of Feeding Chart indicates final visit - baby is over 12 months old.

37 What home and community supports should be available to mothers when they return home with their newborn?

______

38 What do you think we can do to encourage more mothers to breastfeed? List as many responses as you wish.

______

39 Any other comments, ideas or suggestions not otherwise covered in the survey?

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