Today's Date: / /20

Nurses' survey about infant feeding

1. **Reasons for breastfeeding:**

a) Listed below are some reasons that mothers have given for choosing to *breastfeed* their infants. Please indicate the extent to which these reasons are important among mothers in *your* hospital.				
	Not Very Important	**Somewhat Important**	**Very Important**	**Don't know/Not Sure**
Social Acceptance	☐1	☐2	☐3	☐4
Provides contraception	☐1	☐2	☐3	☐4
Cost considerations/cheaper	☐1	☐2	☐3	☐4
Protects against infection/ provides immunities	☐1	☐2	☐3	☐4
Nutritional value	☐1	☐2	☐3	☐4
Natural	☐1	☐2	☐3	☐4
Best for baby	☐1	☐2	☐3	☐4
Best for mother	☐1	☐2	☐3	☐4
Closeness/bonding	☐1	☐2	☐3	☐4
Other:	☐1	☐2	☐3	☐4

b) Please indicate the extent to which you believe these reasons for *breastfeeding* are important.				
	Not Very Important	**Somewhat Important**	**Very Important**	**Don't know/ Not Sure**
Social Acceptance	☐1	☐2	☐3	☐4
Provides contraception	☐1	☐2	☐3	☐4
Cost considerations/cheaper	☐1	☐2	☐3	☐4
Protects against infection/ provides immunities	☐1	☐2	☐3	☐4
Nutritional value	☐1	☐2	☐3	☐4
Natural	☐1	☐2	☐3	☐4
Best for baby	☐1	☐2	☐3	☐4
Best for mother	☐1	☐2	☐3	☐4
Closeness/bonding	☐1	☐2	☐3	☐4
Other:	☐1	☐2	☐3	☐4

2. **Reasons for NOT breastfeeding:**

a) Listed below are some reasons that mothers have given for choosing *NOT to breastfeed* their infants (i.e. to formula feed). Please indicate the extent to which these reasons are important among mothers in *your* hospital.

	Not Very Important	Somewhat Important	Very Important	Don't know/ Not Sure
Incompatible with birth control choice	☐1	☐2	☐3	☐4
Incompatible with maternal medications	☐1	☐2	☐3	☐4
Interferes with sexual relations	☐1	☐2	☐3	☐4
Husband/Father cannot assist with feeding	☐1	☐2	☐3	☐4
Not enough personal knowledge or outside encouragement/support	☐1	☐2	☐3	☐4
Mother's poor health	☐1	☐2	☐3	☐4
Working away from home/going to school	☐1	☐2	☐3	☐4
Personally unappealing (embarrassed, self conscious, personal views against breastfeeding)	☐1	☐2	☐3	☐4
Inconvenient/ not enough time/ too confining	☐1	☐2	☐3	☐4
Too busy with other children	☐1	☐2	☐3	☐4
Other:	☐1	☐2	☐3	☐4

b) What do you personally believe are the actual reasons for mothers choosing *NOT to breastfeed* their infants?

	Not Very Important	Somewhat Important	Very Important	Don't know/ Not Sure
Incompatible with birth control choice	☐1	☐2	☐3	☐4
Incompatible with maternal medications	☐1	☐2	☐3	☐4
Interferes with sexual relations	☐1	☐2	☐3	☐4
Husband/Father cannot assist with feeding	☐1	☐2	☐3	☐4
Not enough personal knowledge or outside encouragement/support	☐1	☐2	☐3	☐4
Mother's poor health	☐1	☐2	☐3	☐4
Working away from home/going to school	☐1	☐2	☐3	☐4
Personally unappealing (embarrassed, self conscious, personal views against breastfeeding)	☐1	☐2	☐3	☐4
Inconvenient/ not enough time/ too confining	☐1	☐2	☐3	☐4
Too busy with other children	☐1	☐2	☐3	☐4
Other:	☐1	☐2	☐3	☐4

3. **<u>Influences to breastfeed</u>: What do <u>you personally believe</u> are the influences on mothers in your hospital to *breastfeed* their infants?**

	Not Very Important	Somewhat Important	Very Important	Don't know/ Not Sure
Family Physician	☐1	☐2	☐3	☐4
Pediatrician	☐1	☐2	☐3	☐4
Obstetrician	☐1	☐2	☐3	☐4
Midwife	☐1	☐2	☐3	☐4
Lactation Consultant	☐1	☐2	☐3	☐4
Hospital Nursing Staff	☐1	☐2	☐3	☐4
Hospital Environment (family centered maternity care)	☐1	☐2	☐3	☐4
Child Birth Educator	☐1	☐2	☐3	☐4
WIC Clinic Counselors	☐1	☐2	☐3	☐4
La Leche League	☐1	☐2	☐3	☐4
Mother's Mother	☐1	☐2	☐3	☐4
Husband or Partner	☐1	☐2	☐3	☐4
Other Relatives	☐1	☐2	☐3	☐4
Friends/Neighbors	☐1	☐2	☐3	☐4
Articles/Books on Breastfeeding	☐1	☐2	☐3	☐4
TV or Radio	☐1	☐2	☐3	☐4
Other:	☐1	☐2	☐3	☐4

4. **<u>Influences to formula feed</u>: What do <u>you personally believe</u> are the influences on mothers in your hospital to *formula feed* their infants?**

	Not Very Important	Somewhat Important	Very Important	Don't know/ Not Sure
Family Physician	☐1	☐2	☐3	☐4
Pediatrician	☐1	☐2	☐3	☐4
Obstetrician	☐1	☐2	☐3	☐4
Midwife	☐1	☐2	☐3	☐4
Lactation Consultant	☐1	☐2	☐3	☐4
Hospital Nursing Staff	☐1	☐2	☐3	☐4
Hospital Environment (family centered maternity care)	☐1	☐2	☐3	☐4
Child Birth Educator	☐1	☐2	☐3	☐4
WIC Clinic Counselors	☐1	☐2	☐3	☐4
La Leche League	☐1	☐2	☐3	☐4
Mother's Mother	☐1	☐2	☐3	☐4
Husband or Partner	☐1	☐2	☐3	☐4
Other Relatives	☐1	☐2	☐3	☐4
Friends/Neighbors	☐1	☐2	☐3	☐4
Articles/Books on Infant feeding	☐1	☐2	☐3	☐4
Formula Advertisement on TV	☐1	☐2	☐3	☐4
Coupons/Free Samples in Mail	☐1	☐2	☐3	☐4
Formula Company Advertising, Prenatal Educational Materials, or Discharge Packs	☐1	☐2	☐3	☐4
Other:	☐1	☐2	☐3	☐4

The following questions are about what happens on your unit or in your hospital:

5. **Does your unit have a formal written policy for supporting mothers who choose to breastfeed their newborns?**

☐0 No **(If No, SKIP to question #6)**
☐1 Yes

a) **Do you know where to find this policy?**
☐0 No
☐1 Yes

b) **Is the policy posted or displayed on your unit so mothers or family members can see it?**
☐0 No
☐1 Yes

c) **How many <u>physicians</u> on your unit follow this policy?**
☐1 Almost all/Most
☐2 Some
☐3 Few

d) **How many <u>nurses</u> on your unit follow this policy?**
☐1 Almost all/Most
☐2 Some
☐3 Few

e) **When did you learn about the hospital's breastfeeding policy?**
☐1 Within the first 3 months of employment
☐2 4-12 months after employment
☐3 Over 12 months after employment

6. **Do you have breastfeeding reference books readily available to maternal-child healthcare staff on the maternity floor?**

☐0 No **(If No, SKIP to question #7)**
☐1 Yes

a) **When is the last time you referred to one of these references?**
☐1 In the past week
☐2 In the past month
☐3 In the past six months
☐4 In the past 12 months
☐5 More than 12 months ago
☐6 Don't use

7. **Have you ever been asked for input into your hospital's breastfeeding policies?**

☐0 No
☐1 Yes

8. **What changes would you like to make in your hospital's breastfeeding program?**

_____

_____

_____

_____

_____

9. **Have you ever participated in formal *in-service programs, workshops, or courses* breastfeeding?**

☐$_0$ No **(If No, SKIP to question #10)**
☐$_1$ Yes (held in the hospital)
☐$_2$ Yes (held outside of the hospital)
☐$_3$ Yes (NYS-DOH on-line course)

a) **If yes: How many of these programs/courses have you participated in during the past year?**

_____ programs

b) **How many hours <u>total</u> did you spend in these *programs/courses* on breastfeeding in the past year?**

☐$_1$ Up to 3 hours
☐$_2$ 3 – 8 hours
☐$_3$ 9 – 17 hours
☐$_4$ 18 hours or more

10. **When are mothers routinely asked about their infant feeding plans?**
(check all that apply)

☐$_1$ At time of admission
☐$_2$ Immediately following delivery
☐$_3$ On the post partum floor
☐$_4$ Other: _____

a) **Where is this information recorded?** **(Check all that apply)**

☐$_1$ Mother's record
☐$_2$ Baby's record
☐$_3$ Other place: _____

11. **How soon after birth is a well baby normally put to the breast for the first time?**

☐$_1$ Within the first hour of birth
☐$_2$ 1-2 hours after birth
☐$_3$ Over 2 hours after birth
☐$_4$ Other: _____

12. **Following a vaginal birth, how long is a baby's initial stay in the nursery?**

☐$_1$ Baby and mother are not separated
☐$_2$ Up to 2 hours
☐$_3$ 2 – 4 hours
☐$_4$ Over 4 hours

13. **Following an uncomplicated caesarean birth, when is the infant first put to the breast?**
    - ☐ 1 Less than 1 hour after recovery
    - ☐ 2 1 – 2 hours after recovery
    - ☐ 3 3 – 8 hours after recovery
    - ☐ 4 Over 8 hours

14. **Following an uncomplicated caesarean birth, how long is a baby's initial stay in the nursery?**
    - ☐ 1 Baby and mother are not separated
    - ☐ 2 Up to 2 hours
    - ☐ 3 2 – 4 hours
    - ☐ 4 Over 4 hours

15. **Are mothers who initiate breastfeeding offered help by a staff member OTHER THAN the Lactation Coordinator?**
    - ☐ 1 Always/Most of the time (75-100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

16. **In your hospital, *typical problems* with breastfeeding are usually handled by: (check only one)**
    - ☐ 1 Obstetrician
    - ☐ 2 Pediatrician
    - ☐ 3 Nurse
    - ☐ 4 Lactation Consultant
    - ☐ 5 Other: _____

17. **In your hospital, *complicated problems* with breastfeeding are usually handled by: (check only one)**
    - ☐ 1 Obstetrician
    - ☐ 2 Pediatrician
    - ☐ 3 Nurse
    - ☐ 4 Lactation Consultant
    - ☐ 5 Other: _____

18. **Does your hospital have someone on the staff trained in breastfeeding management who is responsible for one-to-one *counseling* of breastfeeding mothers?**
    - ☐ 0 No **(If No, SKIP to question #19)**
    - ☐ 1 Yes

    a. **Who receives this counseling? (Check all that apply)**
    - ☐ 1 All mothers
    - ☐ 2 Mothers who request counseling
    - ☐ 3 Primiparas
    - ☐ 4 Mothers referred by a physician
    - ☐ 5 Mothers who encountered problems previously
    - ☐ 6 Mothers referred by a nurse
    - ☐ 7 Mothers with current breastfeeding problems
    - ☐ 8 Other: _____

19. **Do breastfeeding mothers routinely receive instruction regarding breastfeeding techniques (comfortable positioning, holding baby, assessing the effectiveness of breastfeeding)?**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

    a. **When does this happen? (Check all that apply)**
    - ☐ 1 With the first feeding
    - ☐ 2 At the mother's request
    - ☐ 3 Within the first 12 hours
    - ☐ 4 Over 12 hours after birth

20. **Are all breastfeeding mothers shown how to express their milk?**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

    a. **Which methods are usually demonstrated? (Check all that apply)**
    - ☐ 1 Hand expression
    - ☐ 2 Hand pump
    - ☐ 3 Electric pump

21. **Do breastfeeding mothers receive printed and/or audio-visual breastfeeding information before discharge?**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

22. **Is printed information on formula feeding and infant formulas distributed to breastfeeding mothers?**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

23. **Do you use <u>different</u> discharge packs for breastfeeding and formula feeding mothers?**
    - ☐ 1 No, same for both **(If No, SKIP to question #24)**
    - ☐ 2 No discharge packs given
    - ☐ 3 Yes

    a. **If YES: Do the discharge packs for breastfeeding mothers include formula and/or coupons for formula?**
    - ☐ 0 No
    - ☐ 1 Yes

24. **Are breastfeeding mothers referred to breastfeeding support groups when they are discharged?**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

25. **Are breastfeeding mothers given follow-up support from hospital staff after they are discharged from the hospital? (home visits, telephone calls, postnatal clinic checkups)**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

26. **Does the hospital provide postpartum breastfeeding classes and/or support groups for mothers following discharge?**
    - ☐ 0 No **(If No, SKIP to question #27)**
    - ☐ 1 Yes

    a. **How is this support provided? (Check all that apply)**
    - ☐ 1 Postpartum classes
    - ☐ 2 Support Group
    - ☐ 3 Home Visit
    - ☐ 4 Telephone Consultation
    - ☐ 5 In-Office Consultation
    - ☐ 6 Breastfeeding Center (books, supplies, breast pumps)

    b. **Are key family members/support people invited to attend breastfeeding classes?**
    - ☐ 0 No
    - ☐ 1 Yes

27. **Does your unit utilize trained breastfeeding peer counselors (i.e. WIC) in any of its maternity services (clinic, postpartum floor visits)?**
    - ☐ 0 No
    - ☐ 1 Yes

28. **Does La Leche League, other breastfeeding organizations, or in-hospital staff, conduct a breastfeeding support group on the hospital premises?**
    - ☐ 0 No
    - ☐ 1 Yes Who provides it? _____

29. **What are healthy breastfed babies given as a "first feeding"?**

		Always/Most of the time (75-100%)	Sometimes	Seldom/Not at all (25% or less)
a.	Breast milk	☐ 1	☐ 2	☐ 3
b.	Water	☐ 1	☐ 2	☐ 3
c.	Glucose	☐ 1	☐ 2	☐ 3
d.	Formula	☐ 1	☐ 2	☐ 3

30. **Are "test feedings" of sterile water and/or glucose water routinely given to breastfed babies?**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

31. **Are healthy breastfed babies given any supplements <u>between</u> breast feedings?**
- ☐ 1 Always/Most of the time (75% - 100%)
- ☐ 2 Sometimes
- ☐ 3 Seldom/Not at all (25% or less)

a. **What is used? (Check all possibilities)**
- ☐ 1 Water
- ☐ 2 Glucose
- ☐ 3 Formula
- ☐ 4 Other: _____

32. **Are small (<6lbs) and large (>8lbs) babies, with stable blood sugar, given supplemental feedings?**
- ☐ 1 Always/Most of the time (75% - 100%)
- ☐ 2 Sometimes
- ☐ 3 Seldom/Not at all (25% or less)

33. **Are healthy breastfed babies given complementary feedings <u>along with</u> breastfeeding?**
- ☐ 1 Always/Most of the time (75% - 100%)
- ☐ 2 Sometimes
- ☐ 3 Seldom/Not at all (25% or less)

a. **What is used? (Check all possibilities)**
- ☐ 1 Water
- ☐ 2 Glucose
- ☐ 3 Formula
- ☐ 4 Other: _____

34. **What percentage of breastfeeding mothers remain with their babies 23 hours/day (i.e. except for rare occasions, babies stay with their mothers)?**
- ☐ 1 All/Most (75% - 100%)
- ☐ 2 About half
- ☐ 3 Few/Not at all (25% or less)

35. **Are babies taken from the mother's room for:**

		Yes	Sometimes	No
a.	Routine pediatric exam	☐ 1	☐ 2	☐ 3
b.	Change of shift	☐ 1	☐ 2	☐ 3
c.	Visiting hours	☐ 1	☐ 2	☐ 3
d.	Lab tests	☐ 1	☐ 2	☐ 3
e.	Infant photos	☐ 1	☐ 2	☐ 3
f.	Photo therapy	☐ 1	☐ 2	☐ 3

36. **How many hours per day do mothers and infants normally spend together?**
- ☐ 1 8 hours or less
- ☐ 2 9 – 16 hours
- ☐ 3 17 – 22 hours
- ☐ 4 23 – 24 hours

37. **Are breastfed babies fed according to a fixed schedule?**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

38. **Are mothers encouraged to breastfeed their babies on cue?**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

39. **Are breastfeeding mothers encouraged to room-in 24 hours with their babies?**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

40. **For babies that are not rooming-in, are breastfed babies brought to their mothers at night for feedings?**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

41. **Do you limit the length of suckling at each feeding for breastfed babies?**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

42. **Are breastfed babies given pacifiers between feedings?**
    - ☐ 1 Always/Most of the time (75% - 100%)
    - ☐ 2 Sometimes
    - ☐ 3 Seldom/Not at all (25% or less)

43. **How are babies' temperatures *usually* stabilized, if needed?**
    - ☐ 1 Skin-to-skin
    - ☐ 2 Radiant warmer
    - ☐ 3 Both
    - ☐ 4 Other: _____

44. **When a baby is placed under bilirubin lights to treat jaundice, where does the treatment *usually* take place?**
    - ☐ 1 In the mother's room
    - ☐ 2 In the Nursery
    - ☐ 3 Both
    - ☐ 4 Other: _____

A few questions about you: *(Please check or write in the answer that best describes you)*

45. **Which category best describes your age?**
- ☐ 1 20 - 29
- ☐ 2 30 - 39
- ☐ 3 40 - 49
- ☐ 4 50 - 59
- ☐ 5 Over age 60

46. **I am a (an):**
- ☐ 1 RN
- ☐ 2 LPN
- ☐ 3 Technician
- ☐ 4 Lactation Consultant
- ☐ 5 Other: _____

47. **I have a (an):** (Check all that apply)
- ☐ 1 AAS or diploma in Nursing
- ☐ 2 BS in Nursing
- ☐ 3 Other BS or BA
- ☐ 4 MS/MA
- ☐ 5 Other: _____

48. **In what area do you usually work?**
- ☐ 1 Labor and Delivery
- ☐ 2 Postpartum
- ☐ 3 Nursery (term or special care)
- ☐ 4 Nursing Education
- ☐ 5 Nursing Administration
- ☐ 6 Other: _____

49. **If you are a nurse, how long have you been a nurse?**
- ☐ 1 <1 year
- ☐ 2 1 – 4 years
- ☐ 3 5 – 9 years
- ☐ 4 10 – 14 years
- ☐ 5 15 – 19 years
- ☐ 6 20 or more years

50. **How long have you worked in maternal child health?**
- ☐ 1 <1 year
- ☐ 2 1 – 4 years
- ☐ 3 5 – 9 years
- ☐ 4 10 – 14 years
- ☐ 5 15 – 19 years
- ☐ 6 20 or more years

51. **How long have you worked in this hospital in maternal child health?**

- ☐ 1 <1 year
- ☐ 2 1 – 4 years
- ☐ 3 5 – 9 years
- ☐ 4 10 – 14 years
- ☐ 5 15 – 19 years
- ☐ 6 20 or more years

52. **I work:**

- ☐ 1 Full-time (35 or more hours/week)
- ☐ 2 Part-time (17- 34 hours/week)
- ☐ 3 Per Diem (<17 hours/week)

53. **Comments**

THANK YOU FOR YOUR TIME!!!

Please return in pre-paid envelope or send to
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