

Data Collection Sheet for Telephone Calls for both exposure and control groups

Before 4 weeks (exposure group), then at 4 weeks, 3 months and 6 months (both groups)

1. Date of Call ___/___/20___ S M T W T F S S
2. Time _____ AM PM UNKNOWN
3. Mothers name _____ DOB / / Address _____
4. Date / / time returned _____ UR number _____
5. Phone number: _____ Age of baby: _____

6. INTRODUCTORY QUESTIONS:

- a. Is it convenient for us to chat now? ☐ yes ☐ no
- b. Is breast feeding comfortable? ☐ yes ☐ no
- c. Are you having fun with your baby? ☐ yes ☐ no
- Is baby smiling ☐ yes ☐ no, having good wet nappies ☐ yes ☐ no, having good bowel motions / passing wind ☐ yes ☐ no?
- d. Is baby waking spontaneously to feed and look around? ☐ yes ☐ no
- e. At the moment is your breastfeeding experience positive ☐, neutral ☐ or negative ☐?

[If these questions are answered affirmatively, then breastfeeding is most likely satisfactory.]

7. FOLLOW UP QUESTIONS (where applicable):

- a. Are you in pain when breastfeeding? ☐ yes ☐ no
- b. How are your support networks going eg partner, family, friends? ☐ satisfied ☐ not sure
- c. Do you feel comfortable breastfeeding around others or in public? ☐ yes ☐ no
- d. How many times a day do you breast feed? ☐ yes ☐ no
- e. How long does each breastfeeding session last on average? _____ minutes
- f. Is your baby gaining weight? ☐ yes ☐ no
- g. How long do you intend to continue breastfeeding? _____ months

8. Concerns from the mother: (Tick one category for each issue discussed)

- | | | |
|--|--|--|
| <input type="checkbox"/> Sore nipples/bleeding nipples | <input type="checkbox"/> Pump hire/equipment questions | <input type="checkbox"/> Medication for mum |
| <input type="checkbox"/> Medication for baby | <input type="checkbox"/> Formula | <input type="checkbox"/> Fussy /unsettled baby |
| <input type="checkbox"/> Tongue Tie/Lip tie | <input type="checkbox"/> Maternal diet | <input type="checkbox"/> Sleepy baby |
| <input type="checkbox"/> Mastitis | <input type="checkbox"/> Oversupply | <input type="checkbox"/> Low supply |
| <input type="checkbox"/> Milk collection and storage | <input type="checkbox"/> Engorged | <input type="checkbox"/> Frequency of feeds |

Management Plan (Tick one category for each issue discussed)

- | | | |
|--|---|--|
| <input type="checkbox"/> Discussion about positioning and attachment | <input type="checkbox"/> Bottle feeding/teat | <input type="checkbox"/> Hand expressing |
| <input type="checkbox"/> Transitioning bottle to breast | <input type="checkbox"/> Management of sore nipples | <input type="checkbox"/> Management of weight loss |
| <input type="checkbox"/> Expressing breastmilk pump | <input type="checkbox"/> Management of low supply | <input type="checkbox"/> Management of mastitis |
| <input type="checkbox"/> Management of breast fullness | <input type="checkbox"/> Management of thrush | <input type="checkbox"/> How to use nipple shield |
| <input type="checkbox"/> Management of engorgement | <input type="checkbox"/> Management of sleepy baby | <input type="checkbox"/> Milk collection and storage |

Comments:

How are you feeding your baby?

☐ Fully breastfeeding ☐ Breastfeeding/EBM ☐ Breastfeeding/EBM/AF

Outcome of Call

☐ Advice given ☐ Advised to see MCHN ☐ Referral to Northern BF clinic.
☐ Advised to see GP ☐ Referral to Paediatric team at TNH ☐ Unable to reach caller ☐ Other

NOTES ON DATA COLLECTION.

The aim of this prospective study is to observe if the duration of exclusive and partial breastfeeding is prolonged. The questions are designed to reveal the physical and psychological aspects related to breastfeeding and the well-being of the mother and child.

The *introductory* set of questions are designed to get an overall picture of whether breast feeding is progressing satisfactorily.

Following this is a group of *follow up questions*. These questions are given as a guide to following up concerns raised by answers to the introductory set.

Finally, there is a section listing common concerns and management outcomes which need to be ticked.