

Data collection questionnaire on breastmilk feeding among mothers who gave birth to preterm infants (born before 32 weeks of GA) during 2012-2015

Questionnaire for participating mothers

Mother's first and last name _____

Child's name _____

Child's date of birth _____

Date of completing the questionnaire _____

- Was the pregnancy a twin pregnancy? Yes / No
- If the answer is yes, was this baby the first or the second twin? 1st / 2nd
- Was your baby fed by breastmilk (in any way: directly at the breast, pumped breastmilk)?
Yes/No

If your baby was fed breastmilk:

- How long was your baby fed **exclusively** by breastmilk (**exclusively** = without any additional infant formula, breast milk only)? _____
- How long was your baby fed by breastmilk (even combined with formula)?

- How did your baby receive the breastmilk (directly at the breast only (nursing) /pumped breastmilk only/both)?
- Why did you discontinue feeding your baby breastmilk? (e.g., end of maternity leave and need to go back to work/ inadequate supply of milk / personal preference / other)

If your baby was **not** fed breastmilk:

- What was the reason for not feeding your baby with breastmilk?

- During your pregnancy, before you gave birth prematurely, did you intend to breastfeed your baby? Yes/No
- Did you nurse (directly breastfeed) previous children? Yes/No
- Did you pump breastmilk with previous children? Yes/No
- If so, what problems did you encounter? _____
What helped you? _____

Thank you for completing the questionnaire.

If you have any further questions please feel free to ask Dr. IM, Dr. LL, or Dr. SP