

Appendix A – Six-Month Breastfeeding Telephone Survey Script

Introduction

I1. Hello, may I please speak with <FNAME> <LNAME>?

- a) IF YES GO TO Question I2
- b) IF NO GO TO Question I1a
- c) REFUSED Okay, thank you very much for your time.

Goodbye.

I2. Hello, my name is ____ and I'm calling on behalf of the Peel Health Department. We are conducting a survey about feeding your baby. Soon after the birth of your baby, a Public Health Nurse from the Healthy Babies/Healthy Children Program contacted you and asked for your consent to participate in the survey. Do you remember agreeing to participate?

- a) IF YES GO TO Question I3
- b) IF NO GO TO Question I1b
- c) REFUSED Okay, thank you very much for your time.

Goodbye.

I1a. Can you tell me when would be a better time to call back?

Yes, record callback information.

I1b. Is it all right if I give you the information about the survey now to see if you would like to participate?

- a) IF YES GO TO I1d READ "SCRIPT FOR LETTER"
BELOW
- b) IF NO GO TO QUESTION 1c

I1c. Is there a better time to call you back?

- a) IF YES RECORD CALL BACK INFORMATION
- b) IF NO, STOP → THANK YOU VERY MUCH FOR YOUR TIME

I1d. SCRIPT FOR LETTER

It is important for the Peel Health Department to learn more about infant feeding in the Region of Peel. Peel Health is asking a sample of new mothers to help us by answering a 15-minute telephone interview, which is being conducted over the next few months.

Participation in this survey is voluntary and you are free not to answer any question.

If you have any concerns about the survey or wish to find out about the results, please contact Andrea Smith at the Peel Health Department at 905-791-7800 ext 2857. We value your

knowledge and ideas and feel that your answers will help us provide more effective services to families living in the Region of Peel. *GO TO I3*

I3. Are you willing to participate in this survey now? It will take about 15 minutes of your time.

- a) IF YES *GO TO I4*
- b) IF NO -later *GO TO I4a*
- c) IF NO – never *Thank you very much for your time. Goodbye.*

I4. Please remember that you can refuse to answer any questions or stop the interview at any time if you wish. Your answers to the questions will be completely confidential and no one will be able to link your name to the answers you give.

CONTINUE TO SURVEY.

I4a. When would be a better time to call you back?

RECORD CALL BACK INFORMATION

Breastfeeding Initiation

1. First, is your baby living with you now?

- a) Yes Go to Q2
- b) No Go to Q1a
- c) Refused Go to Q1a

1a. Can we provide you with a number for the Peel Health Department? They can help direct your call to services that you may need.

- a) Yes Go to Q1b
- b) No Okay, thank you very much for your time.
- c) Refused Okay, thank you very much for your time.

1b. Call Health Line Peel at 905-799-7700 <end of interview>

2. When you had your baby about six months ago, what did you feed your newborn?
 (DO NOT READ LIST - Check one only)
 (Interviewer Prompt: We are looking for what was fed to the newborn from 0-6 weeks old. If respondent indicates they used a bottle, ask if they put breast milk or formula in the bottle and record accordingly)

- a) Breastmilk (go to Q3)
- b) Combination of breastmilk and formula (Go to Question 3)
- c) Formula - (Go to Question 2i)
- d) Other, specify _____ go to Question 3
- e) Don't know go to Question 23
- f) Refused / no response go to Question 23

(Re-code Other if needed)

2i. Did you ever try to breastfeed?

- a) If **YES** Go to Question 3
- b) If **NO** Go to Question 3
- c) Refused/no response Go to Question 3

3. When did you first think about how you would feed your baby? Was it...
(Read options) (Check one only)

- a) Before you became pregnant
- b) During your pregnancy, or
- c) After your baby was born
- d) Don't know
- e) Refused / no response

4. Who or what helped your with your decision about feeding your baby?

(DO NOT READ - Check all that apply)

(Use one prompt: did anything or anyone else influence you?)

- a) Myself (no one)
- b) Partner
- c) Mother/mother-in-law
- d) Other relative
- e) Doctor
- f) Midwife
- g) Lactation consultant
- h) Nurse in doctor's office
- i) Public Health Nurse
- j) Previous experience with other child
- k) Books/magazines/media
- l) Friends/co-workers
- m) La Leche League (community group)
- n) Prenatal/breastfeeding class
- o) Other, specify _____
- p) None of the above
- q) Don't know
- r) Refused / No response

If Q2= a or b then continue to Q5

If Q2 = c then If 2i=1 then go to Q8

If 2i=2 then go to Q8

If Q2 = d then go to Q8

Use of Resources

5. Who or what gave you the most help or support with breastfeeding?
(DO NOT READ - Check all that apply.)

(Use one prompt: were there any other people who gave you help or support?)

- a) Hospital staff
 - b) Healthy Start Public Health Nurse
 - c) Doctor
 - d) Public Health Nurse visit in home
 - e) Peel Breastfeeding Helpline telephone contact
 - f) Breastfeeding Clinics Public Health Nurse
 - g) Midwife / doula
 - h) Lactation consultant
 - i) Partner (spouse)
 - j) Mothers at Breastfeeding Companion Program
 - k) Mothers at Breastfeeding Support Group
 - l) Friends/Coworkers
 - m) Parent/mother/mother-in-law/family member/relative
 - n) La Leche League
 - o) Other (specify)
 - p) None of the above/no support
 - q) Don't know/ Can't remember
 - r) Refused / no response
6. There are many services in Peel to help or support mothers with breastfeeding. As I read through this list, please indicate which breastfeeding services you were aware of: (READ LIST - Check all that apply)
- a) Hospital staff
 - b) Healthy Start Public Health Nurse
 - c) Doctor
 - d) Healthy Babies Healthy Children Public Health Nurse visit in home
 - e) Peel Breastfeeding Helpline telephone contact
 - f) Breastfeeding Clinics Public Health Nurse
 - g) Midwife / doula
 - h) Lactation consultant
 - i) Mothers at Breastfeeding Companion Program
 - j) Mothers at Breastfeeding Support Group
 - k) La Leche League
 - l) Other (specify)
 - m) None of the above
 - n) Don't know/ Can't remember
 - o) Refused / no response

7. As I read through the following list, please indicate which breastfeeding services you used with your newborn, and which breastfeeding services you are still currently using: (this question will be divided into Q7a and Q7b for used and now)
(READ EACH OPTION – SPECIFY YES/NO FOR EACH– Check all that apply)

a) Used with newborn b) Use now

- a) Hospital staff
- b) Healthy Start Public Health Nurse
- c) Doctor
- d) Healthy Babies Healthy Children Public Health Nurse visit in home
- e) Peel Breastfeeding Helpline telephone contact
- f) Breastfeeding Clinics Public Health Nurse
- g) Midwife / doula
- h) Lactation consultant
- i) Mothers at Breastfeeding Companion Program
- j) Mothers at Breastfeeding Support Group
- k) La Leche League
- l) Any **Other**? (specify)
- m) None of the above
- n) Do not use any breastfeeding services now
- o) Don't know/ Can't remember
- p) Refused / no response

Breastfeeding Definitions

8. What kind of milk are you feeding your baby NOW?
(READ LIST - Check one)

- a) Formula (If Q2=a or b - go to Q10. If Q2=c or d- go to Q21)
- b) Cows milk (If Q2=a or b - go to Q10. If Q2=c or d- go to Q21)
- c) Combination of breastmilk and formula/cow's milk (go to Q10)
- d) Breastmilk (GO TO QUESTION 9; if Q2=b go to Q10))
- e) Other (specify) (Go to Q 21) _____
- f) Don't know (Go to Q21)
- g) Refused/no response (go to Q 21)

9. Has your baby received **ONLY** breastmilk since birth? **Breastmilk** includes breastfeeding, expressed breastmilk or donor milk and undiluted drops or syrups consisting of vitamins, mineral supplements or medicines

- a) Yes (Go to Q13)
- b) No (Go to Q10)
- c) Don't know (Go to Q13)
- d) Refused / no response (Go to Q13)

10. How old was your baby when you first introduced any other liquids / foods in addition to breastmilk? **Other liquids or foods** include commercial formula, water/glucose water, evaporated milks, goat's milk, cow's milk and traditional drinks such as sweetened and flavoured waters, teas and infusions, and cereals and thickeners or any other food.
(DO NOT READ LIST but prompt if necessary – Choose One)

- a) Less than 1 week
- b) 1 week to less than 4 weeks
- c) 1 month to less than 2 months
- d) 2 months to less than 3 months
- e) 3 months to less than 4 months
- f) 4 months to less than 5 months
- g) 5 months to less than 6 months
- h) 6 months to less than 7 months
- i) don't know
- j) refused / no response

If Q8=a or b then GO TO Question 11

If Q8=c then GO TO Question 13

If Q8=d then GO TO Question 13

Breastfeeding Duration

11. How old was your baby when you stopped feeding breastmilk?
(DO NOT READ LIST but prompt if necessary- Check one)

- a) Less than 1 week
- b) 1 week to less than 4 weeks
- c) 1 month to less than 2 months
- d) 2 months to less than 3 months
- e) 3 months to less than 4 months
- f) 4 months to less than 5 months
- g) 5 months to less than 6 months
- h) 6 months to less than 7 months
- i) don't know
- j) refused / no response

12. Mothers stop breastfeeding for a number of reasons. Would you tell me why you decided to stop breastfeeding?
(DO NOT READ LIST - Check all that apply)

- a) Baby crying/fussy/colic/gas
- b) Poor weight gain
- c) Baby seemed hungry/ not satisfied
- d) Not enough breastmilk
- e) Flat or inverted nipples
- f) Sore or cracked nipples

- g) Breast infection (mastitis)
- h) Returned to work
- i) Returned to school
- j) "Uncomfortable" with breastfeeding
- k) Lack of support (specify) _____
- l) Doctor / health care professional said to quit
- m) Interfered with social life / marital life
- n) Started baby on cow's milk/formula
- o) Baby would latch/not sucking well at breast
- p) Baby old enough/right time
- q) Baby ill
- r) Mother ill
- s) Teething/biting
- t) Not enough time/too busy
- u) Other (specify) _____
- v) Don't know / can't remember
- w) Refused / No response

(Go to Q 14)

Decision Making

13. How long do you plan to breastfeed your baby? Would you say until the baby is...
 (READ LIST - Check one)
 (Interviewer Prompt: This is referring to the baby's age, not the length of time)

- a) 6 months to less than 9 months old
- b) 9 months to less than 12 months old
- c) 12 months
- d) more than 1 year to less than 2 years old
- e) 2 years old or more or
- f) Until baby weans self
- g) Don't know
- h) Refused / no response

Breastfeeding Support

14. The next question is about where you have breastfed your baby and whether you felt comfortable breastfeeding at that location: (Read responses)

Have you ever breastfeed your baby...

- a) In a mall
 - (1) Yes Go to Q14ai
 - (2) No

- (3) Don't know/Don't remember
- (4) Refused/no response

ai) Did you feel comfortable breastfeeding in a mall?

- 1) Yes
- 2) No
- 3) Don't know/Don't remember
- 4) Refused/no response

(use same format for b to h below)

- b) In restaurants
- c) Recreational facilities
- d) In place of worship
- e) In workplace
- f) On public transportation
- g) In presence of close family
- h) In presence of friends

(If Q14a=2(NO), Q14b=2, Q14c=2, Q14d=2, Q14e=2, then go to Q14i)

- 14i. Could you tell me why you did not breastfeed in a public place such as a mall, restaurant, recreational facility, in a place of worship, in the workplace or on public transportation?
- a) Situation never arose
 - b) Pumped milk into a bottle so did not breastfeed in public place
 - c) Didn't feel comfortable
 - d) Other (specify)
 - e) Don't know
 - f) Refused

Return to Work

15. During this most recent pregnancy, did you work outside the home or attend school?
- a) Yes (Go to Q16)
 - b) No (Go to Q 16)
 - c) Refused/no response (Go to Q23)
16. Are you planning to return [go to] work in the next six months or to school within the next school year?
- d) Yes (Go to Q17)
 - e) No (Go to Q23)
 - f) Already returned to work/school (Go to Q18)
 - g) Don't know (Go to Q23)
 - h) Refused / No response (Go to Q23)

17. How old will your baby be when you return to work/school?

_____ months

don't know

refused

After asked this question (i.e. Q17) Go to Q19

If Q8=2or3, go to Q23

18. How old was your baby when you returned to work/school?

_____ months

don't know

refused

After asked this questions (i.e. Q18) Go to Q20

19. Are you planning to continue breastfeeding when you go to work/school?

a) Yes (Go to Q 23)

b) No (Go to Q 23)

c) Don't know (Go to Q 23)

d) Refused / No response (Go to Q23)

20. Did you continue to breastfeed when you went back to work/school?

a) Yes (Go to Q 23)

b) No (Go to Q 23)

c) Don't know (Go to Q 23)

d) Refused/No response (Go to Q 23)

Questions for mothers who have never breastfed.

21. There are many services available in Peel to help or support mothers with feeding their babies. As I read through the list, please let me know which services you were aware of in Peel:

(READ LIST – Check all that apply)

a) Hospital staff

b) Healthy Start Public Health Nurse

c) Doctor

d) Health Line Peel / Peel Breastfeeding Helpline Telephone Contact / 2nd Tier Breastfeeding Help Line

e) Healthy Babies Healthy Children Public Health Nurse visit in home

f) Breastfeeding Clinics Public Health Nurse

g) Midwife / doula

h) Lactation consultant

i) Mothers at Breastfeeding Companion Program

j) Mothers at Breastfeeding Support Group

k) La Leche League

l) Other (specify)

m) None of the above

- n) Don't know/ Can't remember
- o) Refused / no response

22. As I read through the following list, please indicate which of the following services you used with feeding your newborn, or are currently using
(READ EACH OPTION – Check all that apply)

- a) Hospital staff
 - b) Public Health Nurse
 - c) Doctor
 - d) Health Line Peel
 - e) Midwife / doula
 - f) Other (specify)
 - g) None of the above
 - h) Don't know/ Can't remember
 - i) Refused / no response
- a) Used with newborn b) Use now

Demographics

Questions About Yourself

23. Is this your first child?

- a) Yes
- b) No
- c) Refused/no answer

24. Was this a single birth?

(If not single, prompt for type of birth and select appropriate option)

- a) Single
- b) Twins
- c) Triplets
- d) Other (specify)
- e) Refused/no answer

25. Were you born in Canada?

- a) Yes Go to Q26
- b) No Go to Q25a
- c) Refused/no answer Go to Q26

25a. How many years have you lived in Canada

- a) Answer
- b) Refused/no answer

- 25b. Where were you born?
- a) Answer
 - b) Refused/no answer _____
26. What is your date of birth? Yyyy/mmm/dd (insert separate field with calculated age) At end of surveying, make sure date is sent this way.
27. What is your highest level of education that you have ever completed?
(READ LIST - Check one)
- a) No schooling
 - b) Some schooling but less than high school diploma
 - c) Completed high school
 - d) Some trade school or college
 - e) Completed trade school or college
 - f) Some university
 - g) Completed university
 - h) Post graduate
 - i) Refused/no response
28. What is your marital status?
(READ LIST - Check one)
- a) Married (legally)
 - b) Common-law
 - c) Living with partner
 - d) Single (never married)
 - e) Widowed
 - f) Separated (not legally divorced)
 - g) Divorced
 - h) Refused/no response
29. I will now read you a list. Can you estimate in which of the following groups your household income falls? Is it...
(READ LIST - Check one)
- a) Less than \$10,000
 - b) \$10,000 to less than \$20,000
 - c) \$20,000 to less than \$30,000
 - d) \$30,000 to less than \$40,000
 - e) \$40,000 to less than \$50,000
 - f) \$50,000 to less than \$60,000
 - g) \$60,000 to less than \$70,000
 - h) \$70,000 to less than \$80,000
 - i) \$80,000 or more
 - j) Don't know
 - k) Refused/no response

Questions About Your Baby

30. Which hospital was your baby born in? (Can you recode the ‘other’ responses?)
- a) William Osler Center (Peel Memorial/Brampton Campus)
 - b) William Osler Health Center (Etobicoke Campus)
 - c) William Osler Health Center (Georgetown Campus)
 - d) Trillium Health Centre
 - e) Credit Valley Hospital
 - f) Other, specify
 - g) Don’t know
 - h) Refused/No response

CONSENT TO RECEIVE CONTACT INFORMATION FOR POSSIBLE INVITATION TO PARTICIPATE IN FOCUS GROUPS (only asked if mother is still breastfeeding at 6-

months)

31. The Peel Health Department would like us to contact you again when your baby is 12-months old to participate in another questionnaire about infant feeding. If you agree to participate, it will involve answering a 15 minute questionnaire over the telephone. All of your answers will be kept confidential. You do not have to consent. If you do agree to participate, you can at any time refuse to answer any question. Your decision will not affect the quality of service that you receive from the Peel Health Department.

Would you be willing to be contacted again in six-months to participate?

- a) Yes (Go to Q 32)
- b) No (Go to Q 33)
- c) Don’t know (Go to end)
- d) Refused (Go to end)

32. The Peel Health Department would also like to contact some new mothers again and invite them to participate in small focus group discussions in order to further improve our services. Would you be willing to be contacted again later within the next year?

- a) Yes (Go to Instructions for Interviewer – once complete, continue to Q 33)
- b) No (Go to end)
- c) Don’t know (Go to end)
- d) Refused (Go to end)

33. Peel Health will need to keep your phone number, to arrange to send you an invitation when the focus groups are being held. Are you willing to have Peel Health keep your telephone number and contact you for this purpose?

- 1 yes, gives consent
- 2 no, refuses (go to end)

Instructions for Interviewer (do if Q 31 = yes and also if Q 32 = yes)

34. Could you please confirm the following information for me? Your last name is <insert LNAME> and your first name is <FNAME> and your phone number is <insert PHONE>?

- (a) Correct Go to Q35
- (b) No Go to Q34a

34a. Could you please give me your correct name/phone number:

- a) Answer
- b) Refused/no response

35. Could you tell me in what municipality you reside?

- c) Mississauga
- d) Brampton
- e) Caledon
- f) Other (specify and still include in survey)
- g) Refused/no response

Qend. This brings us to the end of our survey.

Thank you for your time in participating in this survey with us. Have a good day/night.

If respondent has any questions about the survey, have them call Andrea Smith at 905-791-7800 x2857.

Appendix B – 12-Month Breastfeeding Telephone Survey Script

I1. Hello, may I please speak with _____?

- a.) IF YES GO TO Question I2
- b.) IF NO GO TO Question I1a
- c.) REFUSED Thank you very much for your time. Goodbye.

I1a. Can you tell me when would be a better time to call back?

- a.) IF YES Record callback information
- b.) IF NO Thank you very much for your time. Goodbye.

I2. Hello, my name is _____ and I'm calling on behalf of the Peel Health Department. As part of the infant feeding survey we spoke with you six months ago about feeding your baby. At the end of the survey, we asked for your consent to be contacted again to participate when your baby is about 12 months old. Do you remember agreeing to participate?

- a.) IF YES GO TO Question I3
- b.) IF NO GO TO Question I1b
- c.) REFUSED Thank you very much for your time. Goodbye.

I1b. Is it all right if I give you the information about the survey now to see if you would like to participate?

- a.) IF YES READ "SCRIPT FOR LETTER" BELOW
- b.) IF NO GO TO QUESTION 1c

I1c. Is there a better time to call you back?

- a.) IF YES Record callback information
- b.) IF NO Thank you very much for your time. Goodbye.

SCRIPT FOR LETTER

It is important for the Peel Health Department to learn more about infant feeding in the Region of Peel. Peel Health is asking a sample of new mothers who were breastfeeding when their baby was 6-months old, to help us by answering a 10-minute telephone interview, which is being conducted over the next few months.

Participation in this survey is voluntary and you are free not to answer any question.

We value your knowledge and ideas and feel that your answers will help us provide more effective services to families living in the Region of Peel. If you have any concerns

about the survey or wish to find out about the results, please contact Andrea Smith at the Peel Health Department at 905-791-7800 ext 2857.

I3. Are you willing to participate in this survey now? It will take about 10 minutes of your time.

- a.) IF YES GO TO Question I4
- b.) IF NO GO TO Question I4a
- c.) IF NO- NEVER Thank you very much for your time. Goodbye.

I4. Please remember that you can refuse to answer any questions or stop the interview at any time if you wish. Your answers to the questions will be completely confidential and no one will be able to link your name to the answers you give.

CONTINUE TO SURVEY.

I4a. Is there a better time to call you back?

- a.) IF YES Record callback information
- b.) IF NO Thank you very much for your time. Goodbye.

Breastfeeding Duration

1. When Peel Health Department contacted you six months ago, you were still breastfeeding your baby. What kind of milk are you feeding your baby NOW?
 - a) Formula (breastfed initially) (go to Q3)
 - b) Cow's milk (breastfed initially) (go to Q3)
 - c) Combination of breastmilk and formula/cow's milk (go to Q3)
 - d) Breastmilk (go to Q2)
 - e) Other (specify) (go to Q3) _____
 - f) Don't know (go to Q14)
 - g) Refused/no response (go to Q14)

2. Has your baby received only breastmilk since birth? **Breastmilk** includes breastfeeding, expressed breastmilk or donor milk and undiluted drops or syrups consisting of vitamins, mineral supplements or medicines.
 - a) Yes (Go to Q6)
 - b) No (Go to Q3)
 - c) Don't know (go to Q14)
 - d) Refused /no response (go to Q14)

3. How old was your baby when he or she first received <other> liquids / foods in addition to breastmilk? **Other liquids or foods** include commercial formula, water/glucose water, evaporated milks, goat's milk, cow's milk and traditional drinks such as sweetened and flavoured waters, teas and infusions, and cereals and thickeners or any other food. (DO NOT READ LIST but prompt if necessary – Choose One)
 - a) Less than 1 week
 - b) 1 week to less than 4 weeks
 - c) 1 month to less than 2 months
 - d) 2 months to less than 3 months
 - e) 3 months to less than 4 months
 - f) 4 months to less than 5 months
 - g) 5 months to less than 6 months
 - h) 6 months to less than 7 months
 - i) 7 months to less than 8 months
 - j) 8 months to less than 9 months
 - k) 9 months to less than 10 months
 - l) 10 months to less than 11 months
 - m) 11 months to less than 12 months
 - n) 12 months or more
 - o) Don't know
 - p) Refused / no response

If Q1=a, b, or e then GOTO Q4

If Q1=c, then GOTO Q6

Only ask Q4 & Q5 if Q1=a or Q1=b or Q1=e

4. How old was your baby when you stopped feeding him/her breastmilk?
(DO NOT READ)

- a) 6 months to less than 7 months
- b) 7 months to less than 8 months
- c) 8 months to less than 9 months
- d) 9 months to less than 10 months
- e) 10 months to less than 11 months
- f) 11 months to less than 12 months
- g) 12 months or more
- h) Don't know
- i) Refused / no response

5. Mothers stop breastfeeding for a number of reasons. What were some of your reasons?(Do Not Read)

- a) Baby crying/fussy/colic/gas
- b) Poor weight gain
- c) Baby seemed hungry/ not satisfied
- d) Not enough breastmilk
- e) Flat or inverted nipples
- f) Sore or cracked nipples
- g) Breast infection (mastitis)
- h) Returned to work
- i) Returned to school
- j) "Uncomfortable" with breastfeeding
- k) Lack of support (specify) _____
- l) Doctor / health care professional said to quit
- m) Interfered with social life / marital life
- n) Started baby on cow's milk
- o) Baby would not latch/not sucking well at breast
- p) Baby old enough/right time
- q) Baby ill
- r) Mother ill
- s) Teething/biting
- t) Not enough time/too busy
- u) Other (specify) _____
- v) Don't know / can't remember
- w) Refused / No response

(Go to Q7)

Decision Making

Only ask Q6 if Q1=c or Q1=d

6. How long do you plan to continue to breastfeed your baby?
- a) Until he or she is _____ months olds
 - b) Don't know
 - c) Refused / no response

Breastfeeding Support

7. The next question is about where you have breastfed your baby and whether you felt comfortable breastfeeding at that location: (Read responses)

Have you ever breastfeed your baby...

g) In malls

- (5) Yes Go to Q14ai
- (6) No
- (7) Don't know/Don't remember
- (8) Refused/no response

ai) Did you feel comfortable breastfeeding in malls?

- 5) Yes
- 6) No
- 7) Don't know/Don't remember
- 8) Refused/no response
- 9)

(use same format and wording for b to h below)

- i) In restaurants (bi - comfort)
- j) Recreational facilities (ci - comfort)
- k) In place of worship (di - comfort)
- l) In workplace (ei - comfort)
- m) On public transportation (fi - comfort)
- n) In presence of close family (gi - comfort)
- o) In presence of friends (hi - comfort)

Return to Work

8. Are you planning to return [go to] work or school within the next six months?

- a) Yes (Go to Q9)
- b) No (Go to Q14)
- c) Already returned to work/school (Go to Q10)
- d) Don't know (go to Q14)
- e) Refused / No response (go to Q14)

9. How old will your baby be when you return to work/school?

- _____ months (Go to Q11)
- Don't know (go to Q14)
- refused (go to Q14)
- After asked this question (i.e. Q9) Go to Q11

10. How old was your baby when you returned to work/school?

- _____ months (Go to Q12)
- Don't know (go to Q14)
- Refused (go to Q14)
- After asked this questions (i.e. Q10) Go to Q12

11. Are you planning to continue breastfeeding when you go to work/school?

- a. Yes go to Q13
- b. No (go to Q14)
- c. Don't know (go to Q14)
- d. Refused / No response (go to Q14)

12. Did you continue to breastfeed when you went back to work/school?

- i) Yes (Go to Q13)
- j) No (go to Q14)
- k) Don't know (go to Q14)
- l) Refused/No response (go to Q14)

Usage of Resources

13. Mothers tell us they continue to breastfeed because of help or support they receive.

Who or what gave you the most help or support about breastfeeding?

(DO NOT READ - Check all that apply.)

(Use one prompt: Were there any other people who gave you help or support?)

- a) Hospital staff
- b) Healthy Start Public Health Nurse

- c) Doctor
- d) Public Health Nurse visit in home
- e) Peel Breastfeeding Helpline telephone contact
- f) Breastfeeding Clinics Public Health Nurse
- g) Midwife / doula
- h) Lactation consultant
- i) Partner (spouse)
- j) Mothers at Breastfeeding companion
- k) Mothers at Breastfeeding Support Group
- l) Friends/Coworkers
- m) Parent/mother/mother – in- law/family member/relative
- n) La Leche League
- o) Other (specify)
- p) None of the above/no support
- q) Don't know/can't remember
- r) Refused/no answer

14. There are many services in Peel to help or support mothers with breastfeeding. As I read through this list, please indicate which breastfeeding services you were aware of: (READ EACH OPTION)

- a) Hospital staff
- b) Healthy Start Public Health Nurse
- c) Doctor
- d) Healthy Babies Healthy Children Public Health Nurse visit in home
- e) Peel Breastfeeding Helpline telephone contact
- f) Breastfeeding Clinics Public Health Nurse
- g) Midwife / doula
- h) Lactation consultant
- i) Mothers at Breastfeeding Companion Program
- j) Mothers at Breastfeeding Support Group
- k) La Leche League
- l) Other (specify)
- m) None of the above
- n) Don't know/ Can't remember
- o) Refused / no response

15. a.) As I read through the list, please indicate which breastfeeding services you used with feeding your child in the last 6 months (READ EACH OPTION)

- a) Hospital staff
- b) Healthy Start Public Health Nurse
- c) Doctor
- d) Healthy Babies Healthy Children Public Health Nurse visit in home
- e) Peel Breastfeeding Helpline telephone contact
- f) Breastfeeding Clinics Public Health Nurse
- g) Midwife / doula

- h) Lactation consultant
- i) Mothers at Breastfeeding Companion Program
- j) Mothers at Breastfeeding Support Group
- k) La Leche League
- l) Other (specify)
- m) None of the above
- n) Don't know/ Can't remember
- o) Refused / no response

Ask 15B If Q1=c ,d

15. b.) As I read through the list, please indicate which breastfeeding services you are currently using(READ EACH OPTION)

- a) Hospital staff
- b) Healthy Start Public Health Nurse
- c) Doctor
- d) Healthy Babies Healthy Children Public Health Nurse visit in home
- e) Peel Breastfeeding Helpline telephone contact
- f) Breastfeeding Clinics Public Health Nurse
- g) Midwife / doula
- h) Lactation consultant
- i) Mothers at Breastfeeding Companion Program
- j) Mothers at Breastfeeding Support Group
- k) La Leche League
- l) Other (specify)
- m) None of the above
- n) Don't know/ Can't remember
- o) Refused / no response

THIS BRINGS US TO THE END OF OUR SURVEY.

THANK YOU FOR YOUR TIME IN PARTICIPATING IN THIS SURVEY WITH US. HAVE A GOOD DAY/NIGHT.

IF RESPONDENT HAS ANY QUESTIONS ABOUT THE SURVEY, HAVE THEM CALL ANDREA SMITH at 905-791-7800 X2857.

Appendix C – Breastfeeding Initiation and Six-Month Duration Rates, 2000 and 2004/05

Table 8. Proportion of Respondents Who Initiated Breastfeeding by Year of Survey, Region of Peel, 2000 and 2004/05

	Year of Survey		
	2000*	2004/05*	2004/05 [†]
% Initiating Breastfeeding	84.1	88.1	93.9

* Breastfeeding initiation excludes those who did not initially indicate that they fed their newborn breastmilk, but then indicated that they tried to breastfeed.

† Breastfeeding initiation definition includes those who did not initially indicate that they fed their newborn breastmilk and then indicated that they tried to breastfeed.

Table 9. Proportion of Respondents Who Breastfed Their Baby to Six-Months or Longer by Year of Survey, Region of Peel, 2000 and 2004/05

	Year of Survey	
	2000	2004/05 [†]
% Who Breastfed Their Babies to Six Months or Longer	42.7	58.2

Breastfeeding duration rate was calculated by comparing the number of women who breastfed their babies for six months or longer to the total number of women who participated in the survey.

† Breastfeeding duration rate excludes those who had tried to breastfeed but were not asked any of the subsequent questions about duration (n=50).