Breastfeeding Survey

The best way to complete this survey is at stages when they happen during this breastfeeding experience; that will take one or two years for some mothers. That’s called a “prospective” survey. We are also happy to receive surveys completed shortly after the completion of the nursing experience when everything is fresh in your memory. That’s called a “retrospective” survey. Both kinds are valuable for our continuing research.

If you can’t remember some item, just write DNR for Do Not Remember.

If you charted your fertility signs around the time when fertility and menstruation returned, you are invited to send copies of those charts. They will be helpful, but they are not required.

You can photocopy this survey. Feel free to share copies with others. Many thanks for your help.

How did you find out about this survey?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Breastfeeding and Natural Child Spacing</td>
<td></td>
</tr>
<tr>
<td>____ The Seven Standards of Ecological Breastfeeding</td>
<td></td>
</tr>
<tr>
<td>____ Natural Family Planning</td>
<td></td>
</tr>
<tr>
<td>____ NFPI website</td>
<td></td>
</tr>
<tr>
<td>___ A friend</td>
<td></td>
</tr>
<tr>
<td>___ Other</td>
<td></td>
</tr>
</tbody>
</table>

Your name______________________________________________
Email _______________________________________________
Full Address ________________________________
__________________________
Country ____________________________________________
Phone number _______________________

Check one:  This is a prospective survey ______
This is a retrospective survey ______

Your age when baby was born ______
Your height ______
Your pre-pregnancy weight ______
This survey covers baby #________
The baby was born on (date) ____________
Was baby a full-term baby? Yes____ No____
If not, what was gestational age at birth? ______
Note regarding age of the baby: The questions ask for the baby’s age in months and weeks. If you do not remember the exact weeks, give us your conservative estimate.

Pre-breastfeeding knowledge:
Did you receive breastfeeding instruction while pregnant? Yes____ No____

If yes, from whom or how did you receive the instruction? More than one is okay. List in order of significance with 1 as most helpful.

Doctor/nurse____ Clergy_____
La Leche League____ Classroom Instructor ______
Catholic Nursing Mothers League____ Book_____
Community breastfeeding support group_____
Childbirth class ______
Other______________________________________________

Nutrition:
Did you do exclusive breastfeeding? Yes____ No____

If yes, how long? Months____ Weeks ______
Baby’s age when you introduced solid foods:
______months _______weeks
Baby’s age when you introduced other liquids, formula or water: _______months _______weeks
Baby’s age when you breastfed for the last time:
______months _______weeks

Pacifier: Did your baby use a pacifier? Yes____ No____

If yes, when started? _______months _______weeks
How often? _______________________

Bottle: Did your baby use a bottle? Yes____ No____

If yes, For your milk?____
Formula?____ Other?____

If yes, when started? ________months _______weeks
How often? _______________________

Frequency: Did you allow for non-nutritive suckling?
Yes____ No____

Did you nurse frequently during the first year of life?
Yes____ No____

About how many times per day did you breastfeed your baby during the first six months? ________
About how many times per day did you nurse during the second six months? ______________

Did you nurse your baby to sleep at night?
Always____ Frequently_____
Sometimes____ Never_____

Did you breastfeed according to a schedule during the day? Yes____ No____

If yes, what kind of schedule?

________

Nap:
Did you take a daily nap? Yes____ No____

Did you nurse your baby during your nap?
Yes____ No____

If you took a daily nap, when did you quit taking a nap with your nursing baby?
______months _______weeks
Breastfeeding Survey  Page 2

Night:
Did you and your baby sleep together at night?  Yes____  No____
   If yes, how long?  _______months _______weeks
Or did you have other sleeping arrangements at night and what kind?  ____________________________________________

If your baby slept through the night, at what age did this happen?  _______months _______weeks

Baby care:
Did you take your baby with you when you left the house? Yes____  No_____  
Did you use daycare, a relative or a babysitter to care for your baby? Yes____  No____
   If yes, what age was the baby when he was left with others?  _______months _______weeks
How often did you leave your baby?
   ___________________________________________
   How many hours were you gone from your baby?
   ___________________________________________
   For what occasions did you leave the baby?
   ___________________________________________

If you did not use long-duration caregivers, at what age was your baby content to have you gone for an hour or two?  _______months _______weeks

Fertility:
If you had spotting or menstruation, did you go back into amenorrhea for an extended period of time? Yes____  No____
   If yes, for how long?  _______months _______weeks
Can you explain this return to amenorrhea?  ___________________________________________

If you did ecological breastfeeding, when did your first period return?  _______months _______weeks
Regardless of your type of breastfeeding, how old was your baby when your periods returned?  _______months _______weeks
After the start of your first menstruation, how long was it before the start of your next period?  _______days
If over 60 days, please explain if possible:
   ___________________________________________
Can you explain the cause of the return of menstruation or your fertility in terms of an event such as weaning completed, baby’s sickness, etc.
   ___________________________________________

If yes, how long did you rely on ecological breastfeeding for postpartum infertility?
   _______months _______weeks

First menstruation:
If you did ecological breastfeeding, did you have any bleeding after the first 56 days? Yes____  No____
If you relied on breastfeeding amenorrhea for postpartum infertility, did you conceive during the amenorrhea? Yes____  No____
   If yes, did you consider it as your first menstruation? Yes____  No____
If it was not your first real menses, please describe it.
   ___________________________________________

Did you rely on breastfeeding amenorrhea for natural infertility before your periods returned? _______months _______weeks
If you relied on breastfeeding amenorrhea for postpartum infertility, did you conceive during the amenorrhea? Yes____  No____
   If yes, when?  _______months _______weeks

Fertility Awareness:
Did you use any of these fertility signs prior to your first menstruation? External mucus____ Cervix ______
   Internal mucus _______ Temperature_______ Other ______
Did you have any spotting or mucus warning or cervix changes during amenorrhea prior to the return of menstruation? Yes____  No____
If you used the mucus sign, when was Peak Day that was associated with ovulation?  _______months _______weeks
If you used the temperature sign, what was the first day of sustained thermal shift?
   _______months _______weeks
If you used the temperature sign, how many days of elevated temperatures occurred before the next menstruation started _________
Could you tell when you were fertile and when you were in post-ovulation infertility? _______
By your best estimate, when did your first postpartum ovulation occur? _______months _______weeks

Support:
Did your husband support your breastfeeding? Yes____  No____
Did you receive breastfeeding support from any other group or person? Yes____  No____
Did you receive any negative comments about your breastfeeding? Yes____  No____

We would appreciate your NFP charts showing the return of fertility. Any additional comments are welcome on additional pages. Many thanks for your help. Please send this survey (and charts) to:

   NFPI BF Survey,  
   2911 Werk Road  
   Cincinnati OH 45211