

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?

- Breastfeeding and Natural Child Spacing*
- The Seven Standards of Ecological Breastfeeding*
- Natural Family Planning*
- NFPI website
- A friend
- Other _____

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

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.

Did you rely on ecological breastfeeding during the first
six months for postpartum infertility? (That means no
barrier contraceptives, no hormonal birth control, no
IUD, etc. and no periodic abstinence based on fertility
awareness) Yes___ No___

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 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? _____
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**