Survey Breastfeeding/Nutritional intake – ProBrain-D Study

Age 4-6 weeks:

Pseudonymization number:_____ **Date of phone call:** _____

Current weight of the baby (kg):_____ **Current length of the baby (cm):** _____

1. How is the baby currently nourished?

☐ **Exclusively breastfed*** *(**without** formula, water, tea etc.)*

☐ **Partially breastfed*** *(**with** formula and water/tea)*

☐ **Exclusively breastfed*** *(**without** formula, but **with** water and/or tea)*

☐ **Not breastfed*** *(**only** formula and water/tea)*

* breastfeeding = feeding with breast milk, this also includes pumped breast milk given by bottle

If breastfeeding is only partially done or not done at all, give reasons for this. *(Multiple answers possible)*

☐ Mother doesn't want or is not able to breastfeed
☐ Baby did not get enough breastmilk
☐ For time reasons
☐ Baby refused the breast
☐ Mother finds bottle feeding better/more convenient
☐ Mother wants to go back to work
☐ Due to advise from a midwife
☐ Baby drank poorly
☐ Baby lost weight
☐ Health problems of the baby
☐ Health problems of the mother
☐ Medication intake of the mother
☐ Lack of knowledge/guidance on breastfeeding
☐ Due to advise from a pediatrician/gynecologist
☐ Other reasons: _____

_____

_____

2. Have there been any breastfeeding problems in the last 6 weeks? ☐ Yes *(please specify)* ☐ No

☐ Soar nipples
☐ Breast engorgement
☐ Mastitis
☐ Baby refused the breast
☐ Baby had problems drinking/sucking
☐ Baby was too tired to drink
☐ Not enough breast milk
☐ Other breastfeeding problems

Other breastfeeding problems: _____

_____

Hoermann H, *et al. BMJ Open* 2022; 12:e063009. doi: 10.1136/bmjopen-2022-063009

If breastfeeding problems were experienced, do you see them as being related to supplemental feeding/management of postnatal hypoglycaemia?

☐ Yes ☐ No

_____

3. Have you ever pumped breast milk since your baby was born?

☐ Yes, only at the beginning/occasionally ☐ Yes, regularly ☐ No

If yes, please give reasons?

_____

_____

_____

_____

4. Were you supported by a midwife after discharge from the hospital? ☐ Yes ☐ No

If yes, how often and over what time period did the midwife visit you?

*(e.g., 3x/week over 4 weeks)*_____

5. How satisfied were you with the assistance/guidance on breastfeeding provided by the nurses and midwives of the University Hospital Düsseldorf?

☐ Very satisfied ☐ Rather satisfied ☐ Neither satisfied nor unsatisfied

☐ Rather unsatisfied ☐ Very unsatisfied

What could be improved? Further comments:

_____

_____

Survey Breastfeeding/Nutritional intake – ProBrain-D Study

Age 6 months:

Pseudonymization number:_____ **Date of phone call:** _____

Current weight of the baby (kg):_____ **Current length of the baby (cm):** _____

1. How is the baby currently nourished?

☐ **Exclusively breastfed*** *(**without** formula, water, tea and **without** complementary food like mashed vegetables, fruits etc.)*

☐ **Partially breastfed*** *(**with** formula, complementary food and water/tea)*

☐ **Exclusively breastfed*** *(**without** formula and complementary food but **with** water/tea)*

☐ **Not breastfed*** *(**only** formula, complementary food and water/tea)*

* breastfeeding = feeding with breast milk, this also includes pumped breast milk given by bottle

2. Until which month of life was your baby exclusively breastfed?

Month of life: _____

☐ The baby was never exclusively breastfed

If breastfeeding was only partially done or not done at all, give reasons for this. *(Multiple answers possible)*

☐ Mother doesn't want or is not able to breastfeed
☐ Baby did not get enough breastmilk
☐ For time reasons
☐ Baby refused the breast
☐ Mother finds bottle feeding better/more convenient
☐ Mother wants to go back to work
☐ Regular introduction of complementary feeding
☐ Baby drank poorly
☐ Baby lost weight
☐ Health problems of the baby
☐ Health problems of the mother
☐ Medication intake of the mother
☐ Lack of knowledge/guidance on breastfeeding
☐ Other reasons: _____

3. Have there been any breastfeeding problems in the last 6 months? ☐ Yes *(please specify)* ☐ No

☐ Soar nipples
☐ Breast engorgement
☐ Mastitis
☐ Baby refused the breast
☐ Baby had problems drinking/sucking
☐ Baby was too tired to drink
☐ Not enough breast milk
☐ Other breastfeeding problems

Other breastfeeding problems: _____

_____

_____

If breastfeeding problems were experienced, do you see them as being related to supplemental feeding/management of postnatal hypoglycaemia?

☐ Yes ☐ No

_____

4. When did the baby first receive the following foods?

	Months of life:	Not received
☐ **Fluids** *(water, tea, juice)*	( )	☐
☐ **Cow's milk**	( )	☐
☐ **Formula**	( )	☐
☐ **Complementary food** *(mashed vegetables, fruits, bread, cookie etc.)*	( )	☐
☐ **Foods containing gluten** *(cereals, bread, cookies etc.)*	( )	☐