



The Mother Infant Lactation Questionnaire

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For further information about the MILQ study or use of the MILQ Questionnaire, contact:
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1. SURVEY SCHEDULE



The MILQ Questionnaire is hosted in a web-based management system built by the South Australian Health and Medical Research Institute (SAHMRI) using Research Electronic Data Capture (REDCap) and hosted on SAHMRI's secure servers.



2. SCREENING QUESTIONS

Screening questions asked prior to enrolment to determine eligibility
TO BE COMPLETED BY STUDY STAFF ONLY

Baby's date of birth ____ / ____ / ____

Baby's gestation at birth: ____ weeks ____ days

Baby's sex

☐ Male

☐ Female

Birth weight (grams): ____

Inclusion Criteria: (all MUST be Yes to be eligible)	Yes	No	Unk
Parent or legally authorised representative is over the age of 16 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent or caregiver able to give informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singleton birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby born between 37 ⁺⁰ and 41 ⁺⁶ weeks' gestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby is currently ≤ 49 days of age (≤ 7 weeks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby born with a weight between the 5 th and 95 th percentile <ul style="list-style-type: none"> Males $\geq 2604\text{g}$ and $\leq 4215\text{g}$ Females $\geq 2532\text{g}$ and $\leq 4041\text{g}$ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any inclusion criteria are marked "no" or "Unk" (unknown), family is ineligible to enrol in MILQ, do not proceed

If all inclusion criteria are marked "yes," family is eligible to enrol in MILQ
Proceed to consent and Background Questionnaire



3. BACKGROUND QUESTIONS

Who is the primary carer of the baby?

- ☐ Mother
- ☐ Father
- ☐ Non-biological parent
- ☐ Grandmother
- ☐ Grandfather
- ☐ Family Friend
- ☐ Other; please specify _____

What is the residential postcode of the primary carer of the baby?

Who is answering this survey?

- ☐ Mother
- ☐ Father
- ☐ Non-biological parent
- ☐ Grandmother
- ☐ Grandfather
- ☐ Family Friend
- ☐ Other; please specify _____

How old are you? // What is the mother's age?

- ____ years
- ☐ Not sure

Were you born in Australia? // Was the mother born in Australia?

- ☐ Yes
- ☐ No →
 - ☐ Where were you born?
- ☐ Unknown

Do you identify as Aboriginal and/or Torres Strait Islander? // Does the mother identify as Aboriginal and/or Torres Strait Islander?



- ☐ Yes
☐ No
☐ Not sure/prefer not to say

Did you complete secondary school? (year 12 or equivalent) / Did the mother complete secondary school?

- ☐ Yes
☐ No → If no:
What was the highest year level completed: ____
☐ Not sure

Did you complete any further study or formal qualifications? // Did the mother complete any further study or formal qualifications?

- ☐ Yes, please select one:
☐ Certificate/Apprenticeship
☐ Diploma
☐ Degree (undergraduate or honours)
☐ Higher Degree (Masters or doctorate)
☐ Other, please specify: _____
☐ No
☐ Not sure

Have you been in the work force in the last 12 months? // Has the mother been in the workforce in the last 12 months?

- ☐ Yes
☐ No
☐ Not sure

Please select all the people who live with your baby most of the time (select all that apply):

- ☐ Mother
☐ Father of baby
☐ Non-biological parent
☐ Grandmother
☐ Grandfather
☐ Siblings / other children
☐ Other, please specify: _____



What is your current weight? // What is the mother's current weight?

__ __ __ kg

☐ Not sure

What was your pre-pregnancy weight? // What was the mother's pre-pregnancy weight?

__ __ __ kg

☐ Not sure

When did you last weigh yourself?

- ☐ In the last week
- ☐ In the last fortnight
- ☐ In the last month
- ☐ Not sure

What is your height? // What is the mother's height?

__ __ __ cm

☐ Not sure

Is this your first birth? // Is this the mother's first birth?

☐ Yes

☐ No → If no:

Have you breastfed before?

☐ Yes

☐ No

☐ Not sure

☐ Not sure

Was your baby born by caesarean?

☐ Yes

☐ No

☐ Not sure

Did you have skin-to-skin contact with your baby within the first hour after birth? i.e. was your baby placed on your bare chest shortly after birth? // Did the mother have skin-to-skin contact



with baby within the first hour after birth? i.e. was baby placed on the mother's bare chest shortly after birth?

- ☐ Yes
- ☐ No
- ☐ Not sure

Did you ever smoke during your pregnancy? (include cigarettes/ cigars/ vaping / e-cigarettes) // Did the mother ever smoke during your pregnancy? (include cigarettes/ cigars/ vaping / e-cigarettes)

- ☐ Yes → If yes:
 - ☐ Daily
 - ☐ Occasionally (less than daily)
 - ☐ Rarely
 - ☐ I quit when I found out I was pregnant
- ☐ No
- ☐ Not sure/prefer not to say

Did you attend any classes or information sessions whilst pregnant that included information about breastfeeding? // Did the mother attend any classes or information sessions whilst pregnant that included information about breastfeeding?

- ☐ Yes
- ☐ No → If no:

Please select the main reason for not attending any classes

 - ☐ I went to a class/classes but breastfeeding information was not included
 - ☐ No need – I'm familiar with this sort of information already
 - ☐ I was not aware of any classes
 - ☐ Too expensive
 - ☐ Too hard to get to classes
 - ☐ Not interested or not the way I learn or get information
 - ☐ Other reasons, please specify _____
- ☐ Not sure

Have you been discharged from hospital? // Has the mother been discharged from hospital?

- ☐ Yes
- ☐ No



4. FEEDING INTENTIONS

Before your baby was born, how did you plan to feed your baby?

- ☐ Breastmilk only
- ☐ Mainly breastmilk with some formula
- ☐ An equal mix of breastmilk and formula
- ☐ Mainly formula with some breastmilk
- ☐ Formula only
- ☐ Undecided
- ☐ Other, please specify _____

If 'breastmilk only' or 'formula only' or 'other' selected to above question:

What is/are the main reason(s) for this? (select all that apply)

If breastmilk only selected-options;

- ☐ Healthier for baby
- ☐ Convenient
- ☐ Helps with mother–infant bonding
- ☐ Healthier for mother
- ☐ It felt right/motherly instinct
- ☐ Cultural reason
- ☐ Cheaper than infant formula
- ☐ Advised or encouraged by midwife
- ☐ Encouraged by partner
- ☐ Encouraged by family
- ☐ Advised or encouraged by ante-natal class instructors
- ☐ Other, *please describe*

If formula only selected- options;

- ☐ Not enough breastmilk for the baby
- ☐ Baby was biting
- ☐ Baby lost interest
- ☐ Baby was unsettled
- ☐ Baby had poor weight gain or was not growing enough
- ☐ Baby not attaching properly
- ☐ Mastitis
- ☐ Breastfeeding feels painful
- ☐ Return to work
- ☐ Expressing milk to feed the baby was too hard / time consuming
- ☐ Lack of help/support/supervision with breastfeeding
- ☐ So that others could help with feeding/caring for the baby
- ☐ Too hard to breastfeed in public
- ☐ Felt unable to breastfeed
- ☐ Do not enjoy breastfeeding
- ☐ Tiredness / exhaustion / feeling run down
- ☐ Infant formula as good as breastmilk
- ☐ Partner discouraged breastfeeding
- ☐ Other family discouraged breastfeeding
- ☐ Baby is old enough to stop



	<input type="checkbox"/> Advice from health professional (i.e. GP, Nurse, Pharmacist) <input type="checkbox"/> I was taking a medication that may have affected the baby <input type="checkbox"/> I was taking another substance, or drinking alcohol, that may have affected the baby <input type="checkbox"/> Other, please specify
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If applicable, what was your partner's preference for feeding your baby? (select all that apply)

- ☐ Breastmilk
- ☐ Mainly breastmilk with some formula
- ☐ An equal mix of breastmilk and formula
- ☐ Mainly formula with some breastmilk
- ☐ Formula only
- ☐ Undecided
- ☐ Other, please specify: _____

After baby was born, what did you plan to feed your baby once you were discharged from hospital?

- ☐ Breastmilk only
- ☐ Mainly breastmilk with some formula
- ☐ An equal mix of breastmilk and formula
- ☐ Mainly formula with some breastmilk
- ☐ Formula only
- ☐ Other, please specify _____

If 'breastmilk only' or 'formula only' or 'other' selected to above question:

What is/are the main reason(s) for this? (select all that apply)

<p><i>If breastmilk only selected-options;</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Same as pre-birth plan (<i>if option selected is same</i>) <input type="checkbox"/> Healthier for baby <input type="checkbox"/> Convenient <input type="checkbox"/> Helps with mother–infant bonding <input type="checkbox"/> Healthier for mother <input type="checkbox"/> It felt right/motherly instinct <input type="checkbox"/> Cultural reason <input type="checkbox"/> Cheaper than infant formula 	<p><i>If formula only selected-options;</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Same as pre-birth plan (<i>if option selected is same</i>) <input type="checkbox"/> Not enough breastmilk for the baby <input type="checkbox"/> Baby was biting <input type="checkbox"/> Baby lost interest <input type="checkbox"/> Baby was unsettled <input type="checkbox"/> Baby had poor weight gain or was not growing enough <input type="checkbox"/> Baby not attaching properly <input type="checkbox"/> Mastitis <input type="checkbox"/> Breastfeeding feels painful
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<input type="checkbox"/> Advised or encouraged by midwife <input type="checkbox"/> Encouraged by partner <input type="checkbox"/> Encouraged by family <input type="checkbox"/> Advised or encouraged by ante-natal class instructors <input type="checkbox"/> Other, <i>please describe</i>	<input type="checkbox"/> Return to work <input type="checkbox"/> Expressing milk to feed the baby was too hard / time consuming <input type="checkbox"/> Lack of help/support/supervision with breastfeeding <input type="checkbox"/> So that others could help with feeding/caring for the baby <input type="checkbox"/> Too hard to breastfeed in public <input type="checkbox"/> Felt unable to breastfeed <input type="checkbox"/> Do not enjoy breastfeeding <input type="checkbox"/> Tiredness / exhaustion / feeling run down <input type="checkbox"/> Infant formula as good as breastmilk <input type="checkbox"/> Partner discouraged breastfeeding <input type="checkbox"/> Other family discouraged breastfeeding <input type="checkbox"/> Baby is old enough to stop <input type="checkbox"/> Advice from health professional (i.e. GP, Nurse, Pharmacist) <input type="checkbox"/> I was taking a medication that may have affected the baby <input type="checkbox"/> I was taking another substance, or drinking alcohol, that may have affected the baby <input type="checkbox"/> Other, please specify
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5. FIRST FEEDING PRACTICES

What sort of milk did your baby have for his/her first milk feed?

- ☐ Breastmilk
- ☐ Formula
- ☐ Not sure/other

What milk was your baby fed whilst in hospital?

- ☐ Breastmilk only
- ☐ Mainly breastmilk with some formula
- ☐ An equal mix of breastmilk and formula
- ☐ Mainly formula with some breastmilk
- ☐ Formula only
- ☐ Other, please specify _____

After your baby was born, did the hospital provide you with any support (such as information or assistance) about breastfeeding or expressing breastmilk whilst you were still in hospital?

- ☐ Yes, (please select all that apply);
 - ☐ Health professional advice (in person)
 - ☐ Lactation consultant
 - ☐ Midwife / nurse
 - ☐ Doctor/obstetrician/neonatologist
 - ☐ Other (e.g. AMIC worker), please specify _____
 - ☐ Brochure/ information / pamphlet
 - ☐ Internet or website
 - ☐ Telephone support/helpline
 - ☐ Other: *please specify* _____
- ☐ No
- ☐ Not sure

Overall, after giving birth to your baby, do you feel that the hospital provided you with enough support with breastfeeding?

- ☐ Yes
- ☐ No
- ☐ Not sure



Are there any comments you would like to make about feeding your baby in hospital? (things that could have been improved or found helpful?)

- ☐ Yes, please provide detail; _____
- ☐ No

What date was your baby discharged from hospital?

DD/MM/YYYY

- ☐ Not sure

What date were you // was the mother discharged from hospital?

DD/MM/YYYY

- ☐ Not sure

What have you fed your baby since going home from hospital?

- ☐ Breastmilk only
- ☐ Mainly breastmilk with some formula
- ☐ An equal mix of breastmilk and formula
- ☐ Mainly formula with some breastmilk
- ☐ Formula only
- ☐ Other, please specify _____

What are you currently feeding your baby?

- ☐ Breastmilk only
- ☐ Mainly breastmilk with some formula
- ☐ An equal mix of breastmilk and formula
- ☐ Mainly formula with some breastmilk
- ☐ Formula only
- ☐ Other, please specify _____

If 'breastmilk only' or 'formula only' or 'other' selected to above question:

What is/are the main reason(s) for this? (select all that apply)

If breastmilk only selected-options;

- ☐ Healthier for baby
- ☐ Convenient
- ☐ Helps with mother–infant bonding

If formula only selected- options;

- ☐ Not enough breastmilk for the baby
- ☐ Baby was biting
- ☐ Baby lost interest



<input type="checkbox"/> Healthier for mother <input type="checkbox"/> It felt right/motherly instinct <input type="checkbox"/> Cultural reason <input type="checkbox"/> Cheaper than infant formula <input type="checkbox"/> Advised or encouraged by midwife <input type="checkbox"/> Encouraged by partner <input type="checkbox"/> Encouraged by family <input type="checkbox"/> Advised or encouraged by ante-natal class instructors <input type="checkbox"/> Other, <i>please describe</i>	<input type="checkbox"/> Baby was unsettled <input type="checkbox"/> Baby had poor weight gain or was not growing enough <input type="checkbox"/> Baby not attaching properly <input type="checkbox"/> Mastitis <input type="checkbox"/> Breastfeeding feels painful <input type="checkbox"/> Return to work <input type="checkbox"/> Expressing milk to feed the baby was too hard / time consuming <input type="checkbox"/> Lack of help/support/supervision with breastfeeding <input type="checkbox"/> So that others could help with feeding/caring for the baby <input type="checkbox"/> Too hard to breastfeed in public <input type="checkbox"/> Felt unable to breastfeed <input type="checkbox"/> Do not enjoy breastfeeding <input type="checkbox"/> Tiredness / exhaustion / feeling run down <input type="checkbox"/> Infant formula as good as breastmilk <input type="checkbox"/> Partner discouraged breastfeeding <input type="checkbox"/> Other family discouraged breastfeeding <input type="checkbox"/> Baby is old enough to stop <input type="checkbox"/> Advice from health professional (i.e. GP, Nurse, Pharmacist) <input type="checkbox"/> I was taking a medication that may have affected the baby <input type="checkbox"/> I was taking another substance, or drinking alcohol, that may have affected the baby <input type="checkbox"/> Other, please specify
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If have not previously recorded the date baby first had any breastmilk, then ask:

What was the date your baby first had any breastmilk?

DD/MM/YYYY

If 'formula only' or 'other' selected and had previously indicated that baby had breastfed:

Are you intending to try feeding your baby any breastmilk?

- ☐ Yes
☐ No →

What was the date of baby's last breastfeed/breastmilk feed?



DD/MM/YYYY

☐ Not sure

Are you happy with the length of time you breastfed (or expressed breastmilk)?
(one option only)

- ☐ Yes, it was as long as I planned
- ☐ Yes, it was longer than I planned
- ☐ No, I originally planned to breastfeed for longer
- ☐ Not sure – I have mixed feelings
- ☐ Other, please specify

Are there any comments you would like to make about the length of time you breastfed or expressed breastmilk?

- ☐ Yes, please detail;
- ☐ No

If 'breastmilk only' or 'mainly breastmilk with some formula', or a 'mix of breastmilk / formula' is selected, please ask the following:

Have you experienced any challenges with breastfeeding or expressing breastmilk?

☐ Yes →

What challenges have you experienced (select all that apply)

- ☐ Not enough breastmilk for the baby
- ☐ Baby was biting
- ☐ Baby lost interest
- ☐ Baby was unsettled
- ☐ Baby had poor weight gain or was not growing enough
- ☐ Baby not attaching properly
- ☐ Mastitis
- ☐ Breastfeeding feels painful
- ☐ Return to work
- ☐ Expressing milk to feed the baby was too hard / time consuming
- ☐ Too hard to breastfeed in public
- ☐ Felt unable to breastfeed
- ☐ Do not enjoy breastfeeding
- ☐ Tiredness / exhaustion / feeling run down
- ☐ Partner discouraged breastfeeding
- ☐ Other family discouraged breastfeeding
- ☐ Other, please specify



What have you found most helpful in regard to these challenge(s) with breastfeeding or expressing breastmilk? (select all that apply)

- ☐ Support/advice from Australian Breastfeeding Association
 - ☐ Health professional advice (in person)
 - ☐ CaHFS nurse
 - ☐ Lactation consultant
 - ☐ Midwife / nurse
 - ☐ Doctor / obstetrician / neonatologist / GP
 - ☐ Pharmacist
 - ☐ Other (e.g. AMIC worker); please specify:
 - ☐ Brochure / information / pamphlet
 - ☐ Internet or website
 - ☐ Telephone support / helpline
 - ☐ Mothers' group/breastfeeding support group (including online forums)
 - ☐ Family and / or friends
 - ☐ Community support (i.e. breastfeeding rooms in public)
 - ☐ Workplace support (if returned to work)
 - ☐ Medication for breastmilk supply issues [such as domperidone (eg. Motilium ®) or metoclopramide (eg. Maxalon®)]
 - ☐ Other substances for breastmilk supply issues (such as fenugreek, blessed thistle, fennel, milk thistle, ginger, brewers yeast, lactation cookies)
 - ☐ Using a breast pump / expressing milk
 - ☐ Overcame issues on own - no assistance
 - ☐ None of the above
 - ☐ Other; please specify
- ☐ No challenges with breastfeeding experienced

Have you felt like you wanted or needed more support with breast feeding or expressing breastmilk?

- ☐ Yes
- ☐ No

If 'yes' to the above question, display the following information about the Australian Breastfeeding Association and the below question:

Please see the Australian Breastfeeding Association website for information about breastfeeding, a Breastfeeding Helpline, the Mum2Mum smartphone app, and breastfeeding support groups; Click here for ABA Helpline (<https://www.breastfeeding.asn.au/breastfeeding-helpline>)

Ideally (if time/money weren't an issue), where would you prefer to receive breastfeeding support from? (select all that apply)

- ☐ Support/advice from Australian Breastfeeding Association



- ☐ Health professional advice (in person)
 - ☐ CaHFS nurse
 - ☐ Lactation consultant
 - ☐ Midwife / nurse
 - ☐ Doctor / obstetrician / neonatologist / GP
 - ☐ Pharmacist
 - ☐ Other (e.g. AMIC worker); please specify:
- ☐ Brochure / information / pamphlet
- ☐ Internet or website
- ☐ Telephone support / helpline
- ☐ Mothers' group/breastfeeding support group (including online forums)
- ☐ Family and / or friends
- ☐ Community support (i.e. breastfeeding rooms in public)
- ☐ Workplace support (if returned to work)
- ☐ Medication for breastmilk supply issues [such as domperidone (eg. Motilium®) or metoclopramide (eg. Maxalon®)]
- ☐ Other substances for breastmilk supply issues (such as fenugreek, blessed thistle, fennel, milk thistle, ginger, brewers yeast, lactation cookies)
- ☐ Using a breast pump / expressing milk
- ☐ Overcame issues on own - no assistance
- ☐ None of the above
- ☐ Wouldn't seek support
- ☐ Other; please specify



6. CURRENT FEEDING PRACTICES

Who is answering this survey?

- ☐ Mother
- ☐ Father
- ☐ Non-biological parent
- ☐ Grandmother
- ☐ Grandfather
- ☐ Family Friend
- ☐ Other; please specify _____

What are you currently feeding your baby?

- ☐ Breastmilk only
- ☐ Mainly breastmilk with some formula
- ☐ An equal mix of breastmilk and formula
- ☐ Mainly formula with some breastmilk
- ☐ Formula only
- ☐ Other, please specify _____

If 'breastmilk only' or 'formula only' or 'other' selected to above question:

What is/are the main reason(s) for this? (select all that apply)

If breastmilk only selected-options;

- ☐ Healthier for baby
- ☐ Convenient
- ☐ Helps with mother–infant bonding
- ☐ Healthier for mother
- ☐ It felt right/motherly instinct
- ☐ Cultural reason
- ☐ Cheaper than infant formula
- ☐ Advised or encouraged by midwife
- ☐ Encouraged by partner
- ☐ Encouraged by family
- ☐ Advised or encouraged by ante-natal class instructors

If formula only selected-options;

- ☐ Not enough breastmilk for the baby
- ☐ Baby was biting
- ☐ Baby lost interest
- ☐ Baby was unsettled
- ☐ Baby had poor weight gain or was not growing enough
- ☐ Baby not attaching properly
- ☐ Mastitis
- ☐ Breastfeeding feels painful
- ☐ Return to work
- ☐ Expressing milk to feed the baby was too hard / time consuming
- ☐ Lack of help/support/supervision with breastfeeding



<input type="checkbox"/> Other, <i>please describe</i>	<input type="checkbox"/> So that others could help with feeding/caring for the baby <input type="checkbox"/> Too hard to breastfeed in public <input type="checkbox"/> Felt unable to breastfeed <input type="checkbox"/> Do not enjoy breastfeeding <input type="checkbox"/> Tiredness / exhaustion / feeling run down <input type="checkbox"/> Infant formula as good as breastmilk <input type="checkbox"/> Partner discouraged breastfeeding <input type="checkbox"/> Other family discouraged breastfeeding <input type="checkbox"/> Baby is old enough to stop <input type="checkbox"/> Advice from health professional (i.e. GP, Nurse, Pharmacist) <input type="checkbox"/> I was taking a medication that may have affected the baby <input type="checkbox"/> I was taking another substance, or drinking alcohol, that may have affected the baby <input type="checkbox"/> Other, please specify
--	--

If 'formula only' or 'other' selected:

In the last 2 weeks has your baby had any breastmilk?

☐ Yes →

Please select the option that best describes how your baby has been fed in the last 2 weeks?

- ☐ Mainly breastmilk with some formula
- ☐ An equal mix of breastmilk and formula
- ☐ Mainly formula with some breastmilk

If have not previously recorded the date baby first had any breastmilk, then ask:

What was the date your baby first had any breastmilk?

DD/MM/YYYY

If 'formula only' or 'other' selected and had previously indicated that baby **had breastfed**, AND these questions have not already been answered in previous survey:

Are you intending to try feeding your baby any breastmilk?

- ☐ Yes
- ☐ No →

**What was the date of baby's last breastfeed/breastmilk feed?**

DD/MM/YYYY

☐ Not sure**Are you happy with the length of time you breastfed (or expressed breastmilk)?**
(one option only)

- ☐ Yes, it was as long as I planned
- ☐ Yes, it was longer than I planned
- ☐ No, I originally planned to breastfeed for longer
- ☐ Not sure – I have mixed feelings
- ☐ Other, please specify

Are there any comments you would like to make about the length of time you breastfed or expressed breastmilk?

- ☐ Yes, please detail;
- ☐ No

If 'formula only' or 'other' selected and had previously indicated that baby **had not breastfed**, AND this question has not already been answered in previous survey:

Are you intending to feed your baby any breastmilk?

- ☐ Yes
- ☐ No

At the 7 weeks survey only, IF baby is being fed breastmilk:

How long are you planning to continue feeding your baby breastmilk?

- ☐ Unsure
- ☐ Up to 6 months
- ☐ 6-9 months
- ☐ 9-12 months
- ☐ 12 months or longer →

If 'breastmilk only' or 'mainly breastmilk with some formula', or a 'mix of breastmilk / formula' is selected, please ask the following:

Since your last survey have you experienced any challenges with breastfeeding or expressing breastmilk?



☐ Yes →

What challenges have you experienced (*select all that apply*)

- ☐ Not enough breastmilk for the baby
- ☐ Baby was biting
- ☐ Baby lost interest
- ☐ Baby was unsettled
- ☐ Baby had poor weight gain or was not growing enough
- ☐ Baby not attaching properly
- ☐ Mastitis
- ☐ Breastfeeding feels painful
- ☐ Return to work
- ☐ Expressing milk to feed the baby was too hard / time consuming
- ☐ Too hard to breastfeed in public
- ☐ Felt unable to breastfeed
- ☐ Do not enjoy breastfeeding
- ☐ Tiredness / exhaustion / feeling run down
- ☐ Partner discouraged breastfeeding
- ☐ Other family discouraged breastfeeding
- ☐ Other, please specify

What have you found most helpful in regard to these challenge(s) with breastfeeding or expressing breastmilk? (*select all that apply*)

- ☐ Support/advice from Australian Breastfeeding Association
- ☐ Health professional advice (in person)
 - ☐ CaHFS nurse
 - ☐ Lactation consultant
 - ☐ Midwife / nurse
 - ☐ Doctor / obstetrician / neonatologist / GP
 - ☐ Pharmacist
 - ☐ Other (e.g. AMIC worker); please specify:
- ☐ Brochure / information / pamphlet
- ☐ Internet or website
- ☐ Telephone support / helpline
- ☐ Mothers' group/breastfeeding support group (including online forums)
- ☐ Family and / or friends
- ☐ Community support (i.e. breastfeeding rooms in public)
- ☐ Workplace support (if returned to work)
- ☐ Medication for breastmilk supply issues [such as domperidone (eg. Motilium®) or metoclopramide (eg. Maxalon®)]
- ☐ Other substances for breastmilk supply issues (such as fenugreek, blessed thistle, fennel, milk thistle, ginger, brewers yeast, lactation cookies)
- ☐ Using a breast pump / expressing milk



- ☐ Overcame issues on own - no assistance
- ☐ None of the above
- ☐ Other; please specify
- ☐ No

Have you felt like you wanted or needed more support with breast feeding or expressing breastmilk?

- ☐ Yes
- ☐ No

If 'yes' to the above question, display the following information about the Australian Breastfeeding Association and the below question:

Please see the Australian Breastfeeding Association website for information about breastfeeding, a Breastfeeding Helpline, the Mum2Mum smartphone app, and breastfeeding support groups; <https://www.breastfeeding.asn.au/breastfeeding-helpline>

Ideally (if time/money weren't an issue), where would you prefer to receive breastfeeding support from? (select all that apply)

- ☐ Support/advice from Australian Breastfeeding Association
- ☐ Health professional advice (in person)
 - ☐ CaHFS nurse
 - ☐ Lactation consultant
 - ☐ Midwife / nurse
 - ☐ Doctor / obstetrician / neonatologist / GP
 - ☐ Pharmacist
 - ☐ Other (e.g. AMIC worker); please specify:
- ☐ Brochure / information / pamphlet
- ☐ Internet or website
- ☐ Telephone support / helpline
- ☐ Mothers' group/breastfeeding support group (including online forums)
- ☐ Family and / or friends
- ☐ Community support (i.e. breastfeeding rooms in public)
- ☐ Workplace support (if returned to work)
- ☐ Medication for breastmilk supply issues [such as domperidone (eg. Motilium ®) or metoclopramide (eg. Maxalon®)]
- ☐ Other substances for breastmilk supply issues (such as fenugreek, blessed thistle, fennel, milk thistle, ginger, brewers yeast, lactation cookies)
- ☐ Using a breast pump / expressing milk
- ☐ Overcame issues on own - no assistance
- ☐ None of the above
- ☐ Wouldn't seek support
- ☐ Other; please specify

**Have you returned to, or commenced work?**

- ☐ Yes (please provide date) ____ / ____ / ____ ☐ Not sure
- ☐ No



7. COMPLEMENTARY FEEDING

Has your baby commenced solids?

☐ Yes →

What date did you start feeding your baby solids or other foods?

Date started: ____ / ____ / ____

☐ Not sure

☐ No

If yes, and not already provided in previous survey response:

What solid food(s) or other food did your baby taste first?

☐ Vegetables (including potato, pumpkin, broccoli)

☐ Seafood and fish

☐ Fruit (including avocado and tomato)

☐ Beans and Peas (including alfalfa, lentils, chickpeas, soybeans)

☐ Baby cereal (including fortified with added iron)

☐ Nuts (including peanuts and peanut butter)

☐ Other cereals (including bread, oats, adult cereal and baby cereal without added iron)

☐ Eggs

☐ Red meat (including beef, lamb, goat, kangaroo)

☐ Dairy products (including milk, yoghurts, cheese, custard)

☐ White meat (including chicken, turkey, pork)

☐ Other (please specify – free text)

After first complementary feed, subsequent surveys are worded as per below:

Since the last survey, has your baby been fed any solids?

☐ Yes

☐ No



If responded yes to being fed any solid or other foods since last survey:

Please select the type(s) of foods your baby has had in the last 3 days (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Vegetables (including potato, pumpkin, broccoli) | <input type="checkbox"/> Seafood and fish |
| <input type="checkbox"/> Fruit (including avocado and tomato) | <input type="checkbox"/> Beans and Peas (including alfalfa, lentils, chickpeas, soybeans) |
| <input type="checkbox"/> Baby cereal (including fortified with added iron) | <input type="checkbox"/> Nuts (including peanuts and peanut butter) |
| <input type="checkbox"/> Other cereals (including bread, oats, adult cereal and baby cereal without added iron) | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Red meat (including beef, lamb, goat, kangaroo) | <input type="checkbox"/> Dairy products (including milk, yoghurts, cheese, custard) |
| <input type="checkbox"/> White meat (including chicken, turkey, pork) | <input type="checkbox"/> Other (please specify – free text) |

How many times per day is your baby currently eating solid foods?

- ☐ Less than once a day
- ☐ Once per day
- ☐ 2- 3 times per day
- ☐ >3 times per day