# BMJ Open Association between breastfeeding support and breastfeeding rates in the UK: a comparison of late preterm and term infants

Sarah Rayfield, 1,2 Laura Oakley, 1,3 Maria A Quigley 1

To cite: Rayfield S, Oakley L, Quigley MA. Association between breastfeeding support and breastfeeding rates in the UK: a comparison of late preterm and term infants. BMJ Open 2015:5: e009144. doi:10.1136/ bmjopen-2015-009144

Prepublication history and additional material is available. To view please visit the journal (http://dx.doi.org/ 10.1136/bmjopen-2015-009144).

Received 26 June 2015 Revised 18 September 2015 Accepted 14 October 2015



<sup>1</sup>Policy Research Unit in Maternal Health and Care. National Perinatal Epidemiology Unit, University of Oxford, Oxford, UK <sup>2</sup>Nuffield Department of Population Health, University of Oxford, Oxford, UK <sup>3</sup>Department of Non-communicable Disease Epidemiology, London School of Hygiene and Tropical Medicine, London, UK

### Correspondence to

Dr Sarah Rayfield; Sarah.rayfield@doctors.org.uk

#### **ABSTRACT**

**Objective:** To explore the association between breastfeeding support and breastfeeding among late preterm (gestation 34-36 weeks) and term (gestation >37 weeks) infants.

Methods: Secondary analysis of the UK 2010 Infant Feeding Survey. Logistic regression was used to determine the association of breastfeeding support with breastfeeding at 10 days and 6 weeks in late preterm and term infants.

Results: The study included 14 525 term and 579 late preterm infants. A total of 11 729 infants initiated breastfeeding (11 292 (81.1%) term. 437 (79.4%) late preterm infants, p=0.425). Of these, 9230 (84.3%) term and 365 (85.6%) late preterm infants were breastfeeding at 10 days (p=0.586); of these 7547 (82.0%) term and 281 (75.4%) late preterm infants were still breastfeeding at 6 weeks (p=0.012). Mothers who reported receiving contact details for breastfeeding support groups had a higher likelihood of breastfeeding late preterm (adjusted ORs, aOR 3.14, 95% CI 1.40 to 7.04) and term infants (aOR 2.24, 95% CI 1.86 to 2.68) at 10 days and term infants at 6 weeks (aOR 1.83, 95% CI 1.51 to 2.22). Those who reported that they did not receive enough help with breastfeeding in hospital had a lower likelihood of breastfeeding late preterm at 10 days and term infants at 10 days and 6 weeks, compared to those who reported having enough help.

**Conclusions:** Receiving sufficient help with breastfeeding in hospital and the contact details for breastfeeding support groups is associated with breastfeeding term infants up to 6 weeks and late preterm infants at 10 days.

#### INTRODUCTION

Infants born between 34+0 and 36+6 weeks gestation are increasingly described as 'late preterm'. This highlights that despite their size and weight often being similar to infants, they are physiologically relatively immature,2 with higher rates of morbidity and mortality<sup>2-4</sup> compared to term infants. Breastfeeding protects against gastrointestinal<sup>5–10</sup> and respiratory illnesses<sup>9–12</sup>

### Strengths and limitations of this study

- Secondary data analysis of a large national survey and one of the first studies to specifically compare the role of breastfeeding support, as perceived by the mother, in late preterm and term infants.
- Mothers were oversampled from the most deprived quintile of the Index for Multiple Deprivation in the original survey. The use of survey weights in this study allowed for the oversampling and also non-response, thereby ensuring adequate representation of this difficult to reach group.
- An extensive range of confounding factors were considered and adjusted for in the analysis ethnicity, socioeconomic status, marital status and age mother left full time education. This is important as breastfeeding is known to be associated with a number of sociodemographic factors.
- This study is retrospective in design with the Infant Feeding Survey being completed by parental self-report of both breastfeeding support and breastfeeding duration when the infants were approximately 6 weeks old, therefore, the results of this analysis may be limited by recall bias or potentially a socially desirable response bias and it is not possible to infer causality.
- Infants classified as breastfeeding in this study are likely to represent a very heterogeneous group, ranging from primarily breastfed infants to infants receiving minimal breastmilk.

and is associated with better cognitive development in childhood, particularly in preterm infants. 13 Despite potential benefits for this group, late preterm infants experience lower rates of breastfeeding initiation and continuation compared to term infants. 14 15

The WHO and UK Departments of Health recommend exclusive breastfeeding for the first 6 months. 16 Although 81% of UK mothers initiate breastfeeding, this rapidly



drops to 55% at 6 weeks and 34% at 6 months, with less than 1% of infants exclusively breastfeeding at 6 months. Predictors of breastfeeding success in high-income countries include non-white ethnicity, large increasing maternal age 20-22 and higher age of leaving full time education. Similar sociodemographic patterns have been shown in late preterm infants although in general, evidence regarding breastfeeding in late preterm infants is limited.

Breastfeeding support is recommended in the Baby Friendly Hospital initiative (BFHI)<sup>24</sup> and can comprise professional or lay support, educational or supportive or any combination of interventions, Breastfeeding support is more likely to be effective if it is proactive, delivered face to face and provided on an ongoing basis.<sup>25</sup> However, the majority of studies evaluating the effects of breastfeeding support are restricted to healthy term infants or they evaluate the impact of breastfeeding given in the neonatal unit (NNU) to preterm infants.<sup>26</sup> In the UK, at the time of the survey, support and advice about breastfeeding is usually provided initially by midwives during pregnancy. Advice may also be offered during antenatal classes, either provided through the NHS, or by third sector organisations. After the birth of an infant, breastfeeding support would initially be provided by midwives or midwife care assistants within a hospital setting. Most hospitals offer breastfeeding support sessions including breastfeeding counsellors. At around day 10 of life, care of the mother and infant is transitioned from midwifery to the health visiting team who continue to care for the child until the age of 5 years. Health visitors can offer guidance and support with breastfeeding. In addition, breastfeeding support groups including counsellors and peer support are often provided in children's centres or by third sector organisations the details of which would be provided to the mother by either the midwife or health visitor.

Given the increased vulnerability in the late preterm population and higher likelihood of breastfeeding difficulties, it is particularly necessary to understand which breastfeeding support is the most effective for this group. The objective of this study was to investigate the association between different forms of breastfeeding support on breastfeeding rates at 10 days and 6 weeks in late preterm and term infants.

### METHODS Study design

This was a cross-sectional study involving secondary analysis of data from the UK 2010 Infant Feeding Survey (IFS). The IFS is undertaken every 5 years in order to monitor breastfeeding prevalence and infant feeding practices. In 2010, it comprised a nationally representative unclustered sample of 30 760 infants with oversampling of mothers from the most deprived quintile of the Index for Multiple Deprivation (IMD). The use of weights in the survey analysis allowed for this

oversampling and differential non-response according to mother's age and IMD, and aims to makes the survey representative of the UK population. The IFS included three postal questionnaires assessing feeding status of the infant at 6–10 weeks, 4–6 months and 8–10 months. They were completed by self-report, usually by the mother of the infant. The IFS questionnaire in 2010 was based on the previous version and was piloted in all four countries of the UK prior to being rolled out. The original survey was approved by the Ethics committee, Department of Health Sciences at the University of York.

This study primarily used data from the first questionnaire, which a total of 15 724 mothers responded to (51% response rate). This questionnaire contained 150 questions over 39 pages (see web appendix 1: Questionnaire) including questions on breastfeeding duration and breastfeeding support accessed. For infants who were less than 6 weeks at the first questionnaire, data were also used from the second questionnaire (3382 infants). The analysis was restricted to singleton births born at more than 34+0 weeks gestation (15 104 infants) (see web appendix 2: flow chart). Only those infants who initiated breastfeeding were included in the analysis of breastfeeding at 10 days. Only those still breastfeeding at 10 days were included in the subsequent analysis at 6 weeks.

#### **Measures**

Breastfeeding support variables were identified from questions in the stage 1 questionnaire $^{27}$  (box 1). Specific variables were chosen to reflect different times at which support was given, from antenatal and immediately following delivery, to subsequent support given at home. To fully explore the association of breastfeeding support, these variables were also chosen to reflect the different nature of support ranging from direct support such as skin to skin contact to provision of information. Outcomes included the prevalence of breastfeeding at 10 days and 6 weeks. Infants were classified as having initiated breastfeeding if any breastmilk (direct or expressed) was received after birth, even if only once.<sup>28</sup> Subsequently, infants were classified as breastfed if they were receiving any breastmilk as part of their nutrition, regardless of other fluids or solids. This included infants who were regarded as 'partial breastfeeding', but also those who were exclusively breastfed (when no other food or drink, not even water, except breastmilk is received). Outcome timepoints were chosen as the transition from midwife care to the health visiting team occurs at 10 days postpartum and it is accepted that breastfeeding can take 6 weeks to be fully established.

Potential confounding factors were divided into sociodemographic characteristics and pregnancy and delivery characteristics. Sociodemographic characteristics included the infant's ethnicity, maternal age, marital status, age at leaving full time education, socioeconomic status (as defined by maternal occupation using the NSSEC system<sup>29</sup>), and IMD<sup>30</sup> as a measure of area-based

#### **Box 1** Breastfeeding support questions\*

- During pregnancy, were you taught how to position your baby for breastfeeding and how to attach your baby to your breast?
- Did you receive 'skin to skin' contact with your baby immediately after delivery?
- How soon following delivery was your baby put to your breast?
- In the days after birth, were you given advice on how to recognise if your baby was getting enough milk?
- Were you offered support for feeding problems encountered in the hospital or birth centre?
- ▶ While you were in the hospital, birth centre or unit, did you get enough help and support with feeding your baby?
- Since leaving the hospital, birth centre or unit, were you given details of voluntary organisations or community support groups which helps new mothers with infant feeding?
- Are you aware of the National Breastfeeding helpline?
- Since leaving the hospital, birth centre or unit, were you given help or information for any feeding problems encountered at home?
- ▶ In the first 6 weeks, did you receive breastfeeding support from a voluntary organisation, peer supporter, national breastfeeding helpline or breastfeeding support group?
- ▶ In the first 6 weeks, did you receive breastfeeding support from a health professional (midwife, midwife support worker, nurse, nursery nurse, health care assistant, health visitor, children's health clinic or doctor)?
- ► In the first 6 weeks, did you receive breastfeeding support from a media source (books, leaflets, magazines, television, radio or the internet)?
- \*Answers were based on parental recall at approximately 6 weeks postpartum.

deprivation. Pregnancy and delivery characteristics included parity (subdividing multiparous women by previous breastfeeding experience of more or less than 6 weeks), type of delivery, admission to the NNU, length of stay in hospital, gestation at delivery, antenatal feeding intention and peer feeding behaviour (whether they had known other mothers during pregnancy and which feeding methods they had used).

#### Statistical analysis

Logistic regression was used to calculate ORs for the association between breastfeeding support and breastfeeding at 10 days and 6 weeks. Analysis of the factors associated with breastfeeding at 10 days was based on those who initiated breastfeeding. Similarly, the analysis of breastfeeding at 6 weeks was based on those who were breastfeeding at 10 days. The analysis was conducted separately for late preterm (34+0-36+6 weeks) and term (>37+0 weeks) infants and was performed in stages due to large numbers of variables: first the sociodemographic variables (model A), then the antenatal and delivery characteristics (model B), and finally the breastfeeding support variables (model C). At each stage, variables that were not statistically significant (p>0.05) were removed from the model. The remaining statistically significant variables within models A and B were combined

with model C with further dropping of variables that were not statistically significant as necessary. Antenatal feeding intention and the peer feeding variables were included in the model as a priori confounders, regardless of their p value as they are recognised as being highly predictive of subsequent feeding behaviour. 21 31-

The final multivariable model for breastfeeding at 10 days included any remaining statistically significant variables from each of models A, B and C in addition to these two variables.

These final regression models for the late preterm and term infants at 10 days were then used as the respective models for breastfeeding at 6 weeks. Outcomes are presented as adjusted ORs (aOR), with 95% CIs. STATAV.13 was used to conduct the analysis with 'survey commands' to take account of the weighted sample. All percentages and ORs are presented as weighted values, whereas frequencies are unweighted values.

#### **RESULTS**

There were 15 104 singletons born at more than 34 weeks gestation, of which 14 525 (95.9%) were full term and 579 (4.1%) were late preterm. Overall, mothers of late preterm infants had a younger age distribution, were more likely to be from a non-white ethnic group and were more deprived than mothers of full-term infants (table 1). In addition, late preterm infants were less likely to have been born by normal vaginal delivery (NVD), were more likely to be admitted to the NNU (43.4% vs 4.4% of term infants, p<0.001) and had a longer length of stay in hospital when compared to term infants (table 1).

Overall, 11 729 mothers initiated breastfeeding, including 11 292 (81.1%) term infants and 437 (79.4%) late preterm infants (p=0.425). The rates of breastfeeding declined rapidly in both groups: 9230 (68.4%) term infants and 365 (67.9%) late preterm infants were still being breastfed at 10 days; and 7547 (56.1%) term infants and 281 (51.2%) late preterm infant were still being breastfed at 6 weeks. Of those who initiated breastfeeding, 9230 (84.3%) term infants and 365 (85.6%) late preterm were still breastfeeding at 10 days (p=0.586). Of those breastfeeding at 10 days, late preterm infants were significantly less likely to be breastfeeding at 6 weeks than term infants (281 (75.4%) versus 7547 (82.0%), unadjusted OR 0.67, 95% CI 0.49 to 0.92, p=0.012).

Among term and late preterm infants, breastfeeding at 10 days was higher among mothers in managerial professions and in those living in the least deprived areas (table 2). In term infants there were clear patterns of increasing rates of breastfeeding with increasing maternal age and with increasing levels of maternal education. White mothers had the lowest rates of breastfeeding at 10 days and 6 weeks among all infants, whereas mothers with previous breastfeeding experience consistently had the highest rates (table 3).

		eterm infants	Term infan	ts	
	(34–36+	<u> </u>	(37+)	<u>-</u>	., .
/ariable	N	Per cent	N	Per cent	p Value
<b>Fotal</b>	579	4.1	14 525	95.9	
Maternal age					
<20	40	8.7	546	5.2	0.027
20–24	97	21.5	2095	18.3	
25–29	155	26.9	4051	28.1	
30–34	158	24.2	4691	29.0	
35+	126	18.6	3092	19.5	
Ethnicity					
White	488	81.5	12 882	86.2	0.026
Asian/Asian British	40	11.3	615	6.8	
Black/Black British	13	4.0	362	4.1	
Other	13	3.2	291	2.9	
Marital status					
Single	91	16.4	2046	15.1	0.526
Married/living together	482	83.6	12 334	84.9	
ge mother left full time education					
<16	124	24.1	2447	19.0	0.056
17–18	158	29.2	4088	29.6	
>18	291	46.7	7869	51.5	
SSEC					
Managerial	199	30.0	5643	35.2	<0.001
Intermediate	103	18.3	2942	19.9	
Routine + manual	159	25.2	3759	27.2	
Never worked/not classified	118	26.6	2181	17.7	
MD quintile					
Most deprived	172	36.4	3297	27.1	< 0.001
2	113	22.4	2930	22.4	
3	101	13.6	2914	18.7	
4	100	14.9	2748	16.4	
Least deprived	92	12.5	2262	15.4	
arity					
Primiparous	321	58.6	7050	51.3	0.002
Multiparous who breastfed <6 weeks	142	22.1	3480	21.3	
Multiparous who breastfed >6 weeks	16	19.3	3995	27.4	
ype of delivery					
NVD	322	61.2	8808	63.5	<0.001
Instrumental	51	7.9	2066	13.8	
Caesarean	204	31.0	3620	22.6	
eonatal unit admission					
Yes	258	43.4	658	4.4	<0.001
No	321	56.6	13 867	95.5	
ength of stay in hospital					
<12 h	16	3.3	1849	14.6	<0.001
12–24 h	52	8.9	3690	26.7	
1–2 days	83	14.7	3829	24.8	
3–7 days	309	51.3	3918	24.6	
>7 days	89	15.6	143	1.0	
Not born in hospital	3	0.9	390	3.0	

#### **Breastfeeding support in term infants**

In univariable analysis, all of the breastfeeding support questions in box 1 were significantly associated with breastfeeding term infants at 10 days and all except

questions 10 and 11 were significantly associated with breastfeeding at 6 weeks. In multivariable analysis, mothers of term infants who reported being given advice on recognising if their infant was getting enough milk

Variable	Breastfeeding a	at 10 days (%)	Breastfeeding at 6 weeks (%)		
Gestation	34–36+6	37+	34 –36+6	37+	
N (sample size)	365 (437)	9230 (11 292)	281 (365)	7547 (9230)	
Maternal age (years)					
<20	85.7	64.7	61.2	63.0	
20–24	76.3	76.1	68.1	70.7	
25–29	82.5	82.9	69.1	80.7	
30–34	92.2	88.8	84.1	85.9	
35+	92.6	89.1	84.0	87.0	
Ethnicity					
White	84.5	82.1	70.1	79.4	
Asian/Asian British	80.8	93.2	87.1	89.8	
Black/Black British	98.1	98.9	88.2	95.7	
Other	100	91.0	90.8	88.4	
Marital status					
Single	88.0	75.8	62.2	71.4	
Married/living together	85.7	85.4	77.0	83.1	
Maternal age at leaving full time edu					
<16	85.1	71.9	64.8	71.8	
17–18	74.2	79.0	65.4	74.5	
>18	92.9	90.0	82.9	87.0	
NSSEC			5_15		
Managerial	92.3	89.4	82.6	85.9	
Intermediate	81.9	81.7	58.8	80.2	
Routine+manual	88.4	78.2	72.7	74.8	
Never worked/not classified	77.3	84.5	79.6	84.4	
IMD quintile		<b>33</b>		•	
Most deprived	80.2	80.3	73.0	82.4	
2	87.6	84.2	82.5	81.1	
3	87.2	82.8	67.8	80.8	
4	88.9	88.6	76.4	82.9	
Least deprived	91.2	87.7	80.4	83.0	

were more likely to be breastfeeding at 10 days (aOR 1.24, 95% CI 1.05 to 1.46) (table 4) compared to mothers reporting that they were not given this advice. They were also more likely to be breastfeeding at 10 days if they reported being given the contact details of community support groups (aOR 2.24, 95% CI 1.86 to 2.68), if they were aware of the national breastfeeding helpline (aOR 1.29, 95% CI 1.08 to 1.53), or if they used support from community support groups (aOR 1.30, 95% CI 1.01 to 1.68) when compared to mothers who did not report each of these breastfeeding support activities. Mothers who reported no feeding problems in hospital were more likely to be breastfeeding at 10 days (aOR 1.57, 95% CI 1.29 to 1.91) than women who reported feeding problems and had received help in hospital; among the women who experienced feeding problems in hospital, maternal report of receiving help was not associated with breastfeeding at 10 days. In contrast, breastfeeding at 10 days was less likely in mothers who reported either no feeding problems at home (aOR 0.62, 95% CI 0.50 to 0.77) or feeding problems with no support (aOR 0.58, 95% CI 0.42 to 0.80) compared with mothers who reported receiving help for feeding problems at home.

IMD, Index of Multiple Deprivation.

Mothers who used support from healthcare professionals were less likely to be breastfeeding at 10 days (aOR 0.63, 95% CI 0.50 to 0.79 and 6 weeks (OR 0.71, 95% CI 0.57 to 0.88) compared to those who did not use support. Out of those who had encountered feeding problems, term infants were less likely to be breastfed at 6 weeks if their mother felt they had not received help at home (aOR 0.45, 95% CI 0.35 to 0.64) compared to those who felt they had received help at home for feeding problems. Mothers who reported that they were given the contact details of community support groups were more likely to be breastfeeding at 6 weeks (aOR 1.83, 95% CI 1.51 to 2.22) compared to those who reported that they were not given the contact details.

#### Breastfeeding support in late preterm infants

In univariable analysis, only questions 6, 7, 8, 9 and 12 from box 1 were significantly associated with breastfeeding late preterm infants at 10 days and only questions 2, 3 and 12 were significantly associated with breastfeeding at 6 weeks. In multivariable analysis, as with term infants, late preterm infants were less likely to be breastfeeding at 10 days if their mother felt they did not receive

Variable	Breastfeeding	ı at 10 days (%)	Breastfeeding	at 6 weeks (%)
Gestation	34–36+6	37+	34–36+6	37+
N (sample size)	365 (437)	9230 (11 292)	281 (365)	7547 (9230)
Parity	, ,	,	, ,	, ,
Primiparous	86.9	83.0	73.6	79.7
Multiparous who breastfed <6 weeks	62.9	65.4	63.6	69.5
Multiparous who breastfed >6 weeks	96.9	94.9	84.8	89.1
Aware of the health benefits of breastfeeding	1			
No	, 77.7	79.6	72.1	80.4
Yes	88.0	85.1	75.5	82.1
Antenatal feeding intention	33.3	33	. 5.5	<u> </u>
Breastfeeding	90.9	88.2	82.4	84.7
Infant formula	68.3	39.2	31.6	54.4
Combination feed	75.6	81.6	58.2	74.5
Not decided	69.8	69.8	61.0	72.8
Knew other mothers with young infants during			01.0	72.0
Mothers who formula fed	79.6	74.9	59.6	75.5
Mothers mixed fed	85.7	85.3	80.4	81.1
Mothers who breastfed	99.2	94.3	92.0	91.2
Did not know other mothers	81.1	84.9	79.4	82.7
Type of birth	01.1	04.9	73.4	02.7
NVD	85.0	85.0	76.1	82.4
Instrumental	97.1	83.5	70.1	82.7
Caesarean	83.4	83.1	71.7 75.4	80.3
Neonatal unit admission	03.4	03.1	75.4	60.3
No	86.2	84.4	81.7	82.2
Yes	84.7	83.2		
	04.7	03.2	67.8	78.6
Length of stay in hospital	04.4	00.7	00.0	04.4
<12 h	81.1	83.7 85.9	96.8 91.8	81.1
12–24 h	75.2			82.7
1–2 days	87.0	84.4	76.7	83.2
3–7 days	87.2	81.7	75.7	79.5
>7 days	85.5	85.8	67.9	80.2
Not born in hospital	93.9	93.9	35.1	90.9
Gestation (weeks)	0= 0		<b>-</b> 4.0	
34	85.6	-	71.8	_
35	85.9	_	71.5	_
36	85.4	-	78.1	_
37	-	81.3	-	81.0
38	-	83.3	-	83.3
39	-	84.1	-	81.5
40	-	86.1	-	82.4
41	-	83.5	-	81.1
42+		84.4	-	83.1

\*Per cent rounded to 1 decimal point (weighted). Frequencies (n) are unweighted values. NVD, normal vaginal delivery.

enough help with feeding in hospital (aOR 0.23, 95% CI 0.09 to 0.60, p=0.003) compared to mothers who did feel they had enough help (table 5) and more likely to be breastfeeding at 10 days if their mother reported that she was given contact details for community support groups (aOR 3.14, 95% CI 1.40 to 7.04, p=0.006) compared to mothers who reported that they were not given these details. The late preterm infants who reported no feeding problems at home were significantly less likely to be breastfeeding at 10 days compared to those who had experienced problems with feeding at home and had received help for them (aOR 0.08, 95% CI 0.02 to 0.33).

In contrast to term infants, no types of breastfeeding support were associated with breastfeeding late preterm infants at 6 weeks.

#### **DISCUSSION**

Our study found a statistically significantly lower prevalence of breastfeeding at 6 weeks among late preterm infants compared to term infants. When mothers reported they had received enough help in hospital and were given contact details for support groups in the community, this was associated with a higher likelihood

	Breastfeedin	ng at 10 d	days		Breastfeedir	ng at 6 w	eeks	
Variable	N‡ (%)§	aOR⁵	95% CI	p Value	N <sup>6</sup> (%)¶	aOR⁵	95% C.I	p Value
Q4††: Received advice	on how to reco	ognise if t	the infant is rec	eiving enougl	n milk			
No	5665 (81.3)	1			4367 (80.4)	1		
Yes	5536 (88.0)	1.24	1.05 to 1.46	0.013*	4809 (83.7)	1.04	0.89 to 1.22	0.608
Q5: Received help or s	upport in hospit	tal for fee	eding problems					
Help received	3052 (80.9)	1			2380 (77.1)	1		
No help received	545 (72.6)	1.07	0.75 to 1.53	0.717	357 (71.3)	0.99	0.67 to 1.45	0.943
No problems	7089 (86.4)	1.57	1.29 to 1.91	<0.001***	5973 (83.9)	1.27	1.05 to 1.53	0.015*
Not born in hospital	502 (89.4)	0.51	0.24 to 1.09	0.082	447 (88.8)	1.18	0.56 to 2.47	0.660
Q6: Received enough h	elp and suppo	rt in hosp	oital					
Yes	7891 (86.3)	1			6636 (83.4)	1		
No	2795 (78.2)	0.61	0.50 to 0.74	<0.001***	2064 (76.0)	0.75	0.62 to 0.90	0.003**
Not born in hospital	502 (89.4)	1.00			447 (88.8)	1.00		
Q7: Received contact d	etails of comm	unity sup	port groups for	breastfeeding	9			
No	2818 (71.6)	1			1812 (74.5)	1		
Yes	8408 (88.3)	2.24	1.86 to 2.68	<0.001***	7366 (83.9)	1.83	1.51 to 2.22	<0.001***
Q8: Aware of the Nation	nal Breastfeedir	ng Helplir	ne					
No	3550 (77.3)	1			2596 (75.9)	1		
Yes	7675 (87.3)	1.29	1.08 to 1.53	0.004**	6581 (75.2)	1.01	0.85 to 1.21	0.884
Q9: Received help or in	formation for fe	eding pr	oblems‡‡ enco	untered at ho	me			
Yes	3433 (89.6)	1			3023 (81.2)	1		
No	673 (75.3)	0.58	0.42 to 0.80	0.001**	492 (64.6)	0.45	0.35 to 0.64	<0.001***
No problems	7175 (82.8)	0.62	0.50 to 0.77	<0.001***	5707 (84.0)	1.26	1.04 to 1.52	0.018*
Q10: Used support fron	n community su	ipport gro	oups					
No	9588 (83.3)	1			7721 (81.9)	1		
Yes	1702 (89.4)	1.30	1.01 to 1.68	0.043*	1509 (82.7)	1.22	0.97 to 1.53	0.086
Q11:Used support from	healthcare pro	fessiona	ls					
No	2807 (87.2)	1			2403 (86.6)	1		
Yes	8483 (83.3)	0.63	0.50 to 0.79	<0.001	6827 (80.2)	0.71	0.57 to 0.88	0.002**

\*p<0.05; \*\*p<0.005; \*\*\*p<0.001.

Adjusted ORs with 95% Cls and p values. Adjusted for: Ethnicity, marital status, age mother left full time education, socioeconomic status, IMD, parity with previous breastfeeding experience, antenatal feeding intention, knowing other mothers while pregnant and how they fed their infants, given advice on how to recognise if infant receiving enough milk, receiving help in hospital for feeding problems, receiving enough help in hospital, given contact details of voluntary organisation or community support group, being aware of the national breastfeeding helpline, receiving support or information for feeding problems at home, using voluntary support, using support from healthcare professionals. IMD, Index of Multiple Deprivation.

of breastfeeding in late preterm and term infants at 10 days and also term infants at 6 weeks. Successfully breastfeeding term infants at 10 days was also associated with being given advice to recognise if the infant was receiving enough milk, awareness of the national breastfeeding helpline and using community support groups.

Strengths of this study include the use of a national, population-based survey. The analysis employed survey weights which allowed for non-response and oversampling of mothers from the lowest quintile of the IMD ensuring adequate representation of this group. Using IFS data enabled simultaneous evaluation of a wide range of breastfeeding support among late preterm and term infants. As such, this study is one of the first to compare effectiveness of support between these two groups thereby addressing a gap in current literature. However, it is of note that the original survey findings

are now 5 years old. A further strength is measuring outcomes at both 10 days and 6 weeks to identify support factors impacting on clinically important postnatal time points. The most rapid decline in breastfeeding rates occurs in the first 10 days after birth, 17 indicating that breastfeeding support could have the most to offer mothers during that time. The risk of recall bias was limited as the questionnaire was intended for when the infant was 6 weeks old. However, given the sensitive and emotive nature of breastfeeding duration, responses may have been influenced by a socially desirable response bias with mothers perhaps overestimating the length of time they achieved breastfeeding, or underplaying the support received. The IFS questionnaire is long (150 questions) potentially presenting a challenge for a parent with a newborn infant. This may have introduced a bias in those who may have been more likely to

<sup>‡</sup>Total Sample size of women with term infants with each individual response to each question.

<sup>\$</sup>Weighted percentage of women responding to each question who were breastfeeding at 10 days.

<sup>¶</sup>Weighted percentage of women responding to each question who were breastfeeding at 6 weeks.

<sup>††</sup>Question numbers refer to breastfeeding support questions in box 1.

<sup>‡‡</sup>Feeding problems at home could include feeding problems related to either formula feeding or breastfeeding

Table 5 Adjusted ORs† for breastfeeding support in late preterm infants											
	Breastfeedi	Breastfeedi	Breastfeeding at 6 weeks								
Variable	N‡ (%)§	aOR <sup>8</sup>	95% CI	p Value	N <sup>12</sup> (%)¶	aOR <sup>8</sup>	95% C.I	p Value			
Q6††: Received enough help and support with feeding in hospital											
Yes	321 (89.2)	1			277 (77.0)	1					
No	102 (73.6)	0.23	0.09 to 0.60	0.003**	76 (71.0)	0.57	0.24 to 1.33	0.190			
Not born in hospital	12 (98.0)	2.73	0.25 to 29.9	0.411	11 (66.3)	0.27	0.07 to 1.05	0.059			
Q7: Received contact de	etails for comm	nunity sup	port groups for b	oreastfeeding	g						
No	140 (73.9)	1			102 (69.2)	1					
Yes	293 (91.3)	3.14	1.40 to 7.04	0.006**	260 (77.9)	1.86	0.87 to 3.95	0.106			
Q9: Received help or information for feeding problems‡‡ encountered at home											
Had help	103 (97.6)	1			100 (81.2)	1					
No help given	31 (86.6)	0.41	0.04 to 4.08	0.449	25 (76.9)	0.86	0.18 to 3.99	0.845			
No problems	302 (81.8)	0.08	0.02 to 0.33	0.001**	239 (73.1)	0.69	0.29 to 1.64	0.402			

<sup>\*</sup>p<0.05; \*\* p<0.005; \*\*\*p<0.001.

respond. In addition, this study investigated the association between the parental perception of support given, rather than the actual support given and was limited by the wording of the original survey questions. For example while we have shown that receiving enough help with breastfeeding in hospital is associated with breastfeeding term and late preterm infants at 10 days, it was not possible to further delineate what support had been received by those who felt they had received 'enough'. However, it may be the perception that breastfeeding support is available combined with the provision of information in case of feeding problems, is important in enabling successful breastfeeding. Finally, although the overall sample size was large (n=15 104), a further potential limitation is the relatively small number of late preterm infants in the study (n=579).

Although a large number of potential confounding factors were included in the analysis, it is not possible to exclude residual confounding by unmeasured factors, for example medical problems of mother or infant. Another limitation is the likely heterogeneous nature of the breastfeeding groups, ranging from primarily breastfeed infants to infants receiving minimal breastmilk. However, it was not possible to subdivide by amount of breastmilk being received. Nonetheless, given the current low rates of breastfeeding in the UK, establishing interventions which may improve any breastfeeding remains important.

Previous studies have also identified late preterm infants as having lower rates of breastfeeding than term infants 14 15 which is likely due to a combination of factors, including delayed lactogenesis 34 and physiological immaturity resulting in a reduced sucking ability. 35 36 While late preterm infants often do not fit

criteria for NNU admission, postnatal wards may not offer the additional support required to ensure successful breastfeeding. The Infant Feeding Survey report<sup>17</sup> found the main reasons women stopped breastfeeding in the first weeks after birth were due to the baby not sucking, the mother having painful breasts or feeling she had insufficient milk. For women who stopped in the first 2 weeks, the factors they felt could have helped them breastfeed for longer included more support and guidance from hospital staff, midwives and families (23% of respondents), if the baby had latched on the breast easier (19%) and if there had been less pain (14%). This study found receiving enough help in hospital was associated with breastfeeding late preterm infants at 10 days and term infants at 10 days and 6 weeks. This type of support may have been delivered via a number of different mechanisms. Both Oakley et al<sup>33</sup> and Henderson and Redshaw<sup>32</sup> had previously noted associations between initial midwifery support and breastfeeding at 6 weeks and 4 months respectively, support which is likely to have taken place in the hospital. Renfrew et al<sup>25</sup> found all forms of 'breastfeeding support' to have a positive impact on breastfeeding in term infants. Those results are borne out by the wide variety of support associated with breastfeeding at 10 days in the term infants in our study. The vast majority of previous studies only included healthy term infants although Henderson and Redshaw<sup>32</sup> observed lower rates of breastfeeding initiation in preterm than term infants (77.2% vs 80.5%). However, they did not differentiate between the two groups when analysing the impact of breastfeeding support.

In this study, term infants whose mothers used support from health professionals were less likely to be

<sup>†</sup>aOR with 95% CIs and p values. Adjusted for: antenatal feeding intention, knowing other mothers while pregnant and their feeding methods, type of delivery, parity with previous breastfeeding experience, receiving enough help/support in hospital, being given contact details for voluntary organisations/community support groups, receiving help/information for feeding problems at home. ‡Sample size of women with each individual response to each question.

<sup>\$</sup>Weighted percentage of women responding to each question who were still breastfeeding at 10 days.

<sup>¶</sup>Weighted percentage of women responding to each question who were still breastfeeding at 6 weeks.

<sup>††</sup>Question numbers refer to Breastfeeding support questions in table 1.

<sup>‡‡</sup>Feeding problems at home could include feeding problems related to either formula feeding or breastfeeding.

aOR, adjusted ORs.

breastfeeding at 10 days and 6 weeks. This finding is in contrast to existing evidence such as the Cochrane review.<sup>25</sup> which found that breastfeeding support was associated with increasing breastfeeding duration. However, our result is likely to be confounded by the fact that those experiencing feeding problems are more likely to cease breastfeeding, but also more likely to be accessing professional support—41% of those using health professional support had also stated they had experienced feeding problems in hospital, compared to only 5% who had not used this support. Late preterm and term infants were less likely to be breastfeeding at 10 days if they had not experienced feeding problems at home. However, this may be the result of mothers who stopped breastfeeding early, potentially prior to discharge from hospital as mothers were classified as having initiated breastfeeding, even if the infant only had one breastfeed after birth. Among the late preterm infants, 37% of those with no feeding problems had already stopped breastfeeding by 5 days, compared to only 7% of those who had help for feeding problems. By 6 weeks of age, term infants were more likely to be breastfeeding if they had not encountered feeding problems at home as this analysis only included infants who were still breastfeeding by 10 days.

This study identified that late preterm and term infants were more likely to be breastfeeding at 10 days if their mother had received the contact details for a community support group, compared to women who did not receive these details. However, it was not possible to determine whether these women actually attended a support group or not and at what age of the infant. A cluster randomised trial<sup>37</sup> of a policy to provide breastfeeding groups in primary care found increased provision of breastfeeding groups did not improve breastfeeding rates at 6-8 weeks for the intervention group compared to the control group. The median infant age for attending such a group in this trial was 5 weeks, which would be counter to the fact that receiving this information was associated with breastfeeding at 10 days in our study. It is of note, however, that the trial was introducing breastfeeding support groups into relatively deprived areas of Scotland which may have impacted the results as it is well recognised that increasing deprivation is associated with lower rates of breastfeeding.

Previous studies have demonstrated strong associations between sociodemographic factors and breastfeeding<sup>21</sup> <sup>22</sup> <sup>31–33</sup> <sup>38</sup> which our study replicated among term infants. Demirci et al,<sup>23</sup> with a large sample of 7012 late preterm infants found breastfeeding initiation was associated with maternal education, marital status and ethnicity. In our study no sociodemographic characteristics were statistically significant in late preterm infants which was in contrast to the findings for term infants. Although our sample size was relatively small, and may not have had sufficient power to identify particular effects, this finding may also suggest

sociodemographic factors may be less relevant in determining continuation of breastfeeding in late preterm infants compared to term infants.

Breastfeeding rates in the UK have a long way to go before reaching the WHO recommendations and it is clear that providing breastfeeding support will be part of this. This study has identified that while a similar proportion of term and late preterm infants initiated breastfeeding, the late preterm infants were significantly less likely to be breastfeeding by 6 weeks. Relatively simple breastfeeding support methods, such as the provision of contact details for community breastfeeding support groups has been demonstrated by this study as being associated with successful breastfeeding for term and late preterm infants. Mothers who felt they had received enough help and support with breastfeeding while in hospital were also more likely to be breastfeeding late preterm and term infants at 10 days. Support for breastfeeding should be at the forefront of maternity practice in hospital, and community services need to ensure that basic information on how to obtain help and support is visibly given to all mothers while instituting a culture of easily accessible breastfeeding support for mothers if and when they need it.

In conclusion, our study found breastfeeding support to be positively associated with breastfeeding at 10 days in late preterm and term infants and at 6 weeks in term infants, in particular receiving the contact details for community support groups and receiving enough help with breastfeeding in hospital. Increasing rates of breastfeeding should be a public health priority globally, but especially in the UK where exclusive breastfeeding rates are particularly low. Late preterm infants are likely to require additional support, given their even lower rates of breastfeeding. Further research is required on breastfeeding continuation in late preterm infants in order to understand the complex interplay of factors determining breastfeeding success for this population.

Twitter Follow Sarah Rayfield at @RayfieldSarah

Contributors All authors conceived the study and contributed to the design of the study. SR conducted the analysis with guidance from MAQ. All authors were involved in the interpretation of the data. SR wrote the initial draft of the manuscript, and all authors contributed to revising consecutive drafts. All authors approved the final version of the manuscript. All authors had full access to all of the data in the study and can take responsibility for the integrity of the data and the accuracy of the data analysis.

**Funding** This paper reports on an independent study which is fully funded by the Policy Research Programme in the Department of Health (Grant No. 108/001/PRU). SR is salaried by Oxford University Hospitals NHS Trust and this research was conducted as part of a thesis in partial fulfilment for the MSc in Global Health Science.

**Disclaimer** The views expressed are not necessarily those of the Department. The funder had no role in: the design and conduct of the study; the analysis and interpretation of the data; and the drafting of the paper and decision to submit the paper for publication.

Competing interests None declared.

Provenance and peer review Not commissioned; externally peer reviewed.

BMJ Open: first published as 10.1136/bmjopen-2015-009144 on 13 November 2015. Downloaded from http://bmjopen.bmj.com/ on April 9, 2024 by guest. Protected by copyright

Data sharing statement No additional data are available.

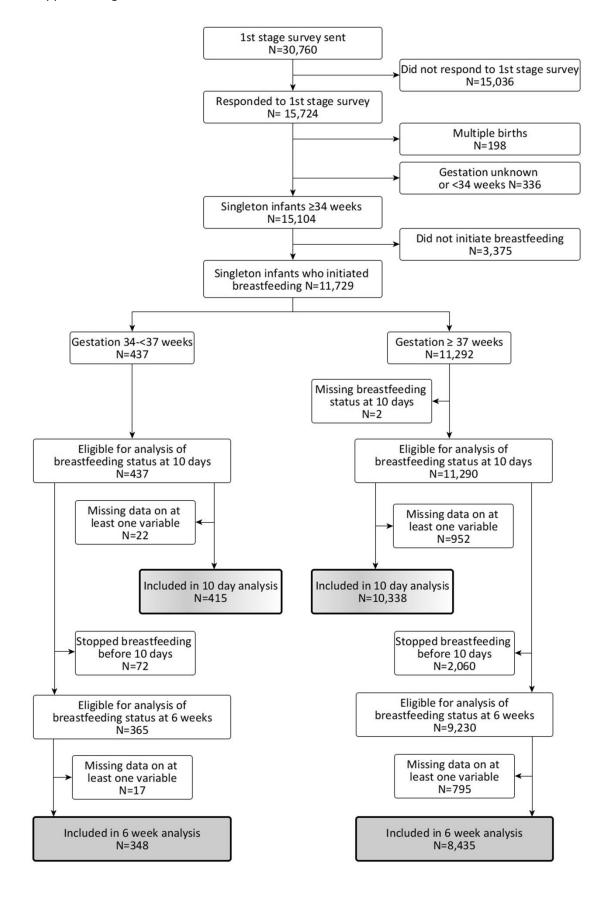
Open Access This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY 4.0) license, which permits others to distribute, remix, adapt and build upon this work, for commercial use, provided the original work is properly cited. See: http://creativecommons.org/licenses/by/4.0/

#### **REFERENCES**

- Raju TN, Higgins RD, Stark AR, et al. Optimizing care and outcome for late-preterm (near-term) infants: a summary of the workshop sponsored by the National Institute of Child Health and Human Development. *Pediatrics* 2006;118:1207–14.
- Wang ML, Dorer DJ, Fleming MP, et al. Clinical outcomes of near-term infants. Pediatrics 2004;114:372–6.
- Radtke JV. The paradox of breastfeeding-associated morbidity among late preterm infants. J Obstet Gynecol Neonatal Nurs 2011:40:9–24.
- Escobar GJ, Mccormick MC, Zupancic JA, et al. Unstudied infants: outcomes of moderately premature infants in the neonatal intensive care unit. Arch Dis Child Fetal Neonatal Ed. 2006:91:F238–44.
- Quigley MA, Cumberland P, Cowden JM, et al. How protective is breast feeding against diarrhoeal disease in infants in 1990s England? A case-control study. Arch Dis Child 2006;91:245–50.
- Howie PW, Forsyth JS, Ogston SA, et al. Protective effect of breast feeding against infection. BMJ 1990;300:11–16.
- Kramer MS, Guo T, Platt RW, et al. Infant growth and health outcomes associated with 3 compared with 6 mo of exclusive breastfeeding. Am J Clin Nutr 2003;78:291–5.
- Kramer MS. "Breast is best": the evidence. Early Hum Dev 2010;86:729–32.
- World Health Organisation. Effect of breastfeeding on infant and child mortality due to infectious diseases in less developed countries: a pooled analysis. WHO collaborative study team on the role of breastfeeding on the prevention of infant mortality. *Lancet* 2000:355:451–5.
- Duijts L, Jaddoe VW, Hofman A, et al. Prolonged and exclusive breastfeeding reduces the risk of infectious diseases in infancy. Pediatrics 2010;126:e18–25.
- Lopez-Alarcon M, Villalpando S, Fajardo A. Breast-feeding lowers the frequency and duration of acute respiratory infection and diarrhea in infants under six months of age. J Nutr 1997:127:436–43.
- Cushing AH, Samet JM, Lambert WE, et al. Breastfeeding reduces risk of respiratory illness in infants. Am J Epidemiol 1998;147:863–70.
- Quigley MA, Hockley C, Carson C, et al. Breastfeeding is associated with improved child cognitive development: a population-based cohort study. J Pediatr 2012:160:25

  –32.
- Donath SM, Amir LH. Effect of gestation on initiation and duration of breastfeeding. Arch Dis Child Fetal Neonatal Ed 2008;93:F448–50.
- Ayton J, Hansen E, Quinn S, et al. Factors associated with initiation and exclusive breastfeeding at hospital discharge: late preterm compared to 37 week gestation mother and infant cohort. Int Breastfeed J 2012:7:16.
- Department of Health. Infant feeding recommendation. London. 2003. [14th September 2014]. Http://Webarchive.Nationalarchives. Gov.Uk/+/Www.Dh.Gov.Uk/En/Publicationsandstatistics/Publications/ Publicationspolicyandquidance/Dh 4097197.
- Health and Social Care Information Centre Ir. Infant Feeding Survey 2010. Health and Social Care Information Centre, 2012. 20 November 2012; Report No.: 1.

- Agboado G, Michel E, Jackson E, et al. Factors associated with breastfeeding cessation in nursing mothers in a peer support programme in Eastern Lancashire. BMC Pediatr 2010;10:3.
- Santorelli G, Petherick E, Waiblinger D, et al. Ethnic differences in the initiation and duration of breast feeding—results from the born in bradford birth cohort study. Paediatr Perinat Epidemiol 2013:27:388–92.
- Al-Sahab B, Lanes A, Feldman M, et al. Prevalence and predictors of 6-month exclusive breastfeeding among Canadian women: a national survey. BMC Pediatr 2010;10:20.
- Tarrant RC, Younger KM, Sheridan-Pereira M, et al. The prevalence and determinants of breast-feeding initiation and duration in a sample of women in Ireland. Public Health Nutr 2010;13:760–70.
- Van Rossem L, Oenema A, Steegers EA, et al. Are starting and continuing breastfeeding related to educational background? The generation R study. <u>Pediatrics</u> 2009;123:e1017–27.
- Demirci JR, Sereika SM, Bogen D. Prevalence and predictors of early breastfeeding among late preterm mother-infant dyads. Breastfeed Med 2013;8:277–85.
- World Health Organisation / UNICEF. Protecting, promoting and supporting breastfeeding: the special role of maternity services. Geneva: World Health Organisation, 1989.
- Renfrew MJ, Mccormick FM, Wade A, et al. Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database Syst Rev 2012;5:CD001141.
- Renfrew MJ, Dyson L, Mccormick F, et al. Breastfeeding promotion for infants in neonatal units: a systematic review. Child Care Health Dev 2010;36:165–78.
- Health and Social Care Information Centre Ir. Infant Feeding Survey 2010: Appendix E. Survey Documents. Health and Social Care Information Centre, 2012. 20 November 2012; Report No.
- World Health Organisation. Indicators for assessing infant and young child feeding practices: part 1—definitions. Geneva: World Health Organisation, 2008.
- Office for National Statistics. The national statistics socioeconomic classification: origins, development and use. The Office for National Statistics, 2005.
- Department for Communities and Local Government. English Indices of Deprivation 2010. Neigbourhoods Statistical Release. 2011.
- Donnan PT, Dalzell J, Symon A, et al. Prediction of initiation and cessation of breastfeeding from late pregnancy to 16 weeks: the Feeding Your Baby (FYB) cohort study. BMJ Open 2013;3:pii: e003274.
- Henderson J, Redshaw M. Midwifery factors associated with successful breastfeeding. Child Care Health Dev. 2011;37:744–53.
- Oakley LL, Henderson J, Redshaw M, et al. The role of support and other factors in early breastfeeding cessation: an analysis of data from a maternity survey in England. BMC Pregnancy Childbirth 2014:14:88.
- 34. Dewey KG. Maternal and fetal stress are associated with impaired lactogenesis in humans. *J Nutr* 2001;131:3012S–15S.
- Meier PP, Furman LM, Degenhardt M. Increased lactation risk for late preterm infants and mothers: evidence and management strategies to protect breastfeeding. *J Midwifery Womens Health*. 2007;52:579–87.
- Hellmeyer L, Herz K, Liedtke B, et al. The underestimation of immaturity in late preterm infants. Arch Gynecol Obstet 2012;286:619–26.
- Hoddinott P, Britten J, Prescott GJ, et al. Effectiveness of policy to provide breastfeeding groups (BIG) for pregnant and breastfeeding mothers in primary care: cluster randomised controlled trial. BMJ 2009;338:a3026.
- Oakley LL, Renfrew MJ, Kurinczuk JJ, et al. Factors associated with breastfeeding in England: an analysis by primary care trust. BMJ Open 2013;3:pii: e002765.



### **IFF Research**



England / Wales / Scotland  Ref:   e 0 0 0 1
Survey of Infant Feeding 2010 September / October / November 2010
What is the questionnaire about?  This questionnaire asks about you and your new baby. If you have twins or triplets, please answer the questionnaire in relation to the baby who was born first.
If your baby is no longer with you, please cross the box below and return the questionnaire to us so we do not trouble you further.
My baby is no longer with me
Our guarantee of confidentiality  All information collected will be treated in the strictest confidence. Results will be reported in the form of statistics and your responses will not be linked back to you.
How to fill in the questionnaire
1. Please fill in the questionnaire in <b>black biro</b> .
2. Most questions on the following pages can be answered simply by putting a cross in the box next to the answer that applies to you.
Example:
Yes 🗵
No 🗆
Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

**3.** Occasionally you may have more than one answer to a question. Please cross all the boxes next to the answers that apply to you if the instruction '**Please cross one or more boxes**' is printed on top of the boxes.

<b>4.</b> Sometimes you are asked to give an age or a length of time in weeks and days, or days and hours. Please follow the instructions very carefully.								
Example:	l low old in your	s h ah νΩ						
	How old is your	baby?						
	If your baby is any additional of		nd 2	days o	ld enter	the number of whole weeks plus		
	Please enter	numbers	s in I	both b	oxes:			
	6 and weeks	<b>2</b> days						
•	•	•	-	_		next one unless a box you have another question.		
Example:								
	Yes	⊠ □		$\Rightarrow$	Go to (	28		
	No	Ш						
	e instructions c will be shorter tl			I miss o	out ques	stions which do not apply, so the		
6. If you canno please write the		not know	, or a	are una	ble to a	nswer a particular question		
7. If you would in at the end of	•	further in	forma	ation or	n any of	your answers you can write this		
8. When you have finished, please post the questionnaire to us as soon as possible in the reply-paid envelope provided, even if you were not able to answer all of it.								
We are very grateful for your help.								

### **Section 1: About your baby**

First of all we would like to ask some general questions before finding out how you feed your baby at present.

	What is y ase write i			st name? etter per box					
Ple	How old ase write r te in how r	numbers	s in both	n boxes eks plus any a	dditional c	lays:			
	weeks	and	days						
Q3.	Is this yo	ur first	baby?						
	Yes		$\Rightarrow$	Go to Q5					
	No		$\Rightarrow$	Go to Q4					
				you have in t or foster childi					
	Write in n	umber:							
Q5.	Is your b	aby on	e of twi	ns, triplets or	other mu	ıltiple biı	rth?		
	No								
	Yes, twin								
	Yes, triple	ets or ot	her mul	tiple birth					

### If you have twins or triplets:

- Please complete this questionnaire with respect to the baby who was born first.
- We are also interested in your other baby or babies and will ask you a few questions about them at a later date.

### Section 2: About the milk that you give your baby

Please note that when we ask about <u>'breastfeeding'</u> we also mean <u>'giving your baby expressed breast milk'</u>.

Q6. Thinking about the mill he/she had…	k that y	our ba	by has	receive	ed over the last 7 days, has
	Please	e cross	one box	c only	
Only breast milk				$\Rightarrow$	Go to Q7
Only infant formula				$\Rightarrow$	Go to Q8
Breast milk and infant fo	rmula			$\Rightarrow$	Go to Q13
Q7. Has your baby EVER b	een giv	ven infa	ınt forn	nula, ev	en if this was only once?
Yes (even if only once)		$\Rightarrow$	Go to	Q13	
No		$\Rightarrow$	Go to	Q15	
Q8. Has your baby EVER b have you put your baby to					yringe, bottle or cup etc) or only once?
Yes (even if only once)		$\Rightarrow$	Go to	Q9	
No		$\Rightarrow$	Go to	Q15	
Q9. How old was your baby to your breast? Please write the age in the a				AST giv	ven breast milk or you put them
Either in days:					
OR					
In whole weeks plus any add	litional	days:			
and weeks	days				

Q10. What were your reasons for stoppi	ng brea	astfeed	ing?
Please write in the reasons			
Q11. Which of the following best describ	es hov	v long y	you breastfed for?
Please cross	one bo	x only	
would have liked to breastfeed for longer		$\Rightarrow$	Go to Q12
breastfed for as long as I intended		Ì	Go to Q13
breastfed for longer than I intended		J	
Q12. What would have helped you breas Please write in the reasons	tfeed fo	or long	er?

### If you have only ever breastfed your baby, please go to Q15

	B. How old was your ba ase write the age in the a	-		eived infant formula?
Eith <b>OR</b>	er in days:			
In w	hole weeks plus any ad	ditional	days:	
	and days			
If yo		nt formu	ıla has varied please s	e been fed infant formula? select the answer you feel comes
	0,			se cross <u>one box only</u>
	All or almost all feeds			
	About half of all feeds			
	One or two feeds a da	ıy		
	A few feeds a week, b	ut not e	every day	
	A few feeds since they	/ were	born, but not every we	eek 🗆
	Only once or twice sin	ce they	were born	
	i. Have you ever seen a spaper for baby milks		ertisement on televis	sion, radio or in a magazine or
	Yes □	$\Rightarrow$	Go to Q16	
	No $\square$	$\Rightarrow$	Go to instruction I	pefore Q17
Q16	s. What did you see ad	vertise	d?	
			Please cros	s <u>one or more boxes</u>
	First Stage milks			
	Follow on milks (some	etimes k	known as stage 2/3)	
	Other (Please cross	and wr	ite in)	
	Don't know	-		П
				——————————————————————————————————————

If you currently use infant formula AT ALL,	please answer	the following
questions.		

If not, please go to Q23

The following questions are about how you make up infant formula feeds for your baby. Please try and think about how you usually make up the feeds. If this varies think about the way you do it most often.

Q17.	When making infant formula feeds do you USUAL	LY		
	Please cross <u>o</u>	ne box	<u>conly</u>	
	Only make one feed at a time as you need it  Make several feeds at a time and store them		}	Go to Q18
	Only ever use ready to feed formula		$\Rightarrow$	Go to Q23
Q18.	When making infant formula feeds for your baby d	o you	USUAI	LLY
		Please	e cross	one box only
Q19.	Use water that has just boiled Use water that has boiled and been left to cool for 30 Use water that has boiled and been left to cool between Use water that has boiled and been left to cool for mo	en 30 a o <b>re</b> tha	and 45	_
	Please		one box	<u>conly</u>
	Put the powder in the bottle first and then add the wat <b>OR</b>	er		
	Put the water in the bottle first and then add the powd	er		
Q20.	If you need to feed your baby when you are out do	you l	JSUALI	LY
	Please	cross	one box	<u>c only</u>
	Make up an infant formula feed before leaving home Make up an infant formula feed whilst you are out Take a ready to feed formula with you Take expressed breast milk with you Breastfeed			⇒Go to Q21 ⇒Go to Q22 Go to Q23
	Never feed your baby away from home			J

Q21.	When you are	out, do	you U	SUALLY keep	o the feeds you have made chilled	?
	Yes No		}	Go to Q23		
Q22.	When you are	out do	you US	SUALLY		
	Make feeds with	h cold o	or coole	ed water	1	
	OR Make feeds with	h hot w	ater (e.	g. ask for hot	water or use hot water from a flask)	
Q23.	Have you ever	used a	bottle	to feed your	baby?	
	Yes		$\Rightarrow$	Go to Q24		
	No		$\Rightarrow$	Go to Q25		
Q24.	What methods	s do/di	d you l	JSUALLY use	to sterilise the bottle?	
				Please cross	s <u>one box only</u>	
	Hot soapy wate	er				
	Boiling water					
	Soaking in steri	ilising s	olution	e.g. Milton		
	Steam steriliser	-				
	Dishwasher					
	Microwave					
	Other (Please	cross a	and wri	ite in)		

### **Section 3: About Healthy Start**

The Healthy Start scheme provides pregnant women and children under 4 years old with vouchers which can be spent on milk, infant formula, fresh fruit or vegetables. Coupons are also available for free vitamins for pregnant women, mothers and babies.

You are eligible for the scheme if you or your family receive ONE of the following:

- Income support
- Income-based Job Seeker's Allowance

•	Child Tax Cre	edit, with	nout wo	rking Tax Credit (except Working Tax run-on) e of £16,190 or less
Q25.	Based on the	list abo	ve, are	you eligible for the Healthy Start scheme?
	Yes		$\Rightarrow$	Go to Q26
	No Don't know		}	Go to Q32
Q26.	Are you on the	e Health	ny Start	scheme?
	Yes		$\Rightarrow$	Go to Q28
	No		$\Rightarrow$	Go to Q27
	Were you awa beginning of th			hy Start scheme before reading the description at
	Yes		$\Rightarrow$	Go to Q28
	No		$\Rightarrow$	Go to Q32

### Q28. How did you find out about the Healthy Start scheme?

				Please	e cross <u>e</u>	one or more boxes
	Local benefit of	fice / J	obcentr	e Plus		
	SureStart or Ch	inic				
	Partner, friend					
	Voluntary or ch	aritable	e organi	sation		
	Peer supporter	(a mur	n who h	as breastfed themselve	es	
	and been traine	ed to gi	ve supp	ort to other mums)		
	Breastfeeding s	support	group			
	Start4Life					
	Books / leaflets	/ maga	azines			
	Television / rad	lio				
	The internet / w	eb bas	ed reso	ources		
	Doctor / GP					
	Health visitor					
	Midwife (includ	ing at a	intenata	al sessions)		
	Nurse					
	Somewhere els	se ( <i>Ple</i>	ase cro	ss and write in)		
	. Since the birth nula or fresh fru				vouche	ers' to buy milk, infant
	Yes		$\Rightarrow$	Go to Q30		
	No		$\Rightarrow$	Go to Q31		
Q30.	. What did you s	spend	your He	ealthy Start vouchers	on?	
				Please cross	one or r	more boxes
	Infant formula					
	Cow's milk					
	Fresh fruit				$\Box$	Go to Q32
	Fresh vegetable	es				
	Something else	(Pleas	se cros	s and write in below)		

<b>Q31. Why haven</b> Please write in th	't you spent your e reasons	Healthy Sta	art vouc	hers?	
Section 4: A to your bab		drinks a	ind fo	od that you	may give
	st 7 DAYS has yo ruit juice, squash,	-	•	ng else to drink ap	oart from milk,
Yes		Go to Q34			
No	∐ <b>⇒</b>	Go to Q33			
	aby EVER had an		to drink	apart from milk, s	such as water,
Yes (even it	f only occasionally)		$\Rightarrow$	Go to Q34	
No			$\Rightarrow$	Go to Q36	
milk to drink, su	was your baby wh ch as water, fruit age in the appropria	juice or her		IRST given somet k?	hing apart from
Either in days					
OR					
In whole weeks p	lus any additional d	days			
weeks	nd days				

### Q35. Apart from milk, do you give your baby drinks mainly...?

				Please cross	one or more boxes
	Because he/she	e is thir	sty		
	To give him/her	extra v	/itamins		
	To help his/her	colic/w	ind		
	To help his/her	constip	ation		
	To settle him/he	er			
	Some other rea	ison <i>(P</i>	lease cr	oss and write in)	
		ever h	ad any	foods such as cerea	I, rusks, baby rice, fruit,
vege	tables or any o	ther kii	nd of so	olid food?	
	Yes		$\Rightarrow$	Go to Q37	
	No		$\Rightarrow$	Go to Q40	
	How old was y se write a numbe			n he/she first had an	y food apart from milk?
Pleas	se write in the ag	ge to the		st whole week	
	At present, are r solid food?	you re	egularly	giving your baby ce	real, rusks, baby rice or any
	Yes				
	No				

N.B. There is no Q39.

# Section 5: About vitamins for your baby and yourself

Q40	. Do you give y	our ba	by any	vitamin drops?		
	Yes		$\Rightarrow$	Go to Q41		
	No		$\Rightarrow$	Go to Q42		
Q41	. How do you u	sually	get the	vitamin drops for y	our baby?	
					Please cross one be	ox only
	Get free Healt	hy Star	t vitami	ns		
	Buy Healthy S	tart vita	amins			
	Buy other vitar	mins fro	om a su	permarket, pharmacy	or health food shop	
	Get vitamins of	n pres	cription			
	Other (Please	cross	and wi	rite in)		
040	Ano very tolein					
Q4Z	. Are you taking	g any v	ritamin	or iron supplements	s yourself?	
	Yes		$\Rightarrow$	Go to Q43		
	No		$\Rightarrow$	Go to Q44		
Q43	. What type of s	supple	ments a	are you taking?		
				Please cros	ss <u>one or more boxes</u>	
	Iron only					
	Multi -vitamins	only				
	Multi-vitamins	•	n comb	ined		
	Vitamin D supp	olemen	t			
	Single vitamin			ther		
	Healthy Start v	ritamins	3			
	Something else	e <b>(Plea</b>	se cros	ss and write in)		

### Section 6: About when you were pregnant

Q44. Did you take folic acid before or during your pregnancy?

				Please cr	ross <u>one or more boxes</u>	
	Yes, before I w	as preg	gnant			
	Yes, during firs	t three	months	of pregnancy		
	Yes, later on in	pregna	ancy			
	No, did not take	e folic a	acid			
	Do you know v planning or d				olic acid is recommended, either	
	Yes		$\Rightarrow$	Go to Q46		
	No		$\Rightarrow$	Go to Q47		
			5		nmended to increase their intake	O1
folic a			3			OI.
folic a	acid?					01
folic a	acid?					01
folic a	acid?					<u> </u>
folic a	acid?					Oi
folic a Pleas	acid? e write in the re	easons	nant, di		itamin or iron supplements either	
folic a Pleas	acid? e write in the re	easons	nant, di	id you take any vi		

### Q48. What type of supplements did you take?

				Please	cross	one or i	more boxes	
	Iron only							
	Multi-vitamins of	nly						
	Multi-vitamins a	and iron	combin	ned				
	Vitamin D supp	lement						
	Single vitamin	supplem	ent- otl	her				
	Healthy Start V	itamins						
	Something else	(Pleas	e cros	s and w	rite in)			
	•••••							
Q49.	Thinking back	to befo	re you	had yo	ur bab	y, how	did you plan to fe	ed him/her?
			Please	e cross	one bo	x only		
	Infant formula					)		
	Breastfeed					}	Go to Q50	
	Breastfeed and	use infa	ant forn	nula		J		
	Had not decide	d				$\Rightarrow$	Go to Q51	
	Why did you the give all your r				our ba	ıby by t	that method?	
Q51.	While you were	e pregn	ant did	l you ha	ave any	y anten	atal check ups?	
	Yes		⇔	Go to	Q52			
	No		$\Rightarrow$	Go to	Q54			

Q52.	At the checkup	os did a	inyone	discuss feedii	ng your baby with yo	ou?
	Yes		$\Rightarrow$	Go to Q53		
	No		$\Rightarrow$	Go to Q54		
Q53.	At the checkup	s, who	discus	ssed feeding y	our baby with you?	
	•				Please cross <u>one or</u>	more boxes
	Doctor					
	Health visitor					
	Midwife					
	Nurse					
	Peer supporter	(a mum	n who ha	as breastfed the	emselves	_
	and been traine	•				
	Someone else	(Please	cross	and write in)	·	
	While you were for having the b		ant wit	h this baby, di	id you go to any ses	sions to prepare
	Yes		$\Rightarrow$	Go to Q55		
	No		$\Rightarrow$	Go to Q57		
OFF	Where were the		ana hal	40		
Qoo.	where were the	e sessi	ons nei	a ?		
					Please cross one or	more boxes
	In hospital / birt	h centre	e / midw	rifery led unit		
	Clinic / doctor's	surger	y / healtl	h centre		
	Children's Cent	re				
	Voluntary or ch	aritable	organis	ation		
	Somewhere els	e ( <b>Ple</b> a	se cros	ss and write in	) 🗆	
	During this pre ussions about f	•	-	•	sessions that includ	led talks or
	Yes	П	⇔	Go to Q57		
	No		, ⇒	Go to Q57		

	• •	_		you taught how to position you our baby to your breast?	baby for
	Yes				
	No				
	During this pre	egnanc	y did yo	ou get any information about yo	ur diet during
	Yes				
	No				
	During this pre	egnanc	y did yo	ou get any information about sn	noking during
	Yes		$\Rightarrow$	Go to Q60	
	No		$\Rightarrow$	Go to Q62	
Q60.	What informati	on did	you ge		
	Information on	_		Please cross <u>one</u>	or more boxes
	the effects of		ng on y	our baby	
	how to stop		_		
	how to cut o		J		
	how your pa				
			•	noke in pregnancy ed with your baby and smoking	
	tile dangers	o Oi Silai	iliy a be	ed with your baby and smoking	Ш
	Some other adv	ice or i	nformat	ion (Please cross and write in)	

### Please cross one or more boxes Specialist smoking advisor NHS Pregnancy Smoking Helpline SureStart or Children's Centre / Children's Health Clinic Partner, friend or relative Voluntary or charitable organisation Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums) Breastfeeding support group Start4Life Books / leaflets / magazines Television / radio The internet / web based resources Doctor / GP Health visitor Midwife (including at antenatal sessions) Nurse Somewhere else (Please cross and write in) Q62. When you were pregnant did you get any information about drinking alcohol during pregnancy? Yes $\Rightarrow$ Go to Q63 П No $\Rightarrow$ Go to Q65 Q63. What information did you get? Please cross one or more boxes Information on... ...the effects of drinking alcohol on your baby ...stopping drinking alcohol in pregnancy ...limiting the amount of alcohol you drank ...continuing to drink alcohol with no information about limit ...the dangers of sharing a bed with your baby and drinking alcohol Some other advice or information (Please cross and write in)

Q61. Where did you get this information?

### Q64. Where did you get this information?

	Please cross	one or more boxes
SureStart or Children's	s Centre / Children's Health Clinic	
Partner, friend or relati	ve	
Voluntary or charitable	organisation	
Peer supporter (a mun	n who has breastfed themselves	
and been trained to give	ve support to other mums)	
Breastfeeding support	group	
Start4Life		
Books / leaflets / maga	azines	
Television / radio		
The internet / web bas	ed resources	
Doctor / GP		
Health visitor		
Midwife (including at a	ntenatal sessions)	
Nurse		
Somewhere else (Plea	ase cross and write in)	
		y information about the
Yes □ ⇒	Go to Q66	
No □ ⇒	Go to Q67	
	Partner, friend or relative Voluntary or charitable Peer supporter (a municate and been trained to give Breastfeeding support Start4Life Books / leaflets / magaze Television / radio The internet / web base Doctor / GP Health visitor Midwife (including at a Nurse Somewhere else (Pleaflets)  While you were pregretath benefits of breast	SureStart or Children's Centre / Children's Health Clinic Partner, friend or relative Voluntary or charitable organisation Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums) Breastfeeding support group Start4Life Books / leaflets / magazines Television / radio The internet / web based resources Doctor / GP Health visitor Midwife (including at antenatal sessions) Nurse Somewhere else (Please cross and write in)  While you were pregnant with this baby, did you get any LTH benefits of breastfeeding?  Yes  Go to Q66

### Q66. Where did you get this information?

		Please cross one or more boxes
	SureStart or Children's Centre / Children's He	ealth Clinic
	Partner, friend or relative	
	Voluntary or charitable organisation	
	Peer supporter (a mum who has breastfed th	emselves
	and been trained to give support to other mur	ms)
	Breastfeeding support group	
	Start4Life	
	Books / leaflets / magazines	
	Television / radio	
	The internet / web based resources	
	Doctor / GP	
	Health visitor	
	Midwife (including at antenatal sessions)	
	Nurse	
	Somewhere else (Please cross and write in	)
Q67.	Did you know any mothers with young bak	oies before you had your baby?
	Yes ☐ ⇒ Go to Q68	
	No	
	. Would you say that most of these mothers nt formula?	with young babies breastfed or gave
		Please cross one box only
	Most of them gave infant formula only	
	Most of them breastfed only	
	Most of them breastfed and gave infant formu	ıla 🗆
	There was a real mixture of the above metho	ds 🗆
	Don't know	

# Q69. Do you know whether you were breastfed or fed with infant formula when you were a baby?

	Ple	ease cross <u>one bo</u>	x only
Fe Bo	eastfed entirely od entirely with infant formula oth breastfed and fed with infant formula on't know		
Section	on 7: About the birth of y	our baby	
Q70. Ho	w many weeks pregnant were you w	hen your baby w	as born?
	weeks		
Q71. Wh	nere was your baby born?		
In In At	hospital – in a midwife-led unit hospital – in a consultant-led unit a midwife-led unit or birth centre separ home mewhere else ( <i>Please cross and wri</i> t	·	☐
Q72. Wł	nich hospital, birth centre or unit was	s your baby born	in?
Ν	Name of the hospital and/or unit		
Т	own where this is located		
unit?	ow long after the baby was born did y	ou stay in the ho	spital, birth centre o
Either:	lander of the state of the state of the state of		
	How many <b>hours</b> did you spend in the hours	nospitai, birth centi	e or unit?
<i>OR</i> ⊢	How many <b>days</b> did you spend in the ho	ospital, birth centre	e or unit?
	days		

Q74.	Thinking about the birth of your baby, what kind of delivery did you have?						
	Normal (vaginal) birth						
	A caesarean (through a cut in t	the abdomen)					
	Delivery using forceps						
	Delivery using vacuum cap on	the baby's head (ven	touse)				
Q75.	. During your labour, did you ι	use any of the follow	ving to relieve	the pain?			
		Please cross	one or more bo	oxes			
	Natural methods (e.g. breathin	g, massage)					
	Water or a birthing pool						
	TENS machine (with pads on y	our back)					
	Gas and air (breathing through	a mask)					
	Injection of pethidine or a similar	ar painkiller					
	Epidural (injection in your back	)					
	Something else (Please cross	and write in)					
Q76.	Either in pounds and ounces:	gh when he/she wa	s born?				
he/sl	. Did you have skin-to-skin con he was born? (By skin-to-skin her bare skin was next to your ba	contact we mean you					
	Yes □ ⇒	Go to Q78					
	No □ ⇒	Go to Q80					

	Were you able vanted?	to have this s	kin-to-	skin cor	ntact with your baby for as long as
	Yes				
	No				
Q79. conta		g after your ba	aby wa	s born o	lid you first have skin-to-skin
		Please	e cross	one box	<u>only</u>
	Immediately / w	ithin a few min	utes		
	Within an hour				
	More than 1 ho	ur, up to 12 hoเ	urs		
	More than 12 h	ours later			
	After the birth baby the way y			alth prol	plems that affected your ability to feed
	Yes	П			
	No				
Q81.	Was your baby	put into spec	ial car	e at all, o	or put under a lamp for jaundice?
		Please cross	one or i	more bo	<u>xes</u>
	Yes, put into sp Yes, put under			}	Go to Q82
	No, neither			$\Rightarrow$	Go to Q84
Q82.	For how long v	vas your baby	in spe	cial care	e or put under a lamp?
	One day or less	}			
	Two or three da	ays			
	Four days to or				
	More than one	•	month		
	More than one	month			
	Did having you baby the way y			e or und	der a lamp affect your ability to feed
	Yes				
	No				

Q84.	During the firs	t few da	ays, did	l anyone help yo	u put your b	aby to	the breast?
	Yes		⇔	Go to Q85			
	No		$\Rightarrow$	Go to Q87			
Q85.	Who was this?	•		P	lease cross <u>c</u>	one or n	nore boxes
					_		
	Midwife						
	Midwifery Supp	ort Wor	ker				
	Nurse						
	Nursery Nurse						
	Healthcare assi	istant					
	Health visitor						
	Doctor / GP						
	Voluntary or ch	aritable	organis	ation			
		•		as breastfed them		_	
	and been traine	ed to giv	e suppo	ort to other mums	)		
	Breastfeeding s	support	group				
	Partner, friend	or relativ	ve				
	Someone else	(Please	cross	and write in)			
Q86.	Did he/she sta	y with y	ou whi	le you were first	breastfeedi	ng?	
					Please	cross <u>c</u>	one box only
	Left before bab	v had st	arted fe	eedina			
	Left once baby	•		•			
	-			it came back to ch	neck on vou		
	-		•	baby finished fee	•		
	Ciayea are init				· · · · · ·		_
Q87   milk?	•	olain to	you ho	w to recognise t	hat your bak	by is ge	etting enough
	Yes		Go to	Q88			
	No		Go to	Q90			
	stmilk?	onfident	that yo	ou could recogn	ise if your b	aby wa	s getting enough
	Yes						
	No						

QUS. HOW deciding	,	is information at the time?	
Extremely use Very useful Not very usefu			
Not useful at a	all 🗆		
Q90. Would you habreast?	ave liked any	help or information on how to put your baby to the	
Yes			
No			
Section 8: Al	oout the t	imes that you feed your baby	
_	•	y please answer Q91 ed on infant formula from birth go on to Section 9	
Q91. How soon aft	er your baby	was born did you first put him/her to the breast?	
		Please cross one box only	
Immediately /	within a few m	ninutes $\square$	
Immediately / Within half an		ninutes	
Within half an			
Within half an More than ½ h	hour	our later	
Within half an More than ½ h More than 1 h	hour nour, up to 1 h	our later   ours later	
Within half an More than ½ t More than 1 h More than 4 h	hour nour, up to 1 h our, up to 4 ho	our later   ours later   nours later	
Within half an More than ½ h More than 1 h More than 4 h More than 8 h	hour nour, up to 1 hoour, up to 4 hoours, up to 8 h	our later  ours later  hours later  hours later	
Within half an More than ½ h More than 1 h More than 4 h More than 8 h	hour nour, up to 1 h our, up to 4 ho ours, up to 8 h ours, up to 12 hours, up to 2	our later  ours later  hours later  hours later	
Within half an More than ½ the More than 1 half an More than 1 half an More than 4 half an More than 12 half your baby was the More than 24	hour nour, up to 1 h nour, up to 4 ho nours, up to 8 h nours, up to 12 hours, up to 24 hours later	our later  ours later  hours later  hours later	
Within half an More than ½ h More than 1 h More than 4 h More than 8 h More than 12 More than 24  If your baby was a fif your baby was a Guidant was a Guida	hour nour, up to 1 h nour, up to 4 h nours, up to 8 h nours, up to 12 hours, up to 2 hours later horn in a hos born at home	our later  ours later  hours later  hours later  4 hours later	
Within half an More than ½ h More than 1 h More than 4 h More than 8 h More than 12 More than 24  If your baby was a fif your baby was a Guidant was a Guida	hour nour, up to 1 h nour, up to 4 h nours, up to 8 h nours, up to 12 hours, up to 2 hours later horn in a hos born at home	our later  ours later  hours later  hours later  4 hours later   spital, birth centre or unit please answer Q92  e please go on to Q101  pital, birth centre or unit, as well as being breastfed,	

Q93. Were you a did you want yo					aby other t	han breast milk o	or
Advised to I wanted my No, neither	y baby to h	•	lse omething else				
Section 9: A	_	wher	n you wer	e in the	hospita	al, birth	
If your baby was	s born at h	nome p	olease go to Q	101			
Q94. Did your ba	aby stay b	eside	you all the tim	ie you were	in the hos	spital, birth centr	e
Yes							
No							
Q95. Were there centre or unit?	any prob	lems f	eeding your ba	aby while y	ou were in	ı the hospital, bir	th
Yes		$\Rightarrow$	Go to Q96				
No		$\Rightarrow$	Go to Q99				
Q96. What probl Please write in	ems were	there	?				

Q97.	Did anyone giv	ve you	any he	lp or su	ipport w	ith this	s/these	proble	ems?	
	Yes		$\Rightarrow$	Go to	Q98					
	No		$\Rightarrow$	Go to	Q99					
Q98.	Who helped or	r suppo	orted yo	ou?						
	-					Please	cross	one or	more b	ooxes
							•			
	Midwife									
	Midwifery Supp	ort Wo	rker							
	Nurse									
	Nursery Nurse									
	Healthcare ass	istant								
	Health visitor									
	Doctor / GP	ا مامه: سم		aatian						
	Voluntary or ch Peer supporter		•		actfad th	amealy	20	Ш		
	and been traine	•					63	П		
	Breastfeeding s	•	• •	011 10 01		110)				
	Partner, friend		_							
	Someone else			and wi	rite in)					
					••••••	•				
	While you wer oort with feedin		-	tal, birt	h centre	or uni	t did ye	ou get	enoug	h help and
	Yes – received	enoug	h help							
	No – would have	Ū	•	elp						
Q100	). When you lef	t the h	ospital,	birth c	entre or	unit, v	vere yo	ou		
					Please	cross <u>c</u>	one box	x only		
	Only giving bre	ast mill	K							
	Only giving infa									
	Giving both bre			fant for	nula?					
	-									

## Section 10: About help for you at home

Q101. How old was your baby when you had the last visit or contact with the midwife or maternity support worker?

	approximate a	•	ı aays -	п уои с	annot i	rememi	per exactly, please put in the
		days c	old				
contac nothe	ct details of a ers with infant	volunta feeding	ary orga g? me, plea	anisatio ase bas	on or c se your	ommur answer	as anyone given you the nity group which helps new from when your baby was born.)
			Please	cross	one or	more be	<u>oxes</u>
	Yes, in conve	rsation				}	Go to Q103
	Yes, in writing	ı / in priı	nt			J	
	No				Ш	$\Rightarrow$	Go to Q104
Q103.	Have you use	ed these	e conta	ct deta	ils to s	eek an	y help or information?
	Yes						
	No						
Q104.	Are you awar	e of the	e Nation	nal Bre	astfeed	ling He	lp line?
	Yes and I hav	e used	it				
	Yes but I have						
	No I was not a	aware o	f it		Ш		
Q105.	Since your ba	aby was	s born l	nas a h	ealth v	isitor b	een to see you?
	Yes		$\Rightarrow$	Go to	Q106		
	No		$\Rightarrow$	Go to	Q107		
Please	How old was e write in the to ximate age.		ber of a				first came? nember exactly, please put in the
		uays O	iu				

feeding your baby?	swer about any feeding problems since the birth.)
Yes □ ⇒ Go to	Q108
No □ ⇒ <b>Go to</b>	Q111
Q108. What problems were there? Please write in	
Q109. Did you get any help or information	on about this/these problems?
Yes □ ⇒ Go to	Q110
No □ ⇒ Go to	Q111

#### Q110. Where did you get this help or information?

Please cross <u>one or more</u>	<u>e boxes</u>
SureStart or Children's Centre / Children's Health Clinic	
Voluntary or charitable organisation	
Peer supporter (a mum who has breastfed themselves	
and been trained to give support to other mums) $\hfill\Box$	
Breastfeeding support group	
Partner, friend or relative	
Start4Life	
Books / leaflets / magazines	
Television / radio	
The internet / web based resources	
Breastfeeding clinic	
National Breastfeeding Helpline	
Doctor / GP	
Health visitor	
Midwife $\square$	
Nurse	
Somewhere else (Please cross and write in)	
Q111. During your pregnancy or after the birth of your baby were you given a	copy of
any of the following?	
Please cross <u>one or more box</u>	<u>res</u>
The Pregnancy Book	
The Birth to Five book	
Off to the best start (Start4Life) leaflet (England only)	
Breastfeeding - off to a good start leaflet (Scotland and Northern Ireland)	
Breastfeeding – the best start for your new baby leaflet (Wales only)	
Bottle feeding leaflet (England only)	
Ready Steady Baby leaflet (Scotland only)	
Breastfeeding and work leaflet (England only)	
Breastfeeding and returning to work leaflet (Scotland, Wales and N. Ireland)	
"From Bump to Breastfeeding" DVD	
Received items but don't remember names	
Did not receive any of these	

Q112.	In which posi	tion do	you us	sually place your baby to sleep?
		Please	e cross	one box only
	On his/her ba On his/her fro On his/her sid Varies	nt		
Q113.	How often, if	at all, d	lo you l	et your baby sleep in your bed with you?
		Please	e cross	one box only
	All the time Regularly Sometimes Rarely Never			
Q114.	Have you eve	r slept	on a so	ofa with your baby?
	Yes No			
Sec	tion 11: Al	bout	smol	king and drinking
Q115.	Have you eve	r smok	ed ciga	arettes?
	Yes No		⇔	Go to Q116 Go to Q121
Q116.	Have you smo	oked at	all in t	he last two years, that is since September 2008?
	Yes No		$\Rightarrow$	Go to Q117 Go to Q121
Q117.	Do you smok	e cigar	ettes at	all now?
	Yes No		$\uparrow$ $\uparrow$	Go to Q118 Go to Q119

Q118. pregna	Did you smok ant?	e cigar	ettes a	t all during pr	egnanc	y, afte	r you fo	ound o	ut you were
	Yes		$\Rightarrow$	Go to Q120					
	No		$\Rightarrow$	Go to Q121					
Q119.	When did you	finally	give u	o?					
				Please	e cross <u>e</u>	one bo	x only		
	Before you kn	ew you	were pr	egnant			$\Rightarrow$	Go to	Q121
	_		-	u were pregnar	nt		)		
	Later on durin After the birth	g your p	oregnan	су			}	Go to	Q120
Q120.	Since you kne	ew abo	ut your	pregnancy, d	-	_		followi more be	
		•		(for less than		•			
		•		(for more than		•		(I \	
		•		erapy (e.g. nic GP or other he	•	•		tner),	Ш
	•	replace	ement th	erapy (e.g. nic		-		ther)	
	_			rettes I smoke	d each d	day			
			r of ciga	rettes I smoke	d				
	None of the al	oove							
Q121.	During your p	regnar	ncy, did	any of the pe	ople yo	ou lived	d with s	smoke (	cigarettes?
				Please cross	one or r	nore be	<u>oxes</u>		
	Yes, my partn Yes, someone No, nobody el Not applicable	e else I se who	lived wit I lived v						

#### Q122. Do any of the people who live with you now smoke cigarettes? Please cross one or more boxes Yes, my partner smokes Yes, someone else I live with smokes П No, nobody else who I live with smokes Not applicable - I live alone with my baby Q123. Do you ever drink alcohol at all now? (including low alcohol drinks) Yes **Go to Q125** $\Rightarrow$ No Go to Q124 $\Rightarrow$ Q124. Have you drunk alcohol at all during the past two years? Yes $\Rightarrow$ **Go to Q125** Go to Q130 No $\Rightarrow$ Q125. Thinking back to when you were pregnant, please cross the box that best describes how often you usually drank each of the alcoholic drinks listed below. **During pregnancy I usually drank:** Please cross one box on each line 3-4 Once or Once or Very Most Not at times a twice a twice a occasion all days month week week ally Normal strength beer / lager / cider / shandy Strong (6% or more) beer / lager / cider Wine / champagne Sherry / martini / vermouth / port Spirits / liqueurs (e.g. gin, П П whisky, rum, brandy, vodka) Alcopops

П

Low alcohol drinks

Other alcoholic drinks

<b>7</b> -	you say that you had when you were pregnant, please nt you usually drank each time that you had a drink.
Normal strength beer / lager / cider / shandy	half pints pints
Strong (6% or more) beer / lager / cider	half pints pints
Wine / champagne	small glass medium glass large glass (125ml) (250ml)
Sherry / martini / vermouth / port	glasses
Spirits / liqueurs (e.g. gin, whisky, rum, brandy, vodka)	single measures (count double measures as 2)
Alcopops	bottles
Low alcohol drinks Other alcoholic drinks	(please write in - including type of measure) (please write in - including type of measure)
Q127. Thinking about ALL ki	inds of alcoholic drinks, how often did you have an luring pregnancy?
1	Please cross <u>one box only</u>
Most days	
3-4 times a week	
Once or twice a week	
Once or twice a month	
Less than once a mont	h $\square$
Not at all	
Q128. During your pregnance amount of alcohol than befo	y would you say you drank more, less or about the same re you were pregnant?
	Please cross one box only
l drank <b>much more</b> du	ring pregnancy than before
I drank <b>more</b> during pro	
•	e during pregnancy as before □ ⇒ Go to section 12
I drank less during pre	gnancy than hofore
•	ng pregnancy than before Go to Q129

#### Q129. Why did you change your drinking habits during pregnancy?

	Please cross one or more boxes
Drinking alcohol made me feel sick / unwell	ı 🗆
I disliked the taste of alcohol when I was pre	regnant $\square$
Alcohol cheered me up and made me feel b	better $\square$
Alcohol might harm my baby	
I had personal / family problems	
Some other reasons (Please cross and wr	rite in)

## Section 12: And finally...

#### If this is your first baby, please go on to Q131

Q130. If this is not your first baby, we would like to know how you fed your previous children.

Please fill in the details below, but DO NOT INCLUDE YOUR LATEST BABY as you have already told us about him/her.

Previous children:	Q130a Was he/she breastfed at all?	Q130b If breastfed, h breastfeeding	now long did yoເ ງ?	ı continue
Eldest child:	Yes □ <b>⇒</b> Go to Q130b No □	□ days <b>OR</b>	□ weeks <b>OR</b>	□ months
Second eldest child:	Yes □ <b>⇒ Go to Q130b</b> No □	□ days <b>OR</b>	□ weeks <b>OR</b>	□ months
Third eldest child:	Yes □ <b>⇒</b> Go to Q130b No □	□ days <b>OR</b>	□ weeks <b>OR</b>	□ months
Fourth eldest child:	Yes □ <b>⇒</b> Go to Q130b No □	□ days <b>OR</b>	□ weeks <b>OR</b>	□ months

# Q131. Thinking about all the help and information you received on how to feed your baby, who or what had the MOST influence on you?

			Please cross	one box only
Owr	n experience			
Frie	nds / other mothe	ers		
Part	ner			
Mot	her / grandmothe	er		
Oth	er relatives			
Hea	lth professional (	e.g. doc	etor, midwife)	
Sur	Start or Childrer	n's Centr	re / Children's Health Clinic	
Volu	untary or charitab	le organ	nisation	
Pee	r supporter (a mı	um who l	has breastfed themselves	
and	been trained to (	give supp	port to other mums)	
Brea	astfeeding suppo	rt group		
Nati	onal Breastfeedi	ng Helpli	ine	
Star	t4Life			
Boo	ks / leaflets / mag	gazines		
Tele	evision / radio			
The	internet / web re	sources		
Son	neone / somethin	g else (I	Please cross and write in)	
If you are	now complete	elv feed	ling your baby infant form	nula go to Q133
			paby, answer Q132	idia, go to 4 100
Q132. For	how long do yo	u think y	you will continue breastfeed	ding your baby?
Until my b	aby is:			
Either		weeks		
Or		month	s and Lead weeks old	
Don't know	/ have not decide	ed <i>(Plea</i>	ase cross if appropriate) $\square$	
Q133. Are the baby?	you aware of an	y health	h benefits in breastfeeding,	either for the mother or
Yes		$\Rightarrow$	Go to Q134	
No		$\Rightarrow$	Go to Q136	

Q134. What health benefi Please write in	ts, if any, are you aware of for the MOTHER?
0405 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	to Manual and a superior of facility DADVO
Q135. What health benefit Please write in	ts, if any, are you aware of for the BABY?
To finish with, a few ques	etions about vourself
To milon with, a lew ques	alons about yoursell
Q136. What age are you r	now?
Please cros	s <u>one box only</u>
Under 20	
20, up to 24	
25, up to 29	브
30, up to 34	
35, up to 39	브
40 or over	

### Q137. How old were you when you finished full-time education? This might be school or college, whichever you last attended full-time) (If you are still in full time education please cross the box for the age you are intending to leave it) Please cross one box only 16 or under 17 18 19 or over Q138. Are you doing any paid work at the moment? Please cross one box only П Go to Q141 Yes On paid maternity leave On unpaid maternity leave Go to Q139 No Q139. Do you intend to start or return to work within the next year? Please cross one box only Yes, full-time Yes, part-time No Don't know Please skip question 140 if you are on maternity leave Q140. Have you EVER done any paid work? Yes ☐ ⇒Please answer Q141-147 for the job you did most recently □ ⇒Go to Q148 No Q141. What is the title of your job? Please write in (If you have/had more than one job

please give details of your main job.)

Q142. What do you mainly do in your job?  Please write in						
you v	s. What does the firm work? se write in	or orga	nisatio	on you work for make or do at the site where		
Q144	. Are you					
	an employee		$\Rightarrow$	Go to Q145		
	or self-employed?		$\Rightarrow$	Go to Q146		
Q145	. Do you have any ma	anageri	al dutie	es or do you supervise any other employees?		
	Yes, manager					
	Yes, supervisor					
	No, neither					
Q146	i. Do you work mainly	at hon	ne or de	o you go out to work?		
	Mainly at home		$\Rightarrow$	Go to Q148		
	Go out to work		$\Rightarrow$	Go to Q147		
Q147	′. How many employe	es are	there a	t the place where you work?		
	1-24					
	25 - 499					
	500 or more					
	On own / with partne	rs hut r	o empl	ovees		

Q148.	. Are you		
	Married or in a civil partnership		
	Living together		
	Single		
	Widowed, divorced or separated		
Q149.	. What is your ethnic group?		
	White	Please cross	<u>one box oi</u>
	British		
	Irish		
	Any other white background (Please cross at	nd write in)	
	Mixed		
	White and Black Caribbean		
	White and Black African		
	White and Asian		
	Any other mixed background (Please cross a	and write in)	
	Asian or Asian British		
	Indian		
	Pakistani		
	Bangladeshi		
	Any other Asian background (Please cross a	nd write in)	
	Black or Black British		
	Caribbean		
	African		
	Any other black background (Please cross at	nd write in)	
	Chinese or Other ethnic group		
	Chinese		
	Any other (Please cross and write in)		

.....

Yes		$\Rightarrow$	Please write in below
No			
give the date	when you fi	lled in t	this questionnaire
	day		month year
			go back and complete?