



Project FIRST

If you have older children, please think only about your youngest baby when you answer the questions.

SECTION A: YOUR NEW BABY'S BIRTH

1. Is your baby a boy or a girl? Boy..... Girl
2. What was your baby's length at birth? _____ INCHES
3. In the past month, were you or your baby enrolled in the WIC program or did you get WIC food or vouchers for yourself or for your baby? (WIC is a program that gives food to pregnant and nursing women, babies, and young children.) **(PLEASE "X" ALL THAT APPLY)**
 Yes, I was enrolled or got WIC food for myself..... Yes, my baby was enrolled or got WIC formula or food..... No.....
4. When you were pregnant with this baby or with any other baby, did you attend any classes that discussed breastfeeding your baby? **(PLEASE "X" ALL THAT APPLY)**
 Yes, a class on breastfeeding
 Yes, a child birth or baby care class that included breastfeeding
 No.....
5. Which type of health professional was your birth attendant?
 An obstetrician Another type of health care provider
 A family doctor, general practitioner, internist, or other physician No health professional was present.....
 A midwife or nurse midwife.....
6. Other than the medical staff, who was with you during your labor? **(PLEASE "X" ALL THAT APPLY)**
 The baby's father A professional labor support person, such as a doula.....
 Relatives or friends No one other than medical staff.....
7. How was your baby delivered?
 Vaginally and not induced A planned cesarean.....
 Vaginally and induced An unplanned or emergency cesarean.....
8. Which of the following medications did you have during labor or delivery? **(PLEASE "X" ALL THAT APPLY)**
 General anesthesia (you were put to sleep)..... Pudendal block or other local blocks (injections into the vagina or cervix before the birth).....
 A spinal or epidural..... Other pain medication or don't know which pain medication
 Demerol or Stadol..... Nitrous oxide (gas breathed through a mask or mouthpiece while remaining conscious)..... No pain medication
9. How much weight did you gain during this pregnancy? _____ POUNDS

SECTION B: YOU AND YOUR BABY IN THE FIRST FEW WEEKS

10. How many nights were you in the hospital or birth center after your baby was born?
 None 1 night..... 2 nights 3 nights..... 4 to 7 nights More than 7 nights.....
 11. Was your baby given a pacifier by you, the medical staff, or anyone else while in the hospital or birth center?
 Yes No Don't know
 12. In your opinion, which statement best describes the attitude of the following people about feeding your baby? **(PLEASE "X" ONE BOX FOR EACH OF THE PEOPLE LISTED)**
- | | FAVORED
BREASTFEEDING
ONLY | FAVORED
FORMULA
FEEDING ONLY | FAVORED MIXED
FORMULA AND
BREASTFEEDING | HAD NO PREFERENCE
FOR EITHER METHOD
OF FEEDING | DON'T
KNOW |
|--|---|---|--|---|--------------------------|
| Your doctor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Baby's doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff of hospital or birth center..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
13. As best you know, what is the recommended number of months to exclusively breastfeed a baby, meaning the baby is only fed breast milk?
 _____ MONTHS
 14. Did you receive a gift pack or diaper bag from the hospital or birth center? Include a gift pack from a child birth class if you took the class at the hospital or birth center.
 Yes No..... →(GO TO QUESTION 16)
 15. Were any of the following included in the gift pack? If you received more than one gift pack from the hospital or birth center, answer for all that you received. **(PLEASE "X" ALL THAT APPLY)**
 Infant formula Coupon for infant formula Breastfeeding supplies (nursing pads, nipple cream, etc.)
 16. Did you receive a gift pack from any place besides the hospital or birth center, for example, from your doctor or a child birth class taken somewhere other than the hospital?
 Yes No.....
 17. Have you received free samples of infant formula through the mail? Do not include coupons for formula.
 Yes No.....
 18. Did you ever breastfeed or try to breastfeed your baby, either in the hospital or birth center, or after you went home?
 Yes →(GO TO QUESTION 20) No.....

