12. Breastfeeding

Study ID

Is data collection completed?

- Yes
- No

If No, please specify the reason:

- Uncontactable
- Declined Survey
- Blank
- Others

If Others, please specify the reason:


Telephone follow-up at 5-9 weeks Postpartum

Date of Phone call:

((DD/MM/YYYY))

Phone call by:

- Kirsten Sim
- Ng Jing Wen
- Denise Anne
- Wong Anng Anng
- Yvonne Yong

1. Did you receive any of these support services on breastfeeding or giving breast milk to your baby? (may select more than 1)

- Not at all
- Help from ward nurses during my stay in hospital
- Help from Lactation Consultant during my stay in hospital
- Received a phone call from postnatal ward after discharge
- Contacted the KKH Ask-a-Nurse Helpline
- Contacted the KKH Lactation Consultant
- Attended KKH Lactation Clinic
- Attended KKH 24hrs O&G Clinic
- Breastfeeding Mothers’ Support Group Helpline
- Joyful Parenting & Breastfeeding Helpline
- Others

1. If others, pls specify: ________________________________

2. Are you still breastfeeding or giving breast milk your baby?

- Yes (go to question 3 and 4)
- No (go to question 6 and 7)

3. How was breast milk fed to your baby in the last 24 hours? (may select more than 1)

- Direct breastfeeding
- Expressed breast milk through bottle
- Expressed breast milk through syringe/cup/soon

4. What were you feeding your baby in the last 24 hours? (may select more than one answer):

- Breast milk
- Infant formula (Answer Q5)
- Water
- Solid food

5. If you are breastfeeding or giving breast milk partially to your baby, when you started with infant formula:

(DD-MM-YYYY)

Age in weeks:

(weeks (note: Round up))
Reasons for introducing infant formula (may select more than 1 answer):

- Fatigue/Tiredness
- Sore nipples
- Painful breast
- Insufficient milk supply
- Feeding difficulty (latching problem)
- Choose to partial breastfeed
- Returning to work after maternity leave
- No Breastfeeding facilities at workplace
- Encouraged by family members
- Encouraged by Confinement nanny

Infant’s Medical Reasons:
Mother’s Medical Reasons:
Others, please specify:

Pls specify, Infant’s Medical Reasons:

Pls specify, Mother’s Medical Reasons:

Others, please specify:

6. If you have stopped either breastfeeding or giving breast milk to your baby when did you stop breastfeeding?

7. Reasons for stopping breastfeeding (may select more than 1 answer):

- Fatigue/Tiredness
- Sore nipples
- Painful breast
- Insufficient milk supply
- Feeding difficulty (latching problem)
- Choose to stop breastfeed
- Return to work after maternity leave
- No Breastfeeding facilities at workplace
- Encouraged by family members
- Encouraged by confinement nanny

Infant’s Medical Reasons:
Mother’s Medical Reasons:
Others:

Pls specify Infant’s Medical Reasons:

Pls specify Mother’s Medical Reasons:

Specify Others: