

Breastfeeding Survey

The best way to complete this survey is in stages when they happen during your breastfeeding experience; that will take one or two or even three years for some mothers. That's called a "prospective" survey. We are also happy to receive surveys completed shortly after the return of fertility or the end of your nursing experience when everything is fresh in your memory. That's called a "retrospective" survey. Both kinds are valuable for our continuing research. If you can't remember some item, just write DNR for Do Not Remember.

Some questions ask for the baby's age in months and weeks. If you do not remember the exact weeks, give us your conservative estimate. If you charted your fertility signs around the time when fertility and menstruation returned, please send copies of those charts. They will be helpful, but they are not required. Please excuse the occasional redundancy that I find helpful for visual review. Feel free to share this survey with others. Many thanks for your help.

How did you find out about this survey?

- 1 ___ *Breastfeeding and Natural Child Spacing*
- 2 ___ *The Seven Standards of Ecological Breastfeeding*
- 3 ___ *Natural Family Planning: The Complete Approach*
- 4 ___ NFPI website
- 5 ___ A friend
- 6 ___ Other _____

7 Your name _____

8 Email _____

9 Address _____

10 Country _____ 11 Phone _____

Check one: 12 This is a prospective survey _____

13 This is a retrospective survey _____

14 Your age when baby was born _____

15 Your height _____

16 Your pre-pregnancy weight _____

17 This survey covers baby # _____

18 The baby was born on (date) _____

19 Was baby a full-term baby? Yes ___ No ___

20 If not, what was gestational age at birth? _____

Pre-breastfeeding knowledge

21 Did you receive breastfeeding instruction before or during pregnancy? Yes ___ No ___

If yes, from whom or how did you receive the instruction? More than one is okay. List in order of significance with 1 as most helpful.

22 Doctor/nurse _____ 23 Clergy _____

24 La Leche League _____ 25 Childbirth class _____

26 Catholic Nursing Mothers League _____

27 Book _____ 28 Classroom Instructor _____

29 Community breastfeeding support group _____

30 Other _____

Nutrition

31 Did you do exclusive breastfeeding (defined as nothing but milk suckled directly from mother's breasts)?

Yes ___ No ___

32 If yes, how long? Months _____ Weeks _____

33 Baby's age when you introduced solid foods: _____ months _____ weeks

34 Baby's age when you introduced other liquids, formula or water: _____ months _____ weeks

35 Baby's age when you breastfed for the last time: _____ months _____ weeks

Pacifiers and Bottles

36 Did your baby use a pacifier? Yes ___ No ___

37 If yes, when started? _____ months _____ weeks

38 How often? _____

39 Did your baby use a bottle? Yes ___ No ___

40 If yes, when started? _____ months _____ weeks

41 How often? _____

42 For your milk? _____ 43 Formula? _____

44 Other? _____

Naps and Nighttime Nursing

45 Did you take a daily nap? Yes ___ No ___

46 If yes, did you nurse your baby during your nap? Yes ___ No ___

47 If you took a daily nap, when did you quit taking a nap with your nursing baby?

_____ months _____ weeks

48 Did you and your baby sleep in the same bed at night? Yes ___ No ___

49 If yes, how long? _____ months _____ weeks

50 Or did you have other sleeping arrangements at night and what kind? _____

51 If your baby slept through the night, at what age did this happen? _____ months _____ weeks

Frequency

52 Did you allow for non-nutritive suckling?

Yes ___ No ___

53 Did you nurse frequently during the first year of life?

Yes ___ No ___

54 About how many times per day did you breastfeed your baby during the first six months? _____

55 About how many times per day did you nurse during the second six months? _____

56 Did you nurse your baby to sleep at night?

1 Always _____ 2 Frequently _____

3 Sometimes _____ 4 Never _____

57 Did you breastfeed according to a schedule during the day? Yes ___ No ___

58 If yes, what kind of schedule? _____

Baby care

- 59 Did you take your baby with you when you left the house? Yes____ No____
- 60 Did you use daycare, a relative or a babysitter to care for your baby? Yes____ No____
- 61 If yes, what age was the baby when he was left with others? ____months ____weeks
- 62 How often did you leave your baby?
- 63 How many hours were you gone from your baby?
- 64 For what occasions did you leave the baby?

Menstruation and return of fertility

- 65 Did you follow the Seven Standards of Ecological Breastfeeding* (EBF) for the first six months? Yes ____ No ____
- 66 After six months, did you follow the remaining Six Standards until your first menstruation? Yes ____ No ____
- 67 After the lochia, did you have any bleeding **during** the first 56 days? Yes____ No____
- 68 **After** 56 days, when was your first bleeding? ____ months ____ weeks
- 69 Did you consider it as your first menstruation? Yes____ No____
- 70 If not, please explain.
- 71 Did you go back into amenorrhea for an extended time? Yes ____ No ____
- 72 If yes, can you explain the return to amenorrhea?

- 73 How old was your baby when your first **regular** period occurred? ____ months ____ weeks
- 74 From the start of that menstruation, how many days later did your next period start? ____
- 75 Your weight at your first regular period: ____

- 76 Did you rely on the Seven Standards of EBF during the first six months for postpartum infertility? (That means no barrier contraceptives, no hormonal birth control, no IUD, and no periodic abstinence based on fertility awareness) Yes____ No____
- 77 If yes, beyond 6 months how long did you rely on ecological breastfeeding for postpartum infertility? ____ months ____ weeks

- 78 No matter how you nursed, if you relied on breastfeeding amenorrhea for postpartum infertility, did you conceive during the amenorrhea? Yes____ No____
- 79 If yes, when? ____ months ____ weeks

Fertility Awareness

- 80 Did you use any of these fertility signs prior to your first ovulation or first menstruation? 1 Cervix _____
2 External mucus____ 3 Internal mucus _____
4 Temperature_____ 5 Other _____
- 81 Did you have any spotting or mucus warning or cervix changes during amenorrhea prior to your first ovulation or first menstruation? Yes____ No____
- 82 If yes, which? _____
- 83 If you used the mucus and temperature signs, how long was your mucus patch (including the Peak day) that was crosschecked by an upward sustained temperature shift? ____ days.
- 84 Mucus: When was the Peak Day that was associated with that sustained upward thermal shift? ____months ____weeks
- 85 What was the actual date (mo/day/yr) of that Peak Day? _____
- 86 Temperature: what was the first day of sustained thermal shift before menstruation? ____months ____weeks
- 87 Actual date of that first day _____
- 88 Including that day, how many days of elevated temperatures occurred before menstruation started? ____ days.
- 89 If you had less than 9 days of elevated temps, how many cycles did you have before you had 9 or more days of elevated temps? ____ cycles.

- 90 On a range of 1 to 10 with 10 being high, what was your level of confidence about your fertility status during this breastfeeding experience? _____

Support

- 91 Did your husband support your breastfeeding according to the Seven Standards of Eco-breastfeeding? Yes____ No____
- 92 Did you receive breastfeeding support from any other group or person? Yes____ No____
- 93 Did you receive any negative comments about your breastfeeding? Yes____ No____
- 94 Did any person or organization encourage you to do ecological breastfeeding? Yes ____ No ____
- 95 If yes, on a scale of 1 to 10 as above, what is your level of appreciation to that person/organization? _____

We would appreciate your Sympto-Thermal NFP charts showing the return of fertility. Please use the NFPI charts that are free at the website. Comments are welcome on additional pages. Many thanks for your help. Please send this survey (and charts) to:

**NFPI BF Survey,
P. O. Box 11216,
Cincinnati OH 45211**

*For the definition of the Seven Standards of EBF, see www.NFPandmore.org and search Seven Standards Summary Sheet.