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## BORN Breastfeeding Survey

Welcome and thank you for taking the time to complete this survey. Our membership survey in 2013 identified in-hospital supplementation of breastfeeding babies as an important topic for network research. The current survey is for a research study intended to identify similarities and differences among the BORN sites with respect to breastfeeding support and supplementation practices.

We really appreciate your input!

Approximately how many deliveries does your hospital perform each year?

- <2000
- 2000-3999
- 4000-5999
- ≥6000

Approximately what percent of this hospital's births are admitted to the NICU? (estimate with slide bar)



Does this hospital's policy specify a gestational age cutoff below which infants automatically go to the NICU?

- Yes
- No

What is the lowest infant gestational age allowed in the well newborn nursery/mother-baby unit directly (without observation in a transition nursery/NICU)?

	Weeks	Days
Gestational age:	<input type="text" value="▼"/>	<input type="text" value="▼"/>

Does this hospital specify an infant weight cutoff below which infants automatically must go to the NICU?

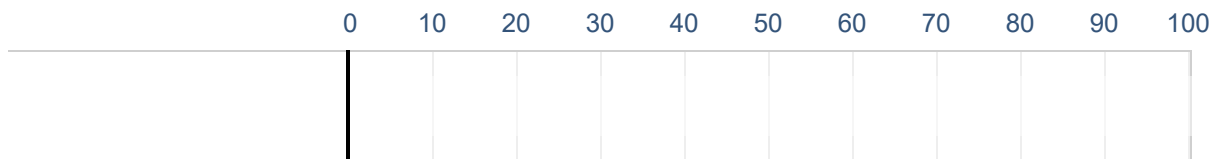
- Yes  
 No

What is the lowest infant weight allowed in the well newborn nursery/mother-baby unit directly (without observation in a transition nursery/NICU)? Please use **grams**.

Does the well nursery physician attend on infants physically housed in the NICU?

- Yes  
 No

What percent of well newborns spend at least 23 hours/day in their mothers' room ("rooming in")? (estimate with slide bar)



Can infants room-in with their mothers in her hospital room while the infant is **receiving IV antibiotics**?

- Yes  
 No

Can infants room-in with their mothers in her hospital room while the infant is **on nasal cannula**?

- Yes

No

Can infants room-in with their mothers in her hospital room while the infant is **receiving IV Fluids**?

- Yes  
 No

Do you have at least one lactation consultant (LC) working in the well nursery/mother-baby unit?

- Yes  
 No

How many lactation consultants work in the well nursery/mother-baby unit?

Does a lactation consultant work on weekends?

- Yes  
 No

To the best of your knowledge, what percent of infants in your well nursery/mother-baby unit breastfeed at least once during the birth hospitalization?

- 0-10%   11-20%   21-30%   31-40%   41-50%   51-60%   61-70%   71-80%   81-90%   91-100%
- 

To the best of your knowledge, approximately what percent of term newborns in your well nursery/mother-baby unit breastfeed exclusively during the birth hospitalization? (maternal milk and/or donor human milk, as reported for the Joint Commission PC-05 Measure)

- 0-10%   11-20%   21-30%   31-40%   41-50%   51-60%   61-70%   71-80%   81-90%   91-100%
- 

If a mother of a  $\geq 39$  week infant intends to breastfeed exclusively, do you use weight loss as a criterion for recommending supplementation? Feel free to comment next to your selection.

-

Yes

No

What weight loss criterion do you use?

- Percent weight loss
- Percentile weight loss based on age
- Other

What percent weight loss criterion do you use?

What percentile weight loss based on age do you use?

Please specify what weight loss criteria you use:

For newborns born at 38-38 6/7 weeks, if a mother intends to breastfeed exclusively, do you use weight loss as a criterion for recommending supplementation? Feel free to comment next to your selection.

Yes

No

Not Applicable, I do not provide care for these infants

Other (please explain):

What weight loss criterion do you use?

- Percent weight loss
- Percentile weight loss based on age
- Other

What percent weight loss criterion do you use?

What percentile weight loss based on age do you use?

Please specify what weight loss criterion you use:

For newborns born at 37-37 6/7 weeks, if a mother intends to breastfeed exclusively, do you use weight loss as a criterion for recommending supplementation? Feel free to comment next to your selection.

Yes

No

Not Applicable, I do not provide care for these infants

Other (please explain):

What weight loss criterion do you use?

- Percent weight loss
- Percentile weight loss based on age
- Other

What percent weight loss criterion do you use?

What percentile weight loss based on age do you use?

Please specify what weight loss criterion you use:

For newborns born at 36-36 6/7 weeks, if a mother intends to breastfeed exclusively, do you use weight loss as a criterion for recommending supplementation? Feel free to comment next to your selection.

Yes

No

Not Applicable, I do not provide care for these infants

Other (please explain):

What weight loss criterion do you use?

Percent weight loss

Percentile weight loss based on age

Other

What percentile weight loss based on age do you use?

What percent weight loss criterion do you use?

Please specify what weight loss criterion you use:

For newborns born at 35-35 6/7 weeks, if a mother intends to breastfeed exclusively, do you use weight loss as a criterion for recommending supplementation? Feel free to comment next to your selection.

Yes

No

Not Applicable, I do not provide care for these infants

Other (please explain):

What weight loss criterion do you use?

Percent weight loss

Percentile weight loss based on age



Other

What percent weight loss criterion do you use?

What percentile weight loss based on age do you use?

Please specify what weight loss criterion you use:

If you recommend supplementation for term babies in the setting of weight loss and expressed maternal milk is not available, what is your standard recommendation for type of supplementation?

- Formula
- Donor Milk

What formula do you recommend?

- Standard infant formula
- Hydrolyzed formula
- Soy formula
- Other (please specify):

If you recommend supplementation for late preterm (34-36 6/7 weeks gestation) babies in the setting of weight loss and expressed maternal milk is not available, what is your standard recommendation for type of supplementation?

- Formula

- Donor Milk
- Not Applicable (please explain):

What formula do you recommend?

- Standard 19 or 20 kcal/oz infant formula
- Soy formula
- 20 kcal/oz Hydrolyzed formula
- 20 kcal/oz preterm formula
- 22 kcal/oz preterm formula
- 24 kcal/oz infant formula
- Other (please specify):

If you recommend supplementation for babies in the setting of weight loss, what is your standard recommendation for mode of delivery of supplementation? (Select all that apply)

- Bottle
- SNS
- Cup
- Spoon
- Finger-feeding with syringe
- Syringe without finger
- Other (please specify):

Does the mode of delivery of supplementation you recommend differ based on an infant's gestational age?

Yes (please describe):

No

Is donor milk available to patients in your well newborn nursery/mother-baby unit?

Yes

No

Other:

Which mothers would be routinely advised to use a breast pump during the birth hospitalization? (Select all that apply)

- Mothers of late preterm infants
- Obese mothers
- Mothers who delivered by c-section
- Mothers with a high blood loss
- Mothers who are supplementing with formula or donor milk
- None of the above

Before taking this survey, have you heard of hand expression of breast milk?

Yes

No

Do you (pediatric care provider) teach mothers to hand express breast milk?

Yes

No

Does a lactation consultant teach hand expression of breast milk at your facility?

- Yes
- No
- I do not know

Is your hospital certified Baby-Friendly™?

- Yes
- No

Are you in the process of seeking that designation?

- Yes
- No
- I'm not sure
- Other:

The following questions are to gain an understanding of BORN providers' personal feelings toward breastfeeding and breastfeeding promotion. You may choose not to answer them or to be as brief or complete as desired. Your responses are appreciated.

What is your overall feeling toward breastfeeding?

- Very Positive
- Somewhat Positive
- Neutral
- Somewhat Negative
- Very Negative

Please add any additional comments to the above question (feelings toward breastfeeding):

How do you feel about infant formula?

- Very Positive
- Somewhat Positive
- Neutral
- Somewhat Negative
- Very Negative

Please add any additional comments to the above question (about infant formula):

How do you feel about using pasteurized human donor milk outside of the NICU?

- Very Positive
- Somewhat Positive
- Neutral
- Somewhat Negative
- Very Negative

Please add any additional comments to the above question (pasteurized donor milk outside the NICU):

How do you feel about milk sharing?

- Very Positive
- Somewhat Positive
- Neutral
- Somewhat Negative
- Very Negative
- I do not know what milk sharing is.

Please add any additional comments to the above question (about milk sharing):

How do you feel about hospital breastfeeding support practices?

- Very Positive
- Somewhat Positive
- Neutral
- Somewhat Negative
- Very Negative

Please add any additional comments to the above question (about hospital breastfeeding support practices):

How do you feel about pacifier use in the newborn period?

- Very Positive
- Somewhat Positive
- Neutral
- Somewhat Negative
- Very Negative

Please add any additional comments to the above question (about pacifiers):

Do you have personal experience breastfeeding?

- Yes
- No

How was your breastfeeding experience?

- Very Positive
- Somewhat Positive
- Neutral
- Somewhat Negative
- Very Negative

How do you think your breastfeeding experience influences your clinical practice?

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