

Infant Feeding Surveillance Pilot Study

FINAL REPORT AND RECOMMENDATIONS



A Locally Driven Collaborative Project
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Executive summary

The Infant Feeding Surveillance Pilot Study was a two-year project funded by Public Health Ontario's Locally Driven Collaborative Project (LDCP) program. Of the 36 public health units (PHUs) in Ontario, 27 collaborated on this project.

Breastfeeding is an important determinant of health and has been associated with significant health benefits for both children and mothers (Public Health Agency of Canada, 2014). As such, the Ministry of Health and Long-Term Care, Health Promotion Division has included Baby-Friendly Initiative (BFI) status as a Public Health Funding & Accountability Agreement Indicator since 2011. Part of the requirements to obtain BFI designation includes the collection of infant feeding data related to breastfeeding initiation, exclusivity and duration.

Currently, no standardized infant feeding surveillance

data are available in Ontario. The objective of this

project was to work collaboratively with Ontario PHUs to determine the feasibility of developing a standardized tool and method for collecting infant feeding surveillance data that would enable PHUs to have locally useful and externally comparable data. The project was a multi-phasic study including: 1) situational assessment; 2) development/adaptation of a tool and data collection methods; 3) pilot-testing of tool and data collection methods; 4) pilot evaluation; and 5) summary, recommendations and dissemination.



The pilot was conducted at seven PHUs in Ontario from September 2013 – September 2014. The pilot collected both qualitative and quantitative data and was evaluated based on the following themes: response rates and timeliness, data quality, accuracy and completeness, simplicity and cost, questionnaire relevance and function, representativeness of various priority populations, lessons learned and suggestions for improvement, and compliance with BFI data requirements. Overall, the results of the pilot had positive results. Pilot public health units (PPHUs) cited that taking part in this project aided their abilities to collect consistent data for BFI designation, as well as allowed them to reach out to mothers and identify issues pertaining to breastfeeding in their respective regions.

Results of the pilot, and discussions with key public health stakeholders, including the Breastfeeding Committee for Canada (BCC) Assessment Committee, led to the development of recommendations related to time points, sampling, consent, contact method, contact window, contact attempts, questionnaire, intervention, and analysis.

Our final recommendations include:

- 1) **Time points:** *public health units report on infant feeding trends at the following time points: i) discharge from hospital to represent entry to community service using the BORN Ontario database, ii) two months postpartum, and iii) six months postpartum. Collection of data can be done at the aforementioned time points or retrospectively at six*



months. PHUs should also consider continued surveillance beyond six months to collect breastfeeding duration and need for resources up to two years and beyond.

- 2) **Sampling:** public health units use a census sample (all consenting mothers are attempted to be contacted) or a systematic random sampling approach based on an appropriate sample size. Mothers should be excluded from infant feeding surveillance if at the time of the questionnaire: the child(ren) is (are) in hospital, child(ren) is (are) no longer in mother's custody, or family no longer resides in the health unit jurisdiction.
- 3) **Consent:** public health units obtain consent to contact mothers for infant feeding surveillance purposes at the time that the Healthy Babies Healthy Children (HBHC) Screening Tool is administered during the postpartum period in hospital. To ensure this is a seamless process no matter where a mother gives birth, it would be beneficial for the Ministry of Child and Youth Services and the Ministry of Health and Long-Term Care to work together to modify the current HBHC Screening Tool to include a standardized consent which includes contact for infant feeding surveillance.
- 4) **Contact method:** public health units contact mothers through email and/or telephone based on their individual health unit resources and software capabilities.
- 5) **Contact window:** public health units contact mothers at the specified time point (e.g., 2 months and 6 months and 6 months for retrospective collection) and allow a four week contact window for each questionnaire contact time point.
- 6) **Contact attempts:** public health units use their own discretion with respect to number of call attempts that are made to clients for a telephone and/or online questionnaire. Suggestions from pilot sites to help increase response rates have been included. It is recommended that all clients be contacted at each time point up to 6 months regardless of feeding status or questionnaire completion status at a previous time point.
- 7) **Questionnaire:** public health units use the questionnaire(s) developed from this pilot study for all infant feeding surveillance. Questionnaires have been developed in both English and French.
- 8) **Intervention:** public health units not use the infant feeding surveillance contact with clients as an opportunity for providing support and interventions to mothers. If a question arises as a result of a survey contact, the client would be referred to appropriate resources to address their concerns.
- 9) **Analysis:** the Association of Public Health Epidemiologists in Ontario Core Indicators Project develops a standardized analysis plan for the proposed infant feeding surveillance tool.



In conclusion, while the recommendations of this project are not compulsory, the project team strongly encourages public health units to implement the recommendations from this report. Hopefully, this project will move Ontario one step closer to having locally useful and externally comparable infant feeding surveillance data for public health units.



1. Introduction

The Infant Feeding Surveillance Pilot Study was a two-year project funded by Public Health Ontario's Locally Driven Collaborative Project (LDCP) program. Of the 36 public health units (PHUs) in Ontario, 27 collaborated on this project.

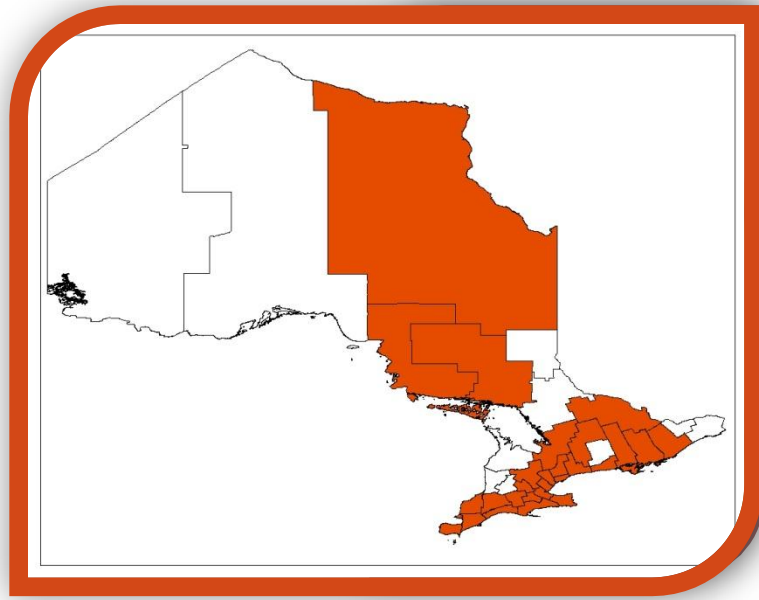
Breastfeeding is an important determinant of health and has been associated with significant health benefits for both children and mothers (Public Health Agency of Canada,

2014). As such, the Ministry of Health and Long-Term Care (MOHLTC), Health Promotion Division has included Baby-Friendly Initiative (BFI) status as a Public Health Funding & Accountability Agreement Indicator since 2011. Part of the requirements to obtain BFI designation is the representative collection of infant feeding data related to breastfeeding initiation, exclusivity and duration. The Breastfeeding Committee for Canada (BCC) is the national authority for the BFI in Canada. The BCC (Breastfeeding Committee for Canada, 2012) outlines the data requirements for community health services for BFI designation. The requirements include the calculation of breastfeeding rates upon entry to their service and a minimum of two additional time points up to 6 months, and to show an increase in breastfeeding rates over time. In order to fulfill these expectations, each PHU in Ontario needs reliable and valid data that measure breastfeeding rates.

Currently, no standardized infant feeding surveillance data are available in Ontario. Infant feeding surveillance was one of six topics prioritized by Ontario PHUs in 2012 to participate in Public Health Ontario's Locally Driven Collaborative Projects (LDCP). The project team was comprised of 27 Ontario PHUs working collaboratively to develop a feasible standardized tool and standard method for collecting infant feeding surveillance data that would enable PHUs to have locally useful and externally comparable data.

The project was a multi-phasic feasibility study (Figure 1) including:

- PHASE 1 – Situational assessment
- PHASE 2 – Development/adaptation of pilot tool and data collection methods
- PHASE 3 – Pilot testing of tool and data collection methods
- PHASE 4 – Pilot evaluation
- PHASE 5 – Summary, recommendations and dissemination



Ontario public health units involved in pilot study

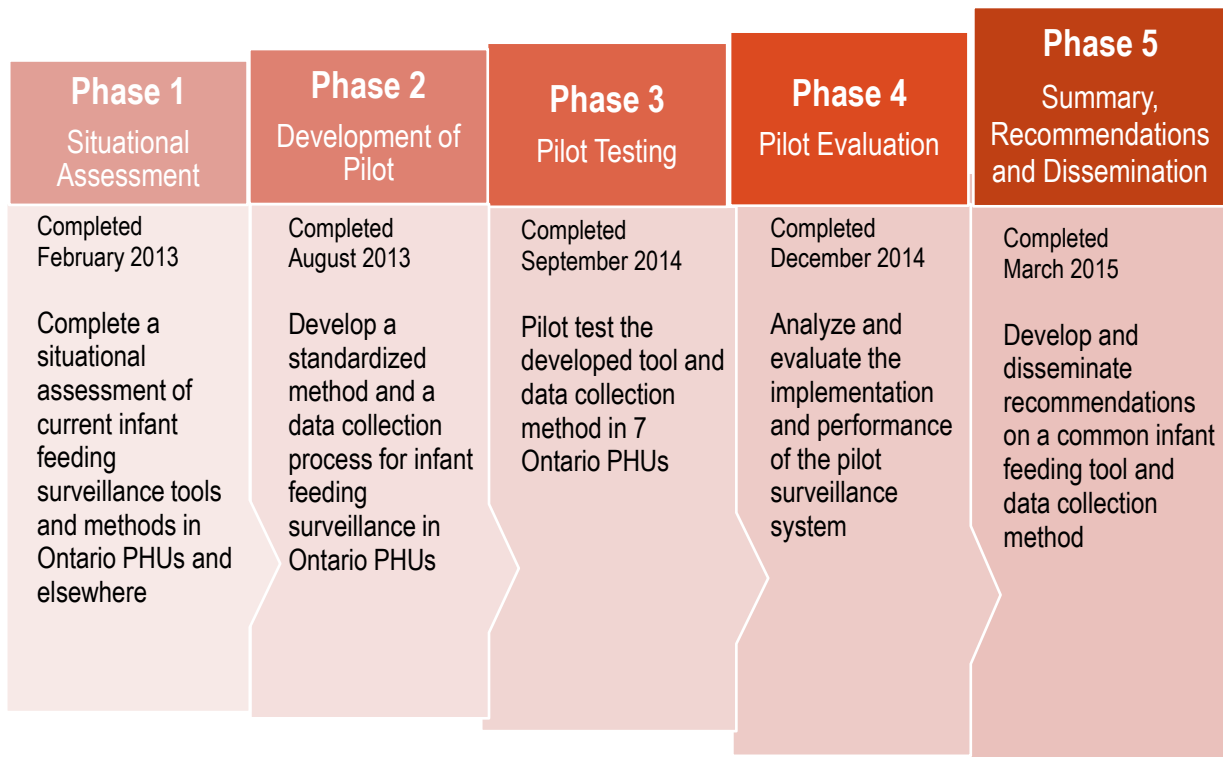


Figure 1 - Description and timeline of Infant Feeding Surveillance Pilot Study

A situational assessment was conducted to determine infant feeding surveillance practices occurring at PHUs in Ontario and other organizations around the world using a scoping review of the literature and an environmental scan of all Ontario PHUs. The information influenced the development of a standardized infant feeding surveillance tool and data collection method that was piloted at seven PHUs in Ontario. The goal of the pilot study was to evaluate the feasibility of implementing a standardized infant feeding tool and data collection method at Ontario PHUs to: 1) collect data that meets BFI designation requirements, and 2) inform program planning and evaluation activities. The results of the pilot evaluation were used to make recommendations for a standardized infant feeding tool and data collection method.

2. Methods

Phase 1 – Situational assessment

A situational assessment was conducted to gather information on current infant feeding surveillance tools and methods in Ontario PHUs and other public health organizations worldwide. The results of the situational assessment (Procter et al., 2013) demonstrated a large degree of variability in infant feeding surveillance within, and across, jurisdictions. For example, some infant feeding surveillance systems in Canada and the United States are amalgamated into larger infant feeding surveillance systems with separate aims, but also differ in their funding sources (e.g., private or federal). Consequently, a lack of standardized infant feeding definitions between questionnaires has been identified as a major challenge to using and comparing these data from different stakeholders and jurisdictions (Chapman & Perez-Escamilla, 2009).

Ontario PHUs also demonstrated a large degree of variability in infant feeding surveillance. While there were some common themes (e.g., sampling frame, types of questions asked), the majority of the PHUs stated they were working independently on infant feeding surveillance. Additionally, many reported that their data did not meet their needs for BFI designation or health unit program planning (Procter et al., 2013). Recommendations to identify a standardized surveillance system will serve to fill this gap for Ontario PHUs.

Phase 2 – Development of pilot

Pilot site selection

Information from the situational assessment was summarized and used to inform development of a pilot surveillance model, including standardized questionnaires and data collection methods. Pilot public health units (PPHUs) were selected based on the following criteria to reflect diversity of PHUs in Ontario:

- a) Size of health unit (based on 2012 birth cohort),
- b) Representation from different Statistics Canada peer groups¹ and
- c) Ability to pilot test telephone and/or online data collection methods.

Based on these criteria and a willingness to participate as a pilot site, the following seven PPHUs were selected (Table 1).

Table 1. Pilot sites (n=7), by questionnaire method and size.

QUESTIONNAIRE TYPE	SIZE OF PUBLIC HEALTH UNIT		
	Small	Medium	Large
Telephone questionnaire	<p>Algoma Public Health (Sparsely populated urban-rural mix)</p> <p>Haldimand-Norfolk Health Unit (Mainly rural)</p>	<p>Brant County Health Unit (Urban-rural mix)</p> <p>Niagara Region Public Health (Urban-rural mix)</p> <p>Kinston-Frontenac and Lennox & Addington Public Health (Urban-rural mix)</p>	<p>York Region Community and Health Services (Urban centre)</p>
Online /telephone questionnaire	<p>Porcupine Health Unit (Rural northern)</p>		

Standardized Questionnaire and Data Collection Method Development

A bank of infant feeding survey questions collected from PHUs during the situational assessment was created and grouped by topic area. This bank of questions was used by the

¹ A peer group is a grouping of health regions with similar socio-demographic characteristics (Ontario Ministry of Health and Long-Term Care, 2009).

questionnaire subgroup as a basis for the creation of the four standardized infant feeding surveillance questionnaires (initial contact, second contact, 6 month contact and 12 months and beyond contact). The survey was divided into core and optional questions. The core questions were identified as questions that were mandatory and were needed to meet the minimum data reporting standards for BFI designation of breastfeeding initiation, exclusivity and duration. The optional questions are made available to PPHUs to use at their discretion to provide information for local stakeholders to work more effectively on protecting, promoting and supporting breastfeeding in their community. PPHUs were asked to indicate which optional questions they wished to use at each time point during the pilot. The questionnaires were pre-tested for content validity by using a convenience sample of subject matter experts from the project team members and staff within participating PHUs including: lactation consultants, child and family health program managers, public health nurses who are directly involved in breastfeeding and health unit BFI leads. The questionnaires were then pre-tested for face validity among a sample of mothers with infants less than one year of age to evaluate whether the questions are understandable and easy to answer without prompts. Questionnaires were pre-tested using both telephone and online contact methods. The questionnaires used for the pilot were made available to PPHUs in both English and French.

The data collection methods were developed by the Questionnaire Subgroup using data collected from the environmental scan, input from the project team members and consultation with key stakeholders (e.g., BCC and Institute for Social Research). An advisory panel, consisting of key public health stakeholders was consulted for feedback on the proposed infant feeding tool and data collection method. The group included stakeholders and subject matter experts, e.g., individuals from Ontario PHUs, BFI Ontario, BCC, MOHLTC, the Ministry of Children and Youth Services (MCYS), Public Health Ontario (PHO), the Better Outcomes Registry and Network (BORN) Ontario, the Ontario Public Health Association (OPHA), the Association of Public Health Epidemiologists in Ontario, the Institute for Social Research at York University, Statistics Canada and academic institutions.

Development of Database

There were two databases used to collect information from the pilot based on the method of data collection:

- 1) Microsoft (MS) Access database (telephone questionnaire) – A database was adapted (with permission) from Durham Region Health Department using MS Access. The database was adapted for each of the six PPHUs conducting telephone questionnaires based on their optional question selection and data collection time points.
- 2) BFI Online (online/telephone questionnaire) – A commercial web-based service was developed by Ericsson Analytics (Ericsson Analytics, North Bay, Ontario, www.bfi-online.ca) to assist with managing clients and collecting data for infant feeding surveillance. This program was used by one PPHU conducting a combination of online and telephone questionnaires. The database questionnaires and BFI Online program settings were based on the PPHU optional question selection and data collection time points.



Both the MS Access and BFI Online database were pre-tested separately by the PPHUs before implementation of the pilot for content validity and database functionality.

Ethical Considerations

Prior to their participation in the pilot, internal ethical reviews were conducted using multiple Ontario PHUs Ethics Review Boards (as per individual PHU policies) including: York Region Community and Health Services, Simcoe-Muskoka District Health Unit, Durham Region Health Department, Sudbury & District Health Unit, Porcupine Health Unit, Haldimand-Norfolk Health Unit and Niagara Region Public Health.

Phase 3 – Pilot testing

A nine-month pilot was conducted at the seven PPHUs between September 9th 2013 and September 30th 2014. The PPHUs received an orientation package including a summary of the project, pilot protocol, as well as an individual training webinar for all staff prior to pilot implementation. PPHUs were asked to adhere to the following protocols and complete monthly tracking forms and document any changes made to the surveillance protocol and questionnaires throughout the nine month pilot period:

- Sampling frame and consent – PPHUs were asked to use all core questions during the pilot, but were able to select the relevant optional questions based on their own individual needs. All PPHUs were asked to modify their consent process by either modifying the consent on their HBHC Screening Tool (e.g., adding additional consent form for infant feeding surveillance, adding a box on the screening tool) or asking for consent for infant feeding surveillance when contacting clients through the HBHC 48 hour phone call.
- Time points - Data collection time points used for the pilot (Table 2) were based on the PPHUs' feedback on feasibility and the BCC time point recommendations. All pilot sites conducted a questionnaire at entry to service (48 hours or 2 weeks) and six months. Due to feasibility and duration of the pilot, only one PPHU piloted the twelve-month questionnaire. Both telephone and online data collection methods were used in the pilot based on the PPHU's preferences and capacity. PPHUs were asked to select the method of contact which was the most feasible for their organization. The data collection methods used by PPHUs are summarized in Table 2. The majority of PPHUs pilot-tested the telephone method of collection, as this was the prominent method of collection by 88% of PHUs in Ontario at the time of the environmental scan (Procter et al, 2013).
- Data collection – PPHUs were advised to adjust the consent script and questions to sound as conversational as needed. PPHUs were advised to have three client contact attempts before being considered lost to follow-up. All lost to follow-up clients were recommended not to be contacted at the subsequent time points. Contact with clients was to be made within the following time frames:
 - 48 hours + 2 day window
 - 2 weeks + 2 week window
 - 6 months + 2 week window
 - 12 months + 2 week window



If a client gave birth to multiples, PPHUs were asked to only complete a questionnaire for the baby that was born first. Follow-up for babies that were exclusively formula-fed at a certain time point was either done at all subsequent time points up to 6 months (3 PPHUs) or was not done at the subsequent time points based on the PPHUs preferences (4 PPHUs).

Table 2. Data collection method and time points of pilot sites.

Health Unit	Data Collection Method	Time Points					
		48 hours	2 weeks	6 weeks	2 months	6 months	12 months
Algoma Public Health	Telephone	x	x	x		x	
Brant County Health Unit	Telephone	x	x	x		x	
Haldimand-Norfolk Health Unit	Telephone	x	x			x	
Niagara Region Public Health	Telephone	x	x		x	x	
York Region Community and Health Services	Telephone		x		x	x	
Porcupine Health Unit	Telephone and Online		x			x	
Kingston-Frontenac and Lennox & Addington Public Health	Telephone					x	x

Phase 4 – Pilot evaluation

Key evaluation themes were developed prior to the implementation of the pilot and included:

- Response rates and timeliness
- Data quality, accuracy and completeness
- Simplicity and cost (database, surveillance protocol, and human resources)
- Questionnaire relevance and function
- Representativeness of various priority populations
- Lessons and suggestions for improvement
- Compliance of BFI data requirements

Qualitative and quantitative data representing each theme was collected through key informant interviews and the database used during the pilot. Key informant interviews are often utilized to

obtain insights from a select group of individuals who are knowledgeable about a specific topic (Marshall, 1996). For this project, key informants were defined as individuals from the PPHUs who had direct experience assisting or working on the study. In addition to key informant interviews, quantitative data (e.g., number of completed questionnaires, call attempts, the age of the baby when the questionnaire was completed), were also collected to further inform the feasibility and effectiveness of the pilot tool and data collection method.

Data collection and analysis

Qualitative Analysis

Prior to the start of the pilot test, the Evaluation Subgroup identified important indicators for the post-pilot evaluation. Accordingly, a structured interview guide was prepared by the Evaluation Subgroup to elicit data relating to these indicators. The interview guide was distributed to participating PPHUs in advance, so that individuals assisting and/or working on the project who were unable to attend the interviews were able to share their experiences with coworkers who were able to attend and bring forward their perspectives. The interview guide included a combination of open and closed ended questions. Open-ended questions were structured to allow for insight and opinions about specific subject matters. Even though a structured format was chosen for qualitative data collection, the interviews offered opportunities for participants to engage and allowed for elements of spontaneity during the discussions as informants had the opportunity to discuss the questions amongst one another. The interviews were carried out over telephone by a Research Assistant in the summer of 2014. Each interview began with an initial broad open-ended question to facilitate rapport between the interviewer and the informants. During the course of the interviews, each of the informants from the PPHUs had an opportunity to share their experiences working on the pilot. The interviews varied in length, and ranged from approximately 30 to 90 minutes.

In total, seven interviews (i.e., 1 per PPHU) were conducted with 35 key informants. Interviews were audio recorded, transcribed verbatim, and subsequently uploaded to NVivo 10 (QSR International Pty Ltd, Doncaster, Victoria, Australia) for content analysis. Raw data from each of the PPHUs' interviews were extracted and organized by themes (e.g., response rates, simplicity, cost), and then reorganized by the contents grounded within each of their respective themes (Hsieh & Shannon, 2005). After iteratively comparing the data from each of the PPHUs, key insights and patterns across the interviews were highlighted, and discussed with another research assistant for verification. Once the findings were corroborated, they were documented into the headings and sub-headings depicted in the results section below.

Quantitative analysis

At the conclusion of the pilot data collection period, each pilot site exported their de-identified data from the database and saved it on an encrypted USB key. The USB key was sent by courier to the lead PHU (Oxford County Public Health) for data analysis. Data extracted from the databases were imported into Stata 12.1 (StataCorp, College Station, Texas, USA) for cleaning and analysis. Data from similar sized PPHUs were combined. Descriptive statistics for key indicators to assess response rates, developed by the Evaluation Subgroup, were calculated. The data were also used to create a standardized analysis code to calculate breastfeeding rates.

Phase 5- Summary of project and recommendations

Using the results of the evaluation, recommendations were prepared for a standardized infant feeding tool and data collection method. An advisory panel comprised of key public health stakeholders, including the BCC Assessment Committee were consulted for feedback on the proposed recommendations.

3. Results

The results of the situational assessment conducted during phase 1 of the project have been previously published in Procter et al. 2013. The work conducted in development of the pilot (phase 2) and pilot testing (phase 3) have been evaluated in phase 4 and are summarized below.

Phase 4 – Evaluation of pilot

The findings from the post-pilot interviews and quantitative analyses are illustrated under the following headings:

- a) Response rates and timeliness
- b) Data quality, accuracy, and completeness
- c) Simplicity and cost (database, surveillance protocol, and human resources)
- d) Questionnaire relevance and function
- e) Representativeness of various priority populations
- f) Lessons and suggestions for improvement
- g) Compliance with BFI data requirements

a) Response rates and timeliness

Based on the responses during the key informant interview, the majority of the PPHUs were satisfied with their sample size. In addition, six PPHUs were either “satisfied” (two small and one medium-sized PPHU) or “partially satisfied” (one small and two medium-sized PPHUs) with their response rates. Of note, one small-sized PPHU indicated that, despite having reportable results, their response rates had a slightly higher margin of error due to a small sample size. The large-sized PPHU that was not satisfied with their response rates described difficulties contacting clients initially and at subsequent time point. Four PPHUs dropped respondents from the call list early on (i.e., 48-hour or 2-week time points) if they indicated they were exclusively formula feeding their babies. This led to one medium-sized PPHU to suggest that their response rates may have been negatively affected. The other three PPHUs, however, did not drop exclusively formula fed babies from their call list. As one PPHU from this group indicated, “it [was] critical that they [were] included at 6 months, [...] because even if they [were] formula feeding, [our health unit] [still] [needed] to know if they [were] introducing solids.”

All of the PPHUs stated they experienced attrition beyond the first time point, and suggested that a range of factors (Table 4) could have potentially affected their response rates. The most commonly cited reasons included that respondents were either not home, or too busy to answer their telephones. Accordingly, PPHUs suggested a number of different options to increase response rates (Table 5). When asked if there were any issues with collecting data during any of the time points, a few of the PPHUs stated that response rates at the 48-hour and 2-week

time points were low, and speculated this may have been a result of mothers just “being [too] busy within the first month of delivery.”

Table 3. Factors affecting response rates as suggested by key informants at pilot public health units

Respondents lived outside of region	Respondents were transient
Respondents were not interested in completing the questionnaire	Language barriers prevented respondents from completing the questionnaire
Unable to reach respondents within allotted call attempts	Checking emails may not have been a priority for respondents
At 12 months, some respondents may have returned to work	Weather may have affected if respondents were home to receive calls
Outgoing calls were made dependent on health unit personnel availability	Outgoing calls were made from a blocked telephone number
Web link for questionnaire was not functional for a period of time	Incorrect telephone number was provided

Table 4. Strategies for increasing response rates as suggested by key informants at pilot public health units

Use unblocked phone numbers to reach respondents	Increase the number of call attempts at the various time points
Avoid calls early in the morning; try afternoon and/or evening calls	Leave a voicemail at all three call attempts/time points
Set aside a designated phone line for respondents to call once they receive a voicemail	Begin calls with conversational piece to build rapport with respondents
Implement 11 month calls, rather than 12 month calls, to reach respondents before returning to work	Supplement emails with phone calls or text messages

Response rates and time to questionnaire completion can be seen in Tables 5-8. Response rates (defined as the number of clients who completed the survey at a particular time point divided by the total number of clients contacted) varied on average from 36% - 76% depending on the PPHU and the time point (Table 5). Each PPHU had different protocols regarding the number of clients to contact, call attempts, and the use of voicemails, which may have had an effect on response rates. The number of call attempts, time between first attempt and questionnaire completion and the age of the child when the questionnaire was completed are closely related. The majority of all questionnaires (>99%) were completed within the suggested time frame of 3 days (Table 6). Similarly, the majority of questionnaires were completed within 14 days of the initial call attempt (Table 7). The number of call attempts varied among PPHU, from one up to more than twelve (Table 8). Although the range of call attempts varied, the median and mean call attempts for each time point ranged from one to three attempts. Part of the standard procedure was to attempt contact a maximum of three times over 14 days before

dropping the client. However, nearly 13% (n=869; 12.8%) of clients that received more than three call attempts, or completed the questionnaire more than 14 days after the first call attempt.

Both online and telephone methods of contact were used during the pilot. One PPHU started the pilot using only online contact, however, due to low response rates, opted to add a telephone follow-up to try and increase response rates; while the other PPHU used only telephone. The response rate for the online/telephone combination questionnaire was 40% at both time points used (two weeks, six months). Response rates for the telephone questionnaire at the same time points ranged from 36%-81%.

Table 5. Questionnaire completion rate, by health unit size

Time Point	Small PPHU (n=3)	Medium PPHU (n=3)	Large PPHU (n=1)	All PPHU (n=7)
	Completed (%)	Completed (%)	Completed (%)	Completed (%)
T1: 48h	458 (64.9%)	1355 (57.6%)	-	1812 (59.3%)
T2: 2 weeks	427 (58.8%)	890 (66.2%)	839 (36.2%)	2156 (49.2%)
T3: 6 weeks/ 2 months	116 (75.3%)	585 (65.5%)	338 (61.7%)	1039 (65.1%)
T4: 6 months	133 (75.7%)	369 (64.9%)	75 (49.7%)	577 (60.1%)
T5: 12 months	-	43 (57.3%)	-	43 (57.3%)

Table 6. Age of baby (days) when questionnaire completed, by health unit size

Time point	Small PPHU (n=2)			Medium PPHU (n=3)			Large PPHU (n=1)			All PPHU (n=7)		
	Mean	Median	Range	Mean	Median	Range	Mean	Median	Range	Mean	Median	Range
T1: 48h	4.8	4	0-34	3.9	4	0-20	-	-	-	4.2	4	0-34
T2: 2 weeks	18.7	18	14-35	17.9	17	4-35	17.9	19	13-23	18.0	18	4-35
T3: 6 weeks/ 2 months	44.2	44	42-51	60.1	63	42-75	70.2	71	61-78	62.7	64	42-78
T4: 6 months	186.9	186	182- 201	197.3	193	68-240	191.1	193.5	71- 197	194.9	192	68-240
T5: 12 months	-	-	-	379.6	379.5	367- 398	-	-	-	379.6	379.5	367-398

Table 7. Days between first contact attempt and questionnaire completion, by health unit size

Time point	Small PPHU (n=2)			Medium PPHU (n=3)			Large PPHU (n=1)			All PPHU (n=7)		
	Mean	Median	Range	Mean	Median	Range	Mean	Median	Range	Mean	Median	Range
T1: 48h	2.0	0	0-32	1.2	1	0-19	-	-	-	1.6	1	0-32
T2: 2 weeks	1.5	0	0-25	4.0	3	0-18	1.2	0	0-6	2.0	0	0-25
T3: 6 weeks/2 months	4.7	2	0-29	4.6	4	0-26	2.2	0	0-13	3.6	2	0-29
T4: 6 months	2.7	2	0-11	4.5	3	0-29	0.9	0	0-13	3.5	1	0-29
T5: 12 months	-	-	-	9.5	8.5	0-27	-	-	-	9.5	8.5	0-27

Table 8. Number of call attempts made for each time point, by health unit size

Time point	Small PPHU (n=2)			Medium PPHU (n=3)			Large PPHU (n=1)			All PPHU (n=7)		
	Mean	Median	Range	Mean	Median	Range	Mean	Median	Range	Mean	Median	Range
T1: 48h	1.8	2	1-4	2.3	2	1-9	-	-	-	2.2	2	1-9
T2: 2 weeks	1.9	2	1-5	2.7	2	1-12	1.7	1	1-8	2.0	1	1-12
T3: 6 weeks/2 months	2.0	2	1-4	2.6	2	1-9	1.9	1	1-8	2.2	2	1-9
T4: 6 months	1.8	1.5	1-3	2.3	2	1-8	1.4	1	1-3	2.0	2	1-8
T5: 12 months	-	-	-	1.9	2	1-3	-	-	-	1.9	2	1-3

b) Data quality, accuracy, and completeness

MS Access Database

Though the majority of PPHUs manually entered their data into a database, the large sized PPHU transferred their data from the Integrated Services for Children Information System (ISCIS), then processed and imported the data into their MS Access database. PPHU were asked to manually review databases monthly for duplicate client entries. Four PPHUs did not have any duplicate entries in their databases, while the other three PPHUs stated that in the event they had duplicate client entries, they simply deleted one of the duplicate items. One large-sized PPHU further mentioned that they also had a few mothers giving birth to multiples, in which case they only conducted a questionnaire for the baby born first and removed the additional client entries in the database.

When cleaning data, dates were the most frequent error. Some PPHUs had dates recorded in different formats (i.e., dd/mm/yyyy vs. mm/dd/yyyy) within the same data table, which required manual correction. Additionally, since the time stamp when the questionnaire was started and ended was either not consistently logged, it was not feasible to determine the duration of the questionnaire. Furthermore, contact attempts were not always documented by staff, as some clients had a completed questionnaire, but no recorded contact attempts were documented.

BFI Online Database

The online database did not collect information about when clients were contacted or the date questionnaires were completed. Therefore, the calculations of time between first contact attempt and questionnaire completion, and age of child at questionnaire completion were unavailable. This has since been a recommended change to the program.

All questionnaires that were started were also completed, with all questions answered, as this program did not allow users to move to the next question without providing an answer. With online questionnaire completion there can be an increased chance of questions being incomplete compared to telephone questionnaires. During the pilot using the online data collection, questions concerning the introduction to formula, liquids and solids provided an option for the respondent to report that they did not know or could not recall. Of the women who

completed these questions very few reported that they did not know or could not recall the introduction to formula, liquids and solids (n=44; 1.4%). Of the 44 mothers who responded in this way, the majority reported that they did not know if liquids were introduced (n=37; 84%), particularly at the first time point (n=29; 66%).

c) Simplicity and cost

Databases

On a scale from 1 to 5 (1 being “not easy” and 5 being “easy”), PPHUs utilizing the MS Access database rated its ease of use an average of 3.5, while the average rating amongst the informants from the lone PPHU that used the BFI Online database was 4. Commonly, PPHUs found that the database was initially challenging to use, but after some training and experience, they found it easier to operate. Some of the challenges included system glitches and struggling to locate specific response option answers from the long list while still on the phone with respondents. The PPHU using the online database only encountered some difficulties exporting the data from the database. This issue has since been resolved.

The changes that PPHUs made to either of the databases during the implementation of the pilot included the following:

- a) Modifying date entries
- b) Revising or removing a call list
- c) Adapting telephone scripts
- d) Making minor word changes
- e) Modifying timelines for phone calls
- f) Adapting the database to identify women belonging to vulnerable populations
- g) Adjusting and inserting certain database functions

One PPHU explained they were hesitant to make changes to the MS Access database due to risking a malfunction and delaying the project. The majority of PPHUs that made changes to their database had either external IT (BFI Online), or internal IT (MS Access) support from project team members to assist them with the adjustments as they lacked the expertise to change the database on their own. However, considering the extent to which IT support was available during the implementation of the pilot, most PPHUs noted that the workload to maintain the MS Access database was fairly reasonable.

Only two PPHUs indicated they would have in-house IT support to modify the MS Access database as needed. In spite of this, only one PPHU had plans to continue using this particular database. The remaining PPHUs, including the lone PPHU utilizing the online database, stated they were undecided as to whether they would continue to utilize either database for future data collection.

Surveillance protocol

Of the PPHUs that made alterations to their protocol, the most common changes were made to increase the potential to reach respondents during the different time points. These changes typically included either expanding the calling window to increase the time allotted to call respondents, or to leave voicemails during certain call attempts or time points.



The features of the protocol that posed the most problems for PPHUs included staffing issues and contacting mothers at earlier time points. For two PPHUs, distributing the workload on telephone calls was an issue, either because of limited resources (i.e., lack of employees trained), or because difficulties were experienced in coordinating staff to decide who should make which calls at which time points. Additionally, another PPHU stated that one of their reasons for not conducting 48-hour calls was because they could not ensure that their staff could administer the frequency of calls necessary for this given time point. A few of the PPHU also specified that contact attempts and a lack of responses were issues during the implementation of the pilot. For instance, even though one PPHU indicated that the multiple calls being made to individuals was labour-intensive, another PPHU specified only making three calls at the 48-hour time point, specifically, was a challenge because potential respondents were not answering their calls. Similarly, the lone PHU utilizing the online method to contact individuals stated that they encountered difficulties with respondents replying to emails at the 2-week time point. Overall, however, the majority of the PPHUs felt as though the infant feeding questionnaire collected enough information to meet BFI requirements.

Human Resources

Most PPHUs required minimal management involvement in the pilot implementation. Two PPHUs (one small, one medium) that indicated that management had no involvement during pilot implementation, another small-sized PPHU that indicated their management devoted roughly 14 hours a month to implement this particular surveillance system.

The approximate number of hours that non-management staff utilized for pilot implementation varied for each PPHU. For example, one small-sized PPHU cited non-management staff committed less than 10 hours a month to this pilot, while two small-sized PPHUs and two medium-sized PPHUs indicated that non-management staff dedicated roughly 25-75 hours per month to carry out this pilot. Conversely, one medium-sized PPHU and one large-sized PPHU devoted roughly 133-140 hours a month for pilot implementation.

In terms of costs to collect the data, five of the seven PPHUs stated that no extra costs besides staff time were incurred to implement this project. The other two PPHUs incurred costs to purchase technology (i.e., computers, headsets, monitors) or to obtain the rights to use BFI Online (approximately \$1,100 annually). Still, these PPHUs declared that their expenses fell within a reasonable amount considering their resources and capacity. For a list of each PPHU's level of personnel involvement during the implementation of the pilot, see Appendix A.

d) Questionnaire relevance and function

Several PPHUs liked that the questionnaire was relevant in terms of both BFI designation, as well as its applicability for public health nurses and dietitians to provide educational opportunities and support to mothers during certain time points (i.e., solid food introduction). Furthermore, PPHUs stated that they liked that the questionnaire was short to conduct and easy to follow. However, many PPHUs disliked that certain questions on the pilot questionnaire were repetitive in nature. For example, three PPHUs indicated that the demographic data collected were duplicated, as this same data was previously collected through the HBHC Screening Tool, or as part of their original surveillance system. Another PPHU indicated that questions asked

concerning formula use in the pilot questionnaire were replicated at both the 48-hour and 2-week time points. Yet, in spite of this, the possible responses that mothers could provide for these duplicate questions were sometimes different at either of these two time points. Lastly, four PPHUs disliked aspects of the demographic portion of the questionnaire that sought information relating to respondents' education, ethnicity, and income, because these questions were said to have made both the interviewers and the respondents uncomfortable. However, of the 4 PPHUs who included demographic questions, 16.9% of clients declined to answer the question about income, 3.2% declined to answer the question about ethnicity and 0.6% of respondents declined to answer the question about their education level.

Other comments regarding dislikes of the questionnaire that PPHUs mentioned included the following:

- a) Certain questions (i.e., income-related) were written/verbalized in such a way that lay individuals and English as a Second Language persons may not understand
- b) Some questions were too broad and, as a result, did not tease out enough information
- c) Certain questions were incomplete
- d) Some skip patterns did not work properly
- e) The option list for certain questions (i.e., introduction to formula) were so extensive that it was difficult to find appropriate answers in a timely manner while talking to mothers
- f) The paper questionnaire was not user-friendly
- g) If a baby had severe medical complications (i.e., in NICU or transferred to a hospital in a different region) an exclusion criteria did not exist to omit mothers from data collection or to delay calls to mothers until an appropriate time

The PPHUs did not add questions to the questionnaire; however, a few modified the ways in which questions were phrased. For example, one PPHU modified the questionnaire to include discharge date, while another PPHU adapted the responses for a question that asked, "What services did you use?" so that answers could be more applicable to the services provided by their specific PHU.

The majority of the PPHUs indicated that they were in favour of keeping most of the questionnaire the same and suggested only excluding their respective dislikes stated above, and questions relating to sensitive topics such as whether or not the child lives with the mother. In regards to changes or additions to the questionnaire, two PHUs identified a need for questions that distinguished supplementary formula feeding from medical reasons. Further suggestions from the other PPHUs included the following: a) modify the income question so it simply probes if finances are a concern; b) modify the ethnicity question to better suit each PHUs' demographics; c) include questions pertaining to prenatal and breastfeeding class attendance; d) include questions that can tease out if mothers are identified as 'at risk' so that PHUs can make a better effort to reach out to these vulnerable populations; e) include questions pertaining to decision-making processes around people who are exclusively formula feeding so that PHUs can gather information regarding when and why decisions to formula feed were made; f) include questions that are more flexible in nature (i.e., a question that is probed only at six months); g) include questions pertaining to mothers who supplement due to medical reasons; and lastly h) keeping the questions in their respective core and optional categories.

Two PPHUs that had conducted their own infant feeding surveillance prior to the pilot project stated that the two methods of collecting infant feeding data were comparable. In contrast, however, four PHUs indicated the opposite, and expressed that the pilot was either more “streamlined” or more “rigorous” than their previous methods of collecting data. For one PPHU, a system of collecting infant feeding data was not implemented prior to their participation in the pilot; therefore, a comparison could not be made.

Many of the PPHUs indicated they were in favour of adopting the questionnaire with slight modifications at the end of the pilot. One PPHU suggested that they would only implement the questionnaire if it was adopted universally throughout the province, while another stated their PPHU was “hopeful” for future adoption and that they would consider implementing this tool “as long as the [final] results and the report indicate that it’s a useful tool.”

e) Representativeness of various priority populations

To determine the representativeness of the respondents to the background population in the PHU, demographic questions were included in the questionnaire. The demographic questions were optional, however, and not all PPHU’s asked all of them. Of the 4 PPHUs who included questions about income, 16.9% of clients declined to answer the question, and 7.1% of clients responded that they did not know their income. Overall, 24.0% of clients asked did not provide an income level. A total of 3.2% of clients who were asked about ethnicity declined to answer the question, and 0.6% declined to disclose their education level (Table 9).

Table 9. Frequency of declined to answer for demographic questions

Question	Small PHU (n=2)		Medium PHU (n=1)		Large PHU (n=1)	
	Declined to answer (%)	Did not know (%)	Declined to answer (%)	Did not know (%)	Declined to answer (%)	Did not know (%)
Education*	1 (0.2%)	-	5 (0.6%)	-	5 (0.6%)	-
Income	21 (8.6%)	11 (4.5%)	-	-	143 (17.0%)	61 (7.3%)
Ethnicity	2 (0.2%)	-	-	-	28 (3.4%)	-

*N=3 for small PHU

When considering those who answered the demographic questions, mothers who had a higher educational attainment (college/university) were over-represented, when compared to the National Household Survey (NHS) for each individual PPHU. In addition, those with non-Aboriginal North American ethnicity were over represented in the sample, particularly in the small PHUs that asked the ethnicity question. Similarly, mothers with lower incomes (i.e., <\$60,000) were under-represented in the sample population when compared to the NHS. It is important to collect data from a representative sample of the population to ensure the data reflects the needs of the community. The over representation of clients with higher education, higher income and non-First Nations found this study is likely biasing the data towards higher breastfeeding rates.

f) Lessons and suggestions

The implementation of the pilot had a fairly positive effect on most of the PPHUs. Commonly, PPHUs cited that taking part in this project aided their abilities to collect consistent data for BFI

certification, as well as allowing them to reach out to mothers at “timely touch-points to provide support” and identify any issues pertaining to breastfeeding in their respective regions.

In regards to difficulties conducting this particular type of surveillance, PPHUs stated that coordinating personnel, learning the finer details of the database, and dealing with its “glitches” posed challenges during the initial stages of pilot implementation. However, as one PPHU described, “once everybody knew the system,” implementing this method of surveillance “became much easier.” Lastly, while considering any future challenges, PPHUs maintained a similar stance and indicated that staffing (i.e., training and coordinating personnel) and technical issues with the database could pose difficulties with implementation after the completion of the pilot.

Overall, there was a divide between PPHUs who focused simply on surveillance and used other opportunities and methods to provide infant feeding support to mothers; and PPHUs who, in addition to collecting infant feeding data, also used this contact with mothers as an opportunity to provide infant feeding support during the surveillance process.

Given their experiences working on this pilot, all of the PPHUs were still in favour of a standardized infant feeding surveillance protocol after the completion of this project. In addition, when asked what they hoped to take away from the pilot, many of the PPHUs cited they were looking forward to learning from the experiences of other PPHUs, and were awaiting final recommendations from the LDCP pilot project prior to making any further changes to the ways in which they conduct infant feeding surveillance. Lastly, when PPHUs were asked what single product would they like to see most come out of this project, two PPHUs expressed that they favoured the database, three PPHUs supported the questionnaire, and two PPHUs simply wanted to see the whole project (i.e., database, questionnaire, syntax, etc.,) move forward.

g) Compliance with BFI data requirements

The BCC requires that infant feeding data include the collection of information related to initiation, exclusivity and duration of breastfeeding. The BCC requirements for designation currently state that data be collected upon entry to service and at two additional time points up to 6 months of age. They also note that data collection at additional time periods could assist community health services agencies, including data collection at 12 months, 18 months and 24 months (Breastfeeding Committee for Canada, 2012). The questions included in the pilot questionnaire collected enough data that these breastfeeding rates could be calculated for infants up to six months of age, with duration calculated to 12 months of age for one PPHU.

4. Recommendations

Based on the results of the pilot study, members of the project team have made recommendations for each of the following elements/components of an infant feeding tool and data collection method:

- a) Time points
- b) Sampling
- c) Consent
- d) Contact method



- e) Contact window
- f) Contact attempts
- g) Questionnaire
- h) Intervention
- i) Analysis

Please note: These recommendations have been reviewed by the Breastfeeding Committee for Canada Assessment Committee.

a) Time points

Recommendation: public health units report on infant feeding trends at the following time points: i) discharge from hospital to represent entry to community service using the BORN Ontario database, ii) two months postpartum, and iii) six months postpartum. Collection of data can be done at the aforementioned time points or retrospectively at six months. PHUs should also consider continued surveillance beyond six months to collect breastfeeding duration and need for resources up to two years and beyond.

During the pilot testing, PPHUs used 48-hour and 2-week time points to represent entry to service. However, Ontario PHUs now have access to the Better Outcomes Registry & Network (BORN) Ontario database which contains information regarding breastfeeding initiation and method of feeding at discharge from hospital/entry to community service. Therefore, in lieu of Ontario PHUs having to collect this information on their own, it is our recommendation that information from BORN Ontario be used to meet the requirements of the BCC for breastfeeding initiation rates at entry to service. Instructions on the data extraction process from BORN Ontario can be found in Appendix B.

For data collection past entry to service up to six months, two options are recommended, due to the variation of resources across different health regions in Ontario:

- i. Collect data retrospectively at a single time point (six months);
- ii. Collect data at multiple time points (two months and six months)

PHUs should also consider continuing surveillance beyond six months to collect duration of breastfeeding and need for resources up to two years and beyond. When determining which data collection model to implement (i.e., single vs. multiple time points), a number of factors should be considered including availability of resources, data quality, and recall bias.

Availability of Resources: When evaluating the resources needed to contact mothers, it is important to consider both the number of data collection time points (single vs. multiple), as well as the method of contact (telephone vs. online). For example, fewer resources would be required for multiple data points for an online questionnaire compared to a telephone questionnaire.

Data quality: data quality can be affected by response rates and recall bias. With only one data collection time point, loss to follow-up is not an issue, as mothers are only being contacted at one time. However, PHUs may have a difficult time contacting mothers, especially if they have returned to work. If PHUs are conducting a retrospective



questionnaire at six months, they may want to consider asking for an alternative contact number or email when obtaining consent to contact, to ensure mothers who have returned to work can be contacted at alternative times (i.e. evenings and weekends etc.).

Recall Bias: When collecting data retrospectively, recall bias should be considered. This can occur when there is a gap in time between an event and a questionnaire resulting in the respondent being less likely to recall when that event happened, as opposed to if the event is currently happening. This may result in mothers incorrectly reporting when formula or liquids are introduced, or when breastfeeding has stopped. However, some researchers have found retrospective infant feeding data to be accurate when recalled by mothers up to 18 months postpartum (Li et al., 2005; Conrey et al., 2006). In an attempt to minimize recall bias, PHUs could inform mothers that they will be contacted at a later time and ask them to make note of feeding changes when they occur.

b) Sampling

Recommendation: public health units use a census sample (all consenting mothers are attempted to be contacted) or a systematic random sampling approach based on an appropriate sample size. Mothers should be excluded from infant feeding surveillance if at the time of the questionnaire: the child(ren) is (are) in hospital, child(ren) is (are) no longer in mother's custody, or family no longer resides in the health unit jurisdiction.

PHUs can either do a census sample, where all mothers are contacted, or a selection sample, where a subset of women is contacted. While doing a census sample may provide the most representative information, it is not always feasible for large PHUs to contact all mothers in their area. Smaller PHUs may require a census sample to attain the minimum sample size due to low response rates and high censorship (loss to follow-up). To assist in calculating the appropriate sample, a sample size calculator with two formula options can be found in Appendix C. PHUs may choose either option for calculation of their sample size.

When selecting a sample, it is important to be sure that the sample is representative of the larger population and all women have an equal opportunity to be selected. It is recommended that the PHU uses a systematic random sampling approach.

It is recommended that respondents be excluded if:

- Their baby/babies is/are still in hospital at the time of questionnaire
- Their baby/babies is/are not in custody
- The family no longer resides in the health unit jurisdiction

c) Consent

Recommendation: public health units obtain consent to contact mothers for infant feeding surveillance purposes at the time that the Healthy Babies Healthy Children (HBHC) Screening Tool is administered during the postpartum period in hospital. To ensure this is a seamless process no matter where a mother gives birth, it would be beneficial for the Ministry of Child and Youth Services and the Ministry of Health and



Long-Term Care to work together to modify the current HBHC Screening Tool to include a standardized consent which includes contact for infant feeding surveillance.

It is recommended that public health units use clients with a completed HBHC Screening Tools as their sampling frame for infant feeding surveillance. However, currently the consent on the screening tool is fairly generic and does not specify permission to use contact information for purposes beyond that of the HBHC program. Currently, if the PHU wishes to use the HBHC Screening Tool during the postpartum period as their infant feeding surveillance consent, they must modify the form themselves. However, the consent process and procedure will not be consistent across the province. This is further complicated by the fact that in many PHUs, women often give birth in hospitals outside of the PHU jurisdiction. This makes it difficult to ensure that all mothers are asked and able to give consent. These issues were also echoed in the Healthy Babies Health Children process implementation evaluation report (Ontario Agency for Health Protection and Promotion, 2014). Our recommendation is that the MCYS and MOHLTC work together to modify the current HBHC Screening Tool to include a standardized consent for clients to be contacted for infant feeding surveillance.

d) Contact method

Recommendation: public health units contact mothers through email and/or telephone based on their individual health unit resources and software capabilities.

In the pilot, women were contacted either through email or telephone. The response rates, as well as analysis of the socio-demographic data indicate that there are subsets of women who are not responding to these methods of contact (e.g., lower income, lower education, Aboriginal ethnicities), which may affect the validity and representativeness of the data collected. While telephone and email questionnaires are an acceptable practice, it may be prudent to consider other methods of contact in an effort to increase response rates. In order to further improve response rates, exploring technological advances and leveraging modern lifestyles may be prudent. A text message with a link to a questionnaire, or a QR code on a poster in select locations, such as medical practitioner waiting rooms, may be preferred methods for women to access the questionnaire and provide data. Collaborating with family health practitioners and adding a note to electronic medical records to remind women to complete the questionnaire may also increase the response rate. In the future, the development of a Smartphone App that both collects data and provides resources may be an interesting method of contact to explore.

In addition when diversifying the methods of contact, it is important to consider the accessibility of the questionnaire, and ensure all women have an equal opportunity to respond. Translation services should be available to assist those who do not speak an official language. Outreach to all cultural groups can also assist in the representativeness of the population. To collect data that is truly representative of the population, the exclusion of certain groups and low response rates are problematic.

e) Contact window

Recommendation: public health units contact mothers at the specified time point (e.g., 2 months and 6 months and 6 months for retrospective collection) and allow a four week contact window for each questionnaire contact time point.

It is suggested that PHUs use the time point plus a one month contact window for each data collection time point. In the pilot, a two week contact window was used at some time points, which PHUs reported to be too short. A larger contact window will increase the amount of time that a mother is able to be called, which may in turn result in a greater response rate.

f) Contact attempts

Recommendation: public health units use their own discretion with respect to number of call attempts that are made to clients for a telephone and/or online questionnaire. We have included some suggestions from pilot sites to help increase response rates. It is recommended that all clients be contacted at each time point up to 6 months regardless of feeding status or questionnaire completion status at a previous time point.

As evidenced in the pilot data, reaching respondents was difficult for many PHUs. Therefore, suggestions for increasing response rates are depicted in Table 5. Though one suggestion, increasing the number of call attempts at the various time points, was proposed by a PHU, concerns about overwhelming respondents who already had to adjust to caring for a new baby, were also raised. The number of calls made should be balanced with the capacity of the health unit to make those calls. If an online questionnaire is not completed, for example, a PHU may consider telephone reminders to increase questionnaire completion, if capacity allows. Leaving a voicemail message for those clients you are unable to reach may improve response rates. However, some PHUs have expressed concerns over client privacy issues with leaving voicemails, as other members of the household may hear the message left for the client. In addition, it is recommended that respondents missed at an earlier time point, and exclusive formula feeders, continue to be followed at subsequent time points, if multiple data collection points are utilized.

g) Questionnaire

Recommendation: public health units use the questionnaire(s) developed from this pilot study for all infant feeding surveillance. Questionnaires have been developed in both English and French.

Two versions of the standardized questionnaire (one vs. multiple data collection time points) are recommended for Ontario PHUs to use while conducting infant feeding surveillance (Appendix D & E). The questionnaires are available in English and French, and contain both core and optional questions. It is recommended that public health units use the standardized core questions as presented to capture the information needed to meet the minimum BFI data requirements. PHUs may also choose to implement some, or all, optional questions to supplement their understanding of infant feeding trends in their community. Some minor modifications may be required to make questionnaire compatible for online modes of delivery (e.g. email or text). When a client gives birth to multiples (e.g., twins, triplets etc.), the BCC recommends conducting a separate infant feeding questionnaire with each child, as children may have differing feeding histories.

h) Intervention

Recommendation: public health units not use the infant feeding surveillance contact with clients as an opportunity for providing support and interventions to mothers. If a



question arises as a result of a survey contact, the client would be referred to appropriate resources to address their concerns.

While it would be ideal to collect infant feeding data from all mothers and provide support for the mother and interventions if needed simultaneously, this can be problematic when collecting and analyzing data. The objective of infant feeding surveillance is to gather standardized data to be used in program planning and assist with data requirements for BFI designation. The data can show if new programs may need to be implemented in a community. However, if support is provided when the data is collected, the future data collection may be biased and misidentify the need for programs. This can be particularly problematic if only a sample of women are contacted, thus furthering the misrepresentation of the population. Consequently, it is important that the contact for data collection is not also used as an intervention, particularly if it is not offered to all mothers. For example, if specific health messaging, offers of intervention, and support are provided to only the sample that is contacted for the questionnaire, this not only biases the results of the data collection, but may reduce the ability to identify needs for resources to support the entire population. If the entire population is not being contacted (i.e., only a sample is contacted) it may be appropriate to have people other than nurses make the calls to reduce the possibility of providing support on the call. While assisting on the call may help one mother, it may compromise the identification of needs for the entire population. Contact information for public health nurses should be provided if there are questions during the call, which is a service available for all mothers at Ontario PHUs. Other options to remove the bias that may occur due to the provision of support include using electronic questionnaires (through texting, email or an app) or written questionnaires, where a nurse would not be administering the questionnaire. During the pilot, PPHU did offer support and education during the calls when asked and felt that it was useful to the families. PHUs may consider calling all families to do a feeding assessment focusing on their needs, and do a separate data collection questionnaire at a different time.

i) Analysis

Recommendation: the Association of Public Health Epidemiologists in Ontario Core Indicators Project develop a standardized analysis plan for the proposed infant feeding surveillance tool.

Until a standardized analysis plan is developed, we recommend PHUs choose one of the following options when analyzing their infant feeding data:

- 1. If collecting data at one time point (retrospective at six months)**
 - a. **Simple rate calculations:** Rates (exclusive breastfeeding and breastfeeding duration) calculated using data collected at six month time point. Those who could not be reached to complete the questionnaire are excluded from the analysis. This approach is straightforward, and can be consistently applied.
- 2. For collecting data at multiple time points (prospective at two and six months)**
 - a. **Simple rate calculation:** Rates (exclusive breastfeeding and breastfeeding duration) calculated using data collected at both time points. This approach is



straightforward, and can be consistently applied. This method would consider each time point as a separate cross-sectional questionnaire, rather than a longitudinal cohort.

- b. **Life table analysis:** By using a life table analysis, all data that is collected can be used, including those who are lost-to-follow-up. This approach introduces an advanced statistical analysis, which would need to be considered as part of the interpretation of this type of statistic. This approach uses all of the mothers where data is available, even if they did not complete all time points of the questionnaire. These mothers will be considered 'censored' in the survival curve.
- c. **Multiple imputation or longitudinal weights:** Imputation may be used to replace missing data with estimates before analyzing the full data set as if the imputed values were actual observed values. Although several methods have been described as to how estimates might be generated for your missing data, careful consideration is required to assess the extent of potentially biased statistics. Many factors may influence the extent of the bias, including the mechanism of missing data, the proportion of the data that is missing, and the information available in the data set. The benefits of having a full dataset to analyze may not necessarily result in a more accurate breastfeeding rate, depending on the size of the bias. Additionally, all single imputation methods underestimate standard errors, though this can be addressed by using multiple imputation methods (Grace-Martin, K, 2012).
- d. **Inverse probability weighting:** To obtain a more accurate representation of the population breastfeeding rate, weighting the data by one or more variables (e.g., age, low income) may be considered. Each PHU would have to analyze their own data to see what variables they might be able to weight. Health units should be cautious however, as weighting based on biased variables may result in biased estimates. The weights may have to be reviewed on an ongoing basis to ensure they are appropriate for the sample that is collected.

In review of these recommendations, the BCC Assessment Committee commented that for simplicity of data representation, a common 'n' for the denominator at each time point is preferred, however, they understand the desire to use all data collected at each time point. The BCC Assessment Committee confirmed the latter approach would be acceptable, as long as the number of mothers lost to follow-up were documented. In addition to the collected surveillance data, interviews with mothers conducted during the assessment are used to help confirm the trends in the data.

While the recommendations of this project are not compulsory, the project team strongly encourages public health units to implement the recommendations from this report. Hopefully, this project will move Ontario one step closer to having locally useful and externally comparable infant feeding surveillance data for public health units.



5. Conclusions and future work

Infant feeding surveillance provides vital information regarding the use and effectiveness of infant feeding resources and programs available in an area. It is also a key requirement of the Baby-Friendly Initiative, which strives to ensure new parents have the tools and resources they need to make informed infant feeding decisions. The use of a standardized infant feeding surveillance system in Ontario would allow locally useful and externally comparable data. Through a pilot test at seven PHUs in Ontario, several recommendations have been made for the implementation of an infant feeding surveillance standardized tool and data collection method. While this project moves Ontario one step closer to having locally useful and externally comparable infant feeding surveillance data for public health units, there is still further work that is needed including a standardized data analysis plan and a provincial database to store data.



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Appendices

Appendix A – Summary of human resources utilized during the infant feeding surveillance pilot study, by pilot site

Small-sized Public Health Units

Personnel	Attend Meetings	Complete Tracking Forms	Conduct Surveys	Conduct Training	Coordination/ Planning	Data Analysis	Data Entry	Database Management	Review/Change Processes
1 x IT						x		x	
1 x Manager/PHN	x			x	x	x			x
1 x PHN	x	x	x	x	x	x	x	x	
2 x PHN	x		x				x		

Personnel	Attend Meetings	Complete Tracking Forms	Conduct Surveys	Conduct Training	Coordination/ Planning	Data Analysis	Data Entry	Database Management	Review/Change Processes
1 x Coordinator	x	x		x	x	x		x	x
1 x Epidemiologist	x	x				x			x
1 x Manager									x
1 x Clerical					x		x		
7 x PHNs			x				x		

Medium-sized Public Health Units

Personnel	Attend Meetings	Complete Tracking Forms	Conduct Surveys	Conduct Training	Coordination/ Planning	Data Analysis	Data Entry	Database Management	Review/Change Processes
1 x Epidemiologist	x	x			x	x		x	
1 x PHN	x	x	x	x	x		x		
1 x PHN			x				x		
Student			x				x		

Personnel	Attend Meetings	Complete Tracking Forms	Conduct Surveys	Conduct Training	Coordination/ Planning	Data Analysis	Data Entry	Database Management	Review/Change Processes
1 x Dietician	x		x				x		
1 x Director	x				x				x
1 x Epidemiologist	x	x		x	x	x		x	x
1 x Family Home Visitor			x				x		
1 x Health Promoter	x	x							
1 x Manager	x				x				x
1 x Program Assistant	x		x				x		
5 x PHNs	x		x				x		

Personnel	Attend Meetings	Complete Tracking Forms	Conduct Surveys	Conduct Training	Coordination/ Planning	Data Analysis	Data Entry	Database Management	Review/Change Processes
1 x BFI Coordinator/PHN	x			x	x				x
1 x Epidemiologist	x	x		x	x	x		x	x
1 x ISGIS Coordinator								x	x
1 x Manager	x								x
1 x Office Support							x		
9 x PHNs			x				x		

Large-sized Public Health Unit

Personnel	Attend Meetings	Complete Tracking Forms	Conduct Surveys	Conduct Training	Coordination/ Planning	Data Analysis	Data Entry	Database Management	Review/Change Processes
1 x Analyst	x	x	x			x	x	x	
1 x Epidemiologist	x				x	x			
1 x Manager									x
3 x PHNs	x		x	x	x				
1 x ACS			x						

Appendix B - Using BORN to assess Infant Feeding Data at entry to community service

The BORN Information System (BIS)

BORN is an information system containing data on all hospital and midwife attended births in Ontario. BORN captures data on births in Ontario and most Neonatal Intensive Care Unit (NICU) admissions/stays. Currently there is some missing NICU data from three tertiary care centres. The data can be entered either immediately after discharge, in a batch at the discretion of the hospital, or at times uploaded from electronic records at the hospital.

PHUs have been given access to the data collected through BORN, via the Public Health Unit data cubes and through standard reports. The cube data includes maternal and child elements for residents of a given PHU, regardless of where in the province they deliver. However, for PHUs with one or more First Nations reserves located within their jurisdiction, it should be noted that residents of the reserve are excluded from the PHU cube data. This impacts approximately 20 PHUs, for more information please refer to *Providing Geography while Protecting Privacy (2014)*, provided by BORN. Standard reports provide breakdowns of important statistics for their own health unit, their peer group, and Ontario. The PHU data cube within BORN makes use of measures, such as the number of births or the number of pregnancies and dimensions for how the data is represented (e.g. newborn date of birth, feeding at hospital or Midwifery Practice Group (MPG), etc.).

It has been decided that the most accurate measure of calculating infant feeding for PHUs upon entry to service is to use the dimension **Feeding at hospital or MPG** with the measure **# of births – discharged home or home births**. This should capture how all infants are being fed upon entry to the service of the PHU. The dimension feeding at discharge was deemed to be problematic in this case, as the discharge time period is different for hospitals (usually discharged a few days after birth) compared to midwifery births (usually discharged 6 weeks after birth).

Limitations of the BORN Information System

There are a number of limitations to using BORN data that should be noted. First, the registry is in the early stages of accumulating data and currently contains data beginning fiscal year of 2012-2013. Once data has been entered into the BIS, organizations are required to acknowledge the records which they submit each month. Through this process they review the records and ensure that there are no outstanding errors on their administrative reports. All data must be acknowledged by the organization that submitted it before it will be included in PHU standard reports. However, all submitted data (both acknowledged and unacknowledged data) is available to analysts in PHUs via the BORN data cube. This process of having each record submitted and reviewed for accuracy ensures the data contained in the BIS is as accurate as possible, but can take months to accomplish based on individual hospital and MPG processes. Because of the variety of data entry methods described above there are often differences in timely data entry and thus a delay in data being transferred across to the reporting portal. To prevent some of these delays, BORN provides access to the unacknowledged data in the PHU

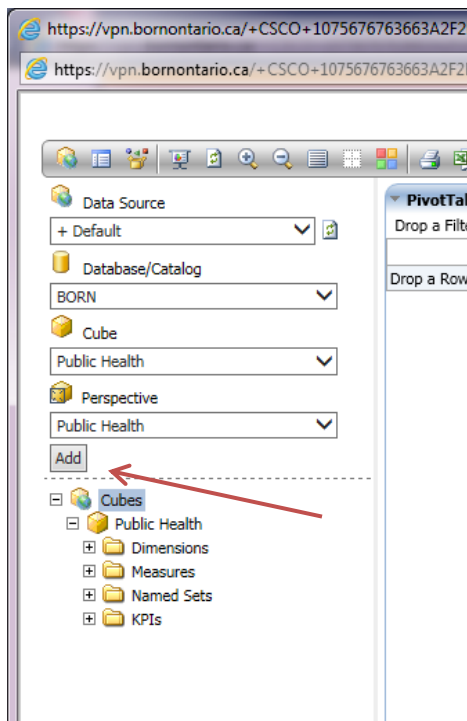
data cube, which means that PHUs can access all available data with just a single day lag in reporting.

It should be noted that level 2 NICUs started submitted data to BORN in stages, starting during fiscal year 2012-2013. By the beginning of fiscal 2013-2014, all level 2 Special Care Nurseries (SCNs) in Ontario were submitting data to BORN. As of Fall 2014, there were three level 3 NICUs that had not yet started submitting data (Mount Sinai, London Health Sciences, and Sunnybrook). These facilities, however, are working closely with BORN to facilitate their participation in the NICU encounter. As BORN continues to evolve and grow, the data continues to strengthen.

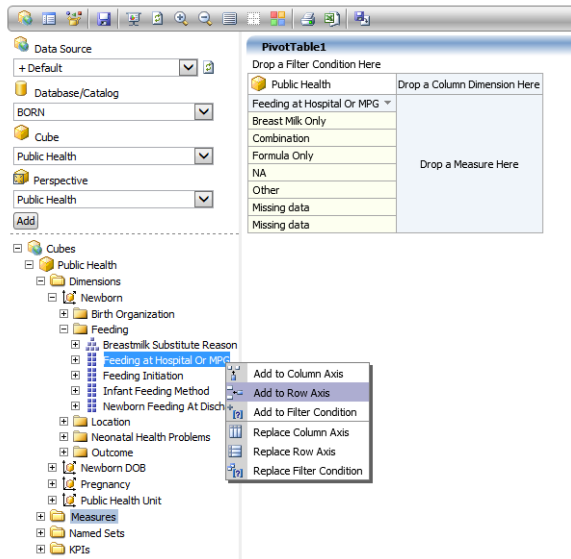
Accessing Data from BORN

1. Log into the BORN Information System (BIS) (Note: You must be using Internet Explorer browser).
 - 1.1. Navigate your browser to <http://bornontario.ca/en/born-information-system/>.

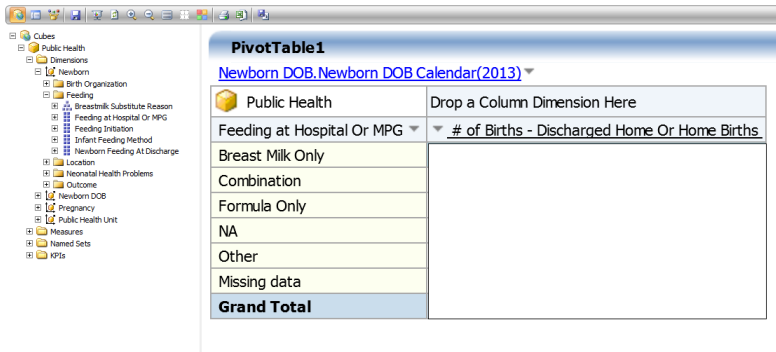
NOTE: The BIS functions best with Internet Explorer.
 - 1.2. Under *Access the BIS* select *From sites outside the Ontario ONE Network*. You will be prompted to enter your username and password.
 - 1.3. Once inside the BIS, select *BORN Information System (BIS) Portal* under *Web Bookmarks*. You will be prompted to enter your username and password.
 - 1.4. From the main menu select *Reporting* from the top menu.
 - 1.5. From the Reporting menu select the *Analytical Report Tool* tab then click Launch Analytical tool to proceed to the BORN public health data cube.
2. Create the report
 - 2.1. From the initial screen select “Add” to view the contents of the data cube.



- 2.2. Add the **Feeding at Hospital or MPG** dimension under *Dimensions > Newborn > Feeding > Feeding at Hospital or MPG*. Right click on this item and select *Add to Row Axis*. You should now see the dimension displayed in the table on the right.



- 2.3. Add data to the report by navigating to *Measures > Birth > # of Births – Discharged Home or Home Births*. Right click and select *Add to Data Area*. You should now see a column of data in the table to the right.
- 2.4. To insert a time period filter to the report go to *Dimensions > Newborn DOB > Newborn DOB Calendar* then right click and select *Add to Filter Condition*. You will notice the filter placed above the table as a link.
- 2.5. When complete, the final table should be similar to the screen shot below.



3. Click the Save icon in the menu bar to save the report.



Appendix C - Sample size calculations

Method 1: reference <http://www.openepi.com/SampleSize/SSMean.htm>

Sample size calculation is based on population size (N), anticipated proportion (p), **precision of confidence interval (d)**, and design effect (DF)

Instruction: input DF, N, p, d and z

$$n = [DF * Np(1-p)] / [(d^2 / Z^2_{1-\alpha/2} * (N-1) + p*(1-p)]$$

(n: the number of mothers who complete the questionnaire. The number of of mother who need to be contacted= n/response rate)

DE: Design effect (for cluster questionnaires-*DEFF*):

N: Population size(for finite population correction factor or fpc)(N):

d: **Desired precision**, Confidence limits as % of 100(absolute +/- %)(d):

p: Hypothesized % frequency of outcome factor in the population (p):

z: z score

When Confidence level (i.e. Z score=1.96):

example	DF	N	p	1-p	d	z	n	Upper 95%CI =(p+d)	
				CV					
								=(d/zp)=sqt(p*q/n)	
1	1	5500	50%	50%	5%	1.96	359	55%	45% 5%
2	1	5500	5%	95%	3%	1.96	173	8%	2% 33%
3	1	5500	50%	50%	32%	1.96	9	82%	18% 33%

Example 1: if the total number of birth is 5500 per year in a PHU, six-month any breastfeeding rate is 50%, design effect is 1 (for simple random sampling), confidence interval is 95% (Z=1.96), the desired precision of 95%CI is 50%+/-5% (ie. d=5%), what is the minimal completed questionnaires are needed? The answer is 359. With this sample size, the CV is 5%. At least 620 mothers need to be contacted with response rate of 50%

Example 2: if the total number of birth is 5500 per year in a PHU, six-month exclusive breastfeeding rate is 5%, design effect is 1 (for simple random sampling), confidence interval is 95% (Z=1.96), the desired precision of 95%CI is 50%+/-5% (ie. d=5%), what is the minimal completed questionnaires are needed? The answer is 196. With this sample size, the CV is 31%

Note: if sample size is too large to be feasible, can change the value for "d", to get a manageable sample size and make sure CV is <=33.3%

Method 2: Minimal Sample Size Requirement based on CV <=33.3%

Sample size calculation is based on anticipated proportion (p), **CV**, and design effect (DF)

Instruction: input p, cv and DE

$$n = DE * (1-p) / (cv * cv * p)$$

$$SE = \text{sqt}(p(1-p)/n)$$

n- sample size, p-proportion, SE-standard error, CV-Coefficient of variation

Design effect is 1 for simple random sample

Instruction: Input p, CV and DE to get n, SE and 95%CI

Example 1:

p: six-month breastfeeding rate is 50%

CV: 33% (p is reportable when CV <=33.3%)

simple random sampling, DE=1

Example	p (= $p+1.96*SE$)	CV Lower 95% CI (= $p-1.96*SE$)	Design effect (DE)	n	SE	d	upper 95% CI	
1	50%	5%	1	356	0.03	55%	45%	5%
2	5%	33%	1	174	0.02	8%	2%	3%
3	50%	33%	1	9	0.17	83%	17%	33%

Example 3: if the estimated six-month any breastfeeding rate is 50%, design effect is 1 (for simple random sampling), confidence interval is 95% ($Z=1.96$), what is the minimal completed questionnaires are needed to make sure the result is reportable (ie. $CV \leq 33.3\%$). The answer is 9. With this sample size, six-month breastfeeding rate is reportable as the CV is $\leq 33.3\%$.

Example 2: if the estimated six-month exclusive breastfeeding rate is 5%, design effect is 1 (for simple random sampling), confidence interval is 95% ($Z=1.96$), what is the minimal completed questionnaires are needed to make sure the result is reportable (ie. $CV \leq 33.3\%$). The answer is 174. With this sample size, six-month exclusive breastfeeding rate is reportable as the CV is $\leq 33.3\%$. At least 350 mothers need to be contacted with response rate of 50%

Summary: Two methods yield very similar results but with different focus, can use either one of them

Recommendation: Based on 50% response rate, a minimal **600** of mothers need to be contacted per PHU. The sample size will enable to report six months any breastfeeding and six-month exclusive breastfeeding rates and it will also enable to do sub-group analysis for six-month any breastfeeding rate, such as by age, income, education, etc.



Appendix D – Guidance Document

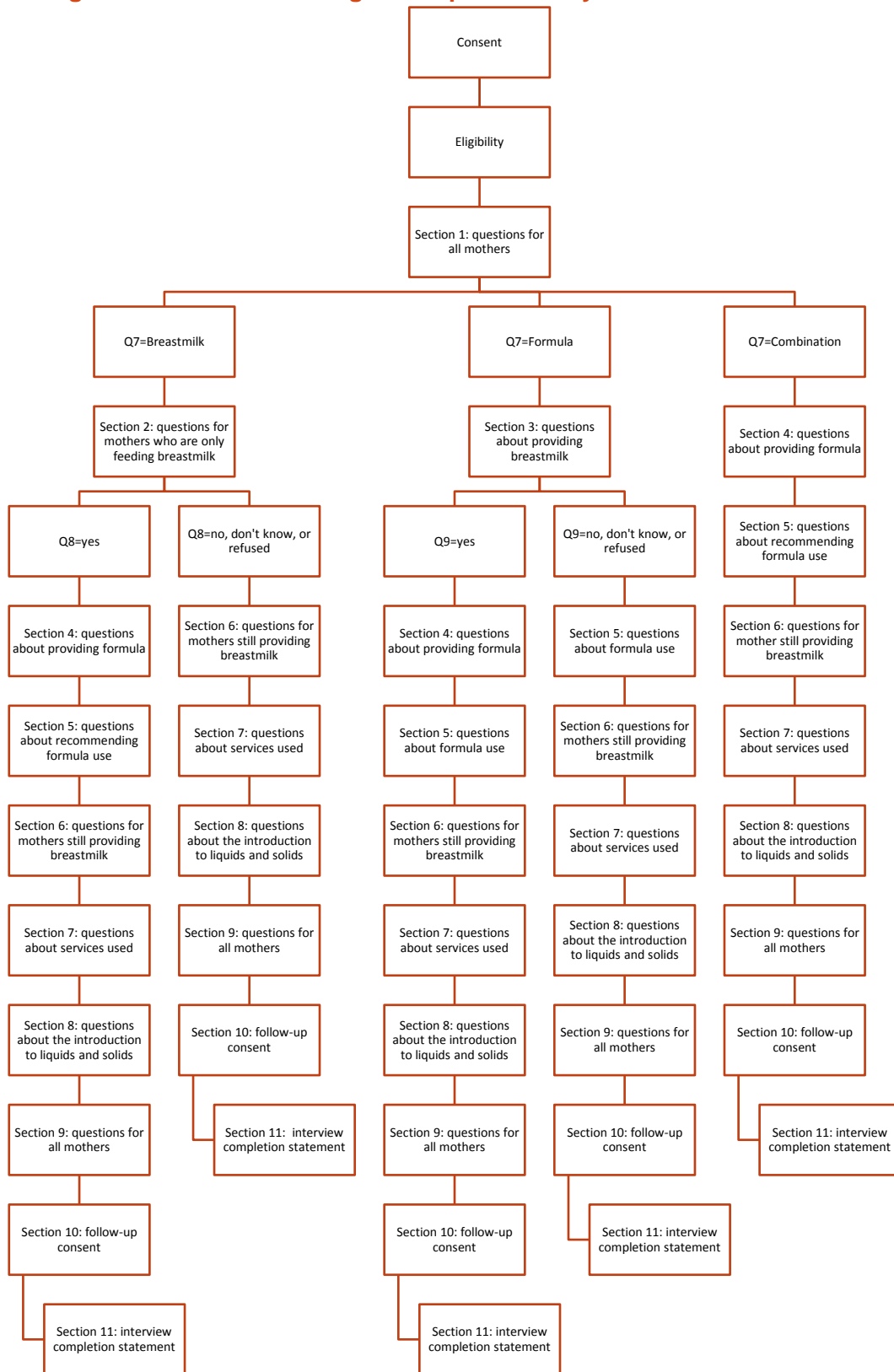
The LDCP Breastfeeding Surveillance Team is pleased to provide the following surveys to meet the data collection requirements for BFI implementation and maintenance. These surveys will also provide information to measure the effectiveness of other BFI indicators related to service delivery.

To satisfy data collection requirements for BFI, PHUs must collect data to determine feeding status at time points including entry to service and 6 months postpartum. Data from the BORN is recommended to determine feeding status at entry to service. After this, PHUs must collect their own data. This can be done at a single time point (6 months) or at multiple time points (2 months and 6 months). The BCC, the national authoritative body for BFI, also recommends monitoring breastfeeding duration rates after 6 months (12 months, 18 months, for example). An adaptable survey has been created to collect data at any time after 6 months (called the 12 month survey). Representatives from BCC agree that a 6 month retrospective survey meets BFI standards provided that individual health units are confident they will provide a reliable measure of their population. The 6 month single time point survey can be utilized for clients who have previously indicated they are exclusively formula feeding OR they have missed a previous time point.

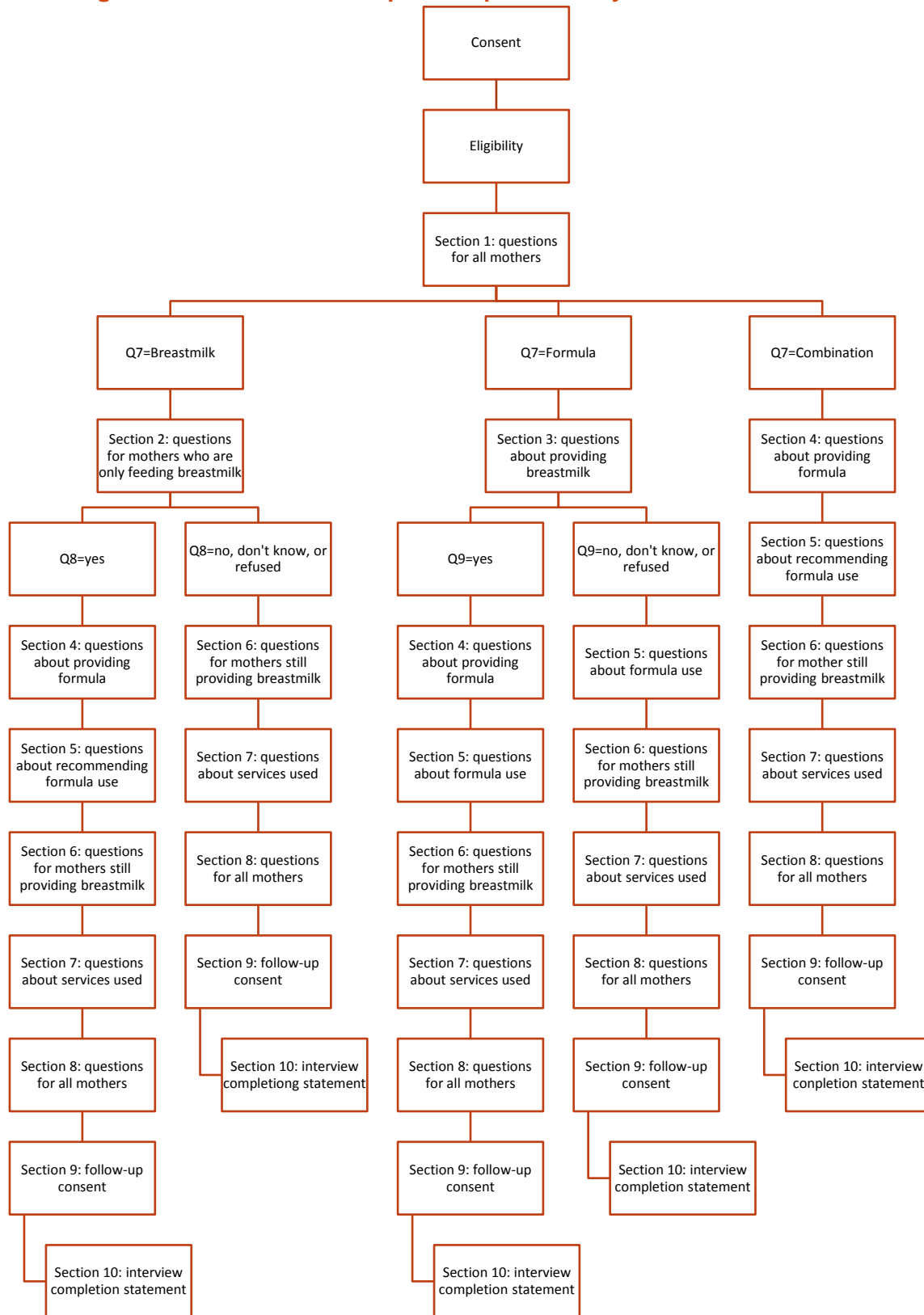
Table D.1 How to determine which survey to utilize

Survey	Age of the Child	Eligibility Requirements	Follow-up Survey
6-month single time point	6 months to one day less than 7 months	<ul style="list-style-type: none"> Has never been previously surveyed OR Answered “formula” to Q7 of the 2-month survey 	<ul style="list-style-type: none"> 12-month
2-month multiple time point	2 months to one day less than 3 months	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> If answered “formula” to Q7, use 6-month single time point If answered “breastmilk” or “combination”, use 6-month multiple time point
6-month multiple time point	6 months to one day less than 7 months	<ul style="list-style-type: none"> Has completed to 2-month survey AND Answered “breastmilk” or “combination” to Q7 in the 2-month survey 	<ul style="list-style-type: none"> 12-month
12-month	12 months to one day less than 13 months	<ul style="list-style-type: none"> Has completed either 6-month survey 	<ul style="list-style-type: none"> Adapt 12-month survey to any time point after 6 months, as desired

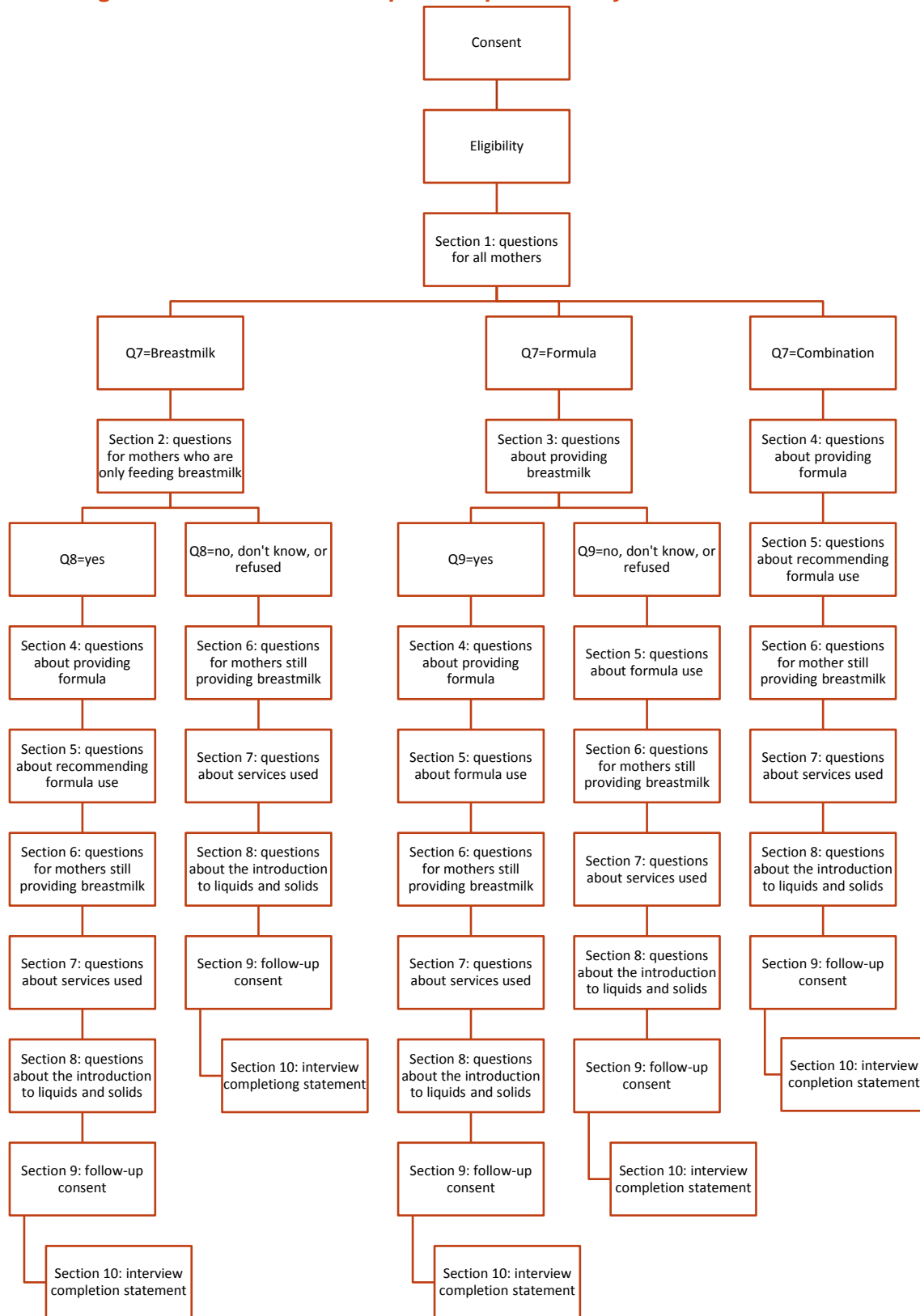
Flow diagram of the 6 month single time point survey



Flow diagram of the 2 month multiple time point survey



Flow diagram of the 6 month multiple time point survey



Eligibility questions

The eligibility questions have been included in all the surveys. The capabilities of your system will determine whether these questions need to be repeated at subsequent time points. As well, during the pilot, clients were no longer eligible to participate if their child was not living with them or was deceased, or if the client had moved out of the health unit boundaries. It is strongly recommended that facilitators of the survey receive training in the event that, as a part of administering the survey, it is disclosed that the child is in custody, hospitalized or deceased, and that the survey participants are linked to appropriate services. It is up to PHUs to decide if they will continue to survey clients who have left their region, especially for the later time points, as their responses reflect services received when they lived within the region. It is recommended that facilitators of the survey provide contact information for the clients' new health unit.

Data collection systems

The LDCP pilot was conducted via telephone (utilizing MS Access database) or online utilizing a commercial data collection tool- BFI Online. There are many options of systems and databases with varying capabilities that health units can choose from to conduct their own surveillance. For example, some systems may be able to populate surveys with information from ISCIS or carry over responses from one time point to another, which would avoid having to re-ask questions about exclusivity. As such, certain questions and skip patterning may need to be adjusted to reflect the abilities or limitations of certain systems. We recommend that you pay close attention to the capabilities and limitations of your systems. If utilizing a web-based system of data collection, it is recommended to skip Question 5a, and ask Question 5b of all participants, to record the correct date of birth. If this date is different than in ISCIS, some adjustments may need to be made in this unique circumstance.

Multiples

When a client with multiples is being interviewed, the BCC reminds us that data should be collected for all babies; therefore, one survey per baby should be conducted. This is important for PHU that are gathering data on all babies (census data). For health units conducting surveillance on a representative sample, including all of the multiples may not occur due to the sampling procedure. Our recommendation is that PHU adjust their surveys skip patterns to gather these data, if desired.

Demographics

BCC also states that information regarding demographics is not required; however, this information may be helpful to the individual PHU. It has been included in these surveys, developed following the recommendations of the 2013 Toronto Public Health document *We ask because we care* (health equity). PHUs are encouraged to add additional demographic categories to identify priority populations within their jurisdiction.

Optional questions

The questions that are shaded orange are those that are required for BFI designation/ sustainability or are deemed critical for data collection purposes. The questions that are not shaded are those that are optional, but are considered important by the members of the LDCP



project to inform service delivery, and are recommended for use. In practice, the entire survey takes approximately 5 minutes to complete.

Other helpful, but optional, questions not included in the survey are provided below.

Table D.2 Optional questions (English)

Question	Response Options
When did you make the decision to breastfeed?	Before getting pregnant During pregnancy At birth After baby was born Don't know/can't recall Refused
When did you make the decision NOT to breastfeed?	Before getting pregnant During pregnancy At birth After baby was born Don't know/can't recall Refused
Does your workplace provide time and space to breastfeed or express your breastmilk?	Yes No Don't know/can't recall Refused
Are you aware of programs or services to help you with feeding your baby in your community?	Yes No Don't know/can't recall Refused
How did you find out about services in your community to help with feeding your baby?	<health unit specific responses>
Are you aware of the right to breastfeed in public?	Yes No Refused
Do you give your baby vitamin D?	Yes No Don't know/can't recall Refused
How many times a week do you give vitamin D to your baby?	Once per week, Two times per week, etc.
Did you take a prenatal vitamin during your pregnancy?	Yes No Don't know/can't recall Refused
Would you prefer to complete the next survey by email? <i>As systems allow</i>	Yes <record email> No



Appendix E- Questionnaires (English)

6-Month Single Time Point Questionnaire (6 months to a day before 7 months of age)

Please note that this is a stand-alone survey to be used at 6 months of age. It can also be used to collect data for the multiple time point surveys (2 and 6 months) for mothers who missed the 2 month call. This survey should also be used by those following up with participants who were not providing any breastmilk at the time of the 2-month survey (Q7=formula).

Introduction and consent

Hello, my name is _____ and I'm calling from _____ (Health Unit). We are conducting a survey about infant feeding to help improve services for mothers and babies in your area. When you first had your baby, you agreed to share some information about yourself and your baby with us. We are calling to ask if you would be willing to answer some questions about how you have been feeding your baby and some questions about you. If you agree to participate, you can choose to end the survey at any time and you can also choose to skip any question that you do not want to answer. Please be assured that refusal of any kind at any stage will not affect the care or services you will receive. Any answers you provide will be protected and your name will never be used in reports about the results of this survey.

#	Question	Response Options	Go To
1	Do you wish to participate in this survey?	Yes	3
		Yes, but now is not a good time	2
		No	46
2	May we call you back at a later time to conduct the survey?	Yes (record)	46
		No	

Eligibility

Before getting to the survey, I need to ask a few brief questions to be sure you qualify.

#	Question	Response Options	Go To
3	Is your baby currently living with you?	Yes	4
		No	46
4	Are you currently living in _____ Region?	Yes	5
		No	46

Section 1: Questions for all mothers

#	Question	Response Options	Go To
5	a) Can you confirm that your baby was born on _____ (read birthdate)?	Yes (if same as ISCIS)	6
		No (if different than ISCIS)	5b
	b) What is your baby's birthdate?	(record birthdate)	6
6	On this date, did you give birth to one baby or multiple babies?	Single	7
		Multiples	
7	In the past week, what have you	Breastmilk	8



	fed your baby? By this, we mean what milk? (Interviewer note: read descriptions if needed- see below)	Formula	9
		Combination of breastmilk and formula	13

Interviewer may read or consider the following definitions for clarification:

Breastmilk: Baby is breastfeeding or receiving expressed breastmilk but NOT currently receiving any infant formula.

Combination of breastmilk and formula: Baby is breastfeeding or receiving expressed breastmilk AND is currently receiving infant formula.

Formula: Baby is receiving infant formula but NOT currently breastfeeding or receiving expressed breastmilk.

Section 2: Questions for mothers who are only feeding with breastmilk

#	Question	Response Options	Go To
8	Since birth, including any time spent in hospital, has your baby ever been given any formula?	Yes	13
		No	18
		Don't know/can't recall	
		Refused	

Section 3: Questions about providing breastmilk

#	Question	Response Options	Go To
9	Since birth, have you attempted to breastfeed or provide breastmilk to your baby, even if only once?	Yes	10
		No	12
		Don't know/can't recall	13
		Refused	
10	How old was your baby in months when you stopped breastfeeding? (do not read options)	Less than 0.5 months	11
		0.5 months to less than 1 month	
		1 month to less than 1.5 months	
		1.5 months to less than 2 months	
		2 months to less than 2.5 months	
		2.5 months to less than 3 months	
		3 months to less than 3.5 months	
		3.5 months to less than 4 months	
		4 months to less than 4.5 months	
		4.5 months to less than 5 months	
		5 months to less than 5.5 months	
		5.5 months to less than 6 months	
		6 months to less than 6.5 months	
		6.5 months to less than 7 months	
11	What were the reasons you stopped breastfeeding or giving	Baby Reasons:	13
		Baby unable to latch/not	

	breastmilk? (do not read options) [formatted for multiple response]	breastfeeding well/tongue tied Classic galactosemia, maple syrup urine disease, PKU Baby hungry, fussy, colicky Baby not gaining weight well Jaundice Low blood sugar Other health issues <text box> Problems with expressing or delivering breastmilk (including pumping and lactation aids) Maternal Reasons: Not enough milk Health reasons (surgery, medication, ill) Pain (sore nipples/breasts, biting) Maternal lifestyle (smoking, diet, alcohol) Previous experience Other reasons: Convenience Separation Encouraged by family/friend/partner Advice of a health care professional Other <text box> Don't know/can't recall Refused	
12	What were the reasons why you did not breastfeed or give breastmilk to your baby? (do not read options) [formatted for multiple response]	Baby Reasons: Classic galactosemia, maple syrup urine disease, PKU Other health issues <text box> Maternal Reasons: Health reasons (surgery, medication, ill) Maternal lifestyle (smoking, diet, alcohol) Previous experience Other Reasons: Convenience Separation Encouraged by family/friend/partner Advice of a health care professional Other <text box> Don't know/can't recall Refused	If q9=yes, go to q13. If q9=no, don't know or refused, go to q15.



Section 4: Questions about providing formula

#	Question	Response Options	Go To
13	Was your baby given formula in hospital?	Yes	15
		No	
		Don't know/can't recall	14
		Refused	
14	How old was your baby in months when they were first given formula?	Less than 0.5 months	15
		0.5 months to less than 1 month	
		1 month to less than 1.5 months	
		1.5 months to less than 2 months	
		2 months to less than 2.5 months	
		2.5 months to less than 3 months	
		3 months to less than 3.5 months	
		3.5 months to less than 4 months	
		4 months to less than 4.5 months	
		4.5 months to less than 5 months	
		5 months to less than 5.5 months	
		5.5 months to less than 6 months	
		6 months to less than 6.5 months	
		6.5 months to less than 7 months	
Don't know/can't recall			
Refused			

Section 5: Questions about recommending formula use

#	Question	Response Options	Go To
15	Did a health care professional recommend that you give your baby formula?	Yes	16
		No	
		Don't know/can't recall	17
		Refused	
16	What health care professional recommended that you give your baby formula? (do not read options) [formatted for multiple response]	Hospital:	17
		Doctor (including obstetrician)	
		Nurse	
		Lactation consultant	
		Midwife	
		Community:	
		Doctor	
		Lactation consultant	
		Nurse practitioner	
		Public health nurse	
		Other:	
		Other <text box>	
Don't know/can't recall			
Refused			
17	What were the reasons your baby was first given formula? (do	Baby Reasons:	If q7= breast
		Baby unable to latch/not	



not read options) [formatted for multiple response]	breastfeeding well/tongue tied	milk or combo, go to q18. If q7= formula, go to q22.
	Classic galactosemia, maple syrup urine disease, PKU	
	Baby hungry, fussy, colicky	
	Baby not gaining weight well	
	Jaundice	
	Low blood sugar	
	Other health issues <text box>	
	Maternal Reasons:	
	Not enough milk	
	Health reasons (surgery, medication, ill)	
	Pain (sore nipples/breasts, biting)	
	Maternal lifestyle (smoking, diet, alcohol)	
	Previous experience	
	Other reasons:	
	Convenience	
	Separation	
	Encouraged by family/friend/partner	
	Advice of a health care professional	
	Other <text box>	
	Don't know/can't recall	
Refused		

Section 6: Questions for mothers still providing breastmilk

#	Question	Response Options	Go To
18	Is returning to work or school a factor in how long you plan to breastfeed or give breastmilk?	Yes	19
		No	
		Don't know/can't recall	
		Refused	
19	How old will your child be in months when you plan to stop breastfeeding or giving breastmilk?	6 months to less than 6.5 months	20
		6.5 months to less than 7 months	
		7 months to less than 7.5 months	
		7.5 months to less than 8 months	
		8 months to less than 8.5 months	
		8.5 months to less than 9 months	
		9 months to less than 9.5 months	
		9.5 months to less than 10 months	
		10 months to less than 10.5 months	
		10.5 months to less than 11 months	
		11 months to less than 11.5 months	
		11.5 months to less than 12 months	
		12 months to less than 15 months	
15 months to less than 18 months			
18 months to less than 21 months			



		21 months to less than 24 months	
		2 years or more	
		Until baby weans	
		No plans/don't know	
		Other <text box>	
		Refused	
20	Have you had any difficulties or concerns with feeding your baby?	Yes	21
		No	
		Don't know/can't recall	22
		Refused	
21	What difficulties or concerns have you had with feeding your baby? (do not read options) [formatted for multiple response]	Baby Reasons:	
		Baby unable to latch/not breastfeeding well/tongue tied	
		Baby hungry, fussy, colicky	
		Baby not gaining weight well	
		Low blood sugar	
		Other health issues <text box>	
		Problems with expressing or delivering breastmilk (including pumping and lactation aids)	
		Maternal Reasons:	
		Not enough milk	22
		Health reasons (surgery, medication, ill)	
		Pain (sore nipples/breasts, biting)	
		Maternal lifestyle (smoking, diet, alcohol)	
		Other reasons:	
		Separation	
		Other <text box>	
		Don't know/can't recall	
		Refused	

Section 7: Questions about services used

#	Question	Response Options	Go To
22	Did you use any programs or services to help you with feeding your baby?	Yes	23
		No	
		Don't know/can't recall	24
		Refused	
23	Which services/programs have helped you with feeding your baby? [formatted for multiple response] Each health unit can add or remove from the list, based on current programming; the	Public Health Programs:	
		Public health breastfeeding clinic	
		HBHC program	
		Other <text box>	24
		Non-Public Health Programs:	
		24-hour breastfeeding line	
		La Leche League	



	ones listed are suggestions and can be changed at any point.	Telehealth	
		Private lactation consultant	
		Hospital breastfeeding clinic	
		Other:	
		Other <text box>	
		Don't know/can't recall	
Refused			

Section 8: Questions about the introduction to liquids other than breastmilk or formula and solids

#	Question	Response Options	Go To
24	Since birth, has your baby ever been given any liquids other than breastmilk or formula, such as water, sugar water or juice? Other liquids do not include vitamins or medications. (Interviewer note: If only vitamin drops or medications have been given to your baby, answer 'no' to this question.)	Yes	25
		No	
		Don't know/can't recall	27
		Refused	
25	What liquids other than breastmilk or formula has your baby been given? (do not read options) [formatted for multiple responses]	Water	26
		Sugar water	
		Juice	
		Cow's milk	
		Plant-based milk (almond, soy, rice, etc.)	
		Tea	
		Other <text box>	
		Don't know/can't recall	
Refused			
26	How old was your baby in months the first time they were given liquids other than breastmilk or formula? (do not read options)	Less than 0.5 months	27
		0.5 months to less than 1 month	
		1 month to less than 1.5 months	
		1.5 months to less than 2 months	
		2 months to less than 2.5 months	
		2.5 months to less than 3 months	
		3 months to less than 3.5 months	
		3.5 months to less than 4 months	
		4 months to less than 4.5 months	
		4.5 months to less than 5 months	
		5 months to less than 5.5 months	
		5.5 months to less than 6 months	
		6 months to less than 6.5 months	
		6.5 months to less than 7 months	
Don't know/can't recall			



		Refused	
27	Since birth, has your baby ever been given any solid food such as meat, chicken, cereal, vegetables, or fruit?	Yes	28
		No	32
		Don't know/can't recall	33
		Refused	
28	How old was your baby in months the first time they were given any solid food, such as meat, chicken, cereal, vegetables, or fruit? (do not read options)	Less than 0.5 months	29
		0.5 months to less than 1 month	
		1 month to less than 1.5 months	
		1.5 months to less than 2 months	
		2 months to less than 2.5 months	
		2.5 months to less than 3 months	
		3 months to less than 3.5 months	
		3.5 months to less than 4 months	
		4 months to less than 4.5 months	
		4.5 months to less than 5 months	
		5 months to less than 5.5 months	31
		5.5 months to less than 6 months	
		6 months to less than 6.5 months	
		6.5 months to less than 7 months	
		Don't know/can't recall	
		Refused	
29	Did a health care professional recommend that you give your baby solids then?	Yes	30
		No	
		Don't know/can't recall	
		Refused	
30	What were the reasons your baby was first given solids?	Baby Reasons:	31
		Baby will gain more weight	
		Baby had teeth	
		Baby wanted solids	
		To sleep better	
		Reflux	
		To avoid allergies	
		Other Reasons:	
		Felt like he/she was ready	
		Previous experience	
		Other <text box>	
Don't know/can't recall			
		Refused	
31	Had your baby had any iron-containing foods like meat, iron-fortified infant cereal, tofu, or lentils?	Yes	33
		No	
		Don't know/can't recall	
		Refused	
32	How old will your baby be in months when you intend to introduce solid foods? (do not read options)	6 months to less than 6.5 months	33
		6.5 months to less than 7 months	
		7 months to less than 7.5 months	
		7.5 months to less than 8 months	



		8 months to less than 8.5 months	
		8.5 months to less than 9 months	
		9 months to less than 9.5 months	
		9.5 months to less than 10 months	
		10 months to less than 10.5 months	
		10.5 months to less than 11 months	
		11 months to less than 11.5 months	
		11.5 months to less than 12 months	
		1 year or older	
		When baby gets teeth	
		No plans/don't know	
		Refused	

Section 9: Questions for all mothers (maternal history and demographics)

#	Question	Response Options	Go To
33	What is your date of birth (only ask if blank)	<text box> Refused	34
34	Is this your first baby? (or babies in the event of multiples)	Yes No Refused	38 35 38
35	Have you breastfed or tried to breastfeed before?	Yes No Don't know/can't recall Refused	36
36	In the past 5 years, have you participated in a prenatal class that included information about breastfeeding? (Interviewer note: this includes in-person or online)	Yes No Don't know/can't recall Refused	37 38
37	Was this prenatal class provided through your local health unit?	Yes No Don't know/can't recall Refused	38
38	What is your marital status?	Married/common-law Divorced/separated Single Widowed Other Refused	39
39	What is your highest level of education?	Some high school High school or equivalent Some post-secondary College/university Refused	40
40	What was your total family income before taxes last year?	Less than \$30,000 \$30,000-\$59,999	41



		\$60,000-\$89,999	
		\$90,000-\$119,999	
		\$120,000-\$149,999	
		\$150,000 or more	
		Don't know/can't recall	42
		Refused	
41	How many people does this income support?	<text box>	42
42	Were you born in Canada?	Yes	44
		No	43
		Don't know/can't recall	44
		Refused	
43	What year did you arrive in Canada?	<text box>	44
		Don't know/can't recall	
		Refused	
44	How would you describe your racial or ethnic group? (do not read responses) [formatted for one option]	Asian-East (e.g. Chinese, Japanese, Korean)	45
		Asian-South (e.g. Indian, Pakistani, Sri Lankan)	
		Asian-South East (e.g. Malaysian, Filipino, Vietnamese)	
		Black-African (e.g. Ghanaian, Kenyan, Somali)	
		Black-North American (e.g. Canadian, American)	
		Black-Caribbean (e.g. Barbadian, Jamaican)	
		First Nations	
		Indian-Caribbean (e.g. Guyanese, with origins in India)	
		Indigenous/Aboriginal not included elsewhere	
		Inuit	
		Latin American (e.g. Argentinean, Chilean, Salvadorian)	
		Metis	
		Middle Eastern (e.g. Egyptian, Iranian, Lebanese)	
		White-European (e.g. English, Italian, Russian)	
		White-North American (e.g. Canadian, American)	
		Mixed Heritage <text box>	
		Other <text box>	
		Refused	



Section 10: Follow-up consent

#	Question	Response Options	Go To
45	May we call you back when your baby is 12 months old to ask you questions?	Yes	46
		No (record so not contacted again)	

Section 11: Interview completion statement

#	Question	Response Options	Go To
46	Thank you for your time. Have a nice day.	END	47
47	INTERVIEWER: Did you make any referrals?	Yes	48
		No	Submit
48	List referrals	Provided health teaching <text box>	Submit
		Referred to health unit for health teaching/programs <text box>	
		Referred to external program <text box>	



2-Month Multiple Time Point Questionnaire (2 months to a day before 3 months of age)

Please note that this survey is intended to be followed up with a 6 month survey. Please review the criteria in Table D.1 to determine which one is appropriate for use.

Introduction and consent

Hello, my name is _____ and I'm calling from _____ (Health Unit). We are conducting a survey about infant feeding to help improve services for mothers and babies in your area. When you first had your baby, you agreed to share some information about yourself and your baby with us. We are calling to ask if you would be willing to answer some questions about how you have been feeding your baby and some questions about you. If you agree to participate, you can choose to end the survey at any time and you can also choose to skip any question that you do not want to answer. Please be assured that refusal of any kind at any stage will not affect the care or services you will receive. Any answers you provide will be protected and your name will never be used in reports about the results of this survey.

#	Question	Response Options	Go To
1	Do you wish to participate in this survey?	Yes	3
		Yes, but now is not a good time	2
		No	37
2	May we call you back at a later time to conduct the survey?	Yes (record)	37
		No	

Eligibility

Before getting to the survey, I need to ask a few brief questions to be sure you qualify.

#	Question	Response Options	Go To
3	Is your baby currently living with you?	Yes	4
		No	37
4	Are you currently living in _____ Region?	Yes	5
		No	37

Section 1: Questions for all mothers

#	Question	Response Options	Go To
5	a) Can you confirm that your baby was born on _____ (read birthdate)?	Yes (if same as ISCIS)	6
		No (if different than ISCIS)	5b
	b) What is your baby's birthdate?	(record birthdate)	6
6	On this date, did you give birth to one baby or multiple babies?	Single	7
		Multiples	
7	In the past week, what have you fed your baby? By this, we mean what milk? (Interviewer note: read descriptions if needed- see below)	Breastmilk	8
		Formula	9
		Combination of breastmilk and formula	13

Interviewer may read or consider the following definitions for clarification:

Breastmilk: Baby is breastfeeding or receiving expressed breastmilk but NOT currently receiving any infant formula.

Combination of breastmilk and formula: Baby is breastfeeding or receiving expressed breastmilk AND is currently receiving infant formula.

Formula: Baby is receiving infant formula but NOT currently breastfeeding or receiving expressed breastmilk.

Section 2: Questions for mothers who are only feeding with breastmilk

#	Question	Response Options	Go To
8	Since birth, including any time spent in hospital, has your baby ever been given any formula?	Yes	13
		No	18
		Don't know/can't recall	
		Refused	

Section 3: Questions about providing breastmilk

#	Question	Response Options	Go To
9	Since birth, have you attempted to breastfeed or provide breastmilk to your baby, even if only once?	Yes	10
		No	12
		Don't know/can't recall	13
		Refused	
10	How old was your baby in months when you stopped breastfeeding? (do not read options)	Less than 0.5 months	11
		0.5 months to less than 1 month	
		1 month to less than 1.5 months	
		1.5 months to less than 2 months	
		2 months to less than 2.5 months	
		2.5 months to less than 3 months	
		Don't know/can't recall	
		Refused	
11	What were the reasons you stopped breastfeeding or giving breastmilk? (do not read options) [formatted for multiple response]	Baby Reasons:	13
		Baby unable to latch/not breastfeeding well/tongue tied	
		Classic galactosemia, maple syrup urine disease, PKU	
		Baby hungry, fussy, colicky	
		Baby not gaining weight well	
		Jaundice	
		Low blood sugar	
		Other health issues <text box>	
		Problems with expressing or delivering breastmilk (including pumping and lactation aids)	
		Maternal Reasons:	

		Not enough milk Health reasons (surgery, medication, ill) Pain (sore nipples/breasts, biting) Maternal lifestyle (smoking, diet, alcohol) Previous experience Other reasons: Convenience Separation Encouraged by family/friend/partner Advice of a health care professional Other <text box> Don't know/can't recall Refused	
12	What were the reasons why you did not breastfeed or give breastmilk to your baby? (do not read options) [formatted for multiple response]	Baby Reasons: Classic galactosemia, maple syrup urine disease, PKU Other health issues <text box> Maternal Reasons: Health reasons (surgery, medication, ill) Maternal lifestyle (smoking, diet, alcohol) Previous experience Other Reasons: Convenience Separation Encouraged by family/friend/partner Advice of a health care professional Other <text box> Don't know/can't recall Refused	If q9=yes, go to q13. If q9=no, don't know or refused, go to q15.

Section 4: Questions about providing formula

#	Question	Response Options	Go To
13	Was your baby given formula in hospital?	Yes	15
		No	
		Don't know/can't recall	14
		Refused	
14	How old was your baby in months when they were first given formula?	Less than 0.5 months	15
		0.5 months to less than 1 month	
		1 month to less than 1.5 months	
		1.5 months to less than 2 months	
		2 months to less than 2.5 months	
		2.5 months to less than 3 months	



		Don't know/can't recall	
		Refused	

Section 5: Questions about recommending formula use

#	Question	Response Options	Go To
15	Did a health care professional recommend that you give your baby formula?	Yes	16
		No	
		Don't know/can't recall	17
		Refused	
16	What health care professional recommended that you give your baby formula? (do not read options) [formatted for multiple response]	Hospital: Doctor (including obstetrician) Nurse Lactation consultant Midwife Community: Doctor Lactation consultant Nurse practitioner Public health nurse Other: Other <text box> Don't know/can't recall Refused	17
17	What were the reasons your baby was first given formula? (do not read options) [formatted for multiple response]	Baby Reasons: Baby unable to latch/not breastfeeding well/tongue tied Classic galactosemia, maple syrup urine disease, PKU Baby hungry, fussy, colicky Baby not gaining weight well Jaundice Low blood sugar Other health issues <text box> Maternal Reasons: Not enough milk Health reasons (surgery, medication, ill) Pain (sore nipples/breasts, biting) Maternal lifestyle (smoking, diet, alcohol) Previous experience Other reasons: Convenience Separation Encouraged by family/friend/partner Advice of a health care professional	If q7= breast milk or combo, go to q18. If q7= formula, go to q22.

		Other <text box>	
		Don't know/can't recall	
		Refused	

Section 6: Questions for mothers still providing breastmilk

#	Question	Response Options	Go To
18	Is returning to work or school a factor in how long you plan to breastfeed or give breastmilk?	Yes No Don't know/can't recall Refused	19
19	How old will your child be in months when you plan to stop breastfeeding or giving breastmilk?	2 months to less than 2.5 months 2.5 months to less than 3 months 3 months to less than 3.5 months 3.5 months to less than 4 months 4 months to less than 4.5 months 4.5 months to less than 5 months 5 months to less than 5.5 months 5.5 months to less than 6 months 6 months to less than 6.5 months 6.5 months to less than 7 months 7 months to less than 7.5 months 7.5 months to less than 8 months 8 months to less than 8.5 months 8.5 months to less than 9 months 9 months to less than 9.5 months 9.5 months to less than 10 months 10 months to less than 10.5 months 10.5 months to less than 11 months 11 months to less than 11.5 months 11.5 months to less than 12 months 12 months to less than 15 months 15 months to less than 18 months 18 months to less than 21 months 21 months to less than 24 months 2 years or more Until baby weans No plans/don't know Other <text box> Refused	20
20	Have you had any difficulties or concerns with feeding your baby?	Yes No Don't know/can't recall Refused	21 22
21	What difficulties or concerns have you had with feeding your baby? (do not read options)	Baby Reasons: Baby unable to latch/not breastfeeding well/tongue tied	22



[formatted for multiple response]	Baby hungry, fussy, colicky	
	Baby not gaining weight well	
	Low blood sugar	
	Other health issues <text box>	
	Problems with expressing or delivering breastmilk (including pumping and lactation aids)	
	Maternal Reasons:	
	Not enough milk	
	Health reasons (surgery, medication, ill)	
	Pain (sore nipples/breasts, biting)	
	Maternal lifestyle (smoking, diet, alcohol)	
	Other reasons:	
	Separation	
	Other <text box>	
	Don't know/can't recall	
Refused		

Section 7: Questions about services used

#	Question	Response Options	Go To
22	Did you use any programs or services to help you with feeding your baby?	Yes	23
		No	
		Don't know/can't recall	24
		Refused	
23	Which services/programs have helped you with feeding your baby? [formatted for multiple response] Each health unit can add or remove from the list, based on current programming; the ones listed are suggestions and can be changed at any point.	Public Health Programs:	24
		Public health breastfeeding clinic	
		HBHC program	
		Other <text box>	
		Non-Public Health Programs:	
		24-hour breastfeeding line	
		La Leche League	
		Telehealth	
		Private lactation consultant	
		Hospital breastfeeding clinic	
		Other:	
		Other <text box>	
Don't know/can't recall			
Refused			

Section 8: Questions for all mothers (maternal history and demographics)

#	Question	Response Options	Go To
24	What is your date of birth (only ask if blank)	<text box>	25
		Refused	



25	Is this your first baby? (or babies in the event of multiples)	Yes	29
		No	26
		Refused	29
26	Have you breastfed or tried to breastfeed before?	Yes	27
		No	
		Don't know/can't recall	
		Refused	
27	In the past 5 years, have you participated in a prenatal class that included information about breastfeeding? (Interviewer note: this includes in-person or online)	Yes	28
		No	29
		Don't know/can't recall	
		Refused	
28	Was this prenatal class provided through your local health unit?	Yes	29
		No	
		Don't know/can't recall	
		Refused	
29	What is your marital status?	Married/common-law	30
		Divorced/separated	
		Single	
		Widowed	
		Other	
		Refused	
30	What is your highest level of education?	Some high school	31
		High school or equivalent	
		Some post-secondary	
		College/university	
		Refused	
31	What was your total family income before taxes last year?	Less than \$30,000	32
		\$30,000-\$59,999	
		\$60,000-\$89,999	
		\$90,000-\$119,999	
		\$120,000-\$149,999	
		\$150,000 or more	
		Don't know/can't recall	
		Refused	
32	How many people does this income support?	<text box>	33
33	Were you born in Canada?	Yes	35
		No	34
		Don't know/can't recall	35
		Refused	
34	What year did you arrive in Canada?	<text box>	35
		Don't know/can't recall	
		Refused	
35	How would you describe your racial or ethnic group? (do not read responses) [formatted for	Asian-East (e.g. Chinese, Japanese, Korean)	36
		Asian-South (e.g. Indian, Pakistani,	



one option]	Sri Lankan)
	Asian-South East (e.g. Malaysian, Filipino, Vietnamese)
	Black-African (e.g. Ghanaian, Kenyan, Somali)
	Black-North American (e.g. Canadian, American)
	Black-Caribbean (e.g. Barbadian, Jamaican)
	First Nations
	Indian-Caribbean (e.g. Guyanese, with origins in India)
	Indigenous/Aboriginal not included elsewhere
	Inuit
	Latin American (e.g. Argentinean, Chilean, Salvadorian)
	Metis
	Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
	White-European (e.g. English, Italian, Russian)
	White-North American (e.g. Canadian, American)
	Mixed Heritage <text box>
Other <text box>	
Refused	

Section 9: Follow-up consent

#	Question	Response Options	Go To
36	May we call you back when your baby is 6 months old to ask you questions?	Yes No (record so not contacted again)	37

Interviewer: please note that the answer to Q7 will determine which survey should be used to follow-up.

- For those who answered **breastmilk** or **combination** to **Q7**, the 6-month multiple time point survey should be used
- For those who answered **formula** to **Q7**, the 6-month single time point survey should be used

Section 10: Interview completion statement

#	Question	Response Options	Go To
37	Thank you for your time. Have a nice day.	END	38
38	INTERVIEWER: Did you make any referrals?	Yes	39
		No	Submit

39	List referrals	Provided health teaching <text box>	Submit
		Referred to health unit for health teaching/programs <text box>	
		Referred to external program <text box>	



6-Month Multiple Time Point Questionnaire (6 months to a day before 7 months of age)

Please note that this survey is intended to be a follow-up survey to the 2-month survey for those who are still providing breastmilk (Q7=breastmilk or combination), completed at 6 months of age. For those who were only formula feeding at the 2-month survey (Q7=formula), the 6-month single time point survey should be used. For participants who were not been reached at the 2-month time point, use the 6-month single time point survey instead.

Introduction and consent

Hello, my name is _____ and I'm calling from _____ (Health Unit). We are conducting a survey about infant feeding to help improve services for mothers and babies in your area. When you first had your baby, you agreed to share some information about yourself and your baby with us. We are calling to ask if you would be willing to answer some questions about how you have been feeding your baby and some questions about you. If you agree to participate, you can choose to end the survey at any time and you can also choose to skip any question that you do not want to answer. Please be assured that refusal of any kind at any stage will not affect the care or services you will receive. Any answers you provide will be protected and your name will never be used in reports about the results of this survey.

#	Question	Response Options	Go To
1	Do you wish to participate in this survey?	Yes	3
		Yes, but now is not a good time	2
		No	30
2	May we call you back at a later time to conduct the survey?	Yes (record)	30
		No	

Eligibility

Before getting to the survey, I need to ask a few brief questions to be sure you qualify.

#	Question	Response Options	Go To
3	Is your baby currently living with you?	Yes	4
		No	30
4	Are you currently living in _____ Region?	Yes	5
		No	30

Section 1: Questions for all mothers

#	Question	Response Options	Go To
5	In the past week, what have you fed your baby? By this, we mean what milk? (Interviewer note: read descriptions if needed- see below)	Breastmilk	6
		Formula	7
		Combination of breastmilk and formula	10

Interviewer may read or consider the following definitions for clarification:

Breastmilk: Baby is breastfeeding or receiving expressed breastmilk but NOT currently receiving any infant formula.

Combination of breastmilk and formula: Baby is breastfeeding or receiving expressed breastmilk AND is currently receiving infant formula.

Formula: Baby is receiving infant formula but NOT currently breastfeeding or receiving expressed breastmilk.

Section 2: Questions for mothers who are only feeding with breastmilk

#	Question	Response Options	Go To
6	Since birth, including any time spent in hospital, has your baby ever been given any formula?	Yes	10
		No	
		Don't know/can't recall	14
		Refused	

Section 3: Questions about providing breastmilk

#	Question	Response Options	Go To
7	Since the last time we talked to you, which was when your baby was approximately 2 months old, have you attempted to breastfeed or provide breastmilk to your baby, even if only once?	Yes	8
		No	10
		Don't know/can't recall	11
		Refused	
8	How old was your baby in months when you stopped breastfeeding? (do not read options)	2 months to less than 2.5 months	9
		2.5 months to less than 3 months	
		3 months to less than 3.5 months	
		3.5 months to less than 4 months	
		4 months to less than 4.5 months	
		4.5 months to less than 5 months	
		5 months to less than 5.5 months	
		5.5 months to less than 6 months	
		6 months to less than 6.5 months	
		6.5 months to less than 7 months	
9	What were the reasons you stopped breastfeeding or giving breastmilk? (do not read options) [formatted for multiple response]	Baby Reasons:	11
Baby unable to latch/not breastfeeding well/tongue tied			
Baby hungry, fussy, colicky			
Baby not gaining weight well			
Other health issues <text box>			
Problems with expressing or delivering breastmilk (including pumping and lactation aids)			
	Maternal Reasons:		



		Not enough milk	
		Health reasons (surgery, medication, ill)	
		Pain (sore nipples/breasts, biting)	
		Maternal lifestyle (smoking, diet, alcohol)	
		Previous experience	
		Other reasons:	
		Convenience	
		Separation	
		Encouraged by family/friend/partner	
		Advice of a health care professional	
		Other <text box>	
		Don't know/can't recall	
		Refused	

Section 4: Questions about providing formula

#	Question	Response Options	Go To
10	How old was your baby in months when they were first given formula?	Less than 0.5 months	14
		0.5 months to less than 1 month	
		1 month to less than 1.5 months	
		1.5 months to less than 2 months	
		2 months to less than 2.5 months	11
		2.5 months to less than 3 months	
		3 months to less than 3.5 months	
		3.5 months to less than 4 months	
		4 months to less than 4.5 months	
		4.5 months to less than 5 months	
		5 months to less than 5.5 months	
		5.5 months to less than 6 months	
		6 months to less than 6.5 months	
		6.5 months to less than 7 months	
		Don't know/can't recall	
Refused			

Section 5: Questions about recommending formula use

#	Question	Response Options	Go To
11	Did a health care professional recommend that you give your baby formula?	Yes	12
		No	13
		Don't know/can't recall	
		Refused	
12	What health care professional recommended that you give your baby formula? (do not read options) [formatted for multiple	Community:	15
		Doctor	
		Lactation consultant	
		Nurse practitioner	



	response]	Public health nurse	
		Other:	
		Other <text box>	
		Don't know/can't recall	
		Refused	
13	What were the reasons your baby was first given formula? (do not read options) [formatted for multiple response]	Baby Reasons:	If q5= breast milk or combo, go to q14. If q5= formula, go to q18.
		Baby unable to latch/not breastfeeding well/tongue tied	
		Baby hungry, fussy, colicky	
		Baby not gaining weight well	
		Other health issues <text box>	
		Maternal Reasons:	
		Not enough milk	
		Health reasons (surgery, medication, ill)	
		Pain (sore nipples/breasts, biting)	
		Maternal lifestyle (smoking, diet, alcohol)	
		Previous experience	
		Other reasons:	
		Convenience	
		Separation	
		Encouraged by family/friend/partner	
		Advice of a health care professional	
		Other <text box>	
		Don't know/can't recall	
		Refused	

Section 6: Questions for mothers still providing breastmilk

#	Question	Response Options	Go To
14	Is returning to work or school a factor in how long you plan to breastfeed or give breastmilk?	Yes	15
		No	
		Don't know/can't recall	
		Refused	
15	How old will your child be in months when you plan to stop breastfeeding or giving breastmilk?	6 months to less than 6.5 months	16
		6.5 months to less than 7 months	
		7 months to less than 7.5 months	
		7.5 months to less than 8 months	
		8 months to less than 8.5 months	
		8.5 months to less than 9 months	
		9 months to less than 9.5 months	
		9.5 months to less than 10 months	
		10 months to less than 10.5 months	
		10.5 months to less than 11 months	
		11 months to less than 11.5 months	
		11.5 months to less than 12 months	

		12 months to less than 15 months	
		15 months to less than 18 months	
		18 months to less than 21 months	
		21 months to less than 24 months	
		2 years or more	
		Until baby weans	
		No plans/don't know	
		Other <text box>	
		Refused	
16	Since we last spoke to you, have you had any difficulties or concerns with feeding your baby?	Yes	17
		No	
		Don't know/can't recall	18
		Refused	
17	What difficulties or concerns have you had with feeding your baby? (do not read options) [formatted for multiple response]	Baby Reasons:	
		Baby unable to latch/not breastfeeding well/tongue tied	
		Baby hungry, fussy, colicky	
		Baby not gaining weight well	
		Low blood sugar	
		Other health issues <text box>	
		Problems with expressing or delivering breastmilk (including pumping and lactation aids)	
		Maternal Reasons:	
		Not enough milk	20
		Health reasons (surgery, medication, ill)	
		Pain (sore nipples/breasts, biting)	
		Maternal lifestyle (smoking, diet, alcohol)	
		Other reasons:	
		Separation	
		Other <text box>	
		Don't know/can't recall	
		Refused	

Section 7: Questions about services used

#	Question	Response Options	Go To
18	Did you use any programs or services to help you with feeding your baby?	Yes	19
		No	
		Don't know/can't recall	20
		Refused	
19	Which services/programs have helped you with feeding your baby? [formatted for multiple response]	Public Health Programs:	
		Public health breastfeeding clinic	20
		HBHC program	
		Other <text box>	



<p>Each health unit can add or remove from the list, based on current programming; the ones listed are suggestions and can be changed at any point.</p>	<p>Non-Public Health Programs:</p>	
	24-hour breastfeeding line	
	La Leche League	
	Telehealth	
	Private lactation consultant	
	Hospital breastfeeding clinic	
	Other:	
	Other <text box>	
Don't know/can't recall		
Refused		

Section 8: Questions about the introduction to liquids other than breastmilk or formula and solids

#	Question	Response Options	Go To
20	<p>Since birth, has your baby ever been given any liquids other than breastmilk or formula, such as water, sugar water or juice? Other liquids do not include vitamins or medications. (Interviewer note: If only vitamin drops or medications have been given to your baby, answer 'no' to this question.)</p>	Yes	21
		No	
		Don't know/can't recall	
		Refused	
21	<p>What liquids other than breastmilk or formula has your baby been given? (do not read options) [formatted for multiple responses]</p>	Water	22
		Sugar water	
		Juice	
		Cow's milk	
		Plant-based milk (almond, soy, rice, etc.)	
		Tea	
		Other <text box>	
		Don't know/can't recall	
Refused			
22	<p>How old was your baby in months the first time they were given liquids other than breastmilk or formula? (do not read options)</p>	Less than 0.5 months	23
		0.5 months to less than 1 month	
		1 month to less than 1.5 months	
		1.5 months to less than 2 months	
		2 months to less than 2.5 months	
		2.5 months to less than 3 months	
		3 months to less than 3.5 months	
		3.5 months to less than 4 months	
		4 months to less than 4.5 months	
		4.5 months to less than 5 months	
		5 months to less than 5.5 months	
5.5 months to less than 6 months			



		6 months to less than 6.5 months	
		6.5 months to less than 7 months	
		Don't know/can't recall	
		Refused	
23	Since birth, has your baby ever been given any solid food such as meat, chicken, cereal, vegetables, or fruit?	Yes	24
		No	28
		Don't know/can't recall	
		Refused	29
24	How old was your baby in months the first time they were given any solid food, such as meat, chicken, cereal, vegetables, or fruit? (do not read options)	Less than 0.5 months	
		0.5 months to less than 1 month	
		1 month to less than 1.5 months	
		1.5 months to less than 2 months	
		2 months to less than 2.5 months	
		2.5 months to less than 3 months	
		3 months to less than 3.5 months	
		3.5 months to less than 4 months	
		4 months to less than 4.5 months	
		4.5 months to less than 5 months	
		5 months to less than 5.5 months	
		5.5 months to less than 6 months	
		6 months to less than 6.5 months	
		6.5 months to less than 7 months	
		Don't know/can't recall	27
		Refused	
25	Did a health care professional recommend that you give your baby solids then?	Yes	
		No	
		Don't know/can't recall	26
		Refused	
26	What were the reasons your baby was first given solids?	Baby Reasons:	
		Baby will gain more weight	
		Baby had teeth	
		Baby wanted solids	
		To sleep better	
		Reflux	
		To avoid allergies	
		Other Reasons:	
		Felt like he/she was ready	
		Previous experience	
		Other <text box>	
		Don't know/can't recall	27
		Refused	
27	Had your baby had any iron-containing foods like meat, iron-fortified infant cereal, tofu, or lentils?	Yes	
		No	
		Don't know/can't recall	31
		Refused	
28	How old will your baby be in	6 months to less than 6.5 months	29



months when you intend to introduce solid foods? (do not read options)	6.5 months to less than 7 months	
	7 months to less than 7.5 months	
	7.5 months to less than 8 months	
	8 months to less than 8.5 months	
	8.5 months to less than 9 months	
	9 months to less than 9.5 months	
	9.5 months to less than 10 months	
	10 months to less than 10.5 months	
	10.5 months to less than 11 months	
	11 months to less than 11.5 months	
	11.5 months to less than 12 months	
	1 year or older	
	When baby gets teeth	
No plans/don't know		
Refused		

Section 9: Follow-up consent

#	Question	Response Options	Go To
29	May we call you back when your baby is ___ months old to ask you questions?	Yes No (record so not contacted again)	30

Section 10: Interview completion statement

#	Question	Response Options	Go To
30	Thank you for your time. Have a nice day.	END	31
31	INTERVIEWER: Did you make any referrals?	Yes No	32 Submit
32	List referrals	Provided health teaching <text box> Referred to health unit for health teaching/programs <text box> Referred to external program <text box>	Submit



12-Month Time Point Questionnaire (12 months to a day before 13 months of age)

Please note that this survey is intended to be a follow-up survey to either 6-month survey. This survey can be adapted to other time points; however, the response options in Q6 would need to be altered.

Introduction and consent

Hello, my name is _____ and I'm calling from _____ (Health Unit). We are conducting a survey about infant feeding to help improve services for mothers and babies in your area. When you first had your baby, you agreed to share some information about yourself and your baby with us. We are calling to ask if you would be willing to answer some questions about how you have been feeding your baby and some questions about you. If you agree to participate, you can choose to end the survey at any time and you can also choose to skip any question that you do not want to answer. Please be assured that refusal of any kind at any stage will not affect the care or services you will receive. Any answers you provide will be protected and your name will never be used in reports about the results of this survey.

#	Question	Response Options	Go To
1	Do you wish to participate in this survey?	Yes	3
		Yes, but now is not a good time	2
		No	9
2	May we call you back at a later time to conduct the survey?	Yes (record)	9
		No	

Eligibility

Before getting to the survey, I need to ask a few brief questions to be sure you qualify.

#	Question	Response Options	Go To
3	Is your baby currently living with you?	Yes	4
		No	9
4	Are you currently living in _____ Region?	Yes	5
		No	9

Section 1: Questions for all mothers

#	Question	Response Options	Go To
5	In the past week, have you provided breastmilk to your baby? (Interviewer note: read descriptions if needed- see below)	Yes	8 to follow-up; 9 if not.
		No	6

Interviewer may read or consider the following definitions for clarification:

Breastmilk: Baby is breastfeeding or receiving expressed breastmilk but NOT currently receiving any infant formula.

Combination of breastmilk and formula: Baby is breastfeeding or receiving expressed breastmilk AND is currently receiving infant formula.

Formula: Baby is receiving infant formula but NOT currently breastfeeding or receiving expressed breastmilk.

Section 2: Questions for mothers who are not currently breastfeeding or providing breastmilk

#	Question	Response Options	Go To
6	How old was your baby in months when you stopped providing breastmilk?	6 months to less than 6.5 months 6.5 months to less than 7 months 7 months to less than 7.5 months 7.5 months to less than 8 months 8 months to less than 8.5 months 8.5 months to less than 9 months 9 months to less than 9.5 months 9.5 months to less than 10 months 10 months to less than 10.5 months 10.5 months to less than 11 months 11 months to less than 11.5 months 11.5 months to less than 12 months 12 months to less than 12.5 months 12.5 months to less than 13 months Don't know/can't recall Refused	7
7	What were the reasons you stopped giving breastmilk?	Baby Reasons: Baby unable to latch/not breastfeeding well/tongue tied Baby hungry, fussy, colicky Baby not gaining weight Other health issues <text box> Problems with expressing or delivering breastmilk (including pumping and lactation aids) Maternal Reasons: Not enough milk Health reasons (surgery, medication, ill) Pain (sore nipples/breasts, biting) Maternal lifestyle (smoking, diet, alcohol) Previous experience Other Reasons: Convenience Separation (including for work/school)	8 to follow-up; 9 if not.

		Encouraged by family/friend/partner	
		Advice of a health care professional	
		Other <text box>	
		Don't know/can't recall	
		Refused	

Section 3: Follow-up consent

#	Question	Response Options	Go To
8	May we call you back when your baby is ___ months to ask you questions again?	Yes	9
		No (record)	

Section 4: Interview completion statement

#	Question	Response Options	Go To
9	Thank you for your time. Have a nice day.	END	10
10	INTERVIEWER: Did you make any referrals?	Yes	11
		No	Submit
11	List referrals	Provided health teaching <text box>	Submit
		Referred to health unit for health teaching/programs <text box>	
		Referred to external program <text box>	



Annexe E – Questionnaires (Français)

Tableau D.2 Questions optionnelles

Question	Options de réponse
Quand avez-vous pris la décision d'allaiter?	Avant d'être enceinte Pendant la grossesse À la naissance Après la naissance Ne sait pas/ne se rappelle plus Refuse de répondre
Quand avez-vous pris la décision de NE PAS allaiter?	Avant d'être enceinte Pendant la grossesse À la naissance Après la naissance Ne sait pas/Ne se rappelle plus Refuse de répondre
Est-ce qu'on vous alloue du temps et un endroit sur votre lieu travail pour allaiter votre bébé ou exprimer votre lait maternel?	Oui Non Ne sait pas/Ne se rappelle plus Refuse de répondre
Connaissez-vous des services ou des programmes d'aide pour nourrir votre bébé dans votre collectivité?	Oui Non Ne sait pas/Ne se rappelle plus Refuse de répondre
Comment avez-vous appris l'existence des services d'aide pour nourrir votre bébé dans votre collectivité?	<Réponses propres à chaque bureau de santé>
Savez-vous que vous avez le droit d'allaiter en public?	Oui Non Refuse de répondre
Donnez-vous de la vitamine D à votre bébé?	Oui Non Ne sait pas/Ne se rappelle plus Refuse de répondre
Combien de fois par semaine donnez-vous de la vitamine D à votre bébé?	Une fois par semaine, deux fois par semaine, etc.
Prenez-vous une vitamine prénatale pendant votre grossesse?	Oui Non Ne sait pas/Ne se rappelle plus Refuse de répondre
Préférez-vous remplir le prochain sondage par courriel? (Si le système le permet.)	Oui <enregistrer l'adresse de courriel> Non



Annexe E - Questionnaires

Questionnaire pour le sondage ponctuel sur les bébés âgés de 6 mois (entre 6 mois et 7 mois moins un jour)

Veillez noter que le présent sondage ponctuel est destiné aux mères d'un bébé de 6 mois. Il peut aussi servir à recueillir des données pour les sondages de groupes d'âge multiples (2 et 6 mois) si la mère n'a pas répondu au sondage au moment où son bébé avait 2 mois. Vous pouvez aussi utiliser le présent questionnaire si vous faites un suivi auprès des participantes qui n'allaitaient pas leur bébé de 2 mois au moment de répondre au sondage (la réponse à la question 7 est « lait maternisé »).

Introduction et consentement

Bonjour, je m'appelle _____ et je vous appelle du bureau de santé _____ (nom du bureau). Nous menons un sondage sur la manière dont sont nourris les bébés en vue d'améliorer les services offerts aux mères et aux bébés de votre localité. À la naissance de votre bébé, vous avez consenti à nous transmettre certaines informations sur vous et votre bébé. Nous vous appelons pour savoir si vous êtes prête à répondre à certaines questions sur la manière dont vous nourrissez votre bébé et aussi sur vous-même. Si vous consentez à participer à notre sondage, vous pouvez arrêter à tout moment et même choisir de ne pas répondre à certaines questions. Soyez assurée que tout refus de votre part, à n'importe quel moment durant l'entretien, ne nuira en rien aux soins ou services que vous recevez. Toutes les réponses que vous fournissez sont protégées et votre nom ne sera jamais mentionné dans les rapports sur les résultats du sondage.

N°	Question	Options de réponse	Passer à la question
1	Voulez-vous participer à notre sondage?	Oui	3
		Oui, mais n'a pas le temps en ce moment	2
		Non	46
2	Pouvons-nous vous rappeler à un autre moment?	Oui (en prendre note)	46
		Non	

Admissibilité

Avant de commencer le sondage, je dois vous poser quelques questions pour confirmer votre admissibilité.

N°	Question	Options de réponse	Passer à la question
3	Est-ce que votre bébé vit actuellement avec vous?	Oui	4
		Non	46
4	Vivez-vous dans la région de _____ (nom de la région) en ce	Oui	5
		Non	46

	moment?		
--	---------	--	--

Section 1 : Questions pour toutes les mères

N°	Question	Options de réponse	Passer à la question
5	a) Pouvez-vous confirmer que votre bébé est né le _____ (donner la date)?	Oui (si la date est la même que dans l'ISCIS)	6
		Non (si la date diffère de celle inscrite dans l'ISCIS)	5b
	b) Quelle est la date de naissance de votre bébé?	(Prendre note de la date de naissance)	6
6	Avez-vous donné naissance à un seul bébé ou à plus d'un bébé ce jour-là?	Un seul	7
		Plus d'un	
7	Au cours de la semaine dernière, qu'avez-vous donné à votre bébé pour le nourrir? Nous voulons savoir quel lait? (Note à l'interviewer – lire les descriptions ci-dessous si nécessaire.	Lait maternel	8
		Lait maternisé	9
		Combinaison de lait maternel et de lait maternisé	13

L'interviewer peut lire les définitions suivantes aux fins de clarification :

Lait maternel : Pour le moment, vous allaitez votre bébé ou vous exprimez votre lait pour le nourrir, mais vous NE LUI DONNEZ JAMAIS de lait maternisé.

Combinaison de lait maternel et de lait maternisé : Pour le moment, vous allaitez votre bébé ou vous exprimez votre lait pour le nourrir ET vous lui donnez du lait maternisé.

Lait maternisé : Pour le moment, vous donnez du lait maternisé à votre bébé, mais vous NE L'ALLAITEZ PAS et vous N'EXPRIMEZ PAS votre lait pour le nourrir.

Section 2 : Questions pour les mères qui ne donnent que du lait maternel à leur bébé

N°	Question	Options de réponse	Passer à la question
8	Depuis sa naissance, y compris le temps passé à l'hôpital, est-ce qu'on a donné du lait maternisé à votre bébé?	Oui	13
		Non	18
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	

Section 3 : Questions sur le lait maternel

N°	Question	Options de réponse	Passer à la question
9	Depuis la naissance de votre	Oui	10

	bébé, avez-vous essayé de l'allaiter ou de lui donner du lait maternel, même si ce n'est qu'une seule fois?	Non	12
		Ne sait pas/Ne se rappelle plus	13
		Refuse de répondre	
10	Quel âge avait votre bébé (en semaines ou en mois) lorsque vous avez arrêté de l'allaiter ? (Ne pas lire les options)	Moins de deux semaines	11
		Entre deux semaines et 1 mois	
		Entre 1 mois et 1 mois et demi	
		Entre 1 mois et demi et 2 mois	
		Entre 2 mois et 2 mois et demi	
		Entre 2 mois et demi et 3 mois	
		Entre 3 mois et 3 mois et demi	
		Entre 3 mois et demi et 4 mois	
		Entre 4 mois et 4 mois et demi	
		Entre 4 mois et demi et 5 mois	
		Entre 5 mois et 5 mois et demi	
		Entre 5 mois et demi et 6 mois	
		Entre 6 mois et 6 mois et demi	
		Entre 6 mois et demi et 7 mois	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
11	Pour quelles raisons avez-vous cessé d'allaiter votre bébé ou de lui donner du lait maternel? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Raisons relatives au bébé :	13
		Le bébé ne prenait pas bien le sein/ n'allaitait pas bien /frein de langue	
		Galactosémie classique, maladie des urines à odeur de sirop d'érable, phénylcétonurie	
		Le bébé avait faim, était difficile, avait des coliques	
		Le bébé ne prenait pas suffisamment de poids	
		Jaunisse	
		Hypoglycémie	
		Autres problèmes de santé <champ de texte>	
		Problèmes à exprimer et à donner le lait maternel (y compris avec les tire-lait et les dispositifs d'aide à l'allaitement au sein)	
		Raisons relatives à la mère :	
		Ne produisait pas suffisamment de lait	
		Raisons de santé (chirurgie, médicament, maladie)	
		Douleurs (mamelons et seins endoloris, morsures du bébé)	
		Habitudes de vie de la mère (tabagisme, régime alimentaire,	



		alcool)	
		Expérience antécédente	
		Autres raisons :	
		Commodité	
		Séparation	
		Influence de la famille, des amis, de la ou du partenaire	
		Conseils d'un professionnel de la santé	
		Autre <champ de texte>	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
12	Pour quelles raisons n'avez-vous pas allaité votre bébé ou ne lui avez-vous pas donné du lait maternel? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Raisons relatives au bébé :	Si la réponse à la question 9 est oui, passer à la question 13. Si la réponse à la question 9 est non, ne sait pas ou refuse de répondre, passer à la question 15.
		Galactosémie classique, maladie des urines à odeur du sirop d'érable, phénylcétonurie	
		Autres problèmes de santé <champ de texte>	
		Raisons relatives à la mère :	
		Raisons de santé (chirurgie, médicament, maladie)	
		Habitudes de vie de la mère (tabagisme, régime alimentaire, alcool)	
		Expérience antécédente	
		Autres raisons :	
		Commodité	
		Séparation	
		Influence de la famille, des amis, de la ou du partenaire	
		Conseils d'un professionnel de la santé	
		Autre <champ de texte>	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	

Section 4 : Questions sur le lait maternisé

N°	Question	Options de réponse	Passer à la question
13	Est-ce qu'on a donné du lait maternisé à votre bébé à l'hôpital?	Oui	15
		Non	
		Ne sait pas/Ne se rappelle plus	14
		Refuse de répondre	
14	Quel âge avait votre bébé (en semaines ou en mois) au moment de prendre du lait	Moins de deux semaines	15
		Entre deux semaines et 1 mois	
		Entre 1 mois et 1 mois et demi	

maternisé pour la première fois?	Entre 1 mois et demi et 2 mois	
	Entre 2 mois et 2 mois et demi	
	Entre 2 mois et demi et 3 mois	
	Entre 3 mois et 3 mois et demi	
	Entre 3 mois et demi et 4 mois	
	Entre 4 mois et 4 mois et demi	
	Entre 4 mois et demi et 5 mois	
	Entre 5 mois et 5 mois et demi	
	Entre 5 mois et demi et 6 mois	
	Entre 6 mois et 6 mois et demi	
	Entre 6 mois et demi et 7 mois	
	Ne sait pas/Ne se rappelle plus	
	Refuse de répondre	

Section 5: Questions sur la recommandation de donner du lait maternisé

N°	Question	Options de réponse	Passer à la question
15	Est-ce qu'un professionnel de la santé vous a recommandé de donner du lait maternisé à votre bébé?	Oui	16
		Non	
		Ne sait pas/Ne se rappelle plus	17
		Refuse de répondre	
16	Quel professionnel de la santé vous a recommandé de donner du lait maternisé à votre bébé? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Hôpital :	17
		Médecin (y compris l'obstétricien)	
		Infirmière	
		Consultante en lactation	
		Sage-femme	
		Collectivité :	
		Médecin	
		Consultante en lactation	
		Infirmière praticienne	
		Infirmière de la santé publique	
		Autre :	
Autre <champ de texte>			
Ne sait pas/Ne se rappelle plus			
Refuse de répondre			
17	Pour quelles raisons a-t-on donné du lait maternisé à votre bébé? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Raisons relatives au bébé :	Si la réponse à la question 7 est lait maternel ou une combinaison, passer à la question 18. Si la réponse à la question 7 est lait
		Le bébé ne prenait pas bien le sein/ n'allaitait pas bien /frein de langue	
		Galactosémie classique, maladie des urines à odeur du sirop d'érable, phénylcétonurie	
		Le bébé avait faim, était difficile, avait des coliques	
		Le bébé ne prenait pas suffisamment de poids	

	Jaunisse	maternisé, passer à la question 22.
	Hypoglycémie	
	Autres problèmes de santé <champ de texte>	
	Raisons relatives à la mère :	
	Ne produisait pas suffisamment de lait	
	Raisons de santé (chirurgie, médicament, maladie)	
	Douleurs (mamelons et seins endoloris, morsures du bébé)	
	Habitudes de vie de la mère (tabagisme, régime alimentaire, alcool)	
	Expérience antécédente	
	Autres raisons :	
	Commodité	
	Séparation	
	Influence de la famille, des amis, de la ou du partenaire	
	Conseils d'un professionnel de la santé	
	Autre <champ de texte>	
	Ne sait pas/Ne se rappelle plus	
	Refuse de répondre	

Section 6 : Questions pour les mères qui continuent à allaiter

N°	Question	Options de réponse	Passer à la question
18	Votre retour au travail ou aux études est-il un facteur qui influence votre décision sur le nombre de mois où vous continuerez d'allaiter votre bébé ou de lui donner du lait maternel?	Oui Non Ne sait pas/Ne se rappelle plus Refuse de répondre	19
19	Vous comptez arrêter d'allaiter votre bébé ou de lui donner du lait maternel quand votre bébé aura atteint quel âge (en mois)?	Entre 6 mois et 6 mois et demi Entre 6 mois et demi et 7 mois Entre 7 mois et 7 mois et demi Entre 7 mois et demi et 8 mois Entre 8 mois et 8 mois et demi Entre 8 mois et demi et 9 mois Entre 9 mois et 9 mois et demi Entre 9 mois et demi et 10 mois Entre 10 mois et 10 mois et demi Entre 10 mois et demi et 11 mois	20



		Entre 11 mois et 11 mois et demi	
		Entre 11 mois et demi et 12 mois	
		Entre 12 mois et 15 mois	
		Entre 15 mois et 18 mois	
		Entre 18 mois et 21 mois	
		Entre 21 mois et 24 mois	
		Deux ans et plus	
		Jusqu'au sevrage par bébé	
		Aucun plan/Ne sait pas	
		Autre <champ de texte>	
		Refuse de répondre	
20	Avez-vous eu des difficultés ou des inquiétudes en ce qui concerne l'allaitement de votre bébé?	Oui	21
		Non	
		Ne sait pas/Ne se rappelle plus	22
		Refuse de répondre	
21	Quelles ont été ces difficultés ou ces inquiétudes par rapport à l'allaitement de votre bébé? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Raisons relatives au bébé :	
		Le bébé ne prenait pas bien le sein/ n'allaitait pas bien /frein de langue	
		Le bébé avait faim, était difficile, avait des coliques	
		Le bébé ne prenait pas suffisamment de poids	
		Hypoglycémie	
		Autres problèmes de santé <champ de texte>	
		Problèmes à exprimer et à donner le lait maternel (y compris avec les tire-lait et les dispositifs d'aide à l'allaitement au sein)	
		Raisons relatives à la mère :	22
		Ne produisait pas suffisamment de lait	
		Raisons de santé (chirurgie, médicament, maladie)	
		Douleurs (mamelons et seins endoloris, morsures du bébé)	
		Habitudes de vie de la mère (tabagisme, régime alimentaire, alcool)	
		Autres raisons :	
		Séparation	
		Autre <champ de texte>	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	

Section 7 : Questions sur les services utilisés

N°	Question	Options de réponse	Passer
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			à la question
22	Avez-vous eu recours à des programmes ou à des services d'aide pour nourrir votre bébé?	Oui	23
		Non	
		Ne sait pas/Ne se rappelle plus	24
		Refuse de répondre	
23	À quels programmes ou à quels services d'aide avez-vous eu recours pour nourrir votre bébé? [Formaté pour enregistrer des réponses multiples] Chaque bureau de santé peut ajouter ou retirer des éléments de la liste selon les programmes offerts; les programmes ou services qui figurent dans la liste sont des suggestions et peuvent être changés à tout moment.	Programmes de santé publique :	24
		Centre de soutien à l'allaitement de la santé publique	
		Programme « Bébés en santé, enfants en santé »	
		Autre <champ de texte>	
		Programmes privés :	
		Ligne d'écoute 24 heures pour le soutien à l'allaitement	
		Ligue La Leche	
		Télésanté	
		Consultante en lactation privée	
		Clinique de soutien à l'allaitement du centre hospitalier	
		Autre :	
		Autre <champ de texte>	
Ne sait pas/Ne se rappelle plus			
Refuse de répondre			

Section 8 : Questions sur l'introduction de liquides autres que le lait maternel ou le lait maternisé et les aliments solides

N°	Question	Options de réponse	Passer à la question
24	Depuis la naissance, est-ce qu'on a donné à votre bébé un liquide autre que le lait maternel ou le lait maternisé, comme de l'eau, de l'eau sucrée ou du jus? Ces autres liquides ne comprennent pas les vitamines et les médicaments. (Note à l'interviewer : si le bébé n'a reçu que des gouttes vitaminées ou des médicaments, cocher « non » à cette question.)	Oui	25
		Non	
		Ne sait pas/Ne se rappelle plus	27
		Refuse de répondre	
25	Quel liquide autre que le lait maternel ou le lait maternisé a-t-on donné à votre bébé? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Eau	26
		Eau sucrée	
		Jus	
		Lait de vache	
		Boisson à base de plante (lait d'amande, de soya, de riz, etc.)	

		Thé	
		Autre <champ de texte>	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
26	Quel âge (en semaines ou en mois) votre bébé avait-il quand on lui a donné du liquide autre que le lait maternel ou le lait maternisé pour la première fois? (Ne pas lire les options)	Moins de deux semaines	27
		Entre deux semaines et 1 mois	
		Entre 1 mois et 1 mois et demi	
		Entre 1 mois et demi et 2 mois	
		Entre 2 mois et 2 mois et demi	
		Entre 2 mois et demi et 3 mois	
		Entre 3 mois et 3 mois et demi	
		Entre 3 mois et demi et 4 mois	
		Entre 4 mois et 4 mois et demi	
		Entre 4 mois et demi et 5 mois	
		Entre 5 mois et 5 mois et demi	
		Entre 5 mois et demi et 6 mois	
		Entre 6 mois et 6 mois et demi	
		Entre 6 mois et demi et 7 mois	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
27	Depuis sa naissance, a-t-on donné des aliments solides à votre bébé comme de la viande, du poulet, des céréales, des légumes ou des fruits?	Oui	28
		Non	32
		Ne sait pas/Ne se rappelle plus	33
		Refuse de répondre	
28	Quel âge (en semaines ou en mois) votre bébé avait-il quand on lui a donné pour la première fois des aliments solides, comme de la viande, du poulet, des céréales, des légumes ou des fruits? (Ne pas lire les options)	Moins de deux semaines	29
		Entre deux semaines et 1 mois	
		Entre 1 mois et 1 mois et demi	
		Entre 1 mois et demi et 2 mois	
		Entre 2 mois et 2 mois et demi	
		Entre 2 mois et demi et 3 mois	
		Entre 3 mois et 3 mois et demi	
		Entre 3 mois et demi et 4 mois	
		Entre 4 mois et 4 mois et demi	
		Entre 4 mois et demi et 5 mois	
		Entre 5 mois et 5 mois et demi	
		Entre 5 mois et demi et 6 mois	
		Entre 6 mois et 6 mois et demi	
		Entre 6 mois et demi et 7 mois	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
29	Est-ce qu'un professionnel de la santé vous a recommandé de donner des aliments solides à votre bébé?	Oui	30
		Non	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
30	Pour quelles raisons avez-vous	Raisons relatives au bébé :	31



	commencé à donner des aliments solides à votre bébé?	Pour que le bébé prenne plus de poids Le bébé avait déjà des dents Le bébé voulait des aliments solides Pour que le bébé dorme mieux Le bébé souffrait de reflux Pour éviter les allergies Autres raisons : Impression que le bébé était prêt à manger des aliments solides Expérience antécédente Autre <champ de texte> Ne sait pas/Ne se rappelle plus Refuse de répondre	
31	Est-ce que votre bébé a déjà mangé des aliments contenant du fer, comme de la viande, des céréales pour bébés enrichis de fer, du tofu ou des lentilles?	Oui Non Ne sait pas/Ne se rappelle plus Refuse de répondre	33
32	Vous envisagez de donner des aliments solides à votre bébé quand votre bébé aura atteint quel âge (en mois)? (Ne pas lire les options)	Entre 6 mois et 6 mois et demi Entre 6 mois et demi et 7 mois Entre 7 mois et 7 mois et demi Entre 7 mois et demi et 8 mois Entre 8 mois et 8 mois et demi Entre 8 mois et demi et 9 mois Entre 9 mois et 9 mois et demi Entre 9 mois et demi et 10 mois Entre 10 mois et 10 mois et demi Entre 10 mois et demi et 11 mois Entre 11 mois et 11 mois et demi Entre 11 mois et demi et 12 mois Un an et plus Quand le bébé aura des dents Aucun plan/Ne sait pas Refuse de répondre	33

Section 9 : Questions pour toutes les mères (antécédents maternels et démographie)

N°	Question	Options de réponse	Passer à la question
33	Quelle est votre date de naissance? (Question à poser seulement si le champ est en blanc)	<champ de texte> Refuse de répondre	34
34	Est-ce votre premier bébé? (ou premiers bébés en cas de	Oui	38
		Non	35



	naissances multiples)	Refuse de répondre	38
35	Avez-vous allaité votre bébé ou avez-vous déjà essayé d'allaiter?	Oui	36
		Non	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
36	Au cours des 5 dernières années, avez-vous participé à un cours prénatal qui comprenait de l'information sur l'allaitement? (Note à l'interviewer : cela inclut les cours en personne ou en ligne).	Oui	37
		Non	38
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
37	Est-ce que cours a été offert par l'entremise de votre bureau de santé local?	Oui	38
		Non	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
38	Quel est votre état matrimonial?	Mariée/en union de fait (common law)	39
		Divorcée/séparée	
		Célibataire	
		Veuve	
		Autre	
		Refuse de répondre	
39	Quel est votre niveau de scolarité le plus élevé?	Quelques années du secondaire	40
		Diplôme d'études secondaires ou l'équivalent	
		Quelques années universitaires/ collégiales	
		Collégial ou universitaire	
		Refuse de répondre	
40	Quel était votre revenu familial total avant impôts l'an passé?	Moins de 30 000 \$	41
		Entre 30 000 \$ et 59 999 \$	
		Entre 60 000 \$ et 89 999 \$	
		Entre 90 000 \$ et 119 999 \$	
		Entre 120 000 \$ et 149 999 \$	
		150 000 \$ et plus	
		Ne sait pas/Ne se rappelle plus	42
		Refuse de répondre	
41	Combien de personnes vivent sur ce revenu?	<champ de texte>	42
42	Êtes-vous née au Canada?	Oui	44
		Non	43
		Ne sait pas/Ne se rappelle plus	44
		Refuse de répondre	
43	En quelle année êtes-vous	<champ de texte>	44

	arrivée au Canada?	Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
44	Comment décririez-vous la culture ou l'ethnie à laquelle vous appartenez? (Ne pas lire les options) [Formaté pour enregistrer une seule réponse]	Asie de l'Est (p. ex. Chinoise, Japonaise, Coréenne)	
		Asie du Sud (p. ex. Indienne, Pakistanaise, Sri-Lankaise)	
		Asie du Sud-Est (p. ex. Malaisienne, Philippine, Vietnamienne)	
		Noire d'Afrique (p. ex. Ghanéenne, Kényane, Somalienne)	
		Noire d'Amérique du Nord (p. ex. Canadienne, Américaine)	
		Noire des Caraïbes (p. ex. Barbadienne, Jamaïquaine)	
		Premières nations	
		Indo-Caribéenne (p.ex. Guyanienne ayant des origines indiennes)	
		Autochtone/aborigène non compris dans d'autres ethnies	
		Inuite	
		Latino-américaine (p. ex. Argentine, Chilienne, Salvadorienne)	
		Métisse	
		Moyenne orientale (p. ex. Égyptienne, Iranienne, Libanaise)	
		Caucasienne d'Europe (p. ex. Anglaise, Italienne, Russe)	
		Caucasienne d'Amérique du Nord (p.ex. Canadienne, Américaine)	
		Héritage mixte <champ de texte>	
		Autre <champ de texte>	
		Refuse de répondre	

Section 10 : Consentement au suivi

N°	Question	Options de réponse	Passer à la question
45	Pouvons-nous vous rappeler quand votre bébé aura 12 mois pour vous poser d'autres questions?	Oui Non (prendre note de la réponse pour ne pas rappeler la personne)	46

Section 11 : Fin de l'entrevue par l'interviewer

N°	Question	Options de réponse	Passer à la question
46	Merci d'avoir bien voulu	FIN	47

	répondre à notre sondage. Bonne journée.		
47	INTERVIEWER : Avez-vous aiguillé la personne vers d'autres services?	Oui	48
		Non	Soumettre
48	Liste des renvois	Éducation pour la santé donnée <champ de texte>	Soumettre
		Renvoi à un bureau de santé pour obtenir de l'information concernant un programme ou de l'éducation pour la santé <champ de texte>	
		Renvoi à un programme externe <champ de texte>	



Questionnaire pour le sondage ponctuel sur les bébés âgés de 2 mois (entre 2 mois et 3 mois moins un jour)

Veillez noter que le présent sondage est habituellement suivi d'un sondage sur les bébés âgés de 6 mois. Veillez passer en revue les critères du tableau D.1 pour déterminer lequel il y aurait lieu d'utiliser.

Introduction et consentement

Bonjour, je m'appelle _____ et je vous appelle du bureau de santé _____ (nom du bureau). Nous menons un sondage sur la manière dont sont nourris les bébés en vue d'améliorer les services offerts aux mères et aux bébés de votre localité. À la naissance de votre bébé, vous avez consenti à nous transmettre certaines informations sur vous et votre bébé. Nous vous appelons pour savoir si vous êtes prête à répondre à certaines questions sur la manière dont vous nourrissez votre bébé et aussi sur vous-même. Si vous consentez à participer à notre sondage, vous pouvez arrêter à tout moment et même choisir de ne pas répondre à certaines questions. Soyez assurée que tout refus de votre part, à n'importe quel moment durant l'entretien, ne nuira en rien aux soins ou services que vous recevez. Toutes les réponses que vous fournissez sont protégées et votre nom ne sera jamais mentionné dans les rapports sur les résultats du sondage.

N°	Question	Options de réponse	Passer à la question
1	Voulez-vous participer à notre sondage?	Oui	3
		Oui, mais dit ne pas avoir le temps en ce moment	2
		Non	37
2	Pouvons-nous vous rappeler à un autre moment?	Oui (en prendre note)	37
		Non	

Admissibilité

Avant de commencer le sondage, je dois vous poser quelques questions pour confirmer votre admissibilité.

N°	Question	Options de réponse	Passer à la question
3	Est-ce que votre bébé vit actuellement avec vous?	Oui	4
		Non	37
4	Vivez-vous dans la région de _____ (nom de la région) en ce moment?	Oui	5
		Non	37

Section 1 : Questions pour toutes les mères

N°	Question	Options de réponse	Passer à la
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			question
5	a) Pouvez-vous confirmer que votre bébé est né le _____ (donner la date)?	Oui (si la date est la même que dans l'ISCIS)	6
		Non (si la date diffère de celle inscrite dans l'ISCIS)	5b
	b) Quelle est la date de naissance de votre bébé?	(Prendre note de la date de naissance)	6
6	Avez-vous donné naissance à un seul bébé ou à plus d'un bébé ce jour-là?	Un seul	7
		Plus d'un	
7	Au cours de la semaine dernière, qu'avez-vous donné à votre bébé pour le nourrir? Nous voulons savoir quel lait? (Note à l'interviewer – lire les descriptions ci-dessous si nécessaire.	Lait maternel	8
		Lait maternisé	9
		Combinaison de lait maternel et de lait maternisé	13

L'interviewer peut lire les définitions suivantes aux fins de clarification :

Lait maternel : Pour le moment, vous allaitez votre bébé ou vous exprimez votre lait pour le nourrir, mais vous NE LUI DONNEZ JAMAIS de lait maternisé.

Combinaison de lait maternel et de lait maternisé : Pour le moment, vous allaitez votre bébé ou vous exprimez votre lait pour le nourrir ET vous lui donnez du lait maternisé.

Lait maternisé : Pour le moment, vous donnez du lait maternisé à votre bébé, mais vous NE L'ALLAITEZ PAS et vous N'EXPRIMEZ PAS votre lait pour le nourrir.

Section 2 : Questions pour les mères qui ne donnent que du lait maternel à leur bébé

N°	Question	Options de réponse	Passer à la question
8	Depuis sa naissance, y compris le temps passé à l'hôpital, est-ce qu'on a donné du lait maternisé à votre bébé?	Oui	13
		Non	
		Ne sait pas/Ne se rappelle plus	18
		Refuse de répondre	

Section 3 : Questions sur le lait maternel

N°	Question	Options de réponse	Passer à la question
9	Depuis la naissance de votre bébé, avez-vous essayé de l'allaiter ou de lui donner du lait maternel, même si ce n'est qu'une seule fois?	Oui	10
		Non	12
		Ne sait pas/Ne se rappelle plus	13
		Refuse de répondre	
10	Quel âge avait votre bébé (en semaines ou en mois) lorsque	Moins de deux semaines	11
		Entre deux semaines et 1 mois	

	vous avez arrêté de l'allaiter? (Ne pas lire les options)	Entre 1 mois et 1 mois et demi Entre 1 mois et demi et 2 mois Entre 2 mois et 2 mois et demi Entre 2 mois et demi et 3 mois Ne sait pas/Ne se rappelle plus Refuse de répondre	
11	Pour quelles raisons avez-vous cessé d'allaiter votre bébé ou de lui donner du lait maternel? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Raisons relatives au bébé : Le bébé ne prenait pas bien le sein/ n'allaitait pas bien /frein de langue Galactosémie classique, maladie des urines à odeur du sirop d'érable, phénylcétonurie Le bébé avait faim, était difficile, avait des coliques Le bébé ne prenait pas suffisamment de poids Jaunisse Hypoglycémie Autres problèmes de santé <champ de texte> Problèmes à exprimer et à donner le lait maternel (y compris avec les tire-lait et les dispositifs d'aide à l'allaitement au sein) Raisons relatives à la mère : Ne produisait pas suffisamment de lait Raisons de santé (chirurgie, médicament, maladie) Douleurs (mamelons et seins endoloris, morsures du bébé) Habitudes de vie de la mère (tabagisme, régime alimentaire, alcool) Expérience antécédente Autres raisons : Commodité Séparation Influence de la famille, des amis, de la ou du partenaire Conseils d'un professionnel de la santé Autre <champ de texte> Ne sait pas/Ne se rappelle plus Refuse de répondre	13
12	Pour quelles raisons n'avez-vous pas allaité votre bébé ou	Raisons relatives au bébé : Galactosémie classique, maladie	Si la réponse

ne lui avez-vous pas donné du lait maternel? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	des urines à odeur du sirop d'érable, phénylcétonurie	à la question 9 est oui, passer à la question 13. Si la réponse à la question 9 est non, ne sait pas ou refuse de répondre, passer à la question 15.
	Autres problèmes de santé <champ de texte>	
	Raisons relatives à la mère :	
	Raisons de santé (chirurgie, médicament, maladie)	
	Habitudes de vie de la mère (tabagisme, régime alimentaire, alcool)	
	Expérience antécédente	
	Autres raisons :	
	Commodité	
	Séparation	
	Influence de la famille, des amis, de la ou du partenaire	
	Conseils d'un professionnel de la santé	
	Autre <champ de texte>	
Ne sait pas/Ne se rappelle plus		
Refuse de répondre		

Section 4 : Questions sur le lait maternisé

N°	Question	Options de réponse	Passer à la question
13	Est-ce qu'on a donné du lait maternisé à votre bébé à l'hôpital?	Oui	15
		Non	
		Ne sait pas/Ne se rappelle plus	14
		Refuse de répondre	
14	Quel âge avait votre bébé (en semaines ou en mois) au moment de prendre du lait maternisé pour la première fois?	Moins de deux semaines	15
		Entre deux semaines et 1 mois	
		Entre 1 mois et 1 mois et demi	
		Entre 1 mois et demi et 2 mois	
		Entre 2 mois et 2 mois et demi	
		Entre 2 mois et demi et 3 mois	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	

Section 5: Questions sur la recommandation de donner du lait maternisé

N°	Question	Options de réponse	Passer à la question
15	Est-ce qu'un professionnel de la santé vous a recommandé de donner du lait maternisé à votre bébé?	Oui	16
		Non	
		Ne sait pas/Ne se rappelle plus	17
		Refuse de répondre	



16	Quel professionnel de la santé vous a recommandé de donner du lait maternisé à votre bébé? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Hôpital : Médecin (y compris l'obstétricien) Infirmière Consultante en lactation Sage-femme Collectivité : Médecin Consultante en lactation Infirmière praticienne Infirmière de la santé publique Autre : Autre <champ de texte> Ne sait pas/Ne se rappelle plus Refuse de répondre	17
17	Pour quelles raisons a-t-on donné du lait maternisé à votre bébé? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Raisons relatives au bébé : Le bébé ne prenait pas bien le sein/ n'allaitait pas bien /frein de langue Galactosémie classique, maladie des urines à odeur du sirop d'érable, phénylcétonurie Le bébé avait faim, était difficile, avait des coliques Le bébé ne prenait pas suffisamment de poids Jaunisse Hypoglycémie Autres problèmes de santé <champ de texte> Raisons relatives à la mère : Ne produisait pas suffisamment de lait Raisons de santé (chirurgie, médicament, maladie) Douleurs (mamelons et seins endoloris, morsures du bébé) Habitudes de vie de la mère (tabagisme, régime alimentaire, alcool) Expérience antécédente Autres raisons : Commodité Séparation Influence de la famille, des amis, de la ou du partenaire Conseils d'un professionnel de la santé Autre <champ de texte>	Si la réponse à la question 7 est lait maternel ou une combinaison, passer à la question 18. Si la réponse à la question 7 est lait maternisé, passer à la question 22.



		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	

Section 6 : Questions pour les mères qui continuent à allaiter

N°	Question	Options de réponse	Passer à la question
18	Votre retour au travail ou aux études est-il un facteur qui influence votre décision sur le nombre de mois où vous continuerez d'allaiter votre bébé ou de lui donner du lait maternel?	Oui Non Ne sait pas/Ne se rappelle plus Refuse de répondre	19
19	Vous comptez arrêter d'allaiter votre bébé ou de lui donner du lait maternel quand votre bébé aura atteint quel âge (en mois)?	Entre 2 mois et 2 mois et demi Entre 2 mois et demi et 3 mois Entre 3 mois et 3 mois et demi Entre 3 mois et demi et 4 mois Entre 4 mois et 4 mois et demi Entre 4 mois et demi et 5 mois Entre 5 mois et 5 mois et demi Entre 5 mois et demi et 6 mois Entre 6 mois et 6 mois et demi Entre 6 mois et demi et 7 mois Entre 7 mois et 7 mois et demi Entre 7 mois et demi et 8 mois Entre 8 mois et 8 mois et demi Entre 8 mois et demi et 9 mois Entre 9 mois et 9 mois et demi Entre 9 mois et demi et 10 mois Entre 10 mois et 10 mois et demi Entre 10 mois et demi et 11 mois Entre 11 mois et 11 mois et demi Entre 11 mois et demi et 12 mois Entre 12 mois et 15 mois Entre 15 mois et 18 mois Entre 18 mois et 21 mois Entre 21 mois et 24 mois Deux ans et plus Jusqu'au sevrage par bébé Aucun plan/Ne sait pas Autre <champ de texte> Refuse de répondre	20
20	Avez-vous eu des difficultés ou des inquiétudes en ce qui concerne l'allaitement de votre	Oui Non Ne sait pas/Ne se rappelle plus	21 22



	bébé?	Refuse de répondre	
21	Quelles ont été ces difficultés ou ces inquiétudes par rapport à l'allaitement de votre bébé? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Raisons relatives au bébé :	22
		Le bébé ne prenait pas bien le sein/ n'allaitait pas bien/frein de langue	
		Le bébé avait faim, était difficile, avait des coliques	
		Le bébé ne prenait pas suffisamment de poids	
		Hypoglycémie	
		Autres problèmes de santé <champ de texte>	
		Problèmes à exprimer et à donner le lait maternel (y compris avec les tire-lait et les dispositifs d'aide à l'allaitement au sein)	
		Raisons relatives à la mère :	
		Ne produisait pas suffisamment de lait	
		Raisons de santé (chirurgie, médicament, maladie)	
		Douleurs (mamelons et seins endoloris, morsures du bébé)	
		Habitudes de vie de la mère (tabagisme, régime alimentaire, alcool)	
		Autres raisons :	
		Séparation	
Autre <champ de texte>			
Ne sait pas/Ne se rappelle plus			
Refuse de répondre			

Section 7 : Questions sur les services utilisés

N°	Question	Options de réponse	Passer à la question
22	Avez-vous eu recours à des programmes ou à des services d'aide pour nourrir votre bébé?	Oui	23
		Non	
		Ne sait pas/Ne se rappelle plus	24
		Refuse de répondre	
23	À quels programmes ou à quels services d'aide avez-vous eu recours pour nourrir votre bébé? [Formaté pour enregistrer des réponses multiples] Chaque bureau de santé peut ajouter ou retirer des éléments de la liste selon les	Programmes de santé publique :	24
		Centre de soutien à l'allaitement de la santé publique	
		Programme « Bébés en santé, enfants en santé »	
		Autre <champ de texte>	
		Programmes privés :	
Ligne d'écoute 24 heures pour le soutien à l'allaitement			



programmes offerts; les programmes ou services qui figurent dans la liste sont des suggestions et peuvent être changés à tout moment.	Ligue La Leche	
	Télésanté	
	Consultante en lactation privée	
	Clinique de soutien à l'allaitement du centre hospitalier	
	Autre :	
	Autre <champ de texte>	
	Ne sait pas/Ne se rappelle plus	
Refuse de répondre		

Section 8 : Questions pour toutes les mères (antécédents et démographie)

N°	Question	Options de réponse	Passer à la question
24	Quelle est votre date de naissance? (Question à poser seulement si le champ est en blanc)	<champ de texte> Refuse de répondre	25
25	Est-ce votre premier bébé? (ou premiers bébés en cas de naissances multiples)	Oui Non Refuse de répondre	29 26 29
26	Avez-vous allaité votre bébé ou avez-vous déjà essayé d'allaiter?	Oui Non Ne sait pas/Ne se rappelle plus Refuse de répondre	27
27	Au cours des 5 dernières années, avez-vous participé à un cours prénatal qui comprenait de l'information sur l'allaitement? (Note à l'interviewer : cela inclut les cours en personne ou en ligne).	Oui Non Ne sait pas/Ne se rappelle plus Refuse de répondre	28 29
28	Est-ce que cours a été offert par l'entremise de votre bureau de santé local?	Oui Non Ne sait pas/Ne se rappelle plus Refuse de répondre	29
29	Quel est votre état matrimonial?	Mariée/en union de fait (common law) Divorcée/séparée Célibataire Veuve Autre Refuse de répondre	30
30	Quel est votre niveau de scolarité le plus élevé?	Quelques années du secondaire Diplôme d'études secondaires ou l'équivalent	31

		Quelques années universitaires/ collégiales	
		Collégial ou universitaire	
		Refuse de répondre	
31	Quel était votre revenu familial total avant impôts l'an passé?	Moins de 30 000 ?	32
		Entre 30 000 \$ et 59 999 \$	
		Entre 60 000 \$ et 89 999 \$	
		Entre 90 000 \$ et 119 999 \$	
		Entre 120 000 \$ et 149 999 \$	
		150 000 \$ et plus	
		Ne sait pas/Ne se rappelle plus	33
		Refuse de répondre	
32	Combien de personnes vivent sur ce revenu?	<champ de texte>	33
33	Êtes-vous née au Canada?	Oui	35
		Non	34
		Ne sait pas/Ne se rappelle plus	35
		Refuse de répondre	
34	En quelle année êtes-vous arrivée au Canada?	<champ de texte>	35
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
35	Comment décririez-vous la culture ou l'ethnie à laquelle vous appartenez? (Ne pas lire les options) [Formaté pour enregistrer une seule réponse]	Asie de l'Est (p. ex. Chinoise, Japonaise, Coréenne)	36
		Asie du Sud (p. ex. Indienne, Pakistanaise, Sri-Lankaise)	
		Asie du Sud-Est (p. ex. Malaisienne, Philippine, Vietnamiennne)	
		Noire d'Afrique (p. ex. Ghanéenne, Kényane, Somalienne)	
		Noire d'Amérique du Nord (p. ex. Canadienne, Américaine)	
		Noire des Caraïbes (p. ex. Barbadienne, Jamaïquaine)	
		Premières nations	
		Indo-Caribéenne (p.ex. Guyanienne ayant des origines indiennes)	
		Autochtone/aborigène non compris dans d'autres ethnies	
		Inuite	
		Latino-américaine (p. ex. Argentine, Chilienne, Salvadorienne)	
		Métisse	
		Moyenne orientale (p. ex. Égyptienne, Iranienne, Libanaise)	
Caucasienne d'Europe (p. ex. Anglaise, Italienne, Russe)			
Caucasienne d'Amérique du Nord			

		(p.ex. Canadienne, Américaine)	
		Héritage mixte <champ de texte>	
		Autre <champ de texte>	
		Refuse de répondre	

Section 9 : Consentement au suivi

N°	Question	Options de réponse	Passer à la question
36	Pouvons-nous vous rappeler quand votre bébé aura 6 mois pour vous poser d'autres questions?	Oui Non (prendre note de la réponse pour ne pas rappeler la personne)	37

Interviewer : Veuillez prendre note que la réponse à la question 7 déterminera quel sondage utiliser pour faire le suivi.

- Pour les mères qui ont répondu **lait maternel ou une combinaison** à la **question 7**, utilisez le questionnaire pour le sondage ponctuel sur les bébés âgés de 6 mois.
- Pour celles qui ont répondu **lait maternisé** à la **question 7**, utilisez le questionnaire pour le sondage ponctuel sur les bébés âgés de 6 mois.

Section 10 : Fin de l'entrevue par l'interviewer

N°	Question	Options de réponse	Passer à la question
37	Merci d'avoir bien voulu répondre à notre sondage. Bonne journée.	FIN	38
38	INTERVIEWER : Avez-vous aiguillé la personne vers d'autres services?	Oui Non	39 Soumettre
39	Liste des renvois	Éducation pour la santé donnée <champ de texte> Renvoi à un bureau de santé pour obtenir de l'information concernant un programme ou de l'éducation pour la santé <champ de texte> Renvoi à un programme externe <champ de texte>	Soumettre



Questionnaire pour le sondage ponctuel sur les bébés âgés de 6 mois (entre 6 mois et 7 mois moins un jour)

Veillez prendre note que le présent sondage est un suivi au sondage mené auprès des mères d'un bébé de 2 mois qui continuent d'allaiter leur bébé âgé de 6 mois (la réponse à la question 7 est « lait maternel » ou « une combinaison »). Pour les mères qui ont déclaré donner exclusivement du lait maternisé à leur bébé de 2 mois (réponse à la question 7 est « lait maternisé »), veuillez utiliser le questionnaire pour le sondage ponctuel sur les bébés âgés de 6 mois. Pour celles qui n'ont pas répondu au sondage quand leur bébé avait 2 mois, veuillez utiliser le questionnaire pour le sondage ponctuel sur les bébés âgés de 6 mois.

Introduction et consentement

Bonjour, je m'appelle _____ et je vous appelle du bureau de santé _____ (nom du bureau). Nous menons un sondage sur la manière dont sont nourris les bébés en vue d'améliorer les services offerts aux mères et aux bébés de votre localité. À la naissance de votre bébé, vous avez consenti à nous transmettre certaines informations sur vous et votre bébé. Nous vous appelons pour savoir si vous êtes prête à répondre à certaines questions sur la manière dont vous nourrissez votre bébé et aussi sur vous-même. Si vous consentez à participer à notre sondage, vous pouvez arrêter à tout moment et même choisir de ne pas répondre à certaines questions. Soyez assurée que tout refus de votre part, à n'importe quel moment durant l'entretien, ne nuira en rien aux soins ou services que vous recevez. Toutes les réponses que vous fournissez sont protégées et votre nom ne sera jamais mentionné dans les rapports sur les résultats du sondage.

N°	Question	Options de réponse	Passer à la question
1	Voulez-vous participer à notre sondage?	Oui	3
		Oui, mais dit ne pas avoir le temps en ce moment	2
		Non	30
2	Pouvons-nous vous rappeler à un autre moment?	Oui (en prendre note)	30
		Non	

Admissibilité

Avant de commencer le sondage, je dois vous poser quelques questions pour confirmer votre admissibilité.

N°	Question	Options de réponse	Passer à la question
3	Est-ce que votre bébé vit	Oui	4

	actuellement avec vous?	Non	30
4	Vivez-vous dans la région de _____ (nom de la région) en ce moment?	Oui	5
		Non	30

Section 1: Questions pour toutes les mères

N°	Question	Options de réponse	Passer à la question
5	Au cours de la semaine dernière, qu'avez-vous donné à votre bébé pour le nourrir? Nous voulons savoir quel lait? (Note à l'interviewer – lire les descriptions ci-dessous si nécessaire.	Lait maternel	6
		Lait maternisé	7
		Combinaison de lait maternel et de lait maternisé	10

L'interviewer peut lire les définitions suivantes aux fins de clarification :

Lait maternel : Pour le moment, vous allaitez votre bébé ou vous exprimez votre lait pour le nourrir, mais vous NE LUI DONNEZ JAMAIS de lait maternisé.

Combinaison de lait maternel et de lait maternisé : Pour le moment, vous allaitez votre bébé ou vous exprimez votre lait pour le nourrir ET vous lui donnez du lait maternisé.

Lait maternisé : Pour le moment, vous donnez du lait maternisé à votre bébé, mais vous NE L'ALLAITEZ PAS et vous N'EXPRIMEZ PAS votre lait pour le nourrir.

Section 2 : Questions pour les mères qui ne donnent que du lait maternel à leur bébé

N°	Question	Options de réponse	Passer à la question
6	Depuis sa naissance, y compris le temps passé à l'hôpital, est-ce qu'on a donné du lait maternisé à votre bébé?	Oui	10
		Non	
		Ne sait pas/Ne se rappelle plus	14
		Refuse de répondre	

Section 3 : Questions sur le lait maternel

N°	Question	Options de réponse	Passer à la question
7	Depuis la dernière fois que nous vous avons parlé quand votre bébé avait environ 2 mois, avez-vous essayé de l'allaiter ou de lui donner du lait maternel, même si ce n'est qu'une seule fois?	Oui	8
		Non	10
		Ne sait pas/Ne se rappelle plus	11
		Refuse de répondre	

8	Quel âge avait votre bébé (en mois) lorsque vous avez arrêté de l'allaiter ? (Ne pas lire les options)	Entre 2 mois et 2 mois et demi	9
		Entre 2 mois et demi et 3 mois	
		Entre 3 mois et 3 mois et demi	
		Entre 3 mois et demi et 4 mois	
		Entre 4 mois et 4 mois et demi	
		Entre 4 mois et demi et 5 mois	
		Entre 5 mois et 5 mois et demi	
		Entre 5 mois et demi et 6 mois	
		Entre 6 mois et 6 mois et demi	
		Entre 6 mois et demi et 7 mois	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
9	Pour quelles raisons avez-vous cessé d'allaiter votre bébé ou de lui donner du lait maternel? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Raisons relatives au bébé :	11
		Le bébé ne prenait pas bien le sein/ne s'allaitait pas bien/frein de langue	
		Le bébé avait faim, était difficile, avait des coliques	
		Le bébé ne prenait pas suffisamment de poids	
		Autres problèmes de santé <champ de texte>	
		Problèmes à exprimer et à donner le lait maternel (y compris avec les tire-lait et les dispositifs d'aide à l'allaitement au sein)	
		Raisons relatives à la mère :	
		Ne produisait pas suffisamment de lait	
		Raisons de santé (chirurgie, médicament, maladie)	
		Douleurs (mamelons et seins endoloris, morsures du bébé)	
		Habitudes de vie de la mère (tabagisme, régime alimentaire, alcool)	
		Expérience antécédente	
		Autres raisons :	
		Commodité	
		Séparation	
		Influence de la famille, des amis, de la ou du partenaire	
		Conseils d'un professionnel de la santé	
Autre <champ de texte>			
Ne sait pas/Ne se rappelle plus			
Refuse de répondre			



Section 4 : Questions sur le lait maternisé

N°	Question	Options de réponse	Passer à la question
10	Quel âge avait votre bébé (en semaines ou en mois) au moment de prendre du lait maternisé pour la première fois?	Moins de deux semaines	14
		Entre deux semaines et 1 mois	
		Entre 1 mois et 1 mois et demi	
		Entre 1 mois et demi et 2 mois	
		Entre 2 mois et 2 mois et demi	11
		Entre 2 mois et demi et 3 mois	
		Entre 3 mois et 3 mois et demi	
		Entre 3 mois et demi et 4 mois	
		Entre 4 mois et 4 mois et demi	
		Entre 4 mois et demi et 5 mois	
		Entre 5 mois et 5 mois et demi	
		Entre 5 mois et demi et 6 mois	
		Entre 6 mois et 6 mois et demi	
		Entre 6 mois et demi et 7 mois	
		Ne sait pas/Ne se rappelle plus	
Refuse de répondre			

Section 5 : Questions sur la recommandation de donner du lait maternisé

N°	Question	Options de réponse	Passer à la question
11	Est-ce qu'un professionnel de la santé vous a recommandé de donner du lait maternisé à votre bébé?	Oui	12
		Non	13
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
12	Quel professionnel de la santé vous a recommandé de donner du lait maternisé à votre bébé? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Collectivité :	15
		Médecin	
		Consultante en lactation	
		Infirmière praticienne	
		Infirmière de la santé publique	
		Autre :	
		Autre <champ de texte>	
		Ne sait pas/Ne se rappelle plus	
Refuse de répondre			
13	Pour quelles raisons a-t-on donné du lait maternisé à votre bébé? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Raisons relatives au bébé :	Si la réponse à la question 5 est lait maternel ou une combinaison, passer à la question 14. Si la réponse
		Le bébé ne prenait pas bien le sein/ n'allaitait pas bien /frein de langue	
		Le bébé avait faim, était difficile, avait des coliques	
		Le bébé ne prenait pas suffisamment de poids	
		Autres problèmes de santé	

	<champ de texte>	à la question 5 est lait maternisé, passer à la question 18.
	Raisons relatives à la mère :	
	Ne produisait pas suffisamment de lait	
	Raisons de santé (chirurgie, médicament, maladie)	
	Douleurs (mamelons et seins endoloris, morsures du bébé)	
	Habitudes de vie de la mère (tabagisme, régime alimentaire, alcool)	
	Expérience antécédente	
	Autres raisons :	
	Commodité	
	Séparation	
	Influence de la famille, des amis, de la ou du partenaire	
	Conseils d'un professionnel de la santé	
	Autre <champ de texte>	
	Ne sait pas/Ne se rappelle plus	
	Refuse de répondre	

Section 6 : Questions pour les mères qui continuent à allaiter

N°	Question	Options de réponse	Passer à la question
14	Votre retour au travail ou aux études est-il un facteur qui influence votre décision sur le nombre de mois où vous continuerez d'allaiter votre bébé ou de lui donner du lait maternel?	Oui Non Ne sait pas/Ne se rappelle plus Refuse de répondre	15
15	Vous comptez arrêter d'allaiter votre bébé ou de lui donner du lait maternel quand votre bébé aura atteint quel âge (en mois)?	Entre 6 mois et 6 mois et demi Entre 6 mois et demi et 7 mois Entre 7 mois et 7 mois et demi Entre 7 mois et demi et 8 mois Entre 8 mois et 8 mois et demi Entre 8 mois et demi et 9 mois Entre 9 mois et 9 mois et demi Entre 9 mois et demi et 10 mois Entre 10 mois et 10 mois et demi Entre 10 mois et demi et 11 mois Entre 11 mois et 11 mois et demi Entre 11 mois et demi et 12 mois Entre 12 mois et 15 mois	16



		Entre 15 mois et 18 mois	
		Entre 18 mois et 21 mois	
		Entre 21 mois et 24 mois	
		Deux ans et plus	
		Jusqu'au sevrage par bébé	
		Aucun plan/Ne sait pas	
		Autre <champ de texte>	
		Refuse de répondre	
16	Depuis notre dernière conversation, avez-vous eu des difficultés ou des inquiétudes en ce qui concerne l'allaitement de votre bébé?	Oui	17
		Non	
		Ne sait pas/Ne se rappelle plus	18
		Refuse de répondre	
17	Quelles ont été ces difficultés ou ces inquiétudes par rapport à l'allaitement de votre bébé? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Raisons relatives au bébé :	
		Le bébé ne prenait pas bien le sein/ n'allaitait pas bien /frein de langue	
		Le bébé avait faim, était difficile, avait des coliques	
		Le bébé ne prenait pas suffisamment de poids	
		Hypoglycémie	
		Autres problèmes de santé <champ de texte>	
		Problèmes à exprimer et à donner le lait maternel (y compris avec les tire-lait et les dispositifs d'aide à l'allaitement au sein)	
		Raisons relatives à la mère :	
		Ne produisait pas suffisamment de lait	20
		Raisons de santé (chirurgie, médicament, maladie)	
		Douleurs (mamelons et seins endoloris, morsures du bébé)	
		Habitudes de vie de la mère (tabagisme, régime alimentaire, alcool)	
		Autres raisons :	
		Séparation	
		Autre <champ de texte>	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	

Section 7 : Questions sur les services utilisés

N°	Question	Options de réponse	Passer à la question
18	Avez-vous eu recours à des	Oui	19

	programmes ou à des services d'aide pour nourrir votre bébé?	Non	20
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
19	À quels programmes ou à quels services d'aide avez-vous eu recours pour nourrir votre bébé? [Formaté pour enregistrer des réponses multiples] Chaque bureau de santé peut ajouter ou retirer des éléments de la liste selon les programmes offerts; les programmes ou services qui figurent dans la liste sont des suggestions et peuvent être changés à tout moment.	Programmes de santé publique : Centre de soutien à l'allaitement de la santé publique Programme « Bébés en santé, enfants en santé » Autre <champ de texte> Programmes privés : Ligne d'écoute 24 heures pour le soutien à l'allaitement Ligue La Leche Télésanté Consultante en lactation privée Clinique de soutien à l'allaitement du centre hospitalier Autre : Autre <champ de texte> Ne sait pas/Ne se rappelle plus Refuse de répondre	20

Section 8 : Questions sur l'introduction de liquides autres que le lait maternel ou le lait maternisé et les aliments solides

N°	Question	Options de réponse	Passer à la question
20	Depuis la naissance, est-ce qu'on a donné à votre bébé un liquide autre que le lait maternel ou le lait maternisé, comme de l'eau, de l'eau sucrée ou du jus? Ces autres liquides ne comprennent pas les vitamines et les médicaments. (Note à l'interviewer : si le bébé n'a reçu que des gouttes vitaminées ou des médicaments, cocher « non » à cette question.)	Oui Non Ne sait pas/Ne se rappelle plus Refuse de répondre	21 23
21	Quel liquide autre que le lait maternel ou le lait maternisé a-t-on donné à votre bébé? (Ne pas lire les options) [Formaté pour enregistrer des réponses multiples]	Eau Eau sucrée Jus Lait de vache Boisson à base de plante (lait d'amande, de soya, de riz, etc.) Thé Autre <champ de texte>	22

		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
22	Quel âge (en semaines ou en mois) votre bébé avait-il quand on lui a donné du liquide autre que le lait maternel ou le lait maternisé pour la première fois? (Ne pas lire les options)	Moins de deux semaines	23
		Entre deux semaines et 1 mois	
		Entre 1 mois et 1 mois et demi	
		Entre 1 mois et demi et 2 mois	
		Entre 2 mois et 2 mois et demi	
		Entre 2 mois et demi et 3 mois	
		Entre 3 mois et 3 mois et demi	
		Entre 3 mois et demi et 4 mois	
		Entre 4 mois et 4 mois et demi	
		Entre 4 mois et demi et 5 mois	
		Entre 5 mois et 5 mois et demi	
		Entre 5 mois et demi et 6 mois	
		Entre 6 mois et 6 mois et demi	
		Entre 6 mois et demi et 7 mois	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
23	Depuis sa naissance, a-t-on donné des aliments solides à votre bébé comme de la viande, du poulet, des céréales, des légumes ou des fruits?	Oui	24
		Non	28
		Ne sait pas/Ne se rappelle plus	29
		Refuse de répondre	
24	Quel âge (en semaines ou en mois) votre bébé avait-il quand on lui a donné pour la première fois des aliments solides, comme de la viande, du poulet, des céréales, des légumes ou des fruits? (Ne pas lire les options)	Moins de deux semaines	25
		Entre deux semaines et 1 mois	
		Entre 1 mois et 1 mois et demi	
		Entre 1 mois et demi et 2 mois	
		Entre 2 mois et 2 mois et demi	
		Entre 2 mois et demi et 3 mois	
		Entre 3 mois et 3 mois et demi	
		Entre 3 mois et demi et 4 mois	
		Entre 4 mois et 4 mois et demi	
		Entre 4 mois et demi et 5 mois	
		Entre 5 mois et 5 mois et demi	
		Entre 5 mois et demi et 6 mois	
		Entre 6 mois et 6 mois et demi	
		Entre 6 mois et demi et 7 mois	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
25	Est-ce qu'un professionnel de la santé vous a recommandé de donner des aliments solides à votre bébé?	Oui	26
		Non	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
26	Pour quelles raisons avez-vous commencé à donner des aliments solides à votre bébé?	Raisons relatives au bébé :	27
		Pour que le bébé prenne plus de poids	



		Le bébé avait déjà des dents	
		Le bébé voulait des aliments solides	
		Pour que le bébé dorme mieux	
		Le bébé souffrait de reflux	
		Pour éviter les allergies	
		Autres raisons :	
		Impression que le bébé était prêt à manger des aliments solides	
		Expérience antécédente	
		Autre <champ de texte>	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
27	Est-ce que votre bébé a déjà mangé des aliments contenant du fer, comme de la viande, des céréales pour bébés enrichis de fer, du tofu ou des lentilles?	Oui	31
		Non	
		Ne sait pas/Ne se rappelle plus	
		Refuse de répondre	
28	Vous envisagez de donner des aliments solides à votre bébé quand votre bébé aura atteint quel âge (en mois)? (Ne pas lire les options)	Entre 6 mois et 6 mois et demi	29
		Entre 6 mois et demi et 7 mois	
		Entre 7 mois et 7 mois et demi	
		Entre 7 mois et demi et 8 mois	
		Entre 8 mois et 8 mois et demi	
		Entre 8 mois et demi et 9 mois	
		Entre 9 mois et 9 mois et demi	
		Entre 9 mois et demi et 10 mois	
		Entre 10 mois et 10 mois et demi	
		Entre 10 mois et demi et 11 mois	
		Entre 11 mois et 11 mois et demi	
		Entre 11 mois et demi et 12 mois	
		Un an et plus	
		Quand le bébé aura des dents	
		Aucun plan/Ne sait pas	
		Refuse de répondre	

Section 9 : Consentement au suivi

N°	Question	Options de réponse	Passer à la question
29	Pouvons-nous vous rappeler quand votre bébé aura ___ mois pour vous poser d'autres questions?	Oui	30
		Non (prendre note de la réponse pour ne pas rappeler la personne)	

Section 10 : Fin de l'entrevue par l'interviewer

N°	Question	Options de réponse	Passer à
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			la question
30	Merci d'avoir bien voulu répondre à notre sondage. Bonne journée.	FIN	31
31	INTERVIEWER : Avez-vous aiguillé la personne vers d'autres services?	Oui	32
		Non	Soumettre
32	Liste des renvois	Éducation pour la santé donnée <champ de texte>	Soumettre
		Renvoi à un bureau de santé pour obtenir de l'information concernant un programme ou de l'éducation pour la santé <champ de texte>	
		Renvoi à un programme externe <champ de texte>	



Questionnaire pour le sondage ponctuel sur les bébés âgés de 12 mois (entre 12 mois et 13 mois moins un jour)

Veuillez prendre note que le présent sondage ponctuel est un suivi au sondage mené auprès des mères d'un bébé de 6 mois. Il peut aussi servir à recueillir des données pour les sondages d'autres groupes d'âge, mais il faudrait alors modifier les options à la question 6.

Introduction et consentement

Bonjour, je m'appelle _____ et je vous appelle du bureau de santé _____ (nom du bureau). Nous menons un sondage sur la manière dont sont nourris les bébés en vue d'améliorer les services offerts aux mères et aux bébés de votre localité. À la naissance de votre bébé, vous avez consenti à nous transmettre certaines informations sur vous et votre bébé. Nous vous appelons pour savoir si vous êtes prête à répondre à certaines questions sur la manière dont vous nourrissez votre bébé et aussi sur vous-même. Si vous consentez à participer à notre sondage, vous pouvez arrêter à tout moment et même choisir de ne pas répondre à certaines questions. Soyez assurée que tout refus de votre part, à n'importe quel moment durant l'entretien, ne nuira en rien aux soins ou services que vous recevez. Toutes les réponses que vous fournissez sont protégées et votre nom ne sera jamais mentionné dans les rapports sur les résultats du sondage.

N°	Question	Options de réponse	Passer à la question
1	Voulez-vous participer à notre sondage?	Oui	3
		Oui, mais dit ne pas avoir le temps en ce moment	2
		Non	9
2	Pouvons-nous vous rappeler à un autre moment?	Oui (en prendre note)	9
		Non	

Admissibilité

Avant de commencer le sondage, je dois vous poser quelques questions pour confirmer votre admissibilité.

N°	Question	Options de réponse	Passer à la question
3	Est-ce que votre bébé vit actuellement avec vous?	Oui	4
		Non	9
4	Vivez-vous dans la région de _____ (nom de la région) en ce moment?	Oui	5
		Non	9

Section 1 : Questions pour toutes les mères

N°	Question	Options de réponse	Passer à la
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			question
5	Au cours de la semaine dernière, avez-vous donné du lait maternel à votre bébé? (Note à l'interviewer – lire les descriptions ci-dessous si nécessaire.	Oui	8 pour faire un suivi; à la question 9 si la réponse est non.
		Non	6

L'interviewer peut lire les définitions suivantes aux fins de clarification :

Lait maternel : Pour le moment, vous allaitez votre bébé ou vous exprimez votre lait pour le nourrir, mais vous NE LUI DONNEZ JAMAIS de lait maternisé.

Combinaison de lait maternel et de lait maternisé : Pour le moment, vous allaitez votre bébé ou vous exprimez votre lait pour le nourrir ET vous lui donnez du lait maternisé.

Lait maternisé : Pour le moment, vous donnez du lait maternisé à votre bébé, mais vous NE L'ALLAITEZ PAS et vous N'EXPRIMEZ PAS votre lait pour le nourrir.

Section 2 : Questions pour les mères qui n'allaitent pas ou ne donnent pas de lait maternel

N°	Question	Options de réponse	Passer à la question
6	Quel âge votre bébé avait-il (en mois) lorsque vous avez arrêté de l'allaiter ? (Ne pas lire les options)	Entre 6 mois et 6 mois et demi	7
		Entre 6 mois et demi et 7 mois	
		Entre 7 mois et 7 mois et demi	
		Entre 7 mois et demi et 8 mois	
		Entre 8 mois et 8 mois et demi	
		Entre 8 mois et demi et 9 mois	
		Entre 9 mois et 9 mois et demi	
		Entre 9 mois et demi et 10 mois	
		Entre 10 mois et 10 mois et demi	
		Entre 10 mois et demi et 11 mois	
		Entre 11 mois et 11 mois et demi	
		Entre 11 mois et demi et 12 mois	
		Entre 12 mois et 12 mois et demi	
		Entre 12 mois et demi et 13 mois	
Ne sait pas/Ne se rappelle plus			
Refuse de répondre			
7	Pour quelles raisons avez-vous cessé d'allaiter votre bébé ou de lui donner du lait maternel?	Raisons relatives au bébé :	Passer à la question 8 pour faire un
		Le bébé ne prenait pas bien le sein/ n'allaitait pas bien/frein de langue	
		Le bébé avait faim, était difficile, avait des coliques	

	Le bébé ne prenait pas suffisamment de poids	suivi; à la question 9 si aucun suivi ne sera fait.
	Autres problèmes de santé <champ de texte>	
	Problèmes à exprimer et à donner le lait maternel (y compris avec les tire-lait et les dispositifs d'aide à l'allaitement au sein)	
	Raisons relatives à la mère :	
	Ne produisait pas suffisamment de lait	
	Raisons de santé (chirurgie, médicament, maladie)	
	Douleurs (mamelons et seins endoloris, morsures du bébé)	
	Habitudes de vie de la mère (tabagisme, régime alimentaire, alcool)	
	Expérience antécédente	
	Autres raisons :	
	Commodité	
	Séparation	
	Influence de la famille, des amis, de la ou du partenaire	
	Conseils d'un professionnel de la santé	
	Autre <champ de texte>	
	Ne sait pas/Ne se rappelle plus	
	Refuse de répondre	

Section 3 : Consentement au suivi

N°	Question	Options de réponse	Passer à la question
8	Pouvons-nous vous rappeler quand votre bébé aura ___ mois pour vous poser d'autres questions?	Oui Non (prendre note de la réponse pour ne pas rappeler la personne)	9

Section 4 : Fin de l'entrevue par l'interviewer

N°	Question	Options de réponse	Passer à la question
9	Merci d'avoir bien voulu répondre à notre sondage. Bonne journée.	FIN	10
10	INTERVIEWER : Avez-vous aiguillé la personne vers	Oui Non	11 Soumettre

	d'autres services?		
11	Liste des renvois	Éducation pour la santé donnée <champ de texte>	Soumettre
		Renvoi à un bureau de santé pour obtenir de l'information concernant un programme ou de l'éducation pour la santé <champ de texte>	
		Renvoi à un programme externe <champ de texte>	



