Texas WIC Infant Feeding Practices Survey

We would like to learn about the infant feeding experiences of women who were enrolled in WIC during their pregnancy. WIC will use this information to improve services and education programs. Your participation in this survey is voluntary and is not required to receive WIC services.

In this survey, "breastfeeding" means your baby is **getting breast milk from either the breast or the bottle**. Please be as honest as you can. There are no right or wrong answers.

If you are uncomfortable with any question or do not want to answer, skip that question and go on to the next one.

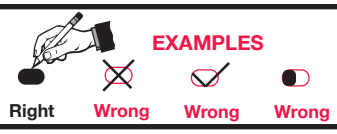
ALL ANSWERS WILL BE KEPT PRIVATE. Please DO NOT write your name anywhere on the survey.

If you have any questions, please ask WIC staff.

Marking Instruction:
Fill in bubble(s) completely

Please Use #2 Pencil, Blue or Black Pen

To change your answer, erase completely



Please tell us a little about you and your baby, who is about one year old.

Bubble in today's date.

Month	Day	Year
○ Jan	1 11 21 31	2009
○ Feb	2 12 22	
○ Mar	3 13 23	
○ Apr	4 14 24	
○ May	5 15 25	
○ Jun	6 16 26	
○ Jul	7 17 27	
○ Aug	8 18 28	
○ Sep	9 19 29	
○ Oct	10 20 30	
○ Nov		
○ Dec		

Did you give birth to this child (are you the biological mother)?

- ○ Yes
- ○ No **(PLEASE STOP THE SURVEY)**

Were you enrolled in WIC at any time during your pregnancy with this child?

- ○ Yes
- ○ No **(PLEASE STOP THE SURVEY)**

1. What is the highest level of education you have completed? **(Fill in only *one*)**

- ○ Less than high school diploma
- ○ High school diploma or GED
- ○ Some college
- ○ Associate's degree
- ○ Bachelor's degree
- ○ Postgraduate degree (Master's, Doctorate, or Professional degree)

2. What is your race/ethnicity?

- ○ White
- ○ Black
- ○ Hispanic/ Latina
- ○ Asian/ Pacific Islander
- ○ Native American/ Alaska Native
- ○ Other

3. Are you currently in school? ○ Yes ○ No

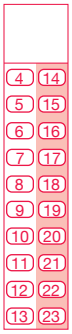
Please continue on next page

DO NOT WRITE IN THIS AREA

00001

4. How many **years** old are **you**?

5. How many **months** old is **your baby** today?



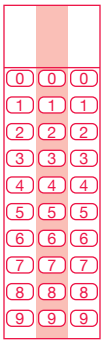
6. What language do you usually speak at home? **(Fill in only *one*)**

☐ English ☐ Spanish ☐ Other _____

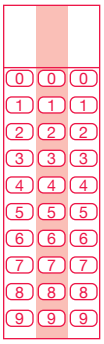
7. Where were you born?

☐ United States ☐ Mexico ☐ Other country _____

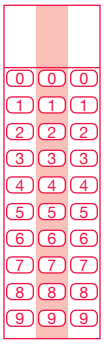
8. How much did you weigh **before** you got pregnant with this baby?



9. How much did you weigh **when you delivered** this baby?



10. What is your current weight?



11. How tall are you without shoes?

12. Was your baby born prematurely (before the 37th week of pregnancy)?

☐ Yes ☐ No ☐ I don't know

13. Was your baby delivered by cesarean section (C-section)?

☐ Yes ☐ No

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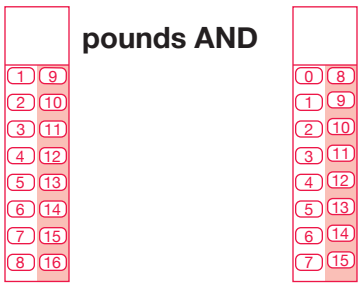
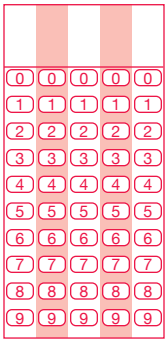
14. What was your baby's **birth** weight?

pounds AND **ounces**



15. What is the zipcode where you live?



16. Was this child **ever** breastfed or fed breast milk **even if only once?**

☐ Yes ☐ No **(GO TO QUESTION 24 ON THE NEXT PAGE)**

17. Using 1 to mean "Disliked very much" and 5 to mean "Liked very much," how would you say you felt about breastfeeding during the **first week** you were breastfeeding?

Disliked very much				**Liked very much**
1	2	3	4	5

18. Using 1 to mean "Not at all likely" and 5 to mean "Very likely," how likely is it that you would breastfeed again if you had another child?

Not at all likely				**Very likely**
1	2	3	4	5

19. How old was your baby when he or she completely stopped breastfeeding or being fed breast milk?

Is this answer in days, weeks or months? **(Fill in only *one*)**

☐ Days

☐ Weeks

☐ Months

OR ☐ Child is still breastfeeding. **(GO TO QUESTION 21 ON THIS PAGE)**

20. Did you breastfeed as long as you wanted to?

☐ Yes ☐ No

21. Was your baby ever given formula?

☐ Yes ☐ No **(GO TO QUESTION 26 ON PAGE 5)**

Please continue on next page

22. How old was your baby when he or she was first fed formula?

	Is this answer in days, weeks or months? **(Fill in only *one*)**
1 11 21 2 12 22 3 13 23 4 14 24 5 15 25 6 16 26 7 17 27 8 18 28 9 19 29 10 20 30	☐ Days ☐ Weeks ☐ Months

23. What was the **main reason** you started feeding your baby formula? **(Fill in only *one*)**

- ☐ My baby had trouble sucking or latching on.
- ☐ My baby lost interest in nursing or began to wean him or herself.
- ☐ I felt that I breastfed long enough for my baby to get the benefits of breastfeeding.
- ☐ I didn't think I had enough milk.
- ☐ I could not tell how much my baby ate.
- ☐ A health professional said I should feed my baby formula.
- ☐ Breastfeeding was too painful.
- ☐ I was going back to work or school outside of home.
- ☐ I did not want to breastfeed in public.
- ☐ Other_____

ONCE YOU HAVE COMPLETED THIS QUESTION, PLEASE GO TO QUESTION 25 ON THE NEXT PAGE

24. What was the **main reason** you did not breastfeed? **(Fill in only *one*)**

- ☐ I tried breastfeeding with a previous child and didn't like it or it didn't work out.
- ☐ I planned to go back to work or school.
- ☐ I was sick or taking medication.
- ☐ I thought I wouldn't have enough milk.
- ☐ I did not think I would like breastfeeding.
- ☐ I didn't know if I could get help with breastfeeding.
- ☐ I did not think that my baby would be able to breastfeed.
- ☐ People told me it was hard to breastfeed.
- ☐ I had too many other things to do.
- ☐ Other_____

Please continue on next page

25. What was the **main reason** you chose the brand of formula you gave your baby? **(Fill in only *one*)**

- ☐ A doctor or other health professional recommended that **brand of formula**.
- ☐ I chose a **brand of formula** labeled as useful for a problem my baby had.
- ☐ I chose the same **brand of formula** fed to my baby at the hospital.
- ☐ I chose the **brand of formula** given by WIC.
- ☐ I heard that **brand of formula** is better for my baby in some way.
- ☐ I chose the same **brand of formula** I fed an older child.
- ☐ I chose the **brand of formula** I received samples or coupons for.
- ☐ Friends or relatives recommended that **brand of formula**.
- ☐ I saw an advertisement for that **brand of formula** and wanted to try it.
- ☐ I chose a **brand of formula** based on low price.

26. The following statements are experiences that you may have had with WIC staff. ***(Fill in one answer for each question)***

	Yes	No	I Don't Know
a. I met with a WIC peer counselor during pregnancy.	☐	☐	☐
b. A WIC peer counselor visited me in the hospital.	☐	☐	☐
c. I met with a WIC peer counselor after my baby was born.	☐	☐	☐
d. WIC staff encouraged me to breastfeed.	☐	☐	☐
e. WIC staff told me how to breastfeed my baby.	☐	☐	☐
f. WIC staff told me about the benefits of the food package for breastfeeding mothers.	☐	☐	☐
g. WIC staff told me that breast pumps are available from WIC.	☐	☐	☐
h. WIC staff told me about the benefits of breastfeeding.	☐	☐	☐
i. WIC staff told me about when to begin giving cereal and other foods.	☐	☐	☐

27. Did you receive free samples of infant formula: ***(Fill in one answer for each question)***

	Yes	No	I Don't Know
a. From the hospital or birth center?	☐	☐	☐
b. From a doctor or other healthcare provider outside the hospital?	☐	☐	☐
c. Through the mail? (Do not include coupons for formula.)	☐	☐	☐

28. After your baby was born, did your baby have to spend any time in a hospital neonatal intensive care unit (NICU)?

☐ Yes ☐ No **(GO TO QUESTION 30 ON THE NEXT PAGE)**

Please continue on next page

29. During the time your baby was in the NICU, did any of the following happen?
(Fill in one answer for each question)

	Yes	No	I Don't Know
a. I was encouraged to spend time holding my baby "skin-to-skin." (Skin-to-skin means holding your baby against your chest, under your gown, shirt or blanket, with your baby clothed only in a diaper and a cap.)	☐	☐	☐
b. Someone talked to me about the importance of breast milk for my baby.	☐	☐	☐
c. I was offered an electric breast pump while I was separated from my baby.	☐	☐	☐
d. Someone showed me how to use an electric breast pump.	☐	☐	☐

30. Where was your baby born? **(Fill in only *one*)**

☐ A hospital ☐ A birth center ☐ Home or other location
(GO TO QUESTION 35 ON THE NEXT PAGE)

31. The following are things that may have happened **while you were in the hospital or birth center** when your baby was born. ***(Fill in one answer for each question)***

	Yes	No	I Don't Know
a. My baby was placed on my stomach or chest immediately after birth.	☐	☐	☐
b. I was able to hold my baby after delivery for at least 30 minutes in the first hour after birth.	☐	☐	☐
c. I breastfed my baby in the first hour after my baby was born.	☐	☐	☐
d. My baby stayed in the same room as me at all times.	☐	☐	☐
e. My baby spent one night or more away from me in the nursery.	☐	☐	☐
f. My baby received breast milk at the very first feeding.	☐	☐	☐
g. My baby had only breast milk (no formula, water, or sugar water) at the hospital.	☐	☐	☐
h. My baby was given a pacifier while in the hospital.	☐	☐	☐

32. While you were in the hospital or birth center, did someone...
(Fill in one answer for each question)

	Yes	No	I Don't Know
a. Tell you how to know when your baby is hungry?	☐	☐	☐
b. Encourage you to give your baby only breast milk?	☐	☐	☐
c. Tell you to breastfeed whenever your baby wanted?	☐	☐	☐
d. Help you with breastfeeding by showing you how or talking to you about breastfeeding?	☐	☐	☐
e. Give you a telephone number that you could call for help with breastfeeding once you left the hospital?	☐	☐	☐
f. Tell you to limit the length of time your baby breastfed (for example, tell you to breastfeed for only 10 or 15 minutes per breast)?	☐	☐	☐

33. When **your baby** left the hospital or birth center, what were you feeding your baby?

☐ Breast milk only ☐ Formula only ☐ Both breast milk and formula

Please continue on next page

34. How many nights were **you** (not your baby) in the hospital or birth center after your baby was born?

- ☐ None
- ☐ 1 night
- ☐ 2-3 nights
- ☐ 4 nights
- ☐ More than 4 nights

35. How old was your baby when he or she first had **anything other** than breastmilk/ formula?

	Is this answer in days, weeks or months? **(Fill in only *one*)**
1 11 21 2 12 22 3 13 23 4 14 24 5 15 25 6 16 26 7 17 27 8 18 28 9 19 29 10 20 30	☐ Days ☐ Weeks ☐ Months

OR ☐ My baby has not had anything other than breastmilk/formula. **(GO TO QUESTION 39 ON THIS PAGE)**

36. How old was your baby when he or she first had cow's milk or any other milk (rice, soy, goat, or other)?

☐ Before 4 months ☐ 4 to 6 months ☐ 7 to 11 months ☐ 12 months or order ☐ Never had it

37. How old was your baby when he or she first had 100% fruit or vegetable juice?

☐ Before 4 months ☐ 4 months ☐ 5 months ☐ 6 months or more ☐ Never had it

38. How old was your baby when he or she first had cereal or other baby foods?

☐ Before 4 months ☐ 4 months ☐ 5 months ☐ 6 months or more ☐ Never had it

39. Has your baby ever had tea or herbal drinks?

☐ Yes ☐ No

40. Have you ever added cereal or other solids to your baby's bottle?

☐ Yes ☐ No

41. About how many of your friends and relatives have breastfed their babies?

- ☐ None have breastfed
- ☐ Few have breastfed
- ☐ Most have breastfed
- ☐ All have breastfed

42. When you were a baby, were you ever breastfed?

☐ Yes ☐ No ☐ I don't know

43. Have you ever breastfed or fed pumped breast milk to any of your other babies?

☐ Yes ☐ No ☐ This is my first child

44. Do you think it is okay for women to breastfeed in public places like restaurants, parks, etc?

☐ Yes ☐ No

45. Would you encourage your friends to breastfeed?

☐ Yes ☐ No

46. Did you work for pay at anytime after your baby was born?

☐ Yes ☐ No **(GO TO QUESTION 53 ON THE NEXT PAGE)**

Please continue on next page

47. How old was your baby when you began working for pay after your delivery? (If you are not sure, give your best estimate.)

	Is this answer in days, weeks or months? **(Fill in only *one*)**
1 11 21 2 12 22 3 13 23 4 14 24 5 15 25 6 16 26 7 17 27 8 18 28 9 19 29 10 20 30	☐ Days ☐ Weeks ☐ Months

48. On average, how many hours per week did you work for pay when you began working after your baby was born?

☐ 1 to 9 hours per week ☐ 10 to 19 hours per week ☐ 20 to 29 hours per week ☐ 30 to 40 hours per week ☐ More than 40 hours per week

49. Think back to where you worked after your baby was born. In your opinion, using 1 to mean "Not at all supportive" and 5 to mean "Very supportive," **how supportive of breastfeeding was your workplace?**

Not at all supportive 1 2 3 4 5 **Very supportive**

50. Think back to where you worked after your delivery. Did the place where you work...

a. Have a private place to pump breast milk?	☐ Yes	☐ No	☐ I don't know
b. Allow break time to pump breast milk?	☐ Yes	☐ No	☐ I don't know

51. Who took care of your baby while you were working when you began working after your baby was born? ***(Fill in all that apply)***

☐ I kept my baby with me while I was working ☐ My baby was cared for by another family member
☐ My baby was cared for by the baby's father ☐ My baby was cared for by someone else not in my family

52. Do you work for pay now? ☐ Yes ☐ No

53. Do you believe the following statements about breastfeeding are true or false?

	True	False	Don't Know
a. Breastfed babies are less likely to become obese children.	☐	☐	☐
b. Breastfed babies are less likely to develop diabetes.	☐	☐	☐
c. Breastfed babies are less likely to die from sudden infant death syndrome (SIDS).	☐	☐	☐
d. Breastfeeding benefits children even after they stop nursing (higher IQ, better health, etc.)	☐	☐	☐
e. Mothers who breastfeed are less likely to get breast or ovarian cancer.	☐	☐	☐
f. Breastfeeding mothers burn more calories making it easier to lose pregnancy weight.	☐	☐	☐
g. Breastfeeding mothers get more food on WIC than non-breastfeeding mothers.	☐	☐	☐
h. In Texas, there is a law that gives women the right to breastfeed their babies in public.	☐	☐	☐

You have finished the survey.

Thank you for your participation.

Your answers will be used to help design new and innovative programs for WIC participants.

J & D Data Services 3/09ev14