**Wollo University College of health science, school of nursing, department of pediatrics and child health nursing questionnaire to asses timely initiation of breast-feeding practice and associated factors among recently delivered mothers in Mizan-Aman town, southwest Ethiopia,2018**

**Section 1**: **Socio-Demographic data of mother and child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No | Questions | Answers | Code | Skip |
| 1 | Type of respondent | 1. Mother  2.Caregiver | 01  02 |  |
| 2 | Family size | 1.≤3  2.4-6  3.>6 | 01  02  03 |  |
| 3 | How old are you? | ----------------------- |  |  |
| 4 | What is your current marital status? | 1.Single  2.Married  3.Divorced  4.Widowed | 01  02  03  04 |  |
| 5 | What is your level of education? | 1. Unable to read and write 2. Able to read and write 3. Primary education 4. Secondary education 5. College and above | 01  02  03  04  05 |  |
| 6 | What is your religion? | 1. Orthodox 2. Protestant 3. Muslim 4. Other (specify)------------------- | 01  02  03  04 |  |
| 7 | Which ethnic group do you belong to? | 1. Bench 2. Kaffa 3. Amhara 4. Oromo 5. Others (specify)---- | 01  02  03  04  05  06 |  |
| 8 | What is your current occupation? | 1. Private employee 2. Civil servant 3. Daily laborer 4. Trader 5. Farmer 6. House wife 7. Other (Specify)----------------- | 01  02  03  04  05  06  07 |  |
| 9 | What is the approximate household income from all the sources per month in Ethiopian Birr? | 1.< 500 ETH Birr  2.500-1000 ETH Birr  3.1001-1500 ETH Birr  4.>1500 ETH Birr | 01  02  03  04 |  |
| 10 | How old is your (the index) child? | 1.<1 month  2.1month-6month | 01  02 |  |
| 11 | Gender of your (the index) child? | 1. Male 2. Female | 01  02 |  |
| 12 | Birth order of the index child | 1. birth order 1 2. Birth order 2-3 3. Birth order 4-6 4. Birth order 7+ | 01  02  03  04 |  |
| 13 | Birth spacing with the previous child | 1. No previous birth 2. <24 months 3. ≥24 months | 01  02  03 |  |
| 14 | No\_ of children | 1. ≤3 children 2. ≥4 children | 01  02 |  |

**Section 2: Maternal obstetrics history and health service utilization**

|  |  |  |
| --- | --- | --- |
| 2 | **Maternal Obstetrics history** | |
| 2.1 | How many times do you give live birth? | ------------------ |
| 2.2 | Have any of your pregnancies resulted in a baby that was born dead (a stillbirth)? | 1. Yes 2. No |
| 2.3 | How many of these pregnancies resulted in a baby that was born dead? | ------------------ |
|  | **Maternal health service utilization** |
| 2.4 | Did you attend the ANC clinic during your last pregnancy? | 1. Yes 2. No |
| 2.5 | If yes, how many times did you attend ANC clinic during the last pregnancy? | 1. one times 2. two times 3. three times 4. four and above times |
| 2.6 | Did you get breast feeding counseling at ANC clinic? | 1. Yes 2. No |
| 2.7 | Where did you give birth? | 1. Health facility 2. At home |
| 2.8 | Who delivered you? | 1. Health professionals 2. Traditional birth attendant |
| 2.9 | What was the mode of delivery? | 1. CS delivery 2. Normal spontaneous delivery 3. Instrumental delivery |
| 2.10 | What were your major reasons for giving birth in Health facility? | 1. Pre-planned 2. Need skilled attendant 3. Problem during labor 4. Need clean/safe place |
| 2.11 | What were your major reasons for giving birth at Home? | 1. Lack of transport 2. Home delivery is the usual place 3. More comfortable |

**Section 3: Infant Feeding Practices**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No | Questions | Answers | Code | Skip |
| 3.1 | Did you feed breast milk for this index during the first one hour after birth? | 1.Yes  2.No | 01  02 | If, no skip to ques 3.4 |
| 3.2 | If yes, when did you initiate breast feeding (name of the index child) after birth? | 1. Within 1 hour 2. 1Hr-6Hrs 3. 7-12 hour 4. 1 day 5. 2-3 days 6. Other(specify)----- | 01  02  03  04  05  06 |  |
| 3.3 | If the answer is greater than one hour, why you did delayed breast feeding initiation more than one hour? | 1. Maternal medical illness  2. the baby get medical illness  3.My breast has no milk  4. I was exhausted by surgical operation  5. Other(specify)----- | 01  02  03  04  05 |  |
| 3.4 | Did you give anything to drink and/or eat before breast milk within 3 days for your child, after delivery? | 1.Yes  2.No | 01  02 |  |
| 3.5 | Why did you give anything to drink and/or eat before breast milk after delivery? (Multiple responses Is possible) | 1. Breastfed for newborns will be thirsty 2. for child growth 3. Breast feeding problem 4. Maternal medical illness 5. cultural practice 6. To calm/soothe the baby 7. To clean infant’s bowel/throat/mouth | 01  02  03  04  05  06  07 |  |
| 3.6 | Who advised you to provide your child with such type of food/ fluid? | 1. My own decision 2. Grandparents 3. Traditional birth attendant 4. Husband 5. Friends 6. Health personnel 7. Others specify----------- | 01  02  03  04  05  06  07 |  |
| 3.7 | Did you feed colostrum (the first yellow milk) for this index during the first five days after birth? | 1.yes  2.no | 01  02 |  |
| 3.8 | If question 3.7 is no, why you avoid colostrum for your child? | 1. Maternal medical illness  2. for the child growth  3.My breast has no milk  4. Cause Abdominal discomfort and diarrhea  5.Other (specify)------------------ | 01  02  03  04  05 |  |

**Section 4: Mother’s knowledge on breastfeeding**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4.1 | Did you get breastfeeding counseling at ANC clinic? | 1. Yes 2. No | 01  02 |  |
|  | If yes, what did you know about breast feeding? |  |  |  |
| 4.2 | Benefits of breastfeeding | 1.yes  2.No | 01  02 |  |
| 4.3 | Positioning of the baby | 1.yes  2.No | 01  02 |  |
| 4.4 | Exclusive breastfeeding | 1.yes  2.No | 01  02 |  |
| 4.5 | Management of breast problem | 1.yes  2.No | 01  02 |  |
| 4.6 | Expression of breast milk | 1.yes  2.No | 01  02 |  |