

Family Medicine

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Appendix A to:

**Al-Imari L, Hum S, Dunn S, Krueger P. Breastfeeding During Family Medicine Residency.
Fam Med. 2019;51(7):588-93.**

Breastfeeding During Family Medicine Residency Description of Questionnaire

More Family Medicine residents are having babies during residency than ever before. The goal of this study is to explore how returning to residency after maternity leave may have influenced your breastfeeding duration. We want to understand how Family Medicine resident physician mothers think about the interplay between work-related factors and their breastfeeding duration. We hope that you can help us find ways to support breastfeeding resident physician mothers after returning to work by filling in this questionnaire.

If you had more than one child during residency, please answer the questions as it relates to the first child you had during your training.

This is an anonymous survey and all answers are confidential. Data will be reported as group responses. Completing this survey is implied consent to participate in this study.

Personal Information

1. What is your current role? (Please select one option.)

- a) PGY1 Family Medicine resident
- b) PGY2 Family Medicine resident
- c) Recent graduate pursuing further training (e.g. enhanced skills program)
- d) Practicing physician (since graduating between 2010-2016)

2. What is/was your practice setting during residency? (Please select one option.)

- a) Urban academic teaching unit
- b) Community-based academic teaching unit
- c) Rural placement

3. How many babies did you give birth to during residency? (Please select one option.)

- a) 1
- b) 2
- c) 3 or more

4. What was your level of training when your baby was born? (Please select one option.)

- a) PGY1
- b) PGY2
- c) Other: please specify _____

5. How old were you when your baby was born? (Please select one option.)

- a) < 25 years-old
- b) 25 – 29 years-old
- c) 30 - 34 years-old
- d) 35 – 40 years-old
- e) > 40 years-old

6. What was your marital status when your baby was born? (Please select one option.)

- a) Single
- b) Married
- c) Common-law
- d) Living with a partner
- e) Widowed
- f) Separated
- g) Divorced

7. How long was your maternity leave? (Please select one option.)

- a) 1- 3 months
- b) 4 - 6 months
- c) 7 - 9 months
- d) 10 - 12 months
- e) Other: please specify _____

Breastfeeding Goals During Pregnancy

8. In the period before your child was born, how long did you intend to breastfeed for? (Please select one option.)

- a) 1 - 3 months
- b) 4 - 6 months
- c) 7 – 9 months
- d) 10 - 12 months
- e) 13 - 18 months
- f) 19 - 23 months
- g) 2 years and beyond
- h) I did not intend to breastfeed. (Please go to Q10.)
- i) I was undecided about how long I would breastfeed. (Please go to Q10.)

9. If you answered one of the (a – g) options for Q8, how likely did you feel that you will be able to breastfeed for this length of time? (Please select one option).

- a) Very likely
- b) Somewhat likely
- c) Not sure
- d) Somewhat unlikely
- e) Very unlikely

Breastfeeding During Maternity Leave

10. How important was breastfeeding in deciding the duration of your maternity leave? (Please select one option.)

1 = not important at all	2 = not very important	3 = neutral	4 = fairly important	5 = very important
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11. How long did you *exclusively* breastfeed your baby (i.e. the baby did not receive formula or solids or other breast milk substitutes)? (Please select one option).

- a) I did not breastfeed at all
- b) I did not breastfeed *exclusively*
- c) Less than 1 month
- d) 1 – 3 months
- e) 4 – 5 months
- f) 6 months

12. How long did you breastfeed your baby (regardless of whether or not you also used breast milk substitutes such as formula)? (Please select one option.)

- a) I did not breastfeed
- b) Less than 1 month
- c) 2 - 3 months
- d) 4 - 6 months
- e) 7 - 9 months
- f) 10 - 12 months
- g) 13 - 18 months
- h) 19 to 23 months
- i) 2 years or more

13. Please rate the importance of the following reasons for stopping breastfeeding. (Please select one option.)

	<i>1- Not important at all</i>	<i>2. Not very important</i>	<i>3. Neutral</i>	<i>4. Fairly important</i>	<i>5. Very important</i>
a) I anticipated that I could not continue breastfeeding when I would return to work					
b) Breastfeeding after I returned to work was too difficult					
c) My baby's teeth erupted and this interfered with my breastfeeding comfort					
d) I had medical reasons that interfered with breastfeeding					

e) My baby became ill and could not breastfeed					
f) My baby lost interest in breastfeeding					
g) I lost interest in breastfeeding					
h) I was planning for another pregnancy					
i) I lacked support from my partner					
j) I was pressured by family and/or friends to stop breastfeeding					
k) My milk supply was not enough					
l) I had nipple pain that interfered with my breastfeeding comfort					
m) My baby was not able to latch effectively					
n) I stopped breastfeeding because of cultural reasons					
o) Other: please specify _____ _____					

Breastfeeding experience after returning to residency

14. How old was your baby when you returned to residency? (Please select one option.)

15. How long did you breastfeed your baby after you returned to residency? (Please select one option.)

- a) I did not breastfeed my baby after I returned to work (please go to Q21.)
- b) Less than 1 month
- c) 1 - 3 months
- d) 4 - 6 months
- e) 7 - 9
- f) 10 - 12 months
- g) More than 12 months

16. Please rate the importance of the following strategies in enabling you to continue breastfeeding after returning to work? (Please select one response for each item.)

	<i>1- Not important</i>	<i>2. Not very</i>	<i>3. Neutral</i>	<i>4. Fairly important</i>	<i>5. Very important</i>	<i>Not applicable</i>
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	<i>at all</i>	<i>important</i>				<i>to me</i>
a) I modified the baby's nursing schedule to fit my work schedule (e.g. I breastfed before and after work)						
b) I pumped breast milk while at work						
c) I breastfed while at work (i.e. someone brought the baby to me)						
d) I went home to breastfeed during my break						
e) I modified my work schedule to accommodate my breastfeeding						
f) Other: please specify _____						

17. Please rate how important work-related factors were in stopping breastfeeding before you had hoped? (Please select one option.)

1 = not important at all	2 = not very important	3 = neutral	4 = fairly important	5 = very important
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18. How did work-related factors affect the quality of your breastfeeding experience?

- a) work-related factors negatively influenced the quality of my breastfeeding experience
- b) work-related factors positively influenced the quality of my breastfeeding experience
- c) work-related factors had no influence on the quality of my breastfeeding experience

19. Please rate how important of a role the following work-related *barriers* played on your breastfeeding duration. (Please select one response for each item.)

	<i>1- Not important at all</i>	<i>2. Not very important</i>	<i>3. Neutral</i>	<i>4. Fairly important</i>	<i>5. Very important</i>	<i>Not applicable to me</i>
a) Insufficient time to pump breast-milk						
b) Inadequate private space to pump breast-milk						
c) Insufficient access to a refrigerator to						

store breast-milk						
d) Insufficient support from my resident colleagues						
e) Insufficient support from administrative staff						
f) Insufficient support from my supervisors						
g) Insufficient support from my program director						
h) lack of a policy RE: breastfeeding						
i) Other: please specify _____ _____						

20. Please rate how important of a role the following work-related *enablers* played on your breastfeeding duration. (Please select one response for each item.)

	<i>1- Not important at all</i>	<i>2. Not very important</i>	<i>3. Neutral</i>	<i>4. Fairly important</i>	<i>5. Very important</i>	<i>Not applicable to me</i>
a) Adequate time to breastfeed or express breast-milk at work						
b) Adequate private space to breastfeed or express breast-milk at work						
c) Access to a refrigerator to store breast-milk						
d) Support from						

my resident colleagues						
e) Support from administrative staff						
f) Support from my supervisors						
g) Support from my program director						
h) Support from professional resident association (PARO)						
i) Other						

21. Do you feel that a policy that supports resident physicians in breastfeeding after returning to work would have been beneficial for you?

- a) Yes
- b) No
- c) Maybe

22. If you could wish upon a star, what are some work-related factors that could improve the breastfeeding duration of future resident mothers? (Please select all that may apply).

- a) Support from my program director and supervisors to modify my work schedule to accommodate breastfeeding
- b) Adequate physical means to allow me to breastfeed (i.e. having a private space to breastfeed or express breast-milk at work; and a refrigerator to store breast milk).
- c) The implementation of a policy that officially supports breastfeeding resident physicians
- d) Other: please specify: _____

23. This is the end of the questionnaire. Please feel free to tell us anything else that you think is important for us to know about you, your baby, and the breastfeeding experiences you had as a resident physician.

Thank you for taking the time to fill in this information. Your responses will help us improve how breastfeeding resident physician mothers may be supported after returning to work.

