Questionnaire

Adress :

Phone number:

Record number :

SOCIO-DEMOGRAPHIC MATERNAL CHARACTERISTICS

Age: …….

Ethnicity:

Civil state: single/ Married/ Divorced

Residence: rural / urban

Level of education: illiterate / school / High school / university

Socio-Economic Level: Good/Average/ Bad

Profession: ……..

Lifestyle: Active smoking/ Passive smoking/ Alcohol/ narcotics

BMI:……

MATERNEL HISTORY

Surgical history: Yes/No

If yes, please specify:…….

Medical history: HT/ Diabetes/ kidney failure/ other…….

Gestity: …….

Parity: ……

LEVEL OF KNOWLEDGE IN ANTE -NATAL ON BREASTFEEDING

Breastfeeding experience: Yes/No

Intention to breastfeed: Yes/ No.

If not, specify why: ……

Prior education regarding breastfeeding: Yes/No

Knowledge about the benefits of breastfeeding: Yes/ No

DELIVERY DETAILS

Number of foetuses: single / Multiple

Delivery Mode : Vaginal delivery / Cesarean section

If C/S: Spinal anesthesia / General anesthesia

Degree of Urgency:……..

Term delivery: ……..

Sex: Masculine / Feminine

Birth weight:…….

APGAR :

- ⇨ **1 min:**
- ⇨ **5 min:**

Neonatal Unit Admission: Yes /No

Severe Postpartum Pain: Yes / No

HOSPITAL BREASFEEDING PRACTICES IN THE POSTPARTUM

Skin to skin contact: Yes / No

Mother-child separation: Yes / No,

if yes, specify why: ……..

Encouraged to Move During Labor: Yes / No

Breastfeeding initiation delay: …….

Assistance with First breastfeeding: Yes / No

Assistance After First Feeding: Yes / No

Use of Formula Milk: Yes / No

If yes, specify cause:……

Length of hospital stay:.

Education regarding breastfeeding during hospitalization: Yes/ No

Family support : Yes/ No