

Section I: Please tell us a little about yourself...

What is your position (check all that apply)?

- ☐ Registered Nurse
- ☐ Licensed Practice Nurse
- ☐ Leadership
- ☐ Other: _____

What clinic(s) do you practice in? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Barrington Health and Dental Center | <input type="checkbox"/> Care Center at the Tower |
| <input type="checkbox"/> Martindale-Brightwood Health Center | <input type="checkbox"/> Southwest Health and Dental Center |
| <input type="checkbox"/> People's Health and Dental Center | <input type="checkbox"/> West Health Center |
| <input type="checkbox"/> Southeast Health and Dental Center | <input type="checkbox"/> Northeast Health Center |
| | <input type="checkbox"/> Northwest Health Center |
| | <input type="checkbox"/> Pediatric Adolescent Care Center |

1. What gender are you?

- ☐ Male
- ☐ Female
- ☐ Prefer not to specify

2. Do you have children?

- ☐ No
- ☐ Yes

↳ If Yes, please consider your **youngest** child: How was this baby fed during his/her first six months of life (please exclude solid foods)?

- ☐ Formula Only
- ☐ Mixed formula and breast milk
- ☐ Exclusively breastfed or fed breast milk

3 Did you or your partner ever breastfeed your baby or feed your baby breast milk?

- ☐ No
- ☐ Yes

↳ If Yes, please use the scale below to rate that breastfeeding experience

Very poor	Poor	Neutral	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section II:					
For each statement below, please indicate how much you agree or disagree by checking the box that most closely corresponds to your opinion					
	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am not comfortable when a patient breastfeeds in front of me.					
2. I think it is not realistic to recommend that a mother breastfeed as often as baby desires.					
3. Formula samples should only be given to patients in our clinics if it is medically necessary.					
4. I do not think asking mothers to pump breast milk when separated from their infant is realistic.					
5. I am not comfortable with a mother breastfeeding her baby while I perform lab tests, injections or procedures.					
6. Breastfeeding is good for mothers' health.					
7. Breastfeeding is good for babies health.					
8. I believe I can positively influence a mothers' decision to breastfeed.					
9. We should support mothers to continue breastfeeding or pumping breast milk until at least 2 years of age if mutually desired by mother and baby.					
10. We should support mothers to continue breastfeeding or pumping breast milk when away from their infants.					
11. Breastfeeding support services (like support groups) play an important role in maintaining breastfeeding.					
12. HealthNet providers and staff at my clinic give anticipatory (proactive) guidance about common breastfeeding challenges to mothers.					
13. HealthNet providers and staff give consistent messages to patients about breastfeeding.					
14. HealthNet has images (like posters, pictures, handouts) displayed that support breastfeeding.					
15. HealthNet provides the training needed for me to support breastfeeding					
16. I inform mothers about the benefits of breastmilk for both mother and baby					
17. I regularly refer patients to lactation support services					
18. Fathers feel left out if a mother breastfeeds.					

Section III:					
For each statement below, please indicate how confident you are with the following					
	Not at all confident	A little confident	Somewhat confident	Pretty confident	Very confident
1. I feel confident that I know resources to answer breastfeeding medication questions.					
2. I feel confident that I can assess a breastfeeding latch.					
3. I feel confident in my ability to manage common breastfeeding problems (like breast pain).					
4. I feel confident in my ability to identify mothers who have risks for breastfeeding difficulty.					
5. I feel confident I can assist mothers with planning to return to paid work by providing them with information about pumping and storing breast milk.					

Section IV: Other Breastfeeding Questions

1. Does HealthNet have a policy to support employees breastfeeding or pumping while at work?
 - ☐ Yes
 - ☐ No
 - ☐ Unsure
2. Does HealthNet have a policy stating where patients can breastfeed in its offices?
 - ☐ Yes
 - ☐ No
 - ☐ Unsure
3. What do you feel are the biggest barriers to providing breastfeeding support in the primary care setting?
4. How often are you able to devote enough time to breastfeeding mothers?

<input type="checkbox"/> Almost always	<input type="checkbox"/> Seldom
<input type="checkbox"/> Often	<input type="checkbox"/> Never
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not Applicable
5. What resources do you refer moms to for breastfeeding support? (Check all that apply)

<input type="checkbox"/> Private Lactation Consultant	<input type="checkbox"/> Barrington Breastfeeding Clinic – Dr Moore
<input type="checkbox"/> Prenatal Breastfeeding Class	<input type="checkbox"/> Women Infant and Children (WIC) Peer Counselors
<input type="checkbox"/> Breastfeeding Support Group	<input type="checkbox"/> Marion County Health Department In-Home Lactation Consultant
<input type="checkbox"/> Facebook Group	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Healthy Families	
<input type="checkbox"/> Hospital lactation services	

6. What breastfeeding training would you find most helpful

7. Is there anything else you would like to share about breastfeeding support in primary care?

Office Associates Breastfeeding Survey

Please use the following information to create a unique ID number:

What are the 1st 2 letters of your MIDDLE name? ____ ____

What YEAR did you graduate high school? ____ ____ ____ ____

What CITY were you born in? _____