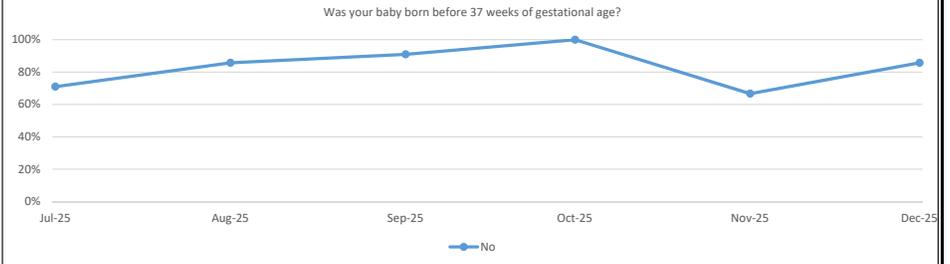


Infant Feeding Maternal Discharge Survey - Sample Report

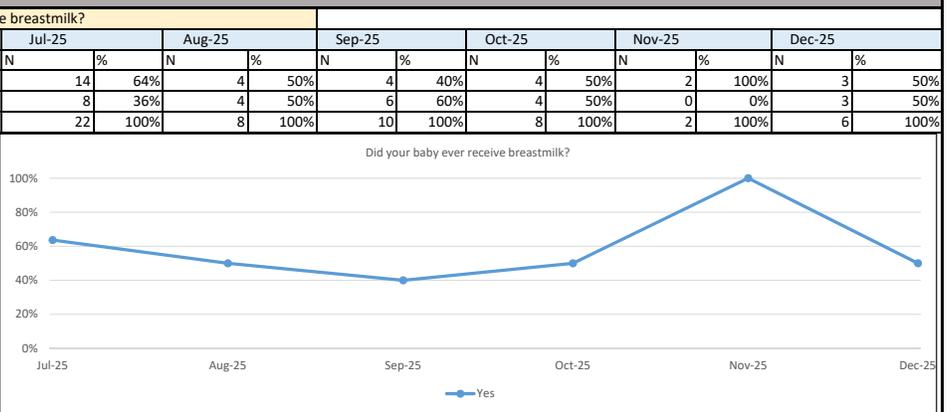
Was your baby born before 37 weeks of gestational age?

| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
|-------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 9 | 29% | 1 | 14% | 1 | 9% | 0 | 0% | 1 | 33% | 1 | 14% |
| No | 22 | 71% | 6 | 86% | 10 | 91% | 8 | 100% | 2 | 67% | 6 | 86% |
| Total | 31 | 100% | 7 | 100% | 11 | 100% | 8 | 100% | 3 | 100% | 7 | 100% |



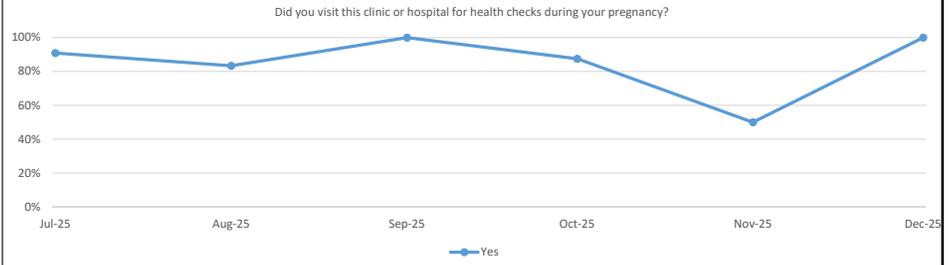
How old is your baby today?

| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
|--------------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| 1-3 days | 21 | 95% | 6 | 100% | 9 | 90% | 8 | 100% | 1 | 50% | 5 | 83% |
| 4-7 days | 1 | 5% | 0 | 0% | 1 | 10% | 0 | 0% | 1 | 50% | 1 | 17% |
| 8-14 days | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| 15-30 days | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Over a month | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 22 | 100% | 6 | 100% | 10 | 100% | 8 | 100% | 2 | 100% | 6 | 100% |

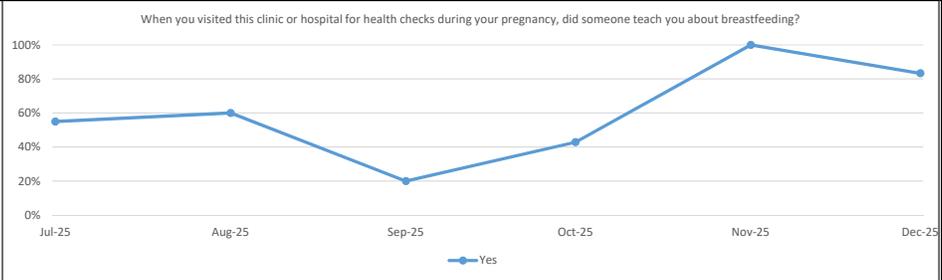


Did you visit this clinic or hospital for health checks during your pregnancy?

| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
|------------------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 20 | 91% | 5 | 83% | 10 | 100% | 7 | 88% | 1 | 50% | 6 | 100% |
| No | 2 | 9% | 1 | 17% | 0 | 0% | 1 | 13% | 1 | 50% | 0 | 0% |
| I don't remember | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 22 | 100% | 6 | 100% | 10 | 100% | 8 | 100% | 2 | 100% | 6 | 100% |



| When you visited this clinic or hospital for health checks during your pregnancy, did someone teach you about breastfeeding? | | | | | | | | | | | | |
|--|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 11 | 55% | 3 | 60% | 2 | 20% | 3 | 43% | 1 | 100% | 5 | 83% |
| No | 7 | 35% | 1 | 20% | 7 | 70% | 3 | 43% | 0 | 0% | 0 | 0% |
| I don't remember | 2 | 10% | 1 | 20% | 1 | 10% | 1 | 14% | 0 | 0% | 1 | 17% |
| Total | 20 | 100% | 5 | 100% | 10 | 100% | 7 | 100% | 1 | 100% | 6 | 100% |



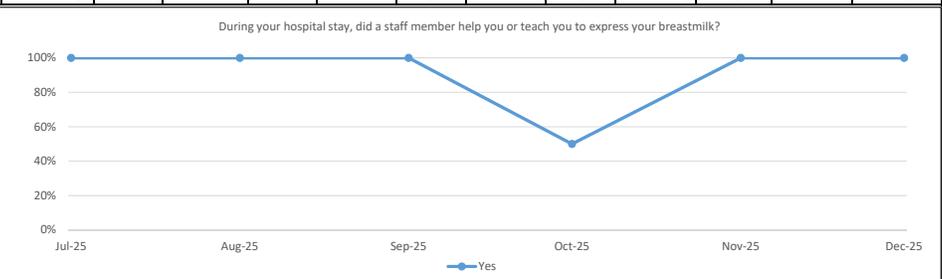
| During your hospital stay, did a staff member help you or teach you to position your baby for breastfeeding? | | | | | | | | | | | | |
|--|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 13 | 93% | 3 | 75% | 3 | 75% | 3 | 75% | 2 | 100% | 3 | 100% |
| No | 1 | 7% | 1 | 25% | 1 | 25% | 1 | 25% | 0 | 0% | 0 | 0% |
| I don't remember | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 14 | 100% | 4 | 100% | 4 | 100% | 4 | 100% | 2 | 100% | 3 | 100% |



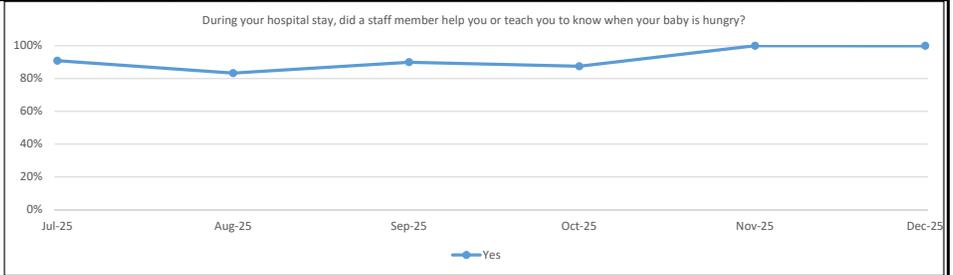
| During your hospital stay, did a staff member help you or teach you to know that your baby is getting enough breastmilk? | | | | | | | | | | | | |
|--|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 10 | 71% | 3 | 75% | 4 | 100% | 3 | 75% | 2 | 100% | 3 | 100% |
| No | 3 | 21% | 1 | 25% | 0 | 0% | 1 | 25% | 0 | 0% | 0 | 0% |
| I don't remember | 1 | 7% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 14 | 100% | 4 | 100% | 4 | 100% | 4 | 100% | 2 | 100% | 3 | 100% |



| During your hospital stay, did a staff member help you or teach you to express your breastmilk? | | | | | | | | | | | | |
|---|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 14 | 100% | 4 | 100% | 4 | 100% | 2 | 50% | 2 | 100% | 3 | 100% |
| No | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 50% | 0 | 0% | 0 | 0% |
| I don't remember | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 14 | 100% | 4 | 100% | 4 | 100% | 4 | 100% | 2 | 100% | 3 | 100% |



| During your hospital stay, did a staff member help you or teach you to know when your baby is hungry? | | | | | | | | | | | | |
|---|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 20 | 91% | 5 | 83% | 9 | 90% | 7 | 88% | 2 | 100% | 6 | 100% |
| No | 2 | 9% | 1 | 17% | 1 | 10% | 1 | 13% | 0 | 0% | 0 | 0% |
| I don't remember | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 22 | 100% | 6 | 100% | 10 | 100% | 8 | 100% | 2 | 100% | 6 | 100% |



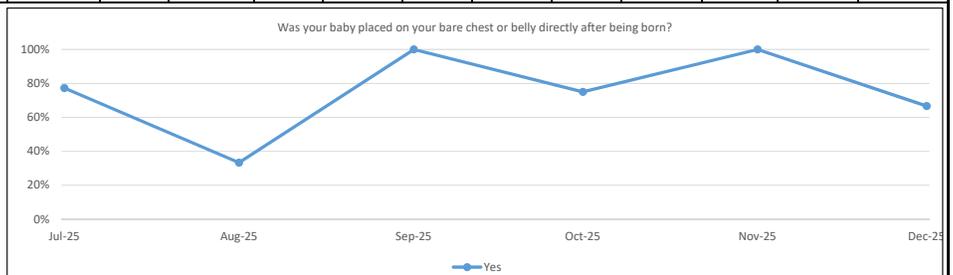
| During your hospital stay, did a staff member help you or teach you to know when the baby is full? | | | | | | | | | | | | |
|--|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 20 | 91% | 5 | 83% | 9 | 90% | 6 | 75% | 2 | 100% | 6 | 100% |
| No | 2 | 9% | 1 | 17% | 1 | 10% | 2 | 25% | 0 | 0% | 0 | 0% |
| I don't remember | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 22 | 100% | 6 | 100% | 10 | 100% | 8 | 100% | 2 | 100% | 6 | 100% |



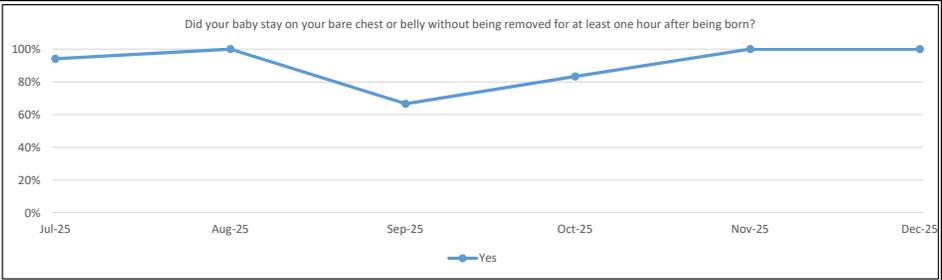
| During your hospital stay, did a staff member help you or teach you about the risks of using feeding bottles? | | | | | | | | | | | | |
|---|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 9 | 64% | 3 | 75% | 4 | 100% | 3 | 75% | 2 | 100% | 3 | 100% |
| No | 3 | 21% | 1 | 25% | 0 | 0% | 1 | 25% | 0 | 0% | 0 | 0% |
| I don't remember | 2 | 14% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 14 | 100% | 4 | 100% | 4 | 100% | 4 | 100% | 2 | 100% | 3 | 100% |



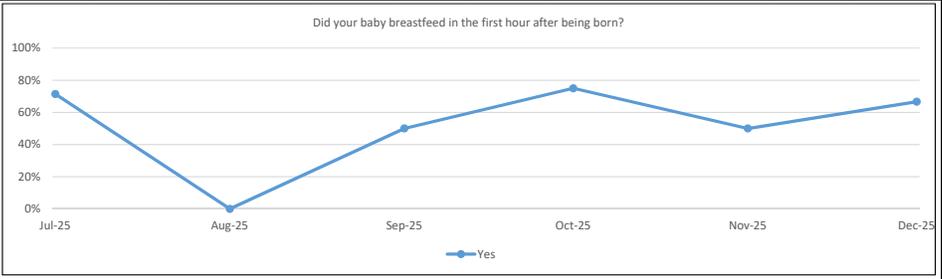
| Was your baby placed on your bare chest or belly directly after being born (without being weighed or examined first)? | | | | | | | | | | | | |
|---|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 17 | 77% | 2 | 33% | 6 | 100% | 6 | 75% | 2 | 100% | 4 | 67% |
| No | 5 | 23% | 4 | 67% | 3 | 50% | 2 | 25% | 0 | 0% | 2 | 33% |
| I don't remember | 0 | 0% | 0 | 0% | 1 | 17% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 22 | 100% | 6 | 100% | 10 | 167% | 8 | 100% | 2 | 100% | 6 | 100% |



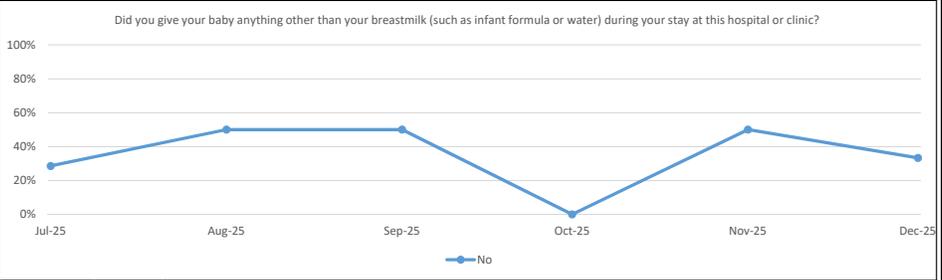
| Did your baby stay on your bare chest or belly without being removed for at least one hour after being born? | | | | | | | | | | | | |
|--|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 16 | 94% | 2 | 100% | 4 | 67% | 5 | 83% | 2 | 100% | 4 | 100% |
| No | 1 | 6% | 0 | 0% | 2 | 33% | 1 | 17% | 0 | 0% | 0 | 0% |
| I don't remember | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 17 | 100% | 2 | 100% | 6 | 100% | 6 | 100% | 2 | 100% | 4 | 100% |



| Did your baby breastfeed in the first hour after being born? | | | | | | | | | | | | |
|--|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 10 | 71% | 0 | 0% | 2 | 50% | 3 | 75% | 1 | 50% | 2 | 67% |
| No | 4 | 29% | 4 | 100% | 1 | 25% | 1 | 25% | 1 | 50% | 1 | 33% |
| I don't remember | 0 | 0% | 0 | 0% | 1 | 25% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 14 | 100% | 4 | 100% | 4 | 100% | 4 | 100% | 2 | 100% | 3 | 100% |

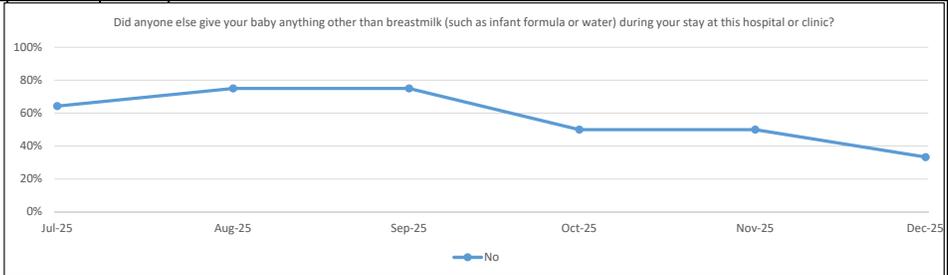


| Did you give your baby anything other than your breastmilk (such as infant formula or water) during your stay at this hospital or clinic? | | | | | | | | | | | | |
|---|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Yes | 10 | 71% | 2 | 50% | 2 | 50% | 4 | 100% | 1 | 50% | 2 | 67% |
| No | 4 | 29% | 2 | 50% | 2 | 50% | 0 | 0% | 1 | 50% | 1 | 33% |
| I don't remember | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 14 | 100% | 4 | 100% | 4 | 100% | 4 | 100% | 2 | 100% | 3 | 100% |



| What did you give your baby besides breastmilk? | | | | | | | | | | | | |
|---|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Infant formula | 9 | 100% | 2 | 100% | 2 | 100% | 4 | 100% | 1 | 100% | 2 | 100% |
| Water with or without sugar in it | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Some other food or drink | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 9 | 100% | 2 | 100% | 2 | 100% | 4 | 100% | 1 | 100% | 2 | 100% |

| Did anyone else give your baby anything other than breastmilk (such as infant formula or water) during your stay at this hospital or clinic? | | | | | | | | | | | | | |
|--|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | | |
| | N | % | N | % | N | % | N | % | N | % | N | % | |
| Yes | 5 | 36% | 1 | 25% | 1 | 25% | 2 | 50% | 1 | 50% | 2 | 67% | |
| No | 9 | 64% | 3 | 75% | 3 | 75% | 2 | 50% | 1 | 50% | 1 | 33% | |
| I don't remember | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | |
| Total | 14 | 100% | 4 | 100% | 4 | 100% | 4 | 100% | 2 | 100% | 3 | 100% | |

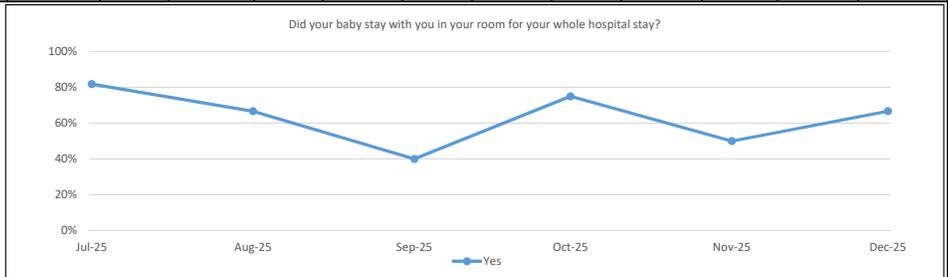


| What did someone else give your baby besides breastmilk? | | | | | | | | | | | | | |
|--|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | | |
| | N | % | N | % | N | % | N | % | N | % | N | % | |
| Infant formula | 5 | 100% | 1 | 100% | 0 | 0% | 2 | 100% | 1 | 100% | 2 | 100% | |
| Water with or without sugar in it | 0 | 0% | 0 | 0% | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | |
| Some other food or drink | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | |
| Total | 5 | 100% | 1 | 100% | 1 | 100% | 2 | 100% | 1 | 100% | 2 | 100% | |

| Did anyone take your baby out of your room for any reason during your stay at this hospital or clinic? | | | | | | | | | | | | | |
|--|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | | |
| | N | % | N | % | N | % | N | % | N | % | N | % | |
| Yes | 13 | 59% | 2 | 33% | 6 | 60% | 4 | 50% | 2 | 100% | 5 | 83% | |
| No | 9 | 41% | 4 | 67% | 3 | 30% | 4 | 50% | 0 | 0% | 1 | 17% | |
| I don't remember | 0 | 0% | 0 | 0% | 1 | 10% | 0 | 0% | 0 | 0% | 0 | 0% | |
| Total | 22 | 100% | 6 | 100% | 10 | 100% | 8 | 100% | 2 | 100% | 6 | 100% | |



| Did your baby stay with you in your room for your whole hospital stay? | | | | | | | | | | | | | |
|--|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--|
| Month | Jul-25 | | Aug-25 | | Sep-25 | | Oct-25 | | Nov-25 | | Dec-25 | | |
| | N | % | N | % | N | % | N | % | N | % | N | % | |
| Yes | 18 | 82% | 4 | 67% | 4 | 40% | 6 | 75% | 1 | 50% | 4 | 67% | |
| No | 4 | 18% | 2 | 33% | 6 | 60% | 2 | 25% | 1 | 50% | 2 | 33% | |
| I don't remember | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | |
| Total | 22 | 100% | 6 | 100% | 10 | 100% | 8 | 100% | 2 | 100% | 6 | 100% | |



| |
|---|
| |
| Please add anything else you would like here about your birth experience in this hospital: |
| N/A |
| |
| Reasons for someone taking baby out of your room for any reason during your stay at this hospital or clinic |
| Bath and blood screening |
| To run labs and tests |
| Lab work nursery visit |
| Mom needed to shower, ran test on her, kept baby while mom rested |
| For tests and shots |
| First bath |
| Nicu admit |
| First bath and to do labs |
| I requested it so I could walk around in hallway. About 5-10 min |
| Nursery for testing. (PKU) |
| Car seat test, bath, weight |
| Baby was given bath in nursery |
| My baby was very fussy and cluster feeding on the second day. I asked nurse A and B if they could watch baby for an hour for rest |
| For a bath and to get weighed |
| Nicu |
| NICU |
| Bath |
| Do test on baby |
| Baby pooped in the bag before they was born and had to monitor them for a while and then taken for a bath 24 hours after they was born |
| Testing |
| First bath |
| Weight after birth; couple of hours the first night so I could rest |
| Bath |
| Car seat test and labs |
| I took pain medication and was by myself and unable to care for baby due to c-section |
| So I could have a short rest |
| Bath |
| Nursery so I could rest |
| Nursery |
| Testing |
| To weight baby and help baby feel better |
| |
| Reasons for baby not staying with mom the room for your whole hospital stay |
| Bath and blood screening |
| Nicu admit |
| Medication received during labor caused baby's heart rate to drop below 100; spent time in nicu; observation monitored baby's oxygen heart rate |
| Nicu admit |
| NICU |
| I requested for baby to go to the nursery so I can get a nap. |
| Breathing problems |
| NICU |
| Had a reaction to meds after delivery |
| Baby was in NICU during hospital stay |
| Meconium delivery and had to be monitored and given a bath |
| Testing |
| Nursery for a couple of hours the first night so I could rest |
| Baby's temp |
| Requested to go to nursery |
| Wanted rest |
| Baby went to nursery so I can get some rest. |