Exploring pneumonia risk factors in Vietnamese infants - a post-partum questionnaire

Child
- Age: ….. day(s)
- Sex: Male ☐ Female ☐
- Gestation age: …..w(s)
- P: …..gram
- Singleton: Y ☐ N ☐
- Skin to skin contact: Y ☐ N ☐
- HBV: Given ☐ Not given ☐
- Mode of delivery: C-section ☐ Vaginal ☐
- PARA: ☐ ☐ ☐ ☐

Mother
- Age: ….. years
- Place: Urban ☐ Rural ☐
- RVD status: Pos ☐ Neg ☐ Not tested ☐

Questions
- Work: Formally employed ☐ Informally employed ☐ Unemployed ☐
- Education: None ☐ Primary ☐ Secondary ☐ High school ☐ College/ University ☐

A. Breastfeeding
1. Are you currently breastfeeding? ☐ move to question 3 ☐

2. If no - what are the reasons for not breastfeeding? (check up to 2 replies for each column - ranked 1,2)
   - I don't want to breastfeed ☐ Husband’s advice ☐
   - I believe formula milk is the best ☐ Mothers’advice ☐
   - I have tried unsuccessfully ☐ Health professional’s advice ☐
   - I am too tired to breastfeed ☐ Nanny’s advice ☐
   - I am scared of cultural breast massage ☐ Myself decision ☐

   Other (specify or elaborate)…………………………………………………………………………………………………………… ☐ move to question 9

3. If yes - what are the reasons that you are breastfeeding? (check up to 2 replies for each column - ranked 1,2)
   - It is convenient to breastfeed ☐ Husband’s advice ☐
   - It enhances mother-infant bonding ☐ Mothers’advice ☐
   - I believe breast milk is the best ☐ Health professional’s advice ☐
   - It is economical to breastfeed ☐ Nanny’s advice ☐
   - Breastfeeding is hygienic ☐ Myself decision ☐

   Other (specify or elaborate)……………………………………………………………………………………………………………

4. How long after delivery did you first breastfeed?
   - Within 1 hour ☐ 1-6 hours ☐ 7-24 hours ☐ >24 hours ☐

5. Do you intend to breastfeed exclusively? ☐ move to question 7
6. How long do you intend to breastfeed exclusively?

- <2 months ☐  2-3 months ☐  4-5 months ☐  6 months or more ☐  Not sure ☐

move to question 9

7. If not breastfeeding exclusively, which of the following would you consider introducing during the first 6 months (check up to 3 – ranked 1,2,3)

- Water ☐
- Vitamins & supplements ☐
- Herbal tea ☐
- Formula milk ☐
- Solids (rice porridge etc.) ☐

8. Why would you consider mixed feeding in the first 6 months? (check all that apply – ranked 1,2,3)

- I think my breast milk does not provide all the necessary vitamins & supplements ☐
- I think my breast milk is unlikely to be enough and my child will be hungry ☐
- I have to re-start work and cannot continue exclusive breastfeeding ☐

Other (specify or elaborate)........................................................................................................................................................................

9. If you had previous children did you breastfeed them exclusively?

Child 1: Y ☐  N ☐

If yes, how long did you breastfeed? ............months

Who influenced your breastfeeding decision with this pregnancy: ........................................................................................................

Child 2: Y ☐  N ☐

If yes, how long did you breastfeed? ............months

Who influenced your breastfeeding decision with this pregnancy: ........................................................................................................

10. Please answer the following questions:

- Does breast milk contain all the nutrients an infant needs in the first 6 months?  Y ☐  N ☐  Unsure ☐
- Does breastfeeding increase the infant’s risk of diarrhea?  Y ☐  N ☐  Unsure ☐
- Does breastfeeding protect an infant against HIV infection?  Y ☐  N ☐  Unsure ☐
- Does breastfeeding protect an infant against lung infections?  Y ☐  N ☐  Unsure ☐
- Does breastfeeding strengthen the bonding between a mother and her baby?  Y ☐  N ☐  Unsure ☐

B. Cigarette smoking and indoor air pollution

11. Do you smoke cigarettes?  Y ☐  N ☐

move to question 14

12. If yes - how many cigarettes do you smoke/day? .............cigarette(s)

13. Where do you smoke?  Only outside the house ☐  Inside and outside ☐  Only inside ☐

14. If no – what are your reasons of not smoking? (check all that apply – ranked 1,2,3)

- Women should not smoke ☐  Smoking is bad for my health ☐  Smoking is bad for my baby ☐

Others (specify)........................................................................................................................................................................................................

15. Does your husband smoke?  Y ☐  N ☐

move to question 18

16. If yes - how many cigarettes does he smoke/day? .............cigarette(s)

17. Where does he smoke?  Only outside the house ☐  Inside and outside ☐  Only inside ☐
18. How do you cook your food at home? (check all that apply)
- Wood ☐
- Charcoal ☐
- Gas ☐
- Electricity ☐

19. If wood or charcoal - where do you cook?
- Only outside the house ☐
- Inside and outside ☐
- Only inside ☐

20. Please answer the following questions:
- Does smoke exposure strengthen a child’s lungs? Y ☐ N ☐ Unsure ☐
- Is it best to cook outside if cooking with charcoal or wood? Y ☐ N ☐ Unsure ☐
- Does cigarette smoke protect a child against lung infections? Y ☐ N ☐ Unsure ☐
- Does smoke from cooking protect a child from lung infections? Y ☐ N ☐ Unsure ☐

C. Vaccination

21. Would you ensure that your baby is fully vaccinated? Y ☐ move to question 23 N ☐

22. If no - what are the reasons for not vaccinating your child? (check up to 2 replies for each column - ranked 1,2)
- I do not believe that vaccines protect my baby ☐
  - Husband’s advice ☐
- It is too difficult to access ☐
  - Mothers’ advice ☐
- I do not have the time ☐
  - Health professional’s advice ☐
- I am scared of vaccine-related adverse effects ☐
  - Myself decision ☐
- Other (specify or elaborate) …………………………………………………………………………………………………………………………………………………………………

23. If yes - what are the reasons to fully vaccinate your child? (check up to 2 replies for each column - ranked 1,2)
- I believe that vaccines protect my baby ☐
  - Husband’s advice ☐
- Everyone should vaccinate their children ☐
  - Mothers’ advice ☐
- It is free of charge ☐
  - Health professional’s advice ☐
- It is necessary to enter child care ☐
  - Myself decision ☐
- Other (specify or elaborate) …………………………………………………………………………………………………………………………………………………………………

24. Apart from the vaccines provided by the National Immunization Program, will you give your child any other vaccines?
Y ☐ N ☐ should not answer question 25

25. Have you ever heard about these vaccines?
- MMR Y ☐ N ☐ If yes do you intend to give this vaccine to your child? Y ☐ N ☐
- Influenza: Y ☐ N ☐ If yes do you intend to give this vaccine to your child? Y ☐ N ☐
- Pneumococcal (PCV) Y ☐ N ☐ If yes do you intend to give this vaccine to your child? Y ☐ N ☐
- Other (specify or elaborate) …………………………………………………………………………………………………………………………………………………………………

Any additional comments? …………………………………………………………………………………………………………………………………………………………………

Thank you so much!