

# Scottish Government Maternal and Infant Nutrition Survey

Investigating health care and feeding choices and experiences in the first year following the birth of your baby

This is a survey about your choices and experiences in the first year following the birth of your baby.

Please complete this questionnaire with respect to your baby who was born between July and August 2016.

The information you provide will help us to understand more about the choices parents make and help health care professionals and others to better support parents. **All of the answers you provide will be entirely confidential.**

**Please read the enclosed letter for more information about this survey.**

## Instructions

The survey takes around 15-20 minutes to complete. Please answer all questions, unless the instructions ask you to skip a question.

For most questions, you will be asked to put a tick in the box next to the statement which most applies to you. For example, if your answer is yes, write in a tick as below:

Yes  
 No

Don't worry if you make a mistake; just cross it out and tick the correct answer.

Sometimes you will be asked to write in a number. Please enter numbers as figures rather than words. For example:

Weeks       Days

---

If you prefer, you can complete this survey online at: **[survey.natcen.ac.uk/MINS1](https://survey.natcen.ac.uk/MINS1)**

You will be asked to enter the User Code that can be found on the letter that came with this survey.

Alternatively, you can give your answers by calling the FREEPHONE survey helpline on **0800 652 4568**. The helpline is open Monday to Friday - 9am to 5pm.

Please return the survey in the pre-paid envelope provided,  
or to: NatCen Social Research, 103-105 Kings Road,  
Brentwood, Essex CM14 4LX.

## Your baby

First, we would like to ask you some questions about your baby. Please complete this questionnaire with respect to your baby who was born between July and August 2016.

1. Is this your first baby? (Please exclude any step children, fostered or adopted children that you have)

1  Yes  
2  No

30

2. Is your baby one of twins, triplets or another multiple birth?

1  Yes → Please complete this questionnaire with respect to the baby who was born first.  
2  No

31

3. How old is your baby (to the nearest whole month)?

Months

32-33

## Introducing solid foods

The following questions are about foods other than milk. These foods are often called solid foods, even when the food has been mashed, pureed, and/or cut into slices.

4. Has your baby ever had **any** food other than milk?

1  Yes → Go to Q.5  
2  No → Go to Q.15

34

5. How old was your baby when he/she first had any food apart from milk? Please give his/her age in either weeks **or** months.

In weeks:

Weeks

35-36

or in months:

Months

37-38

6. Why did you decide to start giving your baby foods other than milk at this age?

(Please tick all that apply):

- 01  A health care professional advised me to (e.g. nurse, doctor, midwife or health visitor)
- 02  My partner, friend and/or relative advised me to
- 03  Previous experience with another baby
- 04  My baby was not satisfied with milk
- 05  My baby was not gaining enough weight
- 06  My baby was waking up during the night
- 07  My baby was able to sit up and hold food in his/her hand
- 08  The Fun First Foods booklet advised me to
- 09  I read leaflets / saw information that advised me to (e.g. on the Internet)
- 10  I thought that it was the right time
- 11  Other reason, please specify \_\_\_\_\_

61

SPARE COLUMNS: 62-69

7. How often does your baby have commercial baby foods (for example: pouches, snacks, jars, tubs, bars)?

70

(Please tick one box only)

- 1  Every day
- 2  On 5-6 days per week
- 3  On 2-4 days per week
- 4  Once a week
- 5  Less than once a week
- 6  Never

8. How often does your baby have each of the following foods?

(For each food, please tick one box only)

	Every day <sub>1</sub>	On 5-6 days per week <sub>2</sub>	On 2-4 days per week <sub>3</sub>	Once a week <sub>4</sub>	Less than once a week <sub>5</sub>	Never <sub>6</sub>	
Breakfast cereal or porridge							71
Any type of potatoes, lentils, beans, sweet potatoes, rice or pasta							72
Any type of bread							73
Eggs							74
Meat or fish							75
Whole or pureed fruit							76
Green leafy vegetables							77
Any other vegetables, not including potatoes							78
Dairy produce such as yoghurt, fromage frais or cheese, but not including milk							79

9. Thinking about foods which are mashed, lumpy or pureed....:

(For each question below, please give either the total number of times per day **or** the total number of times per week. If your baby does not eat mashed, lumpy or pureed foods, please write 0)

	Total times per day	or	Total times per week	
a) On average, how often do <b>you feed</b> mashed, lumpy or pureed foods to your baby?				81-82
b) On average, how often does your baby eat mashed, lumpy or pureed foods <b>by him/herself</b> ?				84-85

10. Thinking about finger foods (for example carrot sticks, slices of apple, cubes of cheese, cubed potatoes)...

(For each question below, please give either the total number of times per day **or** the total number of times per week. If your baby does not eat finger foods, please write 0)

	Total times per day	or	Total times per week	
a) On average, how often do <b>you feed</b> finger foods to your baby?				87-88
b) On average, how often does your baby eat finger foods <b>by him/herself</b> ?				90-91

11. On average how many **meals** does your baby have per day? (Meals do not include milk, or treats, such as chocolate buttons, ice cream, crisps or cheese puffs).

92

(Please tick one box only)

- 1  0 → Go to Q.13
- 2  1 → Go to Q.13
- 3  2 → Go to Q.13
- 4  3 → Go to Q.12
- 5  4 or more → Go to Q.12

12. How old was your baby when he/she regularly started having three or more **meals** of foods other than milk a day? Please give his/her age in either weeks **or** months.

In weeks:

		Weeks
--	--	-------

93-94

or in months:

		Months
--	--	--------

95-96

SPARE COLUMNS: 97-99

13. On average how many **snacks** does your baby have per day? (Snacks do not include milk, or treats, such as chocolate buttons, ice cream, crisps or cheese puffs).

100

(Please tick one box only)

- 1  0
- 2  1
- 3  2
- 4  3
- 5  4 or more

14. On average how many **treats** does your baby have per day? (Treats include chocolate buttons, ice cream, crisps or cheese puffs).

101

(Please tick one box only)

- 1  0
- 2  1
- 3  2
- 4  3
- 5  4 or more

15. Still thinking about foods other than milk, where did you get information about **what types** of food to give to your baby?

102-121

(Please tick all that apply)

- 01  A health care professional (e.g. nurse, doctor, midwife or health visitor)
- 02  My partner, friend and/or relative
- 03  Previous experience with another baby
- 04  A weaning fayre
- 05  The Fun First Foods booklet
- 06  Other books / leaflets / magazines / booklet
- 07  Television / radio
- 08  Internet / web based resources
- 09  Somewhere / someone else, please specify \_\_\_\_\_

122

**or**

- 10  I did not get any information about what types of food, other than milk, to give to my baby

SPARE COLUMNS: 123-129

16. Still thinking about foods other than milk, where did you get information about **how much** food to give to your baby?

130-149

(Please tick all that apply)

- 01  A health care professional (e.g. nurse, doctor, midwife or health visitor)  
02  My partner, friend and/or relative  
03  Previous experience with another baby  
04  A weaning fayre  
05  The Fun First Foods booklet  
06  Other books / leaflets / magazines / booklet  
07  Television / radio  
08  Internet / web based resources  
09  Somewhere / someone else, please specify \_\_\_\_\_ 150

**or**

- 10  I did not get any information about how much food, other than milk, to give to my baby

SPARE COLUMNS: 151-159

17. Do you give your baby any drinks apart from breast milk or formula milk?

160-183

(Please tick all that apply)

- 01  Cow's milk  
02  Other type of milk (e.g. soya or goat's milk), please specify \_\_\_\_\_ 184  
03  Water  
04  Fresh fruit juice (diluted)  
05  Fresh fruit juice (undiluted)  
06  Sugar free / no added sugar diluting juice (squash)  
07  Diluting juice with added sugar, such as Fruit Shoots and Ribena (not the lower sugar variety)  
08  Tea  
09  Coffee  
10  Fizzy drinks (e.g. cola or Irn Bru)  
11  Other, please specify \_\_\_\_\_ 185

**or**

- 12  No, I do not give my baby any drinks apart from breast milk or formula milk

SPARE COLUMNS: 186-199

## Vitamins

18. Do you give your baby any vitamin drops?

200

- 1  Yes → Go to Q.19  
2  No → Go to Q.21

19. How do you usually get the vitamin drops for your baby?

201

(Please tick one box only)

- 1  I get free Healthy Start vitamin drops
- 2  I buy Healthy Start vitamin drops
- 3  I buy other vitamin drops from a supermarket
- 4  I buy other vitamin drops from a pharmacy or health food shop
- 5  I get vitamin drops on prescription
- 6  Other, please specify \_\_\_\_\_

202

SPARE COLUMNS: 203-209

20. How often do you give your baby the vitamin drops?

210

(Please tick one box only)

- 1  Every day
- 2  Most days
- 3  A few days a week
- 4  Only occasionally

21. Are you currently taking any vitamin or iron supplements yourself?

211

- 1  Yes → Go to Q.22
- 2  No → Go to Q.23

22. What type(s) of supplements are you taking?

212-227

(Please tick all that apply)

- 01  Iron and/or folic acid
- 02  Multi-vitamin only
- 03  Multi-vitamin and iron combined
- 04  Vitamin D supplement
- 05  Single vitamin supplement (other than vitamin D)
- 06  Healthy Start vitamins
- 07  I'm not sure what type I'm taking
- 08  Other, please specify \_\_\_\_\_

228

SPARE COLUMNS: 229-239

## Your baby's health

23. Has your baby ever experienced any of the following?

240-265

(Please tick all that apply)

- 01  Sickness or vomiting  
02  Reflux  
03  Diarrhoea  
04  Constipation  
05  Skin problems such as eczema  
06  Chest problems / infection / virus  
07  Ear problems / infection  
08  Urinary tract, bladder or kidney infection  
09  Colic / painful wind  
10  Thrush  
11  Not gaining enough weight  
12  Gaining too much weight

**or**

- 13  No, none of the above

24. Apart from when he/she was born, has your baby ever stayed in hospital overnight?

266

- 1  Yes → Go to Q.25  
2  No → Go to Q.26

25. Why has your baby stayed in hospital overnight?

267

(Please tick all that apply)

- 1  Sickness or vomiting  
2  Diarrhoea  
3  Chest problems / infection / virus  
4  Urinary tract, bladder or kidney infection  
5  Not gaining enough weight or had a large weight loss  
6  To have surgery (an operation)  
7  Other reason(s), please specify \_\_\_\_\_

268

SPARE COLUMNS: 269-279

## Breastfeeding

26. Have you ever breastfed or expressed breast milk for your baby?

280

- 1  Yes → Go to Q.27  
2  No → Go to Q.35



27. Are you still breastfeeding or expressing breast milk for your baby now?

281

- 1  Yes → Go to Q.31  
2  No → Go to Q.28

28. How old was your baby when he or she last had breast milk? Please give his/her age in either days **or** weeks **or** months.

In days:

<input type="text"/>	<input type="text"/>	Days
----------------------	----------------------	------

282-283

or in weeks:

<input type="text"/>	<input type="text"/>	Weeks
----------------------	----------------------	-------

284-285

or in months:

<input type="text"/>	<input type="text"/>	Months
----------------------	----------------------	--------

286-287

29. Which of the following statements best describes how long you breastfed / expressed breast milk for your baby?

288

(Please tick one box only)

- 1  I would have liked to have breastfed / expressed breast milk for longer  
2  I breastfed / expressed breast milk for as long as I intended  
3  I breastfed / expressed breast milk for longer than I intended

30. What were the reasons you decided to stop breastfeeding / expressing breast milk?

289-324

(Please tick all that apply)

- 01  I breastfed or expressed milk for as long or longer than I intended to  
02  I returned to work  
03  I just didn't like breastfeeding  
04  I didn't like using the breast pump  
05  I was embarrassed feeding in front of other people  
06  I didn't feel confident  
07  I found it too difficult  
08  I had feeding problems  
09  I didn't think the baby was getting enough milk  
10  I was too tired  
11  I was unwell  
12  I had to take medication that wasn't compatible with breastfeeding  
13  A health professional advised me to stop (e.g nurse, doctor, midwife or health visitor)  
14  I didn't get enough help and/or support from my doctor / midwife / health visitor  
15  My partner felt left out  
16  My partner, family and/or friends thought I should stop  
17  I have other children and I couldn't manage to breastfeed my baby and care for them  
18  Other reason, please specify \_\_\_\_\_

325

31. Have you ever breastfed your baby in a public place? (i.e. somewhere other than the hospital where you gave birth or your own home - for example, a shop, a cafe, the park or a library).

340

1  Yes  
2  No

32. Have you ever been made to feel uncomfortable when breastfeeding your baby in any of the following places? By uncomfortable we mean socially uncomfortable, or awkward, rather than physically uncomfortable.

(For each place, please tick one box only in each row)

	Yes <sub>1</sub>	No <sub>2</sub>	I haven't breastfed in this place <sub>3</sub>	
In your own home				341
In someone else's home				342
In a cafe or restaurant				343
In a pub / bar				344
In a shop or a shopping centre				345
On public transport				346
Around a children's play area / park / library / sport facility				347
In an NHS facility such as a hospital, clinic or GP surgery				348
Other place, please specify _____ 350				349
Other place, please specify _____ 360				359
Other place, please specify _____ 370				369

SPARE COLUMNS: 351-358/361-368/371-378

33. Have you ever decided not to breastfeed your baby in any of the following places because you thought you would be made to feel uncomfortable? By uncomfortable we mean socially uncomfortable, or awkward, rather than physically uncomfortable.

(For each place, please tick one box only in each row)

	Yes <sub>1</sub>	No <sub>2</sub>	
In your own home			379
In someone else's home			380
In a cafe or restaurant			381
In a pub / bar			382
In a shop or a shopping centre			383
On public transport			384
Around a children's play area / park / library / sport facility			385
In an NHS facility such as a hospital, clinic or GP surgery			386
Other place, please specify _____ 388			387
Other place, please specify _____ 400			399
Other place, please specify _____ 410			409

SPARE COLUMNS: 389-398/401-408/411-419

34. Have you ever been asked not to breastfeed or to stop breastfeeding in any of the following places?  
(For each place, please tick one box only in each row)

	Yes <sub>1</sub>	No <sub>2</sub>	I haven't breastfed / tried to breastfeed in this place <sub>3</sub>	
In your own home				420
In someone else's home				421
In a cafe or restaurant				422
In a pub / bar				423
In a shop or a shopping centre				424
On public transport				425
Around a children's play area / park / library / sport facility				426
In an NHS facility such as a hospital, clinic or GP surgery				427
Other place, please specify: _____				428
Other place, please specify: _____				438

SPARE COLUMNS: 430-437/440-449

## Formula milk and bottle feeding

35. Has your baby ever been given formula milk?

450

(Please tick one box only)

- Yes, my baby has been fully formula fed from birth → Go to Q.36  
 Yes, my baby has had some formula milk → Go to Q.36  
 No → Go to Q.40

36. Which of the following types of formula milk has your baby ever been given (ready-made and/or powdered)?

451-455

(Please tick all that apply)

- Infant formula (or "first" milk)  
 Second milk  
 Follow-on formula  
 Soya infant formula  
 Other, please specify \_\_\_\_\_

456

SPARE COLUMNS: 457-459

37. Has your baby ever been given a second milk or follow-on formula milk?

460

- Yes → Go to Q.38  
 No → Go to Q.40

38. How old was your baby when he/she was first given second milk / follow-on formula?

Please give his/her age in either weeks or months.

In weeks:

		Weeks
--	--	-------

461-462

or in months:

		Months
--	--	--------

463-464

39. What were the reasons you decided to give second milk / follow-on formula to your baby?

465-484

(Please tick all that apply)

- 01  A health professional advised me to (e.g. nurse, doctor, midwife or health visitor)
- 02  My partner, friend or relative advised me to
- 03  Previous experience with another baby
- 04  My baby was not gaining enough weight
- 05  My baby was waking up during the night
- 06  I believed that it would be better for my baby / contain more nutrition
- 07  I read leaflets / saw information that advised me to (e.g. on the Internet)
- 08  I saw a TV advert
- 09  I saw a different type of advert (magazine etc.)
- 10  Other reason, please specify \_\_\_\_\_

485

SPARE COLUMNS: 486-499

## The Healthy Start Scheme

The Healthy Start scheme provides pregnant women and children under 4 years old with vouchers which can be spent on milk, infant formula, fresh and frozen fruit or vegetables (<https://www.healthystart.nhs.uk/>).

You qualify for the scheme if you or your family receive **one** of the following:

- I. Income Support
- II. Income-based Job Seeker's Allowance
- III. Income-related Employment and Support Allowance
- IV. Universal Credit (with a family take home pay of £408 or less per month)
- V. Child Tax Credit, without working Tax Credit (except Working Tax run-on) and an annual family income of £16,190 or less
- VI. Or if you are pregnant and under 18 years of age

40. Were you aware of the Healthy Start scheme before reading the description above?

500

- 1  Yes → Go to Q.41
- 2  No → Go to Q.42

41. How did you find out about the Healthy Start scheme?

501-505

(Please tick all that apply)

- 1  Midwife
- 2  Health Visitor
- 3  Ready Steady Baby Book
- 4  Family or friend
- 5  Other, please specify \_\_\_\_\_

506

SPARE COLUMNS: 507-519

42. Based on the list above, do you think that you qualify for the Healthy Start scheme?

(Please tick one box only)

- 1  Yes, I already get Healthy Start vouchers → Go to Q.43 520
- 2  Yes, I have applied for it, but I haven't received my Healthy Start vouchers yet → Go to Q.46
- 3  Yes, but I haven't applied for it → Go to Q.46
- 4  No, I don't think I qualify → Go to Q.46
- 5  I don't know if I qualify → Go to Q.46

43. Since the birth of your baby, have you used your Healthy Start vouchers?

521

- 1  Yes → Go to Q.44
- 2  No → Go to Q.45

44. What did you buy with your Healthy Start vouchers?

522-526

(Please tick all that apply)

- 1  Infant formula → Go to Q.46
- 2  Cow's milk → Go to Q.46
- 3  Fresh or frozen fruit → Go to Q.46
- 4  Fresh or frozen vegetables → Go to Q.46
- 5  Something else, please specify \_\_\_\_\_ → Go to Q.46

527

SPARE COLUMNS: 528-539

45. Why haven't you spent your Healthy Start vouchers?

540-557

(Please tick all that apply)

- 01  I'm uncomfortable using the vouchers
- 02  I can't use the vouchers in the shops I go to
- 03  I can't use the vouchers for the sort of food I would choose to buy
- 04  I get my food from a food bank
- 05  I don't need Healthy Start vouchers
- 06  I keep forgetting to use the vouchers
- 07  I have lost the vouchers
- 08  My baby is on a doctor's prescription for formula milk and that's all I would have used the vouchers for
- 09  Other reason, please specify \_\_\_\_\_

558

SPARE COLUMNS: 559-569

## The Sure Start Maternity Grant

The Sure Start Maternity Grant is a one-off £500 payment to help towards the costs of having a child.

You qualify for the Sure Start Maternity Grant if:

**A.** You're expecting your first child (and there are no other children in your family), **or** you already have children but you're expecting a multiple birth (e.g. twins / triplets).

**And:**

**B.** You or your family receive **one** of the following:

- I. Income Support
- II. Income-based Job Seeker's Allowance
- III. Income-related Employment and Support Allowance
- IV. Pension Credit
- V. Child Tax Credit at a rate higher than the family element
- VI. Working Tax Credit that includes a disability or severe disability element
- VII. Universal Credit

You can claim the Maternity Grant from 11 weeks before your baby is due up until 3 months after your baby's birth.

46. Were you aware of the Sure Start Maternity Grant before reading the description above? 570

- 1  Yes  
2  No

47. Based on the list above, do you think that you qualified for the Sure Start Maternity Grant? 571

(Please tick one box only)

- 1  Yes  
2  No  
3  Don't know

48. Did you receive the Sure Start Maternity Grant? 572

- 1  Yes → Go to Q.49  
2  No → Go to Q.50

49. How would you rate your experience of receiving the Maternity Grant? 573

(Please tick one box only)

- 1  Very good  
2  Somewhat good  
3  Adequate  
4  Somewhat poor  
5  Very poor

## About You

50. What age were you on your last birthday?

574

(Please tick one box only)

- 1  19 or under  
2  20-24  
3  25-29  
4  30-34  
5  35 or over

51. What is your ethnic group?

(Please tick one box that best describes your ethnic group)

575-576

### White

- 01  White Scottish  
02  White Other British  
03  White Irish  
04  White Gypsy/Traveller  
05  White Polish  
06  Other White

### Mixed or multiple ethnic groups

- 07  Any mixed or multiple ethnic groups

### Asian, Asian Scottish or Asian British

- 08  Pakistani, Pakistani Scottish or Pakistani British  
09  Indian, Indian Scottish or Indian British  
10  Bangladeshi, Bangladeshi Scottish or Bangladeshi British  
11  Chinese, Chinese Scottish or Chinese British  
12  Other Asian

### African

- 13  African, African Scottish or African British  
14  Other African

### Caribbean or Black

- 15  Caribbean, Caribbean Scottish or Caribbean British  
16  Black, Black Scottish or Black British  
17  Other Caribbean or Black

### Other ethnic groups

- 18  Arab, Arab Scottish or Arab British  
19  Other ethnic group

- 20  Prefer not to answer

We would like your permission to add your survey responses to other information held about your health and care by NHS Scotland (for example the weight of your baby at birth). Your information will be used only for research and we will never give out your contact details. If you give your permission to add your survey responses to other health and care information held about you it will not be shared with the people who look after you and will not affect your current or future treatment or care.

52. Do you give your permission for NHS Scotland Statisticians to add your survey responses to other information about your health and care for the purpose of further research?

577

- 1  Yes → Go to Q.53  
2  No → You have now finished this survey

53. What is your date of birth?

We are asking you to provide your date of birth so that we can add your survey responses to other information held about your health and care by NHS Scotland. Your date of birth will not be shared with anyone and it will not be possible for anyone to identify you in the survey results.

D	D	M	M	Y	Y	Y	Y

578-579  
580-581  
582-585

54. What is your Community Health Index (CHI) number?

We are asking you to provide your CHI number so that we can add your survey responses to other information held about your health and care by NHS Scotland. Everyone who is registered with a Scottish GP practice has their own unique CHI number. Please note that your CHI number also contains your date of birth. This number uniquely identifies you within NHS Scotland and is attached to all of your health records. Your CHI number will not be shared with anyone and it will not be possible for anyone to identify you in the survey results.

Your CHI number is 10 digits long and should be printed on the front page of your maternity record or on your hospital appointment cards.

--	--	--	--	--	--	--	--	--	--

586-595

**Thank you for taking the time to complete this survey**

{MAILMERGE BARCODE}

Serial number: {SN}{CkLet}

SERIAL NUMBER: 1-8  
CHECKLETTER: 9  
CARD NUMBER (01): 10-11  
VERSION (1): 12  
BATCH NUMBER: 13-17  
SPARE COLUMNS: 18-29