
Domain: Impact on Parenting

Breastfeeding

- What method do you plan to use to feed your new baby in the first few weeks?⁴⁰
 - Breastfeed only (baby will not be given formula)
 - Formula feed only
 - Both breast and formula feed
 - Don't know yet

³⁴ [JHU Community Response](#)

³⁵ [Environmental Influences on Child Health Outcomes \(ECHO\) COVID-19 Questionnaire](#)

³⁶ Psychosocial Working Group Recommendation

³⁷ Psychosocial Working Group Recommendation

³⁸ Psychosocial Working Group Recommendation

³⁹ [JHU Community Response](#)

⁴⁰ [Infant Feeding Practices Study II](#)

- Were you ever advised you should not breastfeed you new baby(ies), for example if you have a health condition that prevents it?⁴¹
 - Yes
 - No
 - Don't know

Postpartum only

- Did you ever breastfeed or pump breast milk to feed your new baby (or babies if you had twins or more) after delivery, even for a short period of time?⁴² (If mother has multiple babies, direct the mother to answer based on the baby they breastfeed the most)
 - Yes
 - No

Feelings of Attachment to Newborn

Postpartum Only

- Please indicate how often the following are true for you. There are no 'right' or 'wrong' answers. Choose the answer which seems right in your recent experience:⁴³

	Always	Very often	Quite often	Some-times	Rarely	Never
I feel close to my baby	0	1	2	3	4	5
I wish the old days when I had no baby would come back	5	4	3	2	1	0
The baby doesn't seem to be mine	5	4	3	2	1	0
My baby winds me up	5	4	3	2	1	0
I love my baby to bits	0	1	2	3	4	5
I feel happy when my baby smiles or laughs	0	1	2	3	4	5
My baby irritates me	5	4	3	2	1	0
My baby cries too much	5	4	3	2	1	0
I feel trapped as a mother	5	4	3	2	1	0
I resent my baby	5	4	3	2	1	0
My baby is the most beautiful baby in the world	0	1	2	3	4	5
I wish my baby would somehow go away	5	4	3	2	1	0

Impact of Pandemic on Children's Education (Tier 2)

- Do you have children living in your home that you are responsible for?⁴⁴
 - No
 - Yes
 - **If yes, please answer the following questions. If no, move on to next question.**
 - How many? _____
 - What is the age of the youngest child? _____ Years
 - What is the age of the oldest child? _____ Years

⁴¹ Psychosocial Working Group Recommendation

⁴² [PhenX: Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#)

⁴³ [Postpartum Bonding Questionnaire](#)

⁴⁴ [Study of Pregnancy and Neonatal Health \(SPAN\)](#) – Attained measures via personal communication

- What is your household's current situation for childcare and/or schooling? (select all that apply)⁴⁵
 - I or someone in my household care for my child(ren) full-time
 - I or someone in my household care for my child(ren) part-time
 - I or someone in my household try to balance childcare/home schooling and work/telework responsibilities at home
 - Someone from outside my household (friend, family, nanny) cares for my child(ren) in my home
 - My child(ren) goes to a childcare center or someone else's home for childcare
 - My child(ren) does not need childcare; they take care of themselves
 - My child(ren) goes to school in-person
 - My child(ren) goes to school virtually (online)

Distress About Impact of Pandemic on Children's Education (Tier 2)

- How bothersome or distressful is the current situation for childcare and/or schooling?⁴⁶
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much

Impact of Pandemic on Childcare

- How has the COVID-19 outbreak affected your regular childcare? (Mark all that apply)⁴⁷
 - I had difficulty arranging for childcare
 - I had to pay more for childcare
 - My spouse/partner or I had to change our work schedule to care for our children ourselves
 - My regular childcare has not been affected by the COVID-19 outbreak
 - I do not have a child in childcare.

Distress About the Impact of the Pandemic on Childcare (Tier 2)

- How bothersome or distressful have the changes to your regular childcare been?⁴⁸
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much
 - My regular childcare has not been affected by the COVID-19 outbreak
 - I do not have a child in childcare