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MATERNAL EXPERIENCES OF DISCUSSING COMPLEMENTARY FEEDING IN PRIMARY CARE

BY

KELLY LYNN BOUCHARD

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE OF

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MASTER OF SCIENCE THESIS

OF

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ABSTRACT

Objective: To explore mothers' experiences and perceptions of the complementary feeding recommendations they receive in the primary care setting.

Methods: English- and Spanish-speaking mothers of infants were recruited from WIC offices in Rhode Island and through snowball sampling. Semi-structured telephone interviews were conducted to investigate mothers' discussions with pediatricians about complementary feeding and their overall impressions of wellness visits. Thematic analysis was informed by the Fundamentals of Care theoretical framework.

Results: The mean age of the sample (n=13) was 30.5 years and 62% were Latina. Overall, mothers reported being satisfied with wellness visits and that they trusted pediatricians (theme 1). However, most also felt that pediatricians' feeding recommendations are vague or incompatible with their child's behaviors or their own cultural preferences (theme 2), and that they are comfortable relying on alternative sources for advice (theme 3). Mothers described ways to improve wellness visits, most notably through additional take-home materials (theme 4).

Conclusion: This sample of mothers did not always perceive pediatricians' infant feeding recommendations as comprehensive enough to meet their needs.

Practice Implications: Improving the content, delivery, and cultural relevance of infant feeding recommendations in primary care settings with more specific and tailored information may promote adherence to evidence-based practices.

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PREFACE

This thesis was prepared in manuscript format following the author guidelines for *Patient Education and Counseling*. After submitting this thesis, the manuscript may be submitted for publication.

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MANUSCRIPT

Maternal Experiences of Discussing Complementary Feeding in Primary Care

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1. INTRODUCTION

Overall diet quality among youths in the United States has seen modest improvements in recent years [1], but sodium, added sugar, and saturated fats consumption remains high while fruit, vegetable, and whole grain intake is suboptimal [2–5]. Moreover, there are prominent disparities among racial, ethnic, and socioeconomic groups. Non-Hispanic Black children consistently score lower in measures of diet quality compared to children of other racial groups [6,7], and both Non-Hispanic Black and Hispanic children are less likely to meet dietary recommendations [8–10]. Similarly, youth who live in low-income or food insecure households have lower intakes of fruit, vegetables, and fiber compared to their high-income counterparts [11,12]. The COVID-19 pandemic has further destabilized economic security and food access among families, leading to a surge in food-insecure households with children in 2020 [13,14]. Adequate nutrition is needed to support the rapid physiological and neurological development during early life stages [15]. Furthermore, dietary patterns defined by frequent energy-dense and minimal nutrient-dense food consumption are a well-established risk factor for multiple chronic diseases, including metabolic syndrome, cardiovascular disease, and type II diabetes [16,17]. Given that dietary patterns in childhood are predictive of those in adulthood [18,19], there remains a need to promote diet quality among youth.

The complementary feeding period is one of the earliest windows for chronic disease prevention. Complementary feeding is the transitional phase between exclusive breastmilk or formula consumption to solid food consumption [20]. Initiating complementary feeding before 4 months of age has been correlated with

larger measures of waist circumference and percent total body fat in early adolescence [21]. Most infant feeding guidelines maintain that infants should be exclusively breastfed or formula-fed for up to 6 months [22–24]. Complementary feeding may also establish taste preferences for nutrient-dense foods. Young children have a primitive instinct to reject sour and bitter flavors, which is may be protective against the accidental ingestion of toxins [20]. Research indicates that 8-10 nonconsecutive offerings of these foods is needed to promote tolerance [25]. This familiarization process is associated with higher acceptance of previously disliked non-starchy vegetables and unfamiliar foods at later ages [26]. The potential for these practices to modify chronic disease risk is exclusive to this life stage. Hence, timely complementary feeding interventions are needed.

Caregivers often have access to numerous sources of advice on childcare and child development. Information from healthcare professionals is generally perceived to be the most trustworthy [27]. Yet little is known about the content of US pediatricians' discussions with caregivers about infant feeding. The American Academy of Pediatrics has developed evidence-based guidelines to support complementary feeding decisions, though limited research suggests that pediatricians' adherence to some guidelines is low [28,29]. Alternatively, previous studies have explored caregivers' attitudes toward the complementary feeding recommendations they receive from pediatricians [30,31]. However, few studies have explored caregivers' experiences receiving these recommendations in US primary care settings specifically.

Patient satisfaction with their healthcare experiences improves adherence to medical advice [32]. The Fundamentals of Care (FOC) theoretical framework was developed to define patient-centered nursing care [33]. The FOC characterizes care as having three interconnected dimensions: the nurse-patient relationship; the integration of physical, psychosocial, and relational care; and the context in which care is delivered. The extent to which these dimensions and their components are realized by nursing staff is a determinant of the quality of care. There is potential to adapt the FOC to pediatric primary care to evaluate pediatricians' performance.

Although there is evidence to suggest that caregivers trust the feeding advice they receive from pediatricians, fewer studies have explored what recommendations caregivers receive from pediatricians, how they are delivered, and their perceptions of these recommendations. The aim of this study is to explore mothers' experiences and their perceptions of the complementary feeding recommendations they receive in the primary care setting.

2. METHODS

2.1. Recruitment

Recruitment flyers in English and Spanish were sent to the East Providence, Newport, and Westerly, Rhode Island offices of the Special Supplemental Program for Women, Infants, and Children (WIC). WIC staff briefed on the eligibility criteria were asked to introduce the study to mothers of infants. If the mothers expressed interest in participating, their contact information was sent to the research team with their permission. Interested mothers also were identified via snowball sampling [34]. The researcher conducted eligibility screening for English-speaking participants over the phone, whereas Spanish-speaking participants were screened by a research assistant. Individuals could participate if they were at least 18 years old, had an infant between 0-12 months of age that did not have a feeding disorder, and were able to speak English or Spanish. Participants were then scheduled for telephone interviews within a month of the screening date. Recruitment concluded when the researcher determined that the point of data saturation between interviews had been reached.

2.2. Data collection

Semi-structured interviews were conducted between October 2020 and February 2021. An interview guide was created by the researcher with input from members of the research team who have experience in public health and early childhood nutrition. The guide was informed by a modified version of the FOC theoretical framework to gain a better understanding of how pediatricians' conduct affects mothers' experiences in the primary care setting.

The interview guide contained 9 open-ended questions and 23 follow-up prompts (Table 1). These questions were pilot tested with a mother of an infant (n=1) who was recruited separately from the other participants and whose data was not included in the current study. Feedback from this mother was used to refine the interview guide before data was collected. A translated interview guide was developed for Spanish-speaking participants.

English-speaking and Spanish-speaking participants were interviewed by the researcher and a research assistant, respectively. Interviews were audio recorded with Call Recorder iCall (Appitate LLC, Sunny Isles Beach, FL). They lasted from 25 to 67 minutes, with an average of 40 minutes. Participants were asked to complete a brief online survey following their interview to collect auxiliary data on their primary care experiences as well as infant feeding and sleep practices and demographic information. Participants received a $50 gift card as remuneration via email after completing the survey.

2.3. Data analysis

A thematic analysis was conducted to identify themes reflecting complementary feeding discussions with pediatricians following the seven-phase process described by Lester et al. [35]. The interview recordings were deidentified and transcribed by two research assistants. An initial set of codes was derived from the research question and FOC framework prior to analysis for deductive coding. An inductive approach guided by Grounded Theory also was utilized [36], with the codebook being reviewed and updated throughout the analysis period to reflect newly identified recurring concepts. All

interviews were independently coded by the researcher and a research assistant with MAXQDA (Verbi Software, Berlin, Germany) software. Transcripts underwent multiple readthroughs to promote familiarization with the data. Applied codes were organized into preliminary themes by the researcher that evolved with further analysis. Weekly meetings between the researcher and research assistant were held to review coding discrepancies, establish intercoder agreement, and discuss preliminary impressions. Codes were then incorporated into finalized themes and subthemes that summarize their interrelations within the study's context. Post-interview surveys were created and distributed through REDCap 8.10.1 (Vanderbilt University, Nashville, TN). Demographic information from the surveys was processed in SAS 9.4 (SAS Institute, Cary, NC) to generate descriptive statistics.

2.4. Ethical considerations

All aspects of data collection and storage were disclosed to participants. Verbal consent to participate was obtained before interviews commenced. The University of Rhode Island's Institutional Review Board approved of all study procedures.

3.1 RESULTS

3.1. Participants

The demographic characteristics of the mothers (n=13) are depicted in Table 2. The sample had an average age of 30.5 years (SD ± 7.2). More than half of mothers identified themselves as Hispanic (61.5%). Most were married or partnered (76.9%), and slightly less than half reported annual household incomes of ≤ $20,000 (44.4%). The majority of mothers reported graduating from high school (30.8%) or earning a graduate degree (30.8%) as their highest educational attainment. More than three-quarters were recipients of WIC benefits at the time of the interview (76.9%). More than a third of the infants had been introduced to solid foods at 4 months of age (38.5%).

3.2. Themes and subthemes

Four themes emerged from the analysis: 1) Wellness visits are mostly positive experiences, 2) Not all infant feeding recommendations needs to be followed, 3) Alternative sources of infant feeding recommendations can be just as helpful, and 4) There is room for improvement at wellness visits. The following section contextualizes these themes within the FOC, then presents subthemes and supporting quotes (Table 3).

3.2.1. Wellness visits are mostly positive experiences

Mothers largely held positive opinions about their infant's wellness visits and the feeding recommendations they received while there. Some perceived the information to be useful, but specific qualities of relationships with their pediatricians underlie much of the mothers' satisfaction. This aligns with the FOC framework, which depicts

establishing a relationship with the patient as foundational to delivering quality care. Such relationships are formed when patients trust their providers to meet their care needs, though providers must continually engage with and reflect on patients' needs to maintain them. Mothers' opinions about their own patient-provider relationships indicate whether their pediatricians have met these standards.

3.2.1.1. Some recommendations for feeding infants are helpful

Mothers who were advised by their pediatrician on the appropriate timing of complementary feeding had neutral responses to these recommendations. Discussions about what types of foods to introduce were regarded with greater enthusiasm. Infant cereals, puréed fruits and vegetables, avocados, and commercial infant foods were all suggested as items to offer first. This information was especially valuable for first-time mothers who were unfamiliar with their feeding options:

> *"I hadn't even thought of the baby cereal and when she told me I was excited…"* (Participant 7, English).

Others reported that pediatricians supported their autonomy to choose from a variety of foods:

> *"I think what they said was a lot of parents choose to start with the… the cereals, but they said that there's- I think what they said was that there's no, umm… if we chose to start with vegetable purée, umm… that would be okay, too"* (Participant 8, English).

Several mothers mentioned that guidance on treating digestive issues was helpful:

> *"... [the pediatrician] said that my child was constipated and to give him prune juice with apples, I believe. That helped my child a lot"* (Participant 2, Spanish).

3.2.1.2. The pediatrician is knowledgeable about infant wellness

Many mothers stated that they trusted what pediatricians told them about caregiving practices, including information on nutrition and feeding during infancy. They elaborated that their trust stemmed from a belief that pediatricians know more about child health than them:

> *"I mean the pediatrician is a pediatrician for a reason and, um, y'know, have that knowledge"* (Participant 7, English).

One mother commented that her pediatrician's credentials was what assured her of the reliability of the information she was receiving:

> "*Yes, like I was saying… they are professional and you have to follow what professional people advise you because it is good information… It is a pediatrician, and that is someone who has an interest in the well-being of your child"* (Participant 2, Spanish).

3.2.1.3. Having a good relationship with the pediatrician put mothers at ease

Having rapport with their child's pediatrician also influenced mothers' wellness visit experiences. Nearly half of the mothers were familiar with the pediatrician through family members who attended the same primary care facilities or from when they were patients themselves during their own childhoods. Mothers described how having a history with the pediatrician was reassuring:

> *"I like my doctor because it's my kids' doctor and my doctor, all the once so, I've had her for a long time"* (Participant 10, English).

One mother who had to change pediatricians explained how her current relationship was not as satisfying:

> *"Well, for my first son, my three-year-old, I had umm… my doctor, umm… another doctor, and he recently retired, like, maybe two years into my son's life, and then this new doctor had took over… So, I don't know if you know, I miss the old one. He's nothing like the older one"* (Participant 4, English).

Mothers shared that relationships with their pediatricians were established and maintained through active provider support. Some described this as receiving affirmation for their decisions:

> *"It just seems like they support the decisions that we've been making, which is always, uhh... good to have from your pediatrician"* (Participant 8, English).

Asking about the caregivers' well-being, answering questions, providing samples of infant formula, and writing medical notes to promote breastfeeding in the workplace were other examples mothers provided. All those who discussed support from their pediatrician expressed their appreciation for these acts.

3.2.2. Not all infant feeding recommendations are easy to follow

Despite stating that their pediatrician's feeding recommendations were helpful, most mothers also shared that there was some information that they were dissatisfied with or did not follow. When examined through the FOC lens, communicating information about infant nutrition needs is classified as an act of care that the pediatrician performs. Quality care simultaneously considers the physical, psychosocial, and relational needs of the patient. Pediatricians failed to meet mothers' psychosocial standards of clarity, specificity, and cultural competence.

3.2.2.1. Pediatricians' infant feeding recommendations can be vague

Most mothers felt that their discussions about infant feeding in primary care were not clear enough. For example, one mother remarked:

> *"But what I feel is… sometimes we tend to generalize a whole process where [the pediatrician] could be… like [recommendations] could be different but they are the same…"* (Participant 1, Spanish).

Another mother speculated that her pediatrician told her generic information because she was multiparous:

"I think, umm... maybe it's because they already have two kids, they just kind of feel like I can go with the flow" (Participant 10, English).

However, first-time mothers also considered the recommendations to be vague.

Mothers relied on their intuition to determine how to feed their infants when the recommendations they had received were ambiguous. This maternal instinct was sometimes used to gauge when their infant was ready for solid foods. One mother shared:

"But he recently turned six months old, and my intuition told me that it was time to start feeding him small things… like to start something different" (Participant 3, Spanish).

Some pediatricians supported mothers' decisions to initiate or delay complementary feeding:

"So at the four month visit, they- they said we could start [introducing solid food] at that point. Umm... and I said I wanted to wait and they were fine with that. So they didn't necessarily recommend that at that point, I guess" (Participant 8, English).

Many mothers also reported choosing what foods to feed their infants without a pediatrician's input.

3.2.2.2. Every child has different feeding needs

Another complaint presented by some mothers was that the recommendations did not accommodate their infants' unique needs and behaviors. Specifically, the signs of readiness for solid foods, hunger cues, and food preferences that mothers reported observing in their children sometimes conflicted with the information pediatricians told them about when and how to feed their infants:

> *"Like- like, I definitely, um… listen to (baby cries) the doctor and, okay, this is what the doctor told me, y'know, let's work toward that. But it's not, like, a given because… clearly not everyone's the same and- and so on"* (Participant 9, English).

These discrepancies convinced some mothers to rely on infant feeding methods that their pediatrician had not mentioned:

> *"…as long as the baby is happy, healthy, and growing as they should be, umm... I think that there are other... other healthy methods then necessarily what the doctors might recommend"* (Participant 8, English).

3.2.2.3. Infant feeding recommendations do not account for cultural differences

Mothers from ethnically diverse backgrounds spoke of how culturally influenced practices impact how they feed their infants. For instance, one mother described her parents' approach to infant feeding:

> *"They were actually saying you can do this! You can do anything! Feed her some of this. Feed her some of that. They're also Arabic so, y'know, their culture. Um, how they grew up"* (Participant 7, English).

Beyond acknowledging familial influences on attitudes toward feeding, these mothers attempted to incorporate culturally relevant foods into their infant's diet. Yet some explained that it was difficult to balance their food preferences with infant feeding recommendations in the United States:

> "*But it is hard to adapt to the idea of giving… don't give tomatoes but give apples or don't give apples but give carrots… Do you know what I mean?"* (Participant 2, Spanish).

Some mothers noted that these cultural differences affected how they responded to caregiving information from primary care settings.

3.2.3. Alternative sources of infant feeding recommendations are sometimes preferable

All mothers reported receiving infant feeding recommendations from sources besides their pediatrician, including relatives, other mothers, WIC, and the internet. As the FOC describes, failure to address the integrated elements of care can threaten a patient's confidence in their provider to perform needed services. Mothers identified aspects in their pediatricians' communication practices that did not meet their expectations within the psychosocial domain of care. Alternative sources of advice were utilized to when mothers felt that primary care did not offer sufficient feeding guidance.

3.2.3.1. The pediatrician is not always the nutrition expert

Some mothers sought infant feeding information from alternative sources because they did not consider their pediatricians to have adequate nutrition knowledge compared to other available resources. This was often because mothers reported feeling that nutrition counseling was not within their pediatrician's scope of practice:

> *"I see, like, my child's pediatrician more as someone that I could address for some form of a medical concern you- like, uh, some form of a physical reaction or behavioral… behavior that might be concerning, not really as someone I can ask about her nutrition"* (Participant 1, English).

Mothers spoke of WIC and other caregivers being preferable to consult about complementary feeding due to their perceived expertise in nutrition and experience with feeding, respectively.

3.2.3.2. Family members are convenient sources of infant feeding recommendations

Family members were frequently cited as sources of feeding advice, especially female relatives. Some mothers explained that they preferred to ask family members about feeding concerns before contacting a pediatrician:

> *"First I would ask my mother before… before I called the pediatrician 'cause sometimes she would- she would know. She would have a solution (laughs) before it escalated to the pediatrician"* (Participant 5, English).

Not all advice received from family members was solicited. However, mothers described the information they did request as helpful:

> *"Umm, [my mother]... she's the one that has [been] more helpful to both of us, both my sister and I, like cooking certain foods for both babies"* (Participant 1, English).

3.2.3.3. Personal research fills in gaps in infant feeding knowledge

Some mothers described searching for additional information that the pediatrician did not mention. One mother discussed how she learned most information about baby-led weaning from her own research:

> *"You know, I wasn't even necessarily talking to anybody, I was just reading [online] stories, and, umm... doing some research online too and that, umm… that is where I got most of my advice and information"* (Participant 8, English).

Research also was used to corroborate advice received from multiple sources:

> *"Like, I'll listen to my friend. Um, I'll listen to the doctor. Um, I'll listen to even the WIC office 'cause they get asked about all these feeding questions all the time. Um, I'll look at where my girls are at. And then I'll kinda… use a little bit of reasoning. Um, and then my reasoning usually follows up with some research"* (Participant 9, English).

Mothers additionally mentioned common allergens and inappropriate foods for infants as topics they researched.

3.2.4. There is room for improvement at wellness visits

Mothers were asked to evaluate their experiences in pediatric primary care and consider what changes they would like to see implemented to improve discussions about complementary feeding. Their perspectives touch on the contextual dimension of the FOC, which addresses the systems and policies in care settings that dictate how care is delivered. In addition, some mothers commented on broader social and environmental contexts that affect their response to their pediatricians' recommendations.

3.2.4.1. There are barriers to following pediatricians' recommendations

A few mothers mentioned that busy lifestyles or environments interfered with their ability to follow their pediatrician's recommendations. Some of these distractions were present at wellness visits:

> *"So, umm… it is a little overwhelming trying to deal with the baby while I'm trying to listen to this information and [the pediatrician] does speak a little bit fast"* (Participant 1, English).

Returning to work also was described by several mothers as being disruptive to feeding their infant.

A lack of culturally sensitive resources also was identified as a barrier by the Spanish-speaking mothers. One mother who immigrated to the United States shared her emotional struggles as she transitioned to a new cultural climate:

"All the fear and sadness because we obviously, ummm… the fear we have is very strong, and I feel like mostly the immigrants are going through… or we feel lonelier, to call it something" (Participant 3, Spanish).

This mother elaborated that these feelings and a language barrier impacted her ability to follow her pediatrician's recommendations. The difficulty of navigating another culture was echoed by another mother from Central America:

"…and the problem is that we have a lot of differences… remember that we are… we are in a country where the culture is very different" (Participant 2, Spanish).

Some mothers described COVID-19 prevention measures they encountered in primary care facilities, such indoor mask mandates, temperature checks, and revised waiting room policies. None stated that these protocols impaired the quality of their wellness visits.

3.2.4.2. Mothers have varying opinions on how wellness visits could be improved

Mothers presented ideas on how wellness visits could be improved. Many mothers requested that more take-home materials be provided:

"Not just about, y'know, necessarily feeding, but in general, y'know, any resources would be welcome" (Participant 7, English).

They discussed how these materials would be easy to reference if they had difficulty recalling their discussions with the pediatrician. Aside from additional resources, there

was no consensus on what modifications to primary care were most desired. Responses varied from prioritizing the caregiver's concerns, increasing engagement with the healthcare team, and having more discussions about developmental milestones.

4. DISCUSSION AND CONCLUSION

4.1. Discussion

The goal of this study was to explore mothers' experiences and their perceptions of the complementary feeding recommendations they receive in the primary care setting. The FOC guided the organization of their perspectives into four main themes. Overall, mothers expressed positive opinions of wellness visits and their infant's pediatricians but felt that feeding recommendations they received in this setting were often lacking. Moreover, they were comfortable relying on alternative sources of advice in conjunction with their pediatrician when they sought additional information. Mothers had varying opinions on how wellness visits could be improved but generally desired more take-home materials about infant care and feeding.

Mothers were mostly satisfied with the infant feeding recommendations they received in primary care. Their positive responses were largely attributed to the relationships they developed with their pediatricians. Patient-provider relationships are at the core of the FOC framework [33]. They serve as the lens through which providers can gain a comprehensive understanding of the patient's needs. Quality care is then upheld via relational aspects of care delivery as described in the framework's second dimension. Prior studies have established that mothers seek infant care advice from pediatricians more than they do from other sources [27,31,37]. This trust is influenced by the perception that pediatricians are authorities on child health. For example, one study found that mothers were more responsive to information from pediatricians if they believed that pediatricians were qualified [38]. Beyond establishing trust, the current study found that these relationships are strengthened by familiarity and empathy. Low-income mothers

have previously described being less receptive to recommendations from pediatricians if they felt that the interaction was impersonal [39,40]. Pediatricians appear to easily establish trust due to expectations of their knowledge, but rapport can be undermined if they fail to meaningfully engage with caregivers [41]. Utilizing patient-centered communication strategies when delivering infant feeding information may promote caregiver satisfaction and adherence to recommendations [42].

Despite expressing their trust in pediatricians, most mothers reported that some infant feeding recommendations were difficult to follow. According to the FOC framework's second dimension, the integration of care, providers must simultaneously meet the physical, psychosocial, and relational aspects of a care task [33]. Mothers explained that the advice they received was sometimes unclear, not tailored to their child, or not culturally sensitive, indicating that their psychosocial communication needs were not met. This is consistent with prior studies [43,44], in that mothers have ignored feeding advice that they did not consider to be in their child's best interest [39,45,46]. Incongruence between complementary feeding recommendations and cultural preferences has also been documented in the literature. Mothers' infant feeding practices are often rooted in their community's caregiving norms [47,48]. Culturally diverse and immigrant mothers have varied opinions on the importance of evidence-based guidelines [49,50], but they report similar struggles in navigating information from conflicting sources [51–53]. It is imperative that pediatricians deliver nuanced and culturally competent recommendations to prevent mothers from making unfavorable decisions.

Mothers reported that they often sought complementary feeding advice to compensate for substandard information from their pediatrician. This is an expected

response to unfulfilled care needs because disruptions to care integration place strain on the patient-provider relationship [33]. In the current study, pediatricians' nutrition information was less valuable to mothers than what could be learned from other sources. Other studies have reported that mothers favor advice from caregivers with experience over official guidelines [31,54]. Anecdotal evidence is not guaranteed to promote optimal health outcomes, but pediatricians have acknowledged a need to improve their own complementary feeding knowledge [29]. Female relatives and the internet were cited as prominent influences on mothers in the current study, which is consistent with the literature on infant feeding resources [37,55]. Grandmothers can be positive caregiving role models [56], but trusting advice from family members who are unfamiliar with best practices can promote unhealthy child feeding behaviors [57]. Yet denying maternal respect for generational knowledge may weaken the patient-provider relationship. Mothers have been more hesitant to accept advice from websites and online forums, though they continue to access these platforms out of convenience [58]. Maternal intuition appears to be a universal metric for making final judgments on the validity of complementary feeding information [59]. However, such "instincts" can lead to poor feeding decisions if there are gaps in caregiving knowledge. This further emphasizes the need for pediatricians to elaborate on the significance of their recommendations to promote adherence without diminishing the value of experiential knowledge.

Several barriers to following pediatrician recommendations were identified. Some of these difficulties stem from within the contextual layer of the FOC framework [33]. Shortcomings in the policies and systems that define the primary care setting can impede mothers' ability to follow best practice recommendations. For instance, pediatricians may

have limited time or nutrition training to address topics of interest in sufficient detail [60,61]. Spanish-speaking mothers also mentioned encountering cultural discordance, a known hindrance to patient satisfaction and adherence to recommendations [62,63]. Offering more educational resources was the most common suggestion to address these obstacles. Pediatricians have also voiced their interest in take-home materials, instructional videos, websites, and similar items [64,65]. Incorporating such resources into primary care would likely be well received by patients and providers alike and should be considered in future interventions.

This study contributes to the limited body of research on US caregivers' attitudes toward pediatricians' complementary feeding recommendations. Furthermore, the potential for interpretation bias was minimized through the establishment of intercoder agreement on all interview transcripts. Several limitations should also be acknowledged. First, the small sample size and exclusive recruitment from one state limits the generalizability to the experiences of mothers in other regions. Additionally, partial reliance on snowball sampling for recruitment increases the risk of sampling bias. These limitations are attributed to recruitment challenges that were encountered during the COVID-19 pandemic. However, reaching data saturation indicates that there was sufficient data to perform a complete thematic analysis.

4.2. Conclusion

Overall, mothers expressed positive opinions of wellness visits and their infant's pediatricians but felt that feeding recommendations they received in this setting were often lacking. Mothers were comfortable relying on alternative sources of advice when

they sought additional information. Varying opinions on how wellness visits could be improved were shared, but more take-home materials about infant care and feeding were generally desired.

4.3. Practice Implications

This data suggests that despite having positive opinions of pediatric primary care, this sample of mothers did not always consider pediatricians' infant feeding recommendations to be comprehensive enough to meet their needs. Improving the content, delivery, and cultural relevance of infant feeding recommendations in primary care settings with more specific and tailored information may promote maternal adherence to evidence-based feeding practices. Moreover, the FOC served as a useful framework for describing responses to feeding guidance in primary care. Additional refinement may enhance its use in other exploratory analyses or intervention development projects in this setting. Future research should investigate strategies to incorporate the identified elements into wellness visits with consideration for underlying components of care.

TABLES

Table 1. Complementary feeding interview guide

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1. Could you tell me about your experiences with feeding your infant?
   a. What was your feeding plan before you had your infant?
2. Could you tell me a little about when you decided to start giving your infant any solid food?
   a. How did you know when he/she was ready to start eating food?
   b. Could you describe what some of those first foods were?
   c. Can you describe the advice/guidance you received about when your infant should start
   eating solid foods?
   d. Can you describe the advice/guidance you received about what your infant should be eating as first foods?
3. Can you tell me a little bit about your wellness visits at the pediatrician's office?
4. What did your pediatrician say about when you should start feeding your infant?
   a. How was this information given to you?
   b. Do you remember how old your infant was when you got this information?
5. What did the pediatrician say about what you should feed your infant?
   a. What foods did they recommend you start with?
   b. What information did they provide with regards to how much you should be giving your infant?
   c. What information did they provide with regards to how to feed your child?
   d. What information did they provide with regards to when to introduce different food textures?
   e. How long did they spend providing any recommendations/information?
   f. How was this information given to you?
   g. Do you remember how old your infant was when you got this information?
6. What are your thoughts on how this information was given to you?
   a. How did the pediatrician respond to your questions or concerns?
   b. What concerns about complementary feeding do you have that were not addressed by the pediatrician?
   c. What resources given to you were the most/least helpful?
   d. What has influenced your decision to follow/not follow the pediatrician's recommendations?
7. How has COVID-19 impacted your wellness visit routine?
   a. How would you compare the quality of visits during the pandemic with other wellness visits you've experienced?
   b. What accommodations have your pediatrician made for visits during the pandemic?
8. If we were to design an intervention, what aspects would be the most important to you as a caregiver?
   a. What would your ideal wellness visit be like?
   b. What change to your wellness visits would you most like to see?
   c. What modes of communication would you prefer to build on your wellness

visits?

9. If you were to give other moms advice about infant feeding, what would it be?

Table 2. Demographic characteristics of mothers of infants (n=13)

Demographics	**n or mean**	**% or SD**
Age	30.5	± 7.2
Race		
African American or Black	2	15.4
White	7	53.8
Other	4	30.8
Ethnicity		
Hispanic/Latina	8	61.5
Education		
10th-12th grade	1	7.7
High school diploma or GED	4	30.8
2-year college degree	1	7.7
4-year college degree	3	23.1
Graduate degree	4	30.8
Annual household income		
≤ $20,000	4	44.4
$20,001-$30,000	1	11.1
$30,001-$40,000	1	11.1
≥ $40,001	3	33.3
Nutrition assistance		
Receives WIC benefits	10	76.9
Receives SNAP benefits	3	23.1
Sex of infant		
Male	8	61.5
Female	5	38.5
Age of infant		
4 months	1	8.3
5 months	1	8.3
6 months	3	25
7 months	0	0
8 months	2	16.7
9 months	3	25
10 months	0	0
11 months	2	16.7
Age infant was introduced to solid foods		
4 months	5	38.5
5 months	1	7.7
6 months	4	30.8
7 months	1	7.7
Has not been introduced to solid foods	2	15.4

*Some cells do not add to total *n* as some participants chose not to answer this question

Table 3. Themes, subthemes, and supporting quotes from interviews with mothers of infants

Theme	Subtheme	Supporting quotes
Wellness visits are mostly positive experiences	Some recommendations for feeding infants are helpful	"It's actually like they do take their time, like if you're there for an infant, they do take their time and explain things to you." (Participant 3, English) "Yes, she always told me what… what I could feed my baby, what I would give him… [the pediatrician] would talk about all that." (Participant 1, Spanish) "But on the other hand, the pediatrician has accurate questions, right? Like what you should really know in terms of nutrition and all of that… so, like, I felt more empathy, right?" (Participant 3, Spanish)
	The pediatrician is knowledgeable about infant wellness	"But, you know, I'm believing the doctor knows a little bit more than me, this is what he went to school for." (Participant 4, English) "Usually, like, eh, we always- like, we consider doctors to be very smart people…" (Participant 5, English) "What I mean is [feeding recommendations] that would make me feel safer and that came from the pediatrician." (Participant 3, Spanish)
	Having a good relationship with the pediatrician put mothers at ease	"I feel that it helps that… this pediatrician, it was my pediatrician before it became my son's pediatrician. I don't know, it just makes me feel better." (Participant 5, English) "I mean, my doctor is already pretty personal with me… But I know that

		other people aren't so lucky." (Participant 6, English) "I have a good relationship with her, my daughter's doctor. Um… yeah, so she's super helpful." (Participant 7, English)
Not all infant feeding recommendations are easy to follow	Pediatricians' infant feeding recommendations can be vague	"…I'm taking WIC but, you know, that's not the case for every person. So if I wouldn't have received that… [the pediatrician's recommendations] would have been very broad. You know, like, not specific enough, at least for someone who is just starting with their baby." (Participant 1, English) "The doctor didn't go into specifics or give a brochure to, you know, focus on these kind of food groups for now." (Participant 2, English) "I feel like they generalize too much." (Participant 3, Spanish)
	Every child has different feeding needs	"Every child is different, you know, and, you know, some wanna eat before, you know, some eat before others eat…" (Participant 4, English) "A baby could be ready for solid foods at four months or five months or five and a half. You don't have to wait until six months to- to introduce solid foods." (Participant 5, English) "Everybody's different, so one person's advice might not be for your kid, only for theirs." (Participant 10, English)
	Infant feeding recommendations do not account for cultural differences	"…we're Hispanic, so the- the baby food that they sell on the market, it's not going to be the same as to what

		we put in the house." (Participant 2, English) "Like, in the Hispanic culture, um… a lot of people start feeding them cereal when they seem- like, when babies seem not to get full on milk? …so we tried that for, like, maybe three weeks with one of the babies… But the doctor noticed. The doctor's like, 'you can feed them food but don't- it's not time for [cereal]." (Participant 9, English) "[Immigrants] don't have much support. We don't have people close to us, and all that stuff which makes it stronger and frustrating for us." (Participant 3, Spanish)
Alternative sources of infant feeding recommendations are sometimes preferable	The pediatrician is not always the nutrition expert	"… I talk more with WIC when it comes to, you know, the children's feedings, umm, than the pediatrician." (Participant 4, English) "So it's annoying, so I tend to call the WIC office and they send the handouts… So I've kinda been asking them more than my doctor." (Participant 9, English) "Sometimes it's better to hear it from another mom than a doctor that doesn't even have kids and they're going off of, like, textbook." (Participant 10, English)
	Family members are convenient sources of infant feeding recommendations	"But my mom has been super huge help in that sense… Like, she knows what she's doing. So I, you know, would watch her and just learn from- from- from her in that sense." (Participant 1, English)

		"Yes, so, because I had experience from my mother-in-law." (Participant 1, Spanish) "As always, my mother-in-law- my mother-in-law, since I asked, gives me advice." (Participant 2, Spanish)
	Personal research fills in gaps in infant feeding knowledge	"Like, obviously what we learn is also through the internet. Uh, like reading and, you know, researching and I guess that influenced us to think that after six months that was, you know, something we should do." (Participant 1, English) "Like, everything is, you only- y'know, you just search it and there's a million answers for you out there." (Participant 5, English) "…I had googled what foods you cannot give a baby and you can't give honey to a baby that's less than one year old. So I feel like… how would they know that? Unless, like, the doctor tells them. So, y'know, do your research. If the doctor isn't telling, if you have questions, but, y'know." (Participant 7, English)
There is room for improvement at wellness visits	There are barriers to following pediatricians' recommendations	"So I didn't necessarily- obviously, I didn't even go by what the handout said, because the handout did not say anything about baby-led weaning in it." (Participant 8, English) "I'll take a little notebook or I'll take note on my cellphone. But sometimes I do forget, um, y'know, was [the pediatrician] talking about this baby, or, um, what was- what was- what was it that he said?" (Participant 9, English) "So in this case, in this country it is very hard to take [infants] wherever

		you go because you also have to work. You have to leave them." (Participant 1, Spanish)
	Mothers have varying opinions on how wellness visits could be improved	"I don't know, I guess if there's some form of a photocopy or a paper, it'd be easier for [the pediatrician] just to hand it over and write down whatever might be specific to my child." (Participant 1, English)
		"Even, like, a website. It could be a website. Hey, y'know, here's this website that you could refer to this or, y'know, there's this interactive platform where you can ask questions and we'll answer or look at these pamphlets, or something like that." (Participant 9, English)
		"I feel like- like a couple years ago used to be a lot more intimate, where it's not now. Like, they just kind of rush you off to the next patient, which I understand they're busy… So, I do get it, but I just kind of wish it was the way it used to be." (Participant 10, English)

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APPENDICES

A. LITERATURE REVIEW

Prevalence and Consequences of Poor Diet Quality

Analyses of children's diet quality within the past decade have revealed promising trends. Estimates of the American Heart Association 2020 continuous diet scores among youths in the United States aged 2-19 indicated that the prevalence of poor quality diets has declined from 76.8% in 1999 to 56.1% in 2016 [1]. Concurrent improvements in the quality of foods consumed in schools and restaurant settings have been observed, albeit mild [2]. Yet a considerable portion of children still exhibit substandard dietary patterns. A nationally representative sample from this age group was determined to have a mean Healthy Eating Index-2015 (HEI-15) score of 51.6 in 2018, far below the best possible score of 100 [3]. Fruit, vegetable, and whole grain consumption are particularly low [3,4]. Ultra-processed foods have become a major source of saturated fats, sugar, and sodium [5,6], including products marketed toward infants and toddlers [7,8]. Disparities across racial and ethnic groups have been observed: compared to white children, non-Hispanic Black, Native American, and Native Hawaiian or Pacific Islander, and Southeast Asian diaspora children score significantly lower on measures of diet quality [9–11]. Low family income status is also a predictor of diet quality. With the exception of Mexican American and other Hispanic youths, a higher number of children below the federal poverty line in 2009-2014 had lower HEI-15 scores than their middle- and high-income peers [9]. Shifts in food security and eating habits throughout the COVID-19 pandemic is

suspected to have further compromised children's nutritional status [12]. These statistics highlight the need for dietary intervention efforts among vulnerable populations.

Nutritional adequacy is necessary to maintain physiological function at all life stages but is especially pertinent to facilitate the physical growth and neurological development that occurs from conception to adulthood [13]. Investigations of undernutrition's impact on linear growth are often centered on low- and middle-income countries [14]. However, an examination of the dietary variety of over 6,000 US youths aged 2-18 found that children in the lowest height-for-age Z score tertile consume significantly less vitamin A, vitamin D, niacin, calcium, iron, and other micronutrients than children in higher tertiles [15]. Diet quality has also been positively associated with improved emotional wellness and cognitive performance among children and adolescents [16–18]. Moreover, children characterized with unfavorable dietary patterns present with worse cardiometabolic profiles compared to those with healthier diets [19–21], which elevates the likelihood of experiencing diseases and their debilitating health outcomes in adulthood [22].

Etiology of Diet-Related Chronic Diseases in Childhood

The onset of diet-related chronic diseases is attributed to the complex combination of genetic, metabolic, psychological, and environmental factors [23]. Although many of these are beyond an individual's capacity to change, behaviors and attitudes can be adopted, altered, or abandoned, as appropriate, to assist patients in cultivating healthy lifestyle habits [24]. Copious links have been drawn between nutrient intake and chronic disease risk, showcasing the relevance of dietary behaviors in their etiology [25]. Due to

the limits of young children's cognitive abilities to make fully independent eating decisions, their dietary intake is largely dictated by the home food environment and their caregivers' feeding practices [26,27].

Parental feeding practices shape the eating habits that manifest later in life. For instance, children tend to adopt the food consumption practices exhibited by their caregivers after consistent exposure, even when caregivers are unaware of this transmittance [28]. Parental modeling of healthy eating behaviors has exhibited a stronger positive association with children's dietary quality than parents' actual food intake [29]. Likewise, modeled behavior that is not conducive to healthful or mindful eating appears to compromise child diet quality [30,31]. The use of food items to punish or reinforce behaviors may also unwittingly establish poor relationships with food and, subsequently, disordered eating behaviors [32]. When coupled with high energy-dense and limited nutrient-dense food availability within the home, the likelihood of developing poor cardiometabolic health increases [33]. Dietary behaviors that emerge during childhood often persist throughout the lifespan in the absence of interventions [34]. Therefore, enhancing caregiver knowledge of nutrition principles and modeling is essential for children's internalization of healthy eating practices and food preferences.

Promotion of Dietary Habits in Infancy

Opportunities to establish healthy dietary habits have been identified within the first year of life. Specifically, multiple infant feeding practices are correlated with childhood eating behaviors that can increase chronic disease risk. The evidence for utilizing

exclusive breastfeeding as a means of regulating infant weight gain is mixed [26,35,36]. However, shorter durations of breastfeeding are associated with higher rates of over-weight and obesity at 3 years [37]. Exposure to the flavor compounds within breastmilk that are derived from the maternal diet is thought to improve infants' acceptance of solid foods, which could lead to greater dietary variety and nutrient-dense food intake during childhood [38–40]. Mothers who score higher on assessments of breastfeeding self-efficacy are more inclined to initiate and sustain breastfeeding practices [41]. Outcomes of interventions aimed at enhancing self-efficacy generally correspond with this behavioral trend. In one study, mothers receiving supportive telephone calls engaged in breastfeeding more frequently and for longer durations than control participants, but did not exhibit changes in breastfeeding exclusively [42].

Solid food introduction in the latter half of infancy presents additional considerations for nutrition-mediated health outcomes. The age at which solid foods are introduced to the diet is a particularly salient predictor of weight in toddlerhood and the preschool years. One study comparing the weight statuses and breastfeeding histories of 817 children aged 2-4 years noted that the age of non-breastmilk item consumption was inversely correlated with BMI [43]. Adiposity remains high during adolescence when solid foods are introduced before 4 months of age as opposed to between 4 to 6 months [44]. Innate aversions to bitter and sour flavors tend to elicit neophobic responses to healthy foods once complementary feeding does commence [45]. Continued resistance to novel foods can undermine a child's dietary variety [46,47]. Evidence suggests that the frequency of these reactions is attenuated by caregivers' timing of introduction and solutions to neo-

phobia. Among a sample of 129 preschoolers, children who began eating solid food before they were 6 months old were more than twice as likely to refuse new foods than children who were exclusively breastfed in the first six months of life [48]. Repeatedly presenting the rejected food can foster eventual acceptance, whereas limiting the infant's exposure because of poor initial infant responses may encourage picky eating habits [49]. Similarly, early diversification of the flavors and textures that are introduced may positively influence later diet quality [50].

How food is offered to the child is also of concern. Responsive parenting practices, in which caregivers tend to the needs of their young children based on perceived behavioral cues, have been found to slow weight gain in infancy regardless if they were breast- or formula-fed [51]. And, similar to breastfeeding, mothers with higher parental self-efficacy scores more often embody responsive parenting attitudes and adhere to the World Health Organization's (WHO) infant feeding guidelines [41]. Conversely, non-responsive practices throughout the complementary feeding period, such as pressuring to eat more and using food to regulate child behavior, can compromise infants' awareness of their hunger and satiety cues, thereby encouraging overfeeding and overeating later in life [45]. A positive association between maternal insensitivity to these cues at 4 months and a rejection of novel foods at 2 years has been identified, with this relationship being mediated by pressuring feeding practices [52]. The effects of a baby-led style of weaning on infant health is an emerging area of study. This practice emphasizes self-feeding and development of chewing and swallowing skills as solid foods are being integrated into the diet rather than feeding via spoon [53,54]. Advocates of baby-led weaning regard it as more conducive to healthy eating behaviors or a more convenient means of feeding, but

the literature is currently unable to determine whether it promotes better health outcomes than traditional feeding methods [54,55].

Complementary Feeding Trends

Multiple accredited healthcare organizations have synthesized the existing literature on complementary feeding into evidence-based guidelines for caregivers. The American Academy of Pediatrics (AAP) and the WHO recommend that solid foods should be introduced after 6 months of exclusive breastfeeding [56,57]. Neither source specifies the order in which food items should be offered so long as their consistencies are developmentally appropriate, but findings from several studies indicate that introducing new foods on an alternating schedule fosters acceptance [58]. The AAP notes that caregivers should avoid feeding infants rice cereal in excess due to trace amounts of arsenic that are present in those products [56]. Mixing infant cereals into bottles with breastmilk or formula is also discouraged [59]. The WHO suggests that a variety of foods should be offered until the child's food intake is reflective of the caregiver's diet at 12 months, while the Centers for Disease Control and Prevention (CDC) emphasizes traditionally healthy foods such as fruits, vegetables, pasteurized yogurts, and whole grain items [57,60]. All three associations discourage offering infants juices or sugar-sweetened beverages before they are 1 year old, with the AAP and the CDC also recommending avoiding cow's milk [56,57,60]. In addition, the CDC advises against feeding infants foods high in added sugars and sodium [60].

American caregivers' awareness of these guidelines has not been evaluated, but national infant feeding trends have been well documented. According to the 2016-2018 National Survey of Children's Health, 31.9% of children were introduced to solid foods before 4 months and 51% were introduced between 4-6 months, with the average age being 4.7 months [61]. Instances of food introduction prior to 4 months were higher among non-Hispanic Black children and households below the federal poverty line compared to all other ethnic groups and income levels, respectively [61]. Comparisons of Feeding Infants and Toddlers Survey data from 2002, 2008, and 2016 reveals that the consumption of whole grains, whole fruits, and vegetables has been increasing among 6-11.9-month-olds [62]. However, juice and added sugar introduction remains high: In 2016, 27% of children in this age group had consumed 100% fruit juice and 34% had been offered sweets or sugar-sweetened beverages [63]. In addition, 72% of a separate sample of primarily low-income parents reported an intent to introduce juice to their infants before 12 months of age [64]. The consumption of cow's milk is less prevalent at approximately 10% of children between 6 and 11.9 months [62]. The prevalence of mixing cereals with bottle feedings is less clear, but several studies indicate that it may not be an unusual practice in low-income households [65,66].

Feeding Recommendations and Advice

Mothers consider healthcare providers to be their most trusted resource on general infant wellness [67], but the literature on caregivers' perspectives of complementary feeding discussions in primary care settings is scarce. Advice from pediatricians can be

inconsistent with nationally recognized best practices. For example, almost half of a sample of 698 pediatricians reported condoning the introduction of solid foods before 6 months of age [68]. Caregivers have also noted contradictions between the advice from pediatricians, nutritionists, and their social networks [69]. Investigations of guidance on breastfeeding and timing of complementary feeding have found that some caregivers prioritize information from family members or other parents because they have practical caregiving experience [70,71], whereas others rely on cultural norms or their intuition to make feeding decisions [69,70,72]. Low satisfaction with the pediatrician's communication practices also appears to deter adherence to professional complementary feeding recommendations [70]. Studies have failed to elaborate on what elements might improve caregivers' satisfaction with wellness visits in infancy.

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B. ENGLISH RECRUITMENT FLYER

THE UNIVERSITY OF RHODE ISLAND

Interested in participating in a Research Study about Feeding your Infant?

Researchers from The University of Rhode Island are interviewing parents to understand their thoughts about feeding infants solid foods. You will receive $50 for your time!

You may be able to participate if you:

- Are 18 years old or older
- Have an infant 0-12 months old
- Have access to a telephone or video chat software
- Can speak English or Spanish

If you are interested in signing up or are looking for more information, please contact Kelly Bouchard at: (401) 487-2981 or kelly_bouchard@uri.edu

This research has been approved by The University of Rhode Island Institutional Review Board. Dr. Alison Tovar is the principal investigator of the study. You may reach her at (401) 874-9855 or alison_tovar@uri.edu with any concerns.

C. SPANISH RECRUITMENT FLYER

THE UNIVERSITY OF RHODE ISLAND

¿Está interesado en participar en un estudio de investigación sobre cómo alimentar a su bebé?

Investigadores de la Universidad de Rhode Island están entrevistando a los padres para entender sus pensamientos acerca de la alimentación de los alimentos sólidos de los bebés. Usted recibirá $50 por su tiempo!

Es posible que pueda participar si:

- Tiene 18 años o más
- Tener un bebé de 0 a 12 meses de edad
- Tener acceso a un software de teléfono o video chat
- Puede hablar inglés o español.

Si está interesado en registrarse o está buscando más información, póngase en contacto con Andrea Ramírez: (401)-441-4812 o a andrea_ramirez@uri.edu

Esta investigación ha sido aprobada por la Junta de Revisión Institucional de la Universidad de Rhode Island. Alison Tovar es la investigadora principal del estudio. Puede comunicarse con ella al (401) 874-9855 o alison_tovar@uri.edu con cualquier asunto.

D. ENGLISH RECRUITMENT SCRIPT

Hello. My name is Kelly Bouchard and I am a member of the Healthy Feeding, Healthy Eating research team at the University of Rhode Island. Right now, we are interested in learning about what parents think and feel about the advice given to them by pediatricians, especially about introducing solid foods to infants. We hope to use this information to help doctors and caregivers make healthy decisions about feeding infants. Because you are at least 18 years old and have an infant less than 12 months old, we are inviting you to participate in this research study.

If you agree to be in the research study, we are asking you to participate in an interview that will last about 60 minutes. This will be followed by a short virtual survey that will last about 15 minutes. In all, it will take about 75 minutes of your time to complete the study. You will get $50 to compensate you for your time. We will set up a convenient time to hold the interview, which will be done based on your preference of phone call or web meeting.

Thank you for your interest in participating in this research project. Your input will help us understand more about your thoughts and opinions on introducing solid foods to infants. This research has been approved by the University of Rhode Island Institutional Review Board. I am more than happy to answer any questions you have about the study. You can also reach one of the study's principal investigators with the contact information provided. Thank you for your time.

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Alison Tovar, PhD, MPH
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E. SPANISH RECRUITMENT SCRIPT

Hola. Mi nombre es Andrea Ramirez y soy miembro del equipo de investigación de Alimentación Saludable, de la Universidad de Rhode Island. En este momento, estamos interesados en aprender acerca de lo que los padres piensan y sienten acerca de los consejos que les dan los pediatras, especialmente sobre la introducción de alimentos sólidos a los bebés. Esperamos usar esta información para ayudar a los médicos y cuidadores a tomar decisiones saludables sobre la alimentación de los bebés. Debido a que usted tiene al menos 18 años de edad y tiene un bebé menor de 12 meses de edad, le invitamos a participar en este estudio de investigación.

Si aceptas participar en el estudio de investigación, te pedimos que participes en una entrevista que durará unos 60 minutos. Esto será seguido por un breve cuestionario virtualmente que durará unos 15 minutos. En total, tomará unos 75 minutos de su tiempo para completar el estudio. Usted obtendrá $50 para compensarle por su tiempo. Vamos a establecer un momento conveniente para hacer la entrevista ,que se hará en función de su preferencia de llamada telefónica o reunión web.

Gracias por su interés en participar en este proyecto de investigación. Su opinión nos ayudará a entender más acerca de sus pensamientos y opiniones sobre la introducción de alimentos sólidos a los bebés. Esta investigación ha sido aprobada por la Junta de Revisión Institucional de la Universidad de Rhode Island. Estoy más que feliz de responder a cualquier pregunta que tenga sobre el estudio. También puede comunicarse con uno de los investigadores principales del estudio con la información de contacto proporcionada. Gracias por su tiempo.

Diana Grigsby-Toussaint, PhD, MPH
La coinvestigadora principal
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F. ENGLISH ELIGIBILITY QUESTIONNAIRE

Eligibility

1) Date of recruitment: _____

2) Language:
    _ English
    _ Spanish

3) Person completing eligibility screen: _____

4) Are they at least 18 years of age?
    _ Yes
    _ No

5) Do they have an infant between 0 and 12 months of age?
    _ Yes
    _ No

6) Does the infant have a diagnosed feeding or eating disorder?
    _ Yes
    _ No

7) Do they consent to having the interview recorded?
    _ Yes
    _ No

8) How did they hear about the study? Check all that apply:
    _ Flyer
    _ WIC referral
    _ Facebook
    _ Other

9) Are they eligible to participate in the study based on the previous questions?
    _ Yes
    _ No

10) Are they interested in participating in the study?
    _ Yes
    _ No

Contact Information

1) First name: _____

2) Last name: _____

3) Phone number: ____

4) Email: _____

Address

1) Street name and home number: ____

2) Apartment or suite number: ____

3) City: _____

4) Zip code: ____

Notes

G. SPANISH ELIGIBILITY QUESTIONNAIRE

Eligibilidad

1) Fecha de reclutamiento: _____

2) Idioma:
- _ Ingles
- _ Español

3) Persona que complete las de eligibilidad: _____

4) Tiene uste por lo menos 18 años?
- _ Si
- _ No

5) Tiene un bebe entre 0 y 12 meses de edad?
- _ Si
- _ No

6) Le han diagnosticado a su bebe un trastorno alimentario o de la conducta alimentaria?
- _ Si
- _ No

7) Esta de acuerdo con que la entrevista sea grabada?
- _ Si
- _ No

8) Como se entero del studio? Seleccione todas lasque aplican:
- _ Volante
- _ WIC
- _ Facebook
- _ Otros

9) Es eligible para participar en el studio basado en las preguntas anteriores?
- _ Si
- _ No

10) Esta interesado en participar en el estudio?
- _ Si
- _ No

Informacion del contacto

1) Nombre: _____

2) Apellido: _____

3) Numero de telefono: ____

4) Correo electronico: _____

Address

1) Nombre de la calle y numero de la casa: ____

2) Numero de apartamento o suite: ____

3) Ciudad: _____

4) Codigo postal: ____

Notas

H. ENGLISH CONSENT FOR PARTICIPATION

STUDY TITLE
Informing the Feasibility of an Infant Feeding Intervention in a high-risk Pediatric Clinical Population

PRINCIPAL INVESTIGATORS

Co-Principal Investigator:
Alison Tovar, PhD, MPH
(401) 874-9855
alison_tovar@uri.edu

Co-Principal Investigator:
Diana Grigsby-Toussaint, PhD, MPH
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KEY INFORMATION

Important information to know about this research study:

- The purpose of the study is to learn about your thoughts and opinions on the advice given to you by pediatricians, especially about introducing solid foods to infants.
- If you choose to participate, you will be asked some questions over the phone or in a web meeting interview at a time of your choosing, followed by completing a virtual survey. This will take approximately 75 minutes of your time total.
- Risks or discomforts from this research are minimal. You may feel uncomfortable answering questions, but you may always skip a question.
- The study will have no potential direct benefits to you.
- You will be paid $50.00 for your time.
- You will be provided a copy of this consent form.
- Taking part in this research project is voluntary. You don’t have to participate and you can stop it any time.

INVITATION

You are invited to take part in this research study. The information in this form describes the research in detail. The researcher will guide you through this form and explain any additional information. If you decide to participate, you will be asked to give a verbal agreement. If you would like, you will be given a copy of this form for yourself to keep. If you have any questions, please ask the researcher or one of investigators of this project.

Why are you being asked to be in this research study?

You are being asked to participate because you are at least 18 years old and you have an infant who is less than 12 months old.

What is the reason for doing this research study?
Feedback about well-child visits and giving babies solid food can be used to improve these visits for caregivers and their infants in the future.

What will be done during this research study?
You will be asked in an interview to answer some questions about giving your baby solid foods and your baby's doctor visits. This is expected to take no longer than 1 hour and will be completed over the phone or in a web meeting, whatever is most convenient for you. After you have finished the interview, you will be sent a survey with similar questions. The survey should take about 10-15 minutes to complete.

How will my data be used?
We will audio record the interview to better capture the information. The recordings will then be stored on a secure file on a URI computer. This data will not include any information that could identify you. Your data will only be identified with an ID number.

We will keep track of survey responses on the program that we used to make it. This can only be looked at in a private account. This data will also not contain identifying information.

What are the possible risks of being in this research study?
Risks or discomforts from this research study are minimal. You may feel uncomfortable answering questions, but you may always skip a question.

What are the possible benefits to you?
You may not get any benefit from being in this study.

What are the possible benefits to other people?
Well-child visits are an important part of making sure children are healthy. Understanding how you feel about these visits will help us to make changes so that future parents are given the best advice in the easiest ways possible.

What will being in this research study cost you?
There is no cost to you to be in this research study.

Will you be compensated for being in this research study?
You will be paid $50.00 for completing both the interview and the survey.

What should you do if you have a problem during this research study?
Your welfare is the major concern of all research team members. If you have a problem as a direct result of being in this study, you should immediately contact one of the people listed at the beginning of this consent form.

How will information about you be protected?
Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. The data will be stored electronically through a secure server and will only be seen by the research team during the study and for three years after the study is complete.

The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person, agency, or sponsor as required by law. The information from this study may be published in scientific journals or presented at scientific meetings, but the data will be reported as group or summarized data. Your identity will be kept private.

What are your rights as a research subject?
You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study.

For study related questions, please contact the investigators listed at the beginning of this form.

For questions concerning your rights or complaints about the research contact the Institutional Review Board (IRB) or Vice President for Research and Economic Development:

- IRB: (401) 874-4328 / researchintegrity@etal.uri.edu.
- Vice President for Research and Economic Development: at (401) 874-4576

What will happen if you decide not to be in this research study or decide to stop participating once you start?
You can decide not to be in this research study, or you can stop being in this research study ("withdraw') at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator or with the University of Rhode Island. You will not lose any benefits to which you are entitled.

Documentation of informed consent
You are voluntarily making a decision whether or not to be in this research study. By agreeing to complete the interview and continue on to the questions you agree to what we have discussed in this form.

Participant Name:

____
(Name of Participant: Please print)

Investigator certification:
My signature certifies that all elements of informed consent described on this consent form have been explained fully to the subject. In my judgment, the participant possesses the capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.

_______________________________________ __________
Signature of Person Obtaining Consent Date

I. SPANISH CONSENT FOR PARTICIPANT

TÍTULO DEL ESTUDIO
Informar de la viabilidad de una intervención de alimentación infantil en una población clínica pediátrica de alto riesgo

INVESTIGADORES PRINCIPALES

Investigador Co-Principal:
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INFORMACIÓN CLAVE

Información importante que debe conocer sobre este estudio de investigación:

- El propósito del estudio es aprender acerca de sus pensamientos y opiniones sobre los consejos que le dieron los pediatras, especialmente sobre la introducción de alimentos sólidos a los bebés.
- Si decide participar, se le harán algunas preguntas por teléfono o en una entrevista de reunión web en el momento de su elección, seguido de completaruna encuesta-virtual. Esto tomará aproximadamente 75 minutos de su total de tiempo.
- Los riesgos o molestiasde esta investigación son mínimos. Es posible que te sientas incómodo respondiendo preguntas, pero siempre puedes omitir una pregunta.
- El estudiono tendrá beneficios potencialesparausted.
- Se le pagará $50.00 por su tiempo.
- Se le proporcionará una copia de este formulario de consentimiento.
- Participar en este proyecto de investigación es voluntario. No tienes que participar y puedes detenerlo en cualquier momento.

Invitación

Se le invita a participar en este estudio de investigación. La información en este formulario describe la investigación en detalle. El investigador wIII le guiará a través de este formulario y explicar cualquier información adicional. Si decide participar, se le pedirá que dé un acuerdo verbal. Si lo desea, se le dará una copia de este formulario para que lo guarde. Si tiene alguna pregunta, please pregunte al investigador o a uno de los investigadores de este proyecto.

¿Por qué se le pide que esté en este estudio de investigación?
Se le pide que participe porque tiene al menos 18 años ytiene un bebé que tiene menos de12 mesesdeedad.

¿Cuál es la razón para hacer este estudio de investigación?
Los comentarios sobre las visitas de niños sanos y la donación de alimentos sólidos se pueden utilizar para mejorar estas visitas para los cuidadores y sus bebés en el futuro.

¿Qué se hará durante este estudio de investigación?
Se le pedirá en una entrevista para responder algunas preguntas sobre cómo darle a su bebé alimentos sólidos y las visitas al médico de su bebé. Esto se espera que tome no más de 1 hora y se completará por teléfono or en una reunión web, lo que sea más conveniente para usted. Una vez que haya terminado la entrevista, se le enviará una encuesta con preguntas similares. La encuesta debe tardar entre 10 y 15 minutos en completarse.

¿Cómo se utilizarán mis **datos?**
Grabaremos audio el interview para capturar mejor la información. Las grabaciones se almacenarán en un archivo seguro en un equipo URI. Estos datos no incluirán ninguna información que pueda identificarle. Sus datos solo se identificarán con un número de identificación.

Realizaremos un seguimiento de lasrespuestas de la encuesta en el programa que usamos para hacerlo. Esto sólo se puede ver en una cuenta privada. Estos datos tampoco contendrán información de identificación.

¿Cuáles son los posibles riesgos de estar en este estudio de investigación?
Los riesgos o molestias de este estudio de investigación son mínimos. Es posible que te sientas incómodo respondiendo preguntas, pero siempre puedes omitir una pregunta.

¿Cuáles son los posibles beneficios para usted?
Usted no puede obtener ningún beneficio de estar en este estudio.

¿Cuáles son los posibles beneficios para otras personas?
Las visitas de niños sanos son una parte importante para asegurarse de que los niños estén sanos. Entender cómo te sientes acerca de estas visitas nos ayudará a hacer cambios para que los future padres se les dé los mejores consejos de la manera más fácil posible.

¿Qué le costará estar en este estudio de investigación?
No hay ningún costo para usted estar en este estudio de investigación.

¿Se le compensará por estar en este estudio de investigación?
Se le pagará $50.00 por completar tanto la entrevista como la encuesta.

¿Qué debe hacer si tiene un problema durante este estudio de investigación?
Su bienestar es la principal preocupación de todos los miembros del equipo de investigación. Si usted tiene un problema como resultado directo de estar en este estudio, debe

ponerse inmediatamente en contacto con una de las personas enumeradas al principio de este formulario de consentimiento.

¿Cómo se protegerá la información sobre usted?
Se tomarán medidas razonables para proteger su privacidad y la confidencialidad de sus datos de estudio. Los datos se almacenarán electrónicamente a través de un servidor seguro y solo serán vistos por el equipo de investigación durante el estudio y durante tres años después de que se complete el estudio.

Las únicas personas que tendrán acceso a sus registros de investigación son el personal de estudio, la Junta de Revisión Institucional (IRB) y cualquier otra persona, agencia o patrocinador según lo requiera la ley. La información de este estudio puede ser publicada en revistas científicas o en reunionescientíficas, pero los datos serán reportados como datos grupales o resumidos. Ynuestra identidad se mantendrá en privado..

¿Cuáles son sus derechos como sujeto de investigación?
Usted puede hacer cualquier pregunta relacionada con esta investigación y hacer que esas preguntas sean respondidas antes de aceptar participar en o durante el estudio.

Para preguntas relacionadas con el estudio, póngase en contacto con los investigadores enumerados al principio de este formulario.

Para preguntas sobre sus derechos o quejas sobre la investigación, póngase en contacto con la Junta de Revisión Institucional (IRB) o vicepresidente de investigación y desarrollo económico:

- IRB: (401) 874-4328 / researchintegrity@etal.uri.edu.
- Vicepresidente de Investigación y Desarrollo Económico: al (401) 874-4576

¿Qué sucederá si decide no participar en este estudio de investigación o decide dejar de participar una vez que comience?
Usted puede decidir no estar en este estudio de research, o puede dejar de estar en este estudio de investigación ("retirarse") en cualquier momento antes, durante o después de que la investigación comienza por cualquier razón. Decidir no estar en este estudio de investigación o decidir retirarse no afectará su relación con eligator de inversióno con la Universidad de Rhode Island. Usted no perderá ningún beneficio al que tenga derecho.

Documentación del consentimiento informado
Usted está tomando voluntariamente una decisión de si está o no en este estudio de investigación. Al aceptar completar la entrevista y continuar con las preguntas, usted acepta lo que hemos discutido en este formulario.

Nombre del participante:

____

(Nombre del Participante: Por favor imprima)

Certificación del investigador:
Mi firma certifica que todos los elementos de consentimiento informado descritos en este formulario de consentimiento han sido explicados plenamente al sujeto. A mi juicio, el participante posee la capacidad de dar su consentimiento informado para participar en esta investigación y está dando voluntaria y a sabiendas su consentimiento informado para participar.

_______________________________________ _______________
Signature de persona que obtiene la La fecha

ADENDA DE AUDIO/VÍDEO AL FORMULARIO DE CONSENTIMIENTO PARA LA INVESTIGACIÓN
¿También acepta que se grabe la entrevista?

____
Nombre impreso del participante

El participante ha aceptado verbalmente que se grabe el audio de la entrevista.

____
Nombre impreso de la persona que obtiene el consentimiento

____________________________________ _______________
Firma de la persona que obtiene la La fecha

J. ENGLISH INTERVIEW GUIDE

Informing the Feasibility of an Infant Feeding Intervention in a High-Risk Pediatric Clinical Population
Interview Guide

Introduction: *Thank you for meeting with me today – I appreciate your time. My name is (insert name) and I am (describe affiliation with study). I am interested in your thoughts, opinions, and experiences around discussing solid food introduction with healthcare providers. My hope is that our talks will help us have a better understanding of how healthcare providers are delivering this information and how caregivers are receiving it.*

Our talk today will include questions about complementary feeding and related interactions with a healthcare provider. Our goal will be to talk about the information that healthcare providers have shared and how helpful you have found it. Keep in mind that there are no right or wrong answers, and your answers will be kept private (review confidentiality). Our talk will last about 45 minutes and will be recorded.

What questions might you have? (answer any questions) Okay, let's get started. May I turn the tape recorder on?

1. **Ice Breaker:** Congratulations on your beautiful baby! How are you two doing right now? How old is your baby? Is this your first child?

Feeding and Introduction to Solid Foods

2. Could you tell me about your experiences with feeding your infant?
    a. What was your feeding plan before you had your infant?
    Probes: Did you plan to breastfeed? Did you bottle feed? Did your plan stay the same? Why or why not?

3. Could you tell me a little about when you decided to start giving your infant any solid food (any food that was not formula or breastmilk?)
    a. How did you know when he/she was ready to start eating food?
    b. Could you describe what some of those first foods were?
    c. Can you describe the advice/guidance you received about **when** your infant should start eating solid foods?
    Probes: Who was the advice from? How did you feel getting that advice? Was it helpful/not helpful? Did you follow their advice?
    d. Can you describe the advice/guidance you received about **what** your infant should be eating as first foods?
    Probes: Who was the advice from? How did you feel getting that advice? Was it helpful/not helpful? Did you follow their advice?

Physician Advice

We are interested in better understanding the recommendations/advice/guidance (will figure out which is best wording) that your doctor gives you during your well-child visits. The following questions are specifically related to those experiences.

4. Can you tell me a little bit about your well-child visits at your doctor's office?
Probes: Positive experience, get helpful information, feels rushed

5. What did your doctor say about **when** you should start feeding your infant?
Probes: Who delivered? Dr/nurse- did they send you to talk to someone?
   a. How was this information given to you? In the visit/handout/brochure?
   b. Do you remember how old your infant was when you got this information?

6. What did your doctor/healthcare team say about **what** you should feed your infant?
   a. What foods did they recommend you start with?
   b. What information did they provide with regards to how much you should be giving your infant?
   c. What information did they provide with regards to how frequently you should be giving them certain foods?
   d. What information did they provide with regards to how to feed your child- i.e., self-feeding vs. spoon feeding?
   e. What information did they provide with regards to when to introduce different food textures?
   f. Who delivered? Dr/nurse- did they send you to talk to someone?
   g. How long did they spend providing any recommendations/information?
   h. How was this information given to you? In the visit/handout/brochure?
   i. Do you remember how old your infant was when you got this information?

7. What are your thoughts on how this information was given to you?
   a. How did the healthcare provider respond to your questions or concerns?
   b. What concerns about complementary feeding do you have that were not addressed by a healthcare provider?
   c. What resources given to you were the most/least helpful?
   d. What has influenced your decision to follow/not follow the healthcare provider's recommendations?
   Probes: What has made it easy (facilitators), what has gotten in the way (barriers)

8. How has COVID-19 impacted your well-child visit routine?
   a. How would you compare the quality of visits during the pandemic with other well-child visits you've experienced?
   b. What accommodations have your healthcare provider made for visits during the pandemic?

9. If we were to design an intervention, what aspects would be the most important to you as a caregiver?
   a. What would your ideal well-child visit be like?

b. What change to your well-child visits would you most like to see?
c. What modes of communication would you prefer to build on your well-child visits?
Probes: Phone calls? Electronic communication (e.g., email, text), virtual (e.g., video calls such as FaceTime, Zoom), social media (e.g., Facebook)

10. If you were to give other mom's advice about infant feeding, particularly within the context of the COVID-19 pandemic, what would it be?

11. Are there any other questions you have for our research team?

Thank you for taking the time to help us learn about your infant feeding practices and how they can be supported during your well-child visits.

K. SPANISH INTERVIEW GUIDE

Informar de la viabilidad de una intervención de alimentación infantil en una población clínica pediátrica de alto riesgo
Guía de entrevistas

Introducción: *Gracias por reunirse conmigo hoy – Agradezco su tiempo. Mi nombre es (insertar nombre) y soy (describa la afiliación con el estudio). Estoy interesado en sus pensamientos, opiniones y experiencias en torno a discutir la introducción de alimentos sólidos con los proveedores de atención médica. Mi esperanza es que nuestras conversaciones nos ayuden a tener una mejor comprensión de cómo los proveedores de atención médica están entregando esta información y cómo los cuidadores la están recibiendo..*

Nuestra charla de hoy incluirá preguntas sobre alimentación complementaria e interacciones relacionadas con un proveedor de atención médica. Nuestro objetivo será hablar sobre la información que los proveedores de atención médica han compartido y lo útil que la ha encontrado. Tenga en cuenta que no hay respuestas correctas o incorrectas, y sus respuestas se mantendrán privadas (contraseña de revisión). Nuestra charla durará unos 45 minutos y será grabada.

¿Qué preguntas podrías tener? (responder a cualquier pregunta) Bien, empecemos. ¿Puedo encender la grabadora?

1. Rompehielos: ¡Felicidades por tu hermoso bebé! ¿Cómo están ustedes dos ahora? ¿Cuántos años tiene tu bebé? ¿Es tu primer hijo?

Alimentación e introducción a los alimentos sólidos

2. ¿Podría contarme sobre sus experiencias con la alimentación de su bebé?
    a. ¿Cuál era tu plan de alimentación antes de tener a tu bebé?
    Sondas: ¿Planeaste amamantar? ¿Has alimentado la botella? ¿Tu plan se mantuvo igual? ¿Por qué o por qué no?

3. ¿Podría decirme un poco sobre cuándo decidió empezar a darle a su bebé cualquier alimento sólido (cualquier alimento que no fuera leche maternizada o leche materna?)
    a. ¿Cómo supiste cuando estaba listo para empezar a comer?
    b. ¿Podría describir cuáles fueron algunos de esos primeros alimentos?
    c. ¿Puede describir el consejo/orientación que recibió acerca de **cuándo** su bebé debe comenzar a comer alimentos sólidos?
    Sondas: ¿De quién fue el consejo? ¿Cómo te sentiste al recibir ese consejo? ¿Fue útil/no servicial? ¿Seguiste sus consejos?
    d. ¿Puede describir el consejo/orientación que recibió acerca de **lo que** su bebé debe comer como primeros alimentos?

Sondas: ¿De quién fue el consejo? ¿Cómo te sentiste al recibir ese consejo? ¿Fue útil/no servicial? ¿Seguiste sus consejos?

Consejo médico

Estamos interesados en comprender mejor las recomendaciones/ consejos/orientación (averiguará cuál es la mejor redacción) que su médico le da durante sus visitas al niño sano. Las siguientes preguntas están específicamente relacionadas con esas experiencias.

4. ¿Puede contarme un poco sobre sus visitas de niños sanos en el consultorio de su médico?
   a. **Sondas**: Experiencia positiva, obtener información útil, se siente apresurado

5. ¿Qué dijo su médico acerca de **cuándo** debe comenzar a alimentar a su bebé?
   Sondas: ¿Quién entregó? Dr/enfermera, ¿te enviaron a hablar con alguien?
   a. ¿Cómo se le dio esta información? ¿En la visita/volante/folleto?
   b. ¿Recuerdas la edad de tu bebé cuando recibiste esta información?

6. ¿Qué dijo su médico/equipo de atención médica acerca de **lo que** debe alimentar a su bebé?
   a. ¿Con qué alimentos te recomendaron que empezaras?
   b. ¿Qué información proporcionaron con respecto a cuánto debería darle a su bebé?
   c. ¿Qué información proporcionaron con respecto a la frecuencia con la que debería darles ciertos alimentos?
   d. ¿Qué información proporcionaron con respecto a cómo alimentar a su hijo, es decir, la autoengenión frente a la alimentación con cuchara?
   e. ¿Qué información proporcionaron con respecto a cuándo introducir diferentes texturas de alimentos?
   f. ¿Quién entregó? Dr/enfermera, ¿te enviaron a hablar con alguien?
   g. ¿Cuánto tiempo pasaron proporcionando recomendaciones/información?
   h. ¿Cómo se le dio esta información? ¿En la visita/volante/folleto?
   i. ¿Recuerdas la edad de tu bebé cuando recibiste esta información?

7. ¿Qué piensa de cómo se le dio esta información?
   a. ¿Cómo respondió el proveedor de atención médica a sus preguntas o inquietudes?
   b. ¿Qué preocupaciones acerca de la alimentación complementaria tiene que no fueron atendidas por un proveedor de atención médica?
   c. ¿Qué recursos se le dieron fueron los más/menos útiles?
   d. ¿Qué ha influido en su decisión de seguir o no seguir las recomendaciones del proveedor de atención médica?
   Sondas: Lo que lo ha hecho fácil (facilitadores), lo que se ha puesto en el camino (barreras)

8. ¿Cómo ha impactado COVID-19 en su rutina de visitas de niños sanos?

a. ¿Cómo compararías la calidad de las visitas durante la pandemia con otras visitas de niños sanos que has experimentado?
b. ¿Qué adaptaciones ha hecho su proveedor de atención médica para las visitas durante la pandemia?

9. Si tuviéramos que diseñar una intervención, ¿qué aspectos serían los más importantes para usted como cuidador?
a. ¿Cómo sería su visita ideal para niños sanos?
b. ¿Qué cambio en sus visitas de niños sanos le gustaría ver?
c. ¿Qué modos de comunicación preferirías aprovechar tus visitas de niños sanos?
Sondas: ¿Llamadas telefónicas? Comunicación electrónica (por ejemplo, correo electrónico, texto), virtual (por ejemplo, videollamadas como FaceTime, Zoom), redes sociales (porejemplo, Facebook)

10. Si dieras el consejo de otra madre sobre la alimentación infantil, particularmente en el contexto de la pandemia COVID-19, ¿cuál sería?

11. ¿Tiene alguna otra pregunta para nuestro equipo de investigación?

Gracias por tomarse el tiempo para ayudarnos a aprender acerca de sus prácticas de alimentación infantil y cómo pueden ser apoyadas durante sus visitas al niño sano.

L. ENGLISH SURVEY

Infant Feeding Questions

1) Was your baby ever breastfed or fed breast milk?
   _ Yes
   _ No
   _ Unknown/unsure

   a. If "Yes" to 1): For how long was your baby breastfed or fed breast milk? _____

   b. If "Yes" to 1): Are you currently breastfeeding?
      _ Yes
      _ No
      _ Unknown/unsure

   c. If "Yes" to 1b): How much longer do you intend to breastfeed? _____

   d. If "No" to 1b): How old was your baby when you stopped breastfeeding? _____

2) Was your baby ever fed formula?
   _ Yes
   _ No
   _ Unknown/unsure

   a. If "Yes" to 2): For how long was your baby fed formula? _____

   b. If "Yes" to 2): Are you currently feeding our baby formula?
      _ Yes
      _ No
      _ Unknown/unsure

   c. If "Yes" to 2b): How much longer do you intend to feed your baby formula? _____

   d. If "No" to 2b): How old was your baby when you stopped feeding him/her formula? _____

3) When did your baby start eating something other than breastmilk or formula?
   _ Has not started yet
   _ 1 month
   _ 2 months
   _ 3 months
   _ 4 months
   _ 5 months
   _ 6 months

_ 7 months
_ 8 months
_ 9 months
_10 months
_ 11 months
_ 12 months

4) **If 1-12 months to 3):** What types of foods does your baby eat?
_ Baby foods, ex) infant cereals, jarred foods
_ Table foods, ex) prepared in the home
_ Other

a. If "Baby foods" to 4): What types of baby foods does your baby eat? Check all that apply:
_ Infant cereals
_ Jarred fruits
_ Fruit pouches
_ Jarred vegetables
_ Vegetable pouches
_ Meats
_ Desserts
_ Baby snacks

b. If "Table foods" to 4): What types of table foods does your baby eat? Check all that apply:
_ Mashed/blended
_ Finely chopped
_ Coarsely chopped/sliced

c. If "Other" to 4): Please specify what types of foods your baby is eating: ______

5) Do you often worry about how much your baby is eating?
_Yes
_ No

a. If "Yes" to 5): Please explain why you worry about how much your baby is eating: ______

6) Please think about everything your baby has eaten - even foods someone else might have fed him or her. How often was he or she fed it, on average, during the past month?

	Feedings per Day

Breast milk	□$_0$ Never □$_1$ Just to try it □$_2$ Sometimes but less than once/day □$_3$ 1 time/day □$_4$ 2 times/day □$_5$ 3 times/day □$_6$ 4 times/day □$_7$ 5 or more times/day
Formula	□$_0$ Never □$_1$ Just to try it □$_2$ Sometimes but less than once/day □$_3$ 1 time/day □$_4$ 2 times/day □$_5$ 3 times/day □$_6$ 4 times/day □$_7$ 5 or more times/day
Animal (cow, goat, etc.) or plant-based (soy, almond, etc.) milk	□$_0$ Never □$_1$ Just to try it □$_2$ Sometimes but less than once/day □$_3$ 1 time/day □$_4$ 2 times/day □$_5$ 3 times/day □$_6$ 4 times/day □$_7$ 5 or more times/day
Fruit	□$_0$ Never □$_1$ Just to try it □$_2$ Sometimes but less than once/day □$_3$ 1 time/day □$_4$ 2 times/day □$_5$ 3 times/day □$_6$ 4 times/day □$_7$ 5 or more times/day
Vegetables ***(not including french fries)***	□$_0$ Never □$_1$ Just to try it □$_2$ Sometimes but less than once/day □$_3$ 1 time/day □$_4$ 2 times/day □$_5$ 3 times/day

	□$_6$ 4 times/day □$_7$ 5 or more times/day
100% fruit or vegetable juice	□$_0$ Never □$_1$ Just to try it □$_2$ Sometimes but less than once/day □$_3$ 1 time/day □$_4$ 2 times/day □$_5$ 3 times/day □$_6$ 4 times/day □$_7$ 5 or more times/day
Sweetened drinks (juices, soft drinks, sodas, etc.)	□$_0$ Never □$_1$ Just to try it □$_2$ Sometimes but less than once/day □$_3$ 1 time/day □$_4$ 2 times/day □$_5$ 3 times/day □$_6$ 4 times/day □$_7$ 5 or more times/day
Baby cereals	□$_0$ Never □$_1$ Just to try it □$_2$ Sometimes but less than once/day □$_3$ 1 time/day □$_4$ 2 times/day □$_5$ 3 times/day □$_6$ 4 times/day □$_7$ 5 or more times/day
Breakfast cereals, crackers, breads, pasta, rice, etc.	□$_0$ Never □$_1$ Just to try it □$_2$ Sometimes but less than once/day □$_3$ 1 time/day □$_4$ 2 times/day □$_5$ 3 times/day □$_6$ 4 times/day □$_7$ 5 or more times/day

French fries, tator tots, or other fried potatoes	□0 Never □1 Just to try it □2 Sometimes but less than once/day □3 1 time/day □4 2 times/day □5 3 times/day □6 4 times/day □7 5 or more times/day
Yogurt or cheese	□0 Never □1 Just to try it □2 Sometimes but less than once/day □3 1 time/day □4 2 times/day □5 3 times/day □6 4 times/day □7 5 or more times/day
Ice cream or pudding	□0 Never □1 Just to try it □2 Sometimes but less than once/day □3 1 time/day □4 2 times/day □5 3 times/day □6 4 times/day □7 5 or more times/day
Meat or chicken	□0 Never □1 Just to try it □2 Sometimes but less than once/day □3 1 time/day □4 2 times/day □5 3 times/day □6 4 times/day □7 5 or more times/day
Fish or shellfish	□0 Never □1 Just to try it □2 Sometimes but less than once/day □3 1 time/day □4 2 times/day □5 3 times/day

	□6 4 times/day □7 5 or more times/day
Eggs	□0 Never □1 Just to try it □2 Sometimes but less than once/day □3 1 time/day □4 2 times/day □5 3 times/day □6 4 times/day □7 5 or more times/day
Peanut butter, other peanut foods, or nuts	□0 Never □1 Just to try it □2 Sometimes but less than once/day □3 1 time/day □4 2 times/day □5 3 times/day □6 4 times/day □7 5 or more times/day
Cakes, cookies, candies, etc.	□0 Never □1 Just to try it □2 Sometimes but less than once/day □3 1 time/day □4 2 times/day □5 3 times/day □6 4 times/day □7 5 or more times/day
Baby snack foods (puffs, teething biscuits, etc.)	□0 Never □1 Just to try it □2 Sometimes but less than once/day □3 1 time/day □4 2 times/day □5 3 times/day □6 4 times/day □7 5 or more times/day

7) Which of the following vitamin or mineral supplements has your baby received at least three times in the past **seven days**?

_ Fluoride
_ Iron
_ Vitamin D
_ Other
_ None

a. If "Other" to 7): Please specify what vitamin or mineral supplements your baby has received at least three times in the past seven days: _____

8) Which of the following sources have you relied on for information about introducing solid foods to infants? Check all that apply:

_ Doctor, nurse, or other healthcare professional
_ WIC program
_ Baby care class or support group
_ Relative or friend
_ Other parents
_ Books or videos
_ Newsletters
_ Newspapers or magazines
_ Centers for Disease Control and Prevention (CDC)
_ World Health Organization (WHO)
_ American Academy of Pediatrics
_ Hassenfeld Child Health Innovation Institute
_ Health department
_ Other community organizations
_ Social network sites, ex) Facebook
_ Other web pages
_ Other
_ None of the above

a. If "Other community organizations" for 8): Please specify what community organizations you have relied on for information about introducing solid foods to infants: _____

b. If "Other web pages" for 8): Please specify what web pages you have relied on for information about introducing solid foods to infants: _____

c. If "Other" for 8): Please specify which sources you have relied on for information about introducing solid foods to infants: _____

Infant Sleep Questions

1) Does your baby take naps?

_ Yes
_ No

a. If “Yes” to 1): How long does your baby usually nap for?
_ Less than 1 hour
_ 1-2 hours
_ 2-3 hours
_ 3-4 hours
_ More than 4 hours
_ Unsure

3) What position does your baby usually sleep in?
_ Stomach
_ Side
_ Back
_ Unsure

4) What type of bedding does your baby usually sleep on?
_ Soft
_ Firm
_ Unsure

5) What items do you place in the crib or bassinet with your baby to sleep with? Check all that apply:
_ Blankets
_ Pillows
_ Toys
_ Other
_ Unsure
_ None

a. If “Other” for 5): Please specify what items you place in the crib or bassinet with your baby to sleep with: _____

6) Do you ever sleep in the same bed as your baby?
_ Yes
_ No

a. If “Yes” to 6): How often do you sleep in the same bed as your baby?
_ Less than once a month
_ Once a month
_ More than once a month but less than once a week
_ Once a week
_ More than once a week
_ Every day
_ Unsure

7) Do you ever use a bottle to help your baby fall asleep?

_ Yes
_ No

a. If “Yes” to 7): How often do you use a bottle to help your baby fall asleep?
_ Less than once a month
_ Once a month
_ More than once a month but less than once a week
_ Once a week
_ More than once a week
_ Every day
_ Unsure

8) Does your baby sleep through the night?
_ Yes
_ No

9) How much time does your child spend asleep during the NIGHT (Between 7:00 in the evening and 7:00 in the morning)?
_ 0-1 hour
_ 1-2 hours
_ 2-3 hours
_ 3-4 hours
_ 4-5 hours
_ 5-6 hours
_ 6-7 hours
_ 7-8 hours
_ 8-9 hours
_ 9-10 hours
_ 10-11 hours
_ 11-12 hours

10) When does your baby usually fall asleep for the night? _____

Well-Child Visit Questions

1) On a scale of 1-7, with 1 being “strongly disagree” and 7 being “strongly agree”, how much do you agree with the following statements?
a) My well-child visits are always satisfying experiences ____
b) The recommendations that my healthcare provider gives me are clear ____
c) I trust the information my healthcare provider is giving me ____
d) I always want to follow my healthcare provider’s recommendations ____
e) I am unable to follow my healthcare provider’s recommendations even though I want to ____
f) My well-child visits never feel rushed ____

2) On a scale of 1-5, with 1 being “not at all important” and 5 being “extremely important”, how important is it for you that your healthcare provider does the following?

a) Responds directly to your comments and concerns _____
b) Asks for your opinions _____
c) Asks for permission before giving advice or recommendations _____
d) Takes your cultural identity into consideration when making recommendations ____
e) Provides hand-outs or other resources on topics that were discussed _____

3) Has your healthcare provider offered you resources to guide solid food introduction?
_ Yes
_ No

a. If "Yes" to 3): How useful did you find the resources that your healthcare provider offered you to guide solid food introduction?
_ Extremely useful
_ Moderately useful
_ Slightly useful
_ Neither useful nor useless
_ Slightly useless
_ Moderately useless
_ Extremely useless
_ Unsure

4) How have you received the majority of information about feeding your baby from your physician?
_ Verbally / in-person
_ Hand-outs
_ Phone calls
_ Email / newsletters
_ Instructional videos
_ Other
_ None of the above

a. If "Other" to 4): Please specify how you have received the majority of information about feeding your baby from your physician: _____

5) How would you **prefer** to receive the majority of information about feeding your baby from your physician? Check all that apply:
_ Verbally / in-person
_ Hand-outs
_ Phone calls
_ Email
_ Texts
_ Newsletters
_ Instructional videos
_ Social Media (e.g., Facebook)
_ Other

_ None of the above

a. If "Other" to 5): Please specify how you would prefer to receive the majority of information about feeding your baby from your physician: _____

6) Did you experience any of the following as a result of the COVID-19 outbreak? Check all that apply:

_ Family and friends were not able to visit me and my baby after birth (e.g., due to social distancing or travel restrictions)
_ I did not have access to lactation or other antenatal support following discharge from the hospital
_ My post-partum visit was cancelled
_ My post-partum visit was a virtual visit
_ I was unable to get the type of contraception that I wanted
_ I was unable to discuss "baby blues" or issues related to my mood
_ My baby's wellness visits were made virtual
_ My baby's wellness visits were canceled
_ My baby's immunizations were postponed
_ Other
_ No change

a. If "Other" to 6): Please specify what changes to your post-partum care or your baby's care you experiences as a result of the COVID-19 outbreak: _____

7) Are you concerned about how you will care for your baby as a result of the COVID-19 outbreak?

_ Yes
_ No

a. If "Yes" to 7): Please specify why you are concerned about how you will care for your baby as a result of the COVID-19 outbreak: _____

b. If "Yes" to 7): On a scale of 1 to 7, with 1 being "no concern" and 7 being "highly concerned", how concerned are you about how you will care for your baby?

_ 1
_ 2
_ 3
_ 4
_ 5
_ 6
_ 7

Self-Efficacy

1) On a scale of 1 to 5, with 1 being "strongly disagree" and 5 being "strongly agree", how much do you agree with the following statements?

a) I can easily follow advice from any source on how to care for my baby ____
b) I know what questions to ask my doctor if I need advice ____
c) I can solve problems related to feeding my baby on my own ____
d) I can solve problems related to helping my baby sleep on my own ____
e) I know what a healthy diet looks like for my baby ____
f) I am always able to give my baby healthy foods ____

Caregiver Demographics

1) What is your date of birth? _______

2) How would you best describe your race? Check all that apply:
_ African American or Black
_ American Indian or Alaska Native
_ Asian
_ Pacific Islander or Hawaiian Native
_ White
_ Other
_ Decline to answer

a. If "Other" to 2): Please specify how you would best describe your race: _____

3) Do you consider yourself to be Hispanic or Latinx?
_ Yes
_ No
_ Decline to answer

4) How would you describe your current relationship status?
_ Single
_ Married/Partnered
_ Separated/Divorced
_ Widowed
_ Decline to answer

5) How would you describe your current employment status?
_ Full-time
_ Part-time
_ Not employed
_ Retired
_ Other
_ Unknown/unsure
_ Decline to answer

a. If "Other" to 5): Please specify your current employment status: _____

6) What was your household income before taxes during the previous year (2019)?
_ ≤ $20,000

_ $20,001 to $30,000
_ $30,001 to $40,000
_ ≥ $40,001
_ Unknown/unsure
_ Decline to answer

7) What is the highest educational level you have completed?
_ Less than 10th grade
_ 10th - 12th grade
_ High school diploma or GED
_ Trade school or apprenticeship
_ Partial college, no degree
_ 2-year college degree
_ 4-year college degree
_ Graduate degree
_ Unknown/unsure
_ Decline to answer

8) Do you currently receive WIC benefits?
_ Yes
_ No

a. If "Yes" to 8): Did you enroll in WIC during the COVID-19 pandemic?
_ Yes
_ No

b. If "Yes" to 8a): Did you enroll in WIC because COVID-19 affected your financial and/or living situation?
_ Yes
_ No, I enrolled for other reasons

c. If "Yes" to 8): Did you sign a remote issuance waiver to receive WIC benefits?
_ Yes
_ No
_ Unknown/unsure

d. If "Yes" to 8): Did you sign an extended benefit insurance waiver to receive WIC benefits?
_ Yes
_ No
_ Unknown/unsure

e. If "Yes" to 8): Have you received virtual WIC services during the COVID-19 pandemic?
_ Yes
_ No

f. If “Yes” to 8e): Please specify which WIC services you have received (check all that apply):

_ Counseling
_ Healthcare referrals
_ Nutrition education
_ Other

g. If “Yes” to 8): Have you been able to apply WIC benefits to online orders?

_ Yes
_ No
_ I have not tried

h. If “Yes” or “No” to 8g): What issues have you experienced with online ordering? Check all that apply:

_ Some of the items I wanted to order were out of stock
_ I was limited to the amount of items I was able to order
_ The items I ordered arrived later than I was told
_ The wrong items were delivered to me
_ Other, please specify
_ N/A

9) Do you currently receive SNAP benefits?

_ Yes
_ No

10) Which of the following best describes where you currently live?

_ A studio dwelling
_ A 1-bedroom dwelling
_ A multi-bedroom dwelling
_ I do not have a stable housing arrangement
_ Decline to answer

11) Has your living environment changed since the beginning of the COVID-19 pandemic?

_ Yes
_ No

a. If “Yes” to 11): Has the change to your living environment had a positive or negative impact?

_ Extremely negative
_ Moderately negative
_ Slightly negative
_ Neither positive or negative
_ Slightly positive
_ Moderately positive

_ Extremely positive

12) Do you currently own or rent your own residence?
_ Owned by you or someone in the household
_ Rented
_ Occupied without payment of rent
_ Transitional or supportive housing
_ Emergency shelter
_ Temporary living with others
_ Other
_ Decline to answer

a. If "Other" to 12): Please specify your living arrangements: _____

13) Including yourself, how many people live in your household? ______

14) How many children under the age of 18 live in your household? ______

15) What are the ages of the children under the age of 18 living in your household?
Child 1: ______
Child 2: ______
Child 3: ______
Child 4: ______
Child 5: ______

Infant Demographics
1) What is your baby's gender?
_ Male
_ Female

2) How would you best describe his/her race? Check all that apply:
_ African American or Black
_ American Indian or Alaska Native
_ Asian
_ Pacific Islander
_ White
_ Other

a. If "Other" to 2): Please specify how you would best describe your baby's race: _____

3) Do you consider him/her Hispanic or Latinx?
_ Yes
_ No

4) What is his/her height/length? _______

5) What is his/her current weight? ______

6) What did he/she weigh at birth? ______

M. SPANISH SURVEY

Preguntas sobre alimentación infantil

1) ¿Alguna vez su bebe fue amamantado o alimentado con leche materna?

_ Si
_ No
_ No sabe/No está seguro

a. Si respondió "Si" a la pregunta 1): ¿Por cuánto tiempo su bebé fue amamantado o alimentado con leche materna? _____

b. Si respondió "Si" a la pregunta 1): ¿Está actualmente amamantando a su bebe?

_ Si
_ No
_ No sabe/No está seguro

c. Si respondió "Si" a la pregunta 1b): ¿Cuánto tiempo más piensa amamantar? _____

d. Si respondió "No" a la pregunta 1b): ¿Qué edad tenía su bebé cuando dejó de amamantarlo? _____

2) ¿Alguna vez su bebé fue alimentado con fórmula?

_ Si
_ No
_ No sabe/No está seguro

a. Si respondió "Si" a la pregunta 2): ¿Por cuánto tiempo alimentó a su bebé con fórmula? _____

b. Si respondió "Si" a la pregunta 2): ¿Está alimentando actualmente a su bebé con fórmula?

_ Si
_ No
_ No sabe/No está seguro

c. Si respondió "Si" a la pregunta 2b): ¿Por cuánto tiempo más piensa alimentar a su bebé con fórmula? _____

d. Si respondió "Si" a la pregunta 2b): ¿Qué edad tenía su bebé cuando dejó de alimentarlo con fórmula? _____

3) ¿Cuándo empezó su bebé a comer algo que no fuera leche materna o fórmula?

_ No ha empezado
_ 1 mes

_ 2 mes
_ 3 mes
_ 4 mes
_ 5 mes
_ 6 mes
_ 7 mes
_ 8 mes
_ 9 mes
_10 mes
_ 11 mes
_ 12 mes

4) **Si su respuesta fue entre "1-12 meses" en la pregunta 3):** ¿Qué tipo de alimentos come su bebé? _ Alimentos para bebés, ej) cereales para bebés, alimentos envasados
_ Alimentos de mesa, ej) preparados en el hogar
_ Otros

a. Si respondió "Alimentos para bebés" en la pregunta 4): ¿Qué tipo de alimentos para bebés come su bebé? Marque todo lo que aplique:
_ Cereales para bebe
_ Frutas en frasco/enlatados
_ Compota de fruta en bolsa
_ Vegetables en frasco/enlatados
_ Compota de vegetales en bolsa
_ Carnes
_ Postres
_ Bocadillos para bebe

b. Si respondió "Alimentos de mesa" en la pregunta 4): ¿Qué tipo de alimentos de mesa come su bebé? Marque todo lo que aplique:
_ Puré / licuado
_ Picado finamente
_ Picado grueso / en rodajas

c. Si respondió "Otros" en la pregunta 4): Por favor, especifique qué tipo de alimentos come su bebé: _____

5) ¿A menudo se preocupa por cuánto come su bebé?
_Si
_ No

a. Si respondió "Si" en la pregunta 5): Por favor, explique por qué le preocupa cuánto come su bebé: _____

6) Por favor, piense en todo lo que su bebé ha comido, incluso en los alimentos que otra persona podría haberle dado. En promedio, ¿con qué frecuencia su bebé fue alimentado durante el último mes?

	Comidas/tomas por día
Leche materna	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día □$_6$ 4 veces/día □$_7$ 5 o más veces/día
Fórmula	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día □$_6$ 4 veces/día □$_7$ 5 o más veces/día
Leche animal (vaca, cabra, etc.) or vegetables (soya, almendra, etc.)	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día □$_6$ 4 veces/día □$_7$ 5 o más veces/día
Fruta	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día □$_6$ 4 veces/día □$_7$ 5 o más veces/día

Vegetales *(sin incluir papas fritas)*	□0 Nunca □1 Solo lo probó un poco □2 A veces, pero menos de una vez al día □3 1 vez/día □4 2 veces/día □5 3 veces/día □6 4 veces/día □7 5 o más veces/día
100% jugo de fruta o vegetal	□0 Nunca □1 Solo lo probó un poco □2 A veces, pero menos de una vez al día □3 1 vez/día □4 2 veces/día □5 3 veces/día □6 4 veces/día □7 5 o más veces/día
Bebidas azucaradas (jugos, refrescos, gaseosas, etc.)	□0 Nunca □1 Solo lo probó un poco □2 A veces, pero menos de una vez al día □3 1 vez/día □4 2 veces/día □5 3 veces/día □6 4 veces/día □7 5 o más veces/día
Cereales para bebés	□0 Nunca □1 Solo lo probó un poco □2 A veces, pero menos de una vez al día □3 1 vez/día □4 2 veces/día □5 3 veces/día □6 4 veces/día □7 5 o más veces/día
Cereales de desayuno, galletas saladas, pames, pastas, arroz, etc.	□0 Nunca □1 Solo lo probó un poco □2 A veces, pero menos de una vez al día □3 1 vez/día □4 2 veces/día □5 3 veces/día

	□$_6$ 4 veces/día □$_7$ 5 o más veces/día
Papas, tater tots, u otras papas fritas	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día □$_6$ 4 veces/día □$_7$ 5 o más veces/día
Yogurt o queso	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día □$_6$ 4 veces/día □$_7$ 5 o más veces/día
Helado or pudín	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día □$_6$ 4 veces/día □$_7$ 5 o más veces/día
Carne o pollo	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día □$_6$ 4 veces/día □$_7$ 5 o más veces/día

Pescado o mariscos	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día □$_6$ 4 veces/día □$_7$ 5 o más veces/día
Huevos	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día □$_6$ 4 veces/día □$_7$ 5 o más veces/día
Mantequilla de maní, otros alimentos de maní o nueces	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día □$_6$ 4 veces/día □$_7$ 5 o más veces/día
Tartas, galletas, caramelos, confites, etc.	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día □$_6$ 4 veces/día □$_7$ 5 o más veces/día
Bocadillos para bebés (puffs, galletas para la dentición, etc.)	□$_0$ Nunca □$_1$ Solo lo probó un poco □$_2$ A veces, pero menos de una vez al día □$_3$ 1 vez/día □$_4$ 2 veces/día □$_5$ 3 veces/día

	□6 4 veces/día □7 5 o más veces/día

7) ¿Cuál de los siguientes suplementos de vitaminas o minerales ha recibido su bebé al menos tres veces en los últimos siete días?

_ Fluoruro
_ Hierro
_ Vitamina D
_ Otros
_ Ninguno

a. Si respondió "Otros" en la pregunta 7): Por favor, especifique qué suplementos de vitaminas o minerales ha recibido su bebé al menos tres veces en los últimos siete días __

8) ¿Cuál de las siguientes fuentes ha utilizado para obtener información sobre la introducción de alimentos sólidos a los bebés? Marque todo lo que aplique:

_ Médico, enfermero u otro profesional de la salud
_ Programa WIC
_ Clases de cuidado del bebé o grupo de apoyo
_ Familiar o amigo
_ Otras madres/padres
_ Libros videos
_ Boletines
_ Periódicos o revistas
_ Centro de Control y Prevención de Enfermedades(CDC)
_ Organización Mundial de la Salud (OMS)
_ Academia Americana de Pediatría (American Academy of Pediatrics)
_ Instituto Hassenfeld Child Health Innovation
_ Departamento de Salud
_ Otras organizaciones comunitarias
_ Redes sociales, ej) Facebook
_ Otras páginas de internet
_ Otros
_ Ninguno de los anteriores

a. Si respondió "Otras organizaciones comunitarias" en la pregunta 8): Por favor, especifique en qué organizaciones comunitarias ha utilizado para obtener información sobre la introducción de alimentos sólidos a los bebés: _____

b. Si respondió “Otras páginas web” en la pregunta 8): Por favor, especifique las páginas web que ha utilizado para obtener información sobre la introducción de alimentos sólidos a los bebés.: _____

c. Si respondió “Otros” en la pregunta 8) : Por favor, especifique qué otras fuentes ha utilizado para obtener información sobre la introducción de alimentos sólidos a los bebés.: _____

Preguntas sobre el sueño infantil

1) ¿Su bebé toma siestas?
- _ Si
- _ No

a. Si respondió “Si” en la pregunta 1): ¿Cuánto tiempo suele dormir su bebé?
- _ Menos de 1 hora
- _ 1-2 horas
- _ 2-3 horas
- _ 3-4 horas
- _ Más de 4 horas
- _ No está seguro

3) ¿En qué posición suele dormir su bebé?
- _ Estómago
- _ De lado
- _ Espalda
- _ No está seguro

4) ¿En qué tipo de ropa de cama suele dormir su bebé?
- _ Suave
- _ Firme
- _ No está seguro

5) ¿Qué artículos coloca en la cuna o moisés con su bebé a la hora de dormir? Marque todo lo que aplique:
- _ Cobija/Frazada
- _ Almohada
- _ Juguetes
- _ Otros
- _ No está seguro
- _ Ninguno

a. Si respondió “Otros” en la pregunta 5): Por favor, especifique qué elementos coloca en la cuna o moisés de su bebé a la hora de dormir: _____

6) ¿Alguna vez duermes en la misma cama que tu bebé?

_ Si
_ No

a. Si respondió "Si" en la pregunta 6): How often do you sleep in the same bed as your baby?

_ Menos de una vez al mes
_ Una vez al mes
_ Más de una vez al mes pero menos de una vez a la semana
_ Una vez por semana
_ Más de una vez a la semana
_ Todos los días
_ No estoy seguro

7) ¿Utiliza alguna vez un biberón para ayudar a su bebé a dormirse?

_ Si
_ No

a. Si respondió "Si" en la pregunta 7): ¿Con qué frecuencia usa un biberón para ayudar a que su bebé se duerma?

_ Menos de una vez al mes
_ Una vez al mes
_ Más de una vez al mes pero menos de una vez a la semana
_ Una vez por semana
_ Más de una vez a la semana
_ Todos los días
_ No estoy seguro

8) ¿Su bebé duerme toda la noche?

_ Si
_ No

9) ¿Cuánto tiempo pasa dormido su hijo durante la NOCHE (entre las 7:00 de la noche y las 7:00 de la mañana)?

_ 0-1 hora
_ 1-2 horas
_ 2-3 horas
_ 3-4 horas
_ 4-5 horas
_ 5-6 horas
_ 6-7 horas
_ 7-8 horas
_ 8-9 horas
_ 9-10 horas
_ 10-11 horas
_ 11-12 horas

10) ¿Cuándo suele dormirse su bebé por la noche? __

Well-Child Visit Questions

1) En una escala del 1 al 7, donde 1 es "totalmente en desacuerdo" y 7 "totalmente de acuerdo", ¿Qué tanto está de acuerdo con las siguientes afirmaciones?

a) Los chequeos regulares del niño son siempre experiencias satisfactorias ____
b) Las recomendaciones que me da mi proveedor de atención médica son claras____
c) Confío en la información que me brinda mi proveedor de atención médica ____
d) Siempre quiero seguir las recomendaciones de mi proveedor de atención médica. ____
e) Soy incapaz de seguir las recomendaciones de mi proveedor de atención médica a pesar que si quiero ____
f) Los chequeos regulares del niño nunca se sienten apurados ____

2) En una escala del 1 al 5, donde 1 es "nada importante" y 5 es "extremadamente importante", ¿qué importante es para usted que su proveedor de atención médica haga lo siguiente?

a) Responde directamente a sus comentarios e inquietudes _____
b) Pide su opinión _____
c) Pide permiso antes de darle consejos o recomendaciones. _____
d) Toma en cuenta su identidad cultural al hacer recomendaciones ____
e) Proporciona folletos u otros recursos sobre temas de los que hablaron _____

3) ¿Su proveedor de atención médica le ha ofrecido recursos para guiar la introducción de alimentos sólidos?

_ Si
_ No

a. Si respondió "Si" en la pregunta 3): ¿Qué tan útiles le parecieron los recursos que le ofreció su proveedor de atención médica para guiar la introducción de alimentos sólidos?

_ Extremadamente útil
_ Moderadamente útil
_ Algo útil
_ Ni útil ni inútil
_ Un poco inútil
_ Moderadamente inútil
_ Extremadamente inútil
_ No está seguro

4) ¿Cómo ha obtenido de su médico la mayor parte de la información sobre la alimentación de su bebé?

_ Verbalmente / en persona
_ Folletos

_ Llamadas telefónicas
_ Correo electrónico / Boletines
_ Videos instructivos
_ Otros
_ Ninguna de las anteriores

a. Si respondió "Otros" en la pregunta 4): Por favor, especifique cómo ha obtenido de su médico la mayor parte de la información sobre la alimentación de su bebé: _____

5) ¿Cómo preferiría recibir la mayor parte de la información sobre la alimentación de su bebé de su médico? Marque todo lo que aplique:
_ Verbalmente / en persona
_ Folletos
_ Llamadas telefónicas
_ Correo electrónico
_ Mensajes de texto
_ Boletines
_ Videos instructivos
_ Redes sociales (e.g., Facebook)
_ Otros
_ Ninguna de las anteriores

a. Si respondió "Otro" en la pregunta 5): Por favor, especifique cómo preferiría recibir de parte de su médico la mayoría de la información sobre la alimentación de su bebé: _____

6) ¿Experimentó usted alguna de las siguientes situaciones como resultado de la pandemia COVID-19? Marque todo lo que aplica:
_ Los familiares y amigos no pudieron visitarnos a mí y a mi bebé después del nacimiento (por ejemplo, debido al distanciamiento social o restricciones de viaje)
_ No tuve acceso a la lactancia ni a otro apoyo prenatal después de haberme dado de alta del hospital
_ Mi visita postparto fue cancelada
_ Mi visita postparto fue una visita virtual
_ No pude obtener el tipo de anticonceptivo que quería
_ No pude hablar de tristeza postparto o de problemas relacionados con mi estado de ánimo
_ Las visitas regulares a su pediatra se hicieron virtuales
_ Las visitas regulares a su pediatra se hicieron virtuales fueron canceladas
_ Se pospusieron las vacunas de mi bebé
_ Otros
_ No hubo cambios

a. Si respondió “Otros” en la pregunta 6): Por favor, especifique qué cambios experimentó en su atención posparto o la atención de su bebé como resultado de la pandemia del COVID-19: _____

7) ¿Le preocupa cómo cuidará a su bebé debido a la pandemia de COVID-19?
_ Si
_ No

a. Si respondió “Si” en la pregunta 7): Por favor, especifique por qué le preocupa cómo cuidará a su bebé debido a la pandemia del COVID-19:

b. Si respondió “Si” en la pregunta 7): En una escala del 1 al 7, en la que 1 es “no está preocupado” y 7 “muy preocupado”, ¿qué tan preocupado está usted sobre cómo cuidará a su bebé?
_ 1
_ 2
_ 3
_ 4
_ 5
_ 6
_ 7

Self-Efficacy
1) En una escala del 1 al 5, donde 1 es “totalmente en desacuerdo” y 5 “totalmente de acuerdo”, ¿qué tan acuerdo está con las siguientes afirmaciones?
a) Puedo seguir fácilmente los consejos de cualquier fuente sobre cómo cuidar a mi bebé ____
b) Sé qué preguntas hacerle a mi médico si necesito consejos ____
c) Puedo resolver los problemas relacionados con la alimentación de mi bebé por mi cuenta ____
d) Puedo resolver por mi cuenta los problemas relacionados al sueño de mi bebé y ayudarlo a dormir solo ____
e) Conozco cómo es una dieta saludable para mi bebé ____
f) Siempre puedo darle alimentos saludables a mi bebé ____

Caregiver Demographics
1) ¿Cuál es su fecha de nacimiento? _______

2) ¿Cómo describiría mejor su raza? Marque todo lo que aplique:
_ Afroamericano o Negro
_ Indio Americano o Nativo de Alaska
_ Asiático
_ De origen Hawaiano o de las Islas del Pacífico
_ Blanco
_ Otro (especificar: _______)

_ Prefiere no contester

3) ¿Se considera usted hispano o latino?
_ Si
_ No
_ Prefiere no contester

4) Cómo describiría su actual estado civil actual?
_ Soltero
_ Casado/Con una pareja
_ Separado/Divorciado
_ Viudo
_ Prefiere no contester

5) ¿Cómo describiría su situación laboral actual?
_ Tiempo completo
_ Tiempo parcial
_ Sin empleo
_ Jubilado
_ Otro
_ No sabe/No está seguro
_ Prefiere no contestar

a. Si respondió "Otro" en la pregunta 5): Por favor, especifique su situación laboral actual: _____

6) ¿Cuál fue el ingreso de su hogar antes de los impuestos durante el año anterior (2019)?
_ ≤ $20,000
_ $20,001 to $30,000
_ $30,001 to $40,000
_ ≥ $40,001
_ No sabe / No está seguro
_ Prefiere no contestar

7) ¿Cuál es el nivel educativo más alto que ha completado?
_ Menos del décimo (10th) grado
_ Entre décimo (10th) y duodécimo (12th) grado
_ Educación secundaria o equivalente (GED)
_ Escuela de oficios o aprendizaje
_ Universidad incompleta, sin título
_ 2 años de grado universitario
_ 4 años de grado universitario
_ Graduate degree Título de posgrado
_ No sabe / No está seguro
_ Prefiere no contestar

8) ¿Recibe actualmente beneficios de WIC?
_ Si
_ No

a. Si respondió “Si” en la pregunta 8): ¿Se inscribió en WIC durante la pandemia de COVID-19?
_ Si
_ No

b. Si respondió “Si” en la pregunta 8a): ¿Se inscribió en WIC porque COVID-19 afectó su situación financiera y / o de vivienda?
_ Si
_ No, me inscribí por otras razones

c. Si respondió “Si” en la pregunta 8): ¿Firmó una extención de emission remota para recibir los beneficios de WIC?
_ Si
_ No
_ No sabe / No está seguro

d. Si respondió “Si” en la pregunta 8): ¿Firmó una exención de seguro de beneficios extendidos para recibir beneficios de WIC?
_ Yes
_ No
_ No sabe / No está seguro

e. Si respondió “Si” en la pregunta 8): ¿Ha recibido servicios virtuales de WIC virtuales durante la pandemia de COVID-19?
_ Si
_ No

f. Si respondió “Si” en la pregunta 8e): Por favor, especifique qué servicios de WIC ha recibido (marque todos los que apliquen):
_ Consejería
_ Referencias de atención médica
_ Educación nutricional
_ Otros, especifique: _____

g. Si respondió “Si” en la pregunta 8): ¿Ha podido aplicar los beneficios de WIC a pedidos u órdenes en línea?
_ Si
_ No
_ No he intentado

h. Si respondió “Si” o “No” en la pregunta 8g): ¿Qué problemas ha experimentado con los pedidos en línea? Marque todo lo que aplique:

_ Algunos de los artículos que quería pedir estaban agotados
_ Me limitaba la cantidad de artículos que podía pedir
_ Los artículos que pedí llegaron más tarde de lo que me dijeron
_ Me enviaron los artículos incorrectos
_ Otros, por favor especifique: ____
_ N/A

9) ¿Recibe actualmente beneficios de SNAP?
_ Si
_ No

10) ¿Cuál de las siguientes opciones describe mejor dónde vive actualmente?
_ Una vivienda tipo estudio
_ Vivienda de 1 dormitorio
_ Una vivienda de varios dormitorios
_ No tengo vivienda estable
_ Prefiero no contestar

11) ¿Ha cambiado su condición de vivienda desde el comienzo de la pandemia COVID-19?
_ Si
_ No

a. Si respondió "Si" en la pregunta 11): ¿El cambio en su condición de vivienda ha tenido un impacto positivo o negativo?
_ Extremadamente negativo
_ Moderamente negativo
_ Ligeramente negativo
_ Ni positivo ni negativo
_ Ligeramente positivo
_ Moderadamente positivo
_ Extremadamente positivo

12) ¿Actualmente alquila o es propietario de su residencia?
_ Es propiedad suya o de alguien en el hogar
_ Alquiler
_ Ocupado sin pago de alquiler
_ Vivienda de transición o de apoyo
_ Refugio de emergencia
_ Vive temporalmente con otros
_ Otro
_ Prefiere no contester

a. Si respondió "Otro" en la pregunta 12): Especifique su situación de vivienda: _____

13) Incluyéndose a usted mismo, ¿cuántas personas viven en su hogar? ______

14) ¿Cuántos niños menores de 18 años viven en su hogar? ______

15) ¿Cuáles son las edades de los niños menores de 18 años que viven en su hogar?

Niño 1: ______
Niño 2: ______
Niño 3: ______
Niño 4: ______
Niño 5: ______

Infant Demographics

1) ¿Cuál es el sexo/genero de su bebé?

_ Masculino
_ Femenino

2) ¿Cómo describiría mejor la raza del bebé ? Marque todo lo que aplique:

_ Afroamericano o Negro
_ Indio Americano o Nativo de Alaska
_ Asiático
_ De origen Hawaiano o de las Islas del Pacífico
_ Blanco
_ Otro

a. Si respondió "Si" en la pregunta 2): Especifique cómo describiría mejor la raza de su bebé: _____

3) ¿Lo considera hispano o latino?

_ Si
_ No

4) ¿Cuál es su altura / longitud? _______

5) ¿Cuál es su peso actual? ______

6) ¿Cuál fue su peso al nacer? ______