

## The Influence of Quiet Time on Exclusive Breastfeeding Rates At Discharge

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**Abstract:** Breastfeeding is considered the optimum method of infant feeding. Research on strategies to promote exclusive breastfeeding is necessary to improve current exclusive breastfeeding rates. The aim of this study was to investigate the influence of a quiet time rest period on exclusive breastfeeding rates and on the perception of effective breastfeeding at discharge. A consecutive sample of 160 breastfeeding women was used. Data was collected using the Beginning Breastfeeding Survey and a researcher developed demographic survey. Although not statistically significant, findings showed a higher percentage of exclusive breastfeeding rates in mothers who participated in Quiet Time (52.5% to 47.5%). This indicates that Quiet Time may have an impact on exclusive breastfeeding. However, the relationship between Quiet Time and the perception of effective breastfeeding showed statistically significant results, ( $t(178)=.166, p<0.05$ ), which indicated that mothers who participated in Quiet Time, ( $m=123.58, sd=13.560$ ), perceived a more effective breastfeeding experience than mothers who did not, ( $m=119.58, sd=16.644$ ).

**Keywords:** breastfeeding; exclusive breastfeeding; fatigue; rest period; mothers

### INTRODUCTION

Breastfeeding is widely recognized as a superior infant feeding method (American Academy of Pediatrics [AAP], 2012; Centers for Disease Control [CDC], 2012; World Health Organization [WHO], 2011). Breastfeeding provides benefits for growth, development, and immunity, as well as protection from sudden infant death syndrome and certain childhood illnesses and conditions such as obesity, gastrointestinal, respiratory infections, otitis media, diabetes and others (Ip et al., 2007). Despite all that is known about the benefits of breastfeeding relative to future health, only 16.3 percent of U. S. women are exclusively breastfeeding at six months (CDC, 2012). Because of the association between breastfeeding, health promotion, and disease prevention, research is necessary to examine strategies that will reduce barriers to breastfeeding success.

Numerous factors may impact early breastfeeding success such as hospital routines, visitors, and postpartum fatigue (Declercq, Labbok, Sakala, & O'Hara, 2009; Morrison, Ludington-Hoe, & Anderson, 2006; Troy, 2003). This study sought to determine if an intervention such as Quiet Time, a designated rest period, could reduce hospital interruptions, postpartum fatigue, and increase breastfeeding success, thereby improving exclusive breastfeeding rates. Multiple interruptions in the hospital can be disruptive to the establishment of breastfeeding (Morrison et al., 2006). Interruptions, even those well-intentioned, can be exhausting to a mother already feeling the effects of lack of sleep.

Fatigue has been identified as a major problem by postpartum women (Troy, 2003). Postpartum fatigue is common after giving birth and is more than just feeling tired (Lowdermilk, Perry, Cashion, & Alden, 2012; Troy, 2003).

Postpartum fatigue is affected by many situational factors such pain, infant care demands, inadequate support systems, or insufficient rest periods (Lowdermilk et al., 2012). When hospital routines are altered to minimize interruptions, mothers are able to get necessary rest. Rest periods during the day may enable the mother to better cope with the nighttime feedings and potentially reduce the need for supplementation.

### DEFINITIONS

Because some of the terms used in the current research study might have multiple meanings, the current study includes the following definitions. The terms are in alphabetical order with reference citations included.

*Effective breastfeeding* is defined as the process that involves the direct transfer of milk from the mother's breast to the infant in a satisfactory manner that fulfills the needs of the mother and the infant (Mulder, 2006).

*Exclusive breastfeeding* is the consumption of only human milk (AAP, 2012).

*Quiet Time* is a nursing intervention that is used to establish a relaxed state or maintain a resting state (Thomas, Liehr, Dekeyser, Frazier, & Friedmann, 2002).

### *Study Design and Methods:*

#### *Aim of the study:*

The purpose of this study was to compare exclusive breastfeeding rates in two groups of breastfeeding women (those that participated in Quiet Time and those who did not) and to examine the effects of Quiet Time on the perception of effective breastfeeding at discharge.

### **Research questions:**

1. What is the impact of Quiet Time on exclusive breastfeeding rates of postpartum mothers at discharge from the hospital?
2. Will mothers who participated in Quiet Time have a higher perception of effective breastfeeding at discharge than those mothers who did not participate in Quiet Time?

### **Subjects and Recruitment:**

The scope of the current study was breastfeeding mothers, who declared their intention to breastfeed in the delivery room and were breastfeeding at the time of discharge. Inclusion criteria was 1) breastfeeding mothers ages 18-40, 2) English speaking women, 3) delivering term babies (37 weeks gestation or more) admitted to newborn nursery. Exclusion criteria included 1) mothers whose babies were admitted or observed in the Special Care Nursery, 2) mothers who remained back in Labor and Delivery more than 24 hours, and 3) mothers who planned a combination of breast and formula feeding.

The chosen facility was in Northwest New Jersey. The selection was primarily due to the diverse population and patient accessibility. Data was collected over a seven-month period. Of the 677 births during the data collection period, 266 mothers planned to offer combination feedings, 91 were formula feeding, 55 newborns were admitted to the Special Care Nursery, and 65 mothers did not speak English. The remaining 200 mothers were offered an invitation to participate in the study. Of those 200 breastfeeding women, a total of 160 agreed to participate in the study, signed consent, and completed the surveys.

The group was evenly split: 80 breastfeeding mothers took part in Quiet Time and 80 did not. Mothers were offered the Quiet Time intervention upon admission, and given information through verbal and written means. The Quiet Time program is exclusive to the maternity unit within the hospital. Mothers who participated in quiet time would have an uninterrupted rest period between 1:00 PM to 2:30 PM including the hospital staff and visitors; unless the mothers requested assistance. The baby would either be in the mother's room or in the nursery; however, it was encouraged for the baby to stay with the mother. Lights were dimmed on the unit and to further enforce Quiet Time, a sign was placed on the mother's door that read: Mother Resting.

### **Design:**

This quantitative research study utilized a descriptive correlational design and was also a comparative study of exclusively breastfeeding women who participated in Quiet Time versus those who did not. This study examined the influence of Quiet Time on exclusive breastfeeding rates and perception of effective breastfeeding at discharge. Consecutive sampling was used in this study and was appropriate because it was a sampling method where every individual that met inclusion criteria was asked to participate (Polit & Beck, 2010). Enrollment continued until the predetermined sample was obtained. Results were

analyzed through independent sample t-tests, chi-squared tests, and Spearman's *rho* correlation tests.

### **Instruments:**

Two instruments were utilized. The first instrument, The Beginning Breastfeeding Survey (BBS), a 26 item tool containing 16 maternal and 10 infant items was used to measure breastfeeding effectiveness on a Likert scale from 1-6. The BBS, which was used with permission, is a reliable and valid tool to assess mother's perception of effective breastfeeding (Mulder & Johnson, 2010). The second instrument was developed by the researcher and utilized in a previous research study on first time breastfeeding women (Phillips, 2010). The tool was modified for this research study to include 3 additional questions relative to participation in Quiet Time. This researcher developed tool consisted of 16 items which included demographic information along with baseline breastfeeding information and participation in Quiet Time (See Appendix).

The premise of Quiet Time was to promote rest and wellness and offer a reprieve from the multiple interruptions often seen in hospitals. All mothers were informed that Quiet Time was being implemented to see if a short nap during the day would decrease fatigue and help facilitate the night time feedings leading to improved breastfeeding success and higher exclusive breastfeeding rates. Mothers were able to freely choose to participate in Quiet Time or not. The researcher determined through the survey whether or not the mother was participating in Quiet Time. Participants were designated as either Quiet Time (QT) or Non Quiet Time (NQT) and assigned a number (QT1, QT2 etc, NQT1, NQT2 etc).

### **Data Collection:**

After IRB and the Nursing Research Council and the Research and Evaluation Council approved the study, the researcher went to the maternity nursing unit every day until adequate participants were obtained. The daily census was obtained from the unit secretary and breastfeeding mothers being discharged were identified. The researcher entered the patient rooms to explain the study, risks and benefits, and offer an invitation to participate in the study. Once the patient agreed to participate, informed consent was reviewed and signed. No identifying information was listed on the surveys. Consent forms were removed from the surveys prior to data entry. The surveys were completed and collected at discharge.

### **Statistical Analysis:**

Data within the study utilized the Statistical Package for the Social Sciences (SPSS) and considered data significant using a level of significance of 0.05 or below. The demographic survey was analyzed using frequencies, and chi-squared items. An additional analysis was performed through the use of chi-squared tests utilizing items from the demographic survey and the BBS. Spearman's *rho* was used to analyze any statistically significant correlations between items on The Beginning Breastfeeding Survey. To analyze the relationship between Quiet Time and exclusive breastfeeding rates, an independent sample t-test was applied.

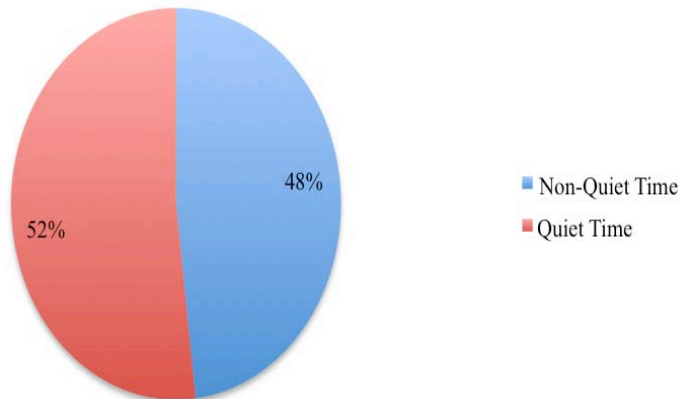
## **RESULTS**

The main focus of the study was to determine if participation in Quiet Time had a statistically significant impact on exclusive breastfeeding rates at time of discharge from the hospital. The sample was primarily Caucasian (65%). Hispanics accounted for 20.6%, Asians 11.3%, African Americans (1.9%), and others were (1.3%). This sample population was reflective of the population of county in which the participating hospital was located (U.S. Census Bureau: Morris County, 2010).

An independent sample t-test was done to compare exclusive breastfeeding rates among mothers who did and did not participate in Quiet Time. In the Quiet Time group, 42 of 80 (52.5%) were breastfeeding exclusively at discharge; whereas in the Non Quiet Time group 38 of 80 (47.5%) were breastfeeding exclusively at discharge ( $p=0.6375$ ) (See Figure 1). This indicates that participation in Quiet Time could have an impact on exclusive breastfeeding rates. However, there was a failure to prove the aim of the study. There was no statistical difference in the exclusive breastfeeding rates of mothers who participated in Quiet Time and those that did not ( $t(80) = -0.472, p > 0.064$ ).

**Figure 1: Exclusive Breastfeeding vs. Quiet Time/Non-Quiet Time**

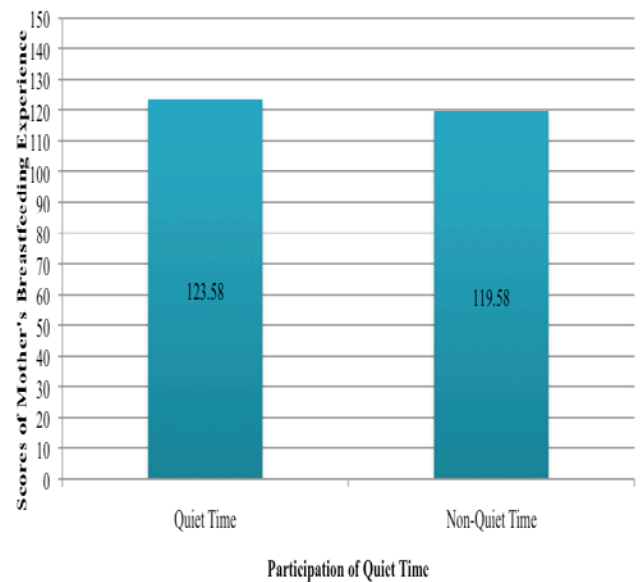
Caption: The pie graph illustrates the population of quiet time (QT) and non-quiet time (NQT) mothers participating within the survey.



For further analysis of the data, an independent t-test was performed to investigate if there was a relationship between a mother’s perception of effective breastfeeding and participation in Quiet Time. Results found a significant difference ( $t(178) = .166, p < 0.049$ ). It was shown that mothers who participated in Quiet Time had a higher perception of effective breastfeeding ( $m = 123.58, sd = 13.560$ ) than those who did not ( $m = 119.58, sd = 16.644$ ) (See Figure 2).

**Figure 2: Mother’s Perception of Effective Breastfeeding vs. Quiet Time**

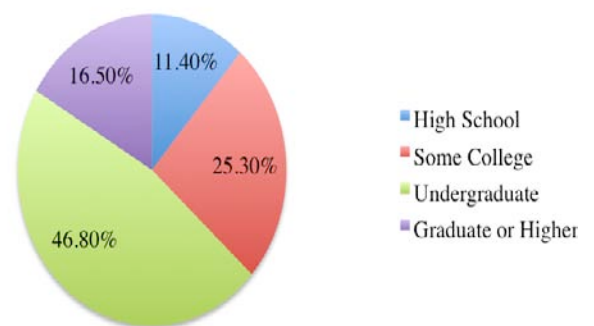
Caption: The bar graph shows the resulting mean scores of quiet time (QT) and non-quiet time (NQT) from a sample t-test.



A chi-square test of independence was done between the mother’s educational level and its effect on exclusive breastfeeding rates. This relationship proved to have statistically significant results ( $\chi^2(3) = 9.236, p < 0.026$ ). There was a significant relationship between maternal education level and exclusive breastfeeding rates at discharge ( $p = 0.026$ ). Mothers with an undergraduate degree were most likely to be exclusively breastfeeding (46.8%), followed by mothers with some college (25.3%), mothers with a graduate degree (16.5%), and mothers with a high school education (11.4%) (See Figure 3). According to the literature, the more educated a woman, the more likely to breastfeed.

**Figure 3: Title: Educational Level Among Exclusive Breastfeeding Mothers**

Caption: The pie graph shows the distribution of varying levels of education among participating mothers within the study.



Numerous relationships were investigated relative to the perception of effective breastfeeding. Primarily, Spearman  $\rho$  correlation coefficient was utilized to analyze the different levels of variables and the corresponding relationships. A moderate positive correlation was found between the mother’s perceptions of their enjoyment of breastfeeding and their baby’s enjoyment of breastfeeding ( $\rho(178) = .438, p < 0.01$ ). This proved that mothers who perceived their baby enjoyed breastfeeding meant the mothers would enjoy the breastfeeding experience which could correlate to the mother’s perception of effective breastfeeding.

As well, statistically significant results were found in regards to a mother's perception of exhaustion. A Spearman  $\rho$  correlation coefficient was calculated for the relationship between a mother's perception on exhaustion and other variables: the mother's perception of painful nipples ( $\rho(178) = .270, p < 0.01$ ) a weak correlation, the mother's perceived frustration ( $\rho(178) = .395, p < 0.001$ ) a weak correlation, and the mother's perception of the amount of difficulty in breastfeeding their child ( $\rho(178) = .270, p < 0.01$ ) a weak correlation. These variables can impact the mother's perception of breastfeeding, and could lead to lower breastfeeding self-confidence and earlier discontinuation of breastfeeding.

Other variables were investigated such as the mother's perception of their comfort level. Relationships were presented with the following variables: the mother's confidence about breastfeeding ( $\rho(178) = .451, p < 0.01$ ) was a moderate correlation, the mother's enjoyment of the experience ( $\rho(178) = .270, p < 0.001$ ) was a weak correlation, the mother's perception of their baby enjoying breastfeeding ( $\rho(178) = .228, p < 0.01$ ) was a weak correlation, the mother's perception of their knowledge on what they needed to do to breastfeed their baby ( $\rho(178) = .277, p < 0.01$ ), a weak correlation, and the mother's perception of how easy it was to breastfeed their baby ( $\rho(178) = .356, p < 0.01$ ) was also a weak correlation. The comfort level of the mother positively influenced the mother and baby's enjoyment of the breastfeeding experience, and the perception of the mother's knowledge and ease on the breastfeeding experience.

As well, Spearman  $\rho$  correlation coefficient found that there was moderate and weak relationships between the mother's perception of enjoying breastfeeding with their perception of their baby enjoying breastfeeding ( $\rho(178) = .438, p < 0.01$ ) was a moderate correlation, their perceived closeness of their baby ( $\rho(178) = .543, p < 0.01$ ) a moderate correlation, their perceptions of their baby being content and relaxed ( $\rho(178) = .332, p < 0.01$ ) a weak correlation, their perception of their knowledge on what they needed to do to breastfeeding their baby, a weak correlation, ( $\rho(178) = .219, p < 0.01$ ), and their perception of how easy it was to feed their baby ( $\rho(178) = .302, p < 0.01$ ) also a weak correlation. Although these were weaker correlations, this indicated that mothers who believed their baby was enjoying the breastfeeding experience positively influenced their closeness with their child, the knowledge or preparedness to breastfeed, and the ease of the breastfeeding experience.

#### **Study Limitations:**

A limitation of the study is that the sample population ( $n=160$ ) was from a single hospital. The sample was primarily Caucasian (65%) which limits the consideration of the other races within the study. Similarly, the sample proved to an additional limitation concerning the education level. Out of the sample population, 135 participants (84.4%) had at least some college or an undergraduate or graduate degree. There is a potential bias with the inclusion of participants who had prior breastfeeding experience. Multipara's were also included in the study who may or may not have had prior breastfeeding experience. Additionally, the short-term nature of the study was a limitation as the

study only examined exclusive breastfeeding rates at discharge. No data was obtained after discharge.

A potential existed for bias because the researcher is a lactation consultant. Data collection took place in the hospital where the individuals conducting the study work which could influence the staff's interaction with the breastfeeding mothers. Staff members were advised that the interviewers were not functioning in the role of a lactation consultant or staff nurse but as researcher's. No data was collected during working hours. The research agenda, assumptions, and participant selection criteria were stated up front.

#### **Clinical Implications:**

Although breastfeeding is a dominant force in maternal and infant health, there is still a lack of women exclusively breastfeeding (CDC, 2012). Multiple interruptions throughout the day have been reported when attempting breastfeeding that could impact breastfeeding success (Morrison et al., 2006). Measures must be focused on research, implementation, modification, and evaluation to promote exclusive breastfeeding rates. To promote the rise of exclusive breastfeeding, strategies must be researched and implemented to provide education for clinical staff members to effectively inform mothers.

Although not statistically significant, it was noted that Quiet Time has the potential to make a difference in exclusive breastfeeding rates at discharge. Mothers who participated in Quiet Time had a higher percentage of exclusive breastfeeding, than those who did not. However, statistically significant results were noted between participation in Quiet Time and the mother's perception of effective breastfeeding. As reflected in the study, mothers who enjoyed breastfeeding perceived feeling closer to their children. Mothers felt they were knowledgeable; and, therefore, confident in their new role in and out of the clinical setting. Within the study, statistically significant results were found in regards to a mother's perception of exhaustion. Quiet Time can be considered a therapeutic environmental invention that can serve multiple purposes (Gardner, Collins, Osborne, Henderson, & Eastwood, 2009). Not only could Quiet Time promote exclusive breastfeeding rates, but also provide an important rest period for new mothers'. Although signs were provided to reinforce quiet time within the clinical setting, there were barriers. Some barriers encountered included inconsistent awareness of the Quiet Time intervention and the large number of visitors. Although most interruptions had good intentions, they still were disruptive for the mothers. This increases the mother's risk for postpartum fatigue. Fatigue in the postpartum fatigue can impact a mother's quality of life as well as that of her family (Troy, 2003).

Additionally, education was noted to have significant results in regards to exclusively breastfeeding. Those with a degree lower than a graduate degree were more likely to exclusively breastfeed. In this situation, it could be a matter of previous breastfeeding experience taken into play; so other considerations must be accounted for when providing education to women. Interventions such as Quiet Time should be encouraged more consistently, especially among staff and the mothers. Education must also focus on

postpartum fatigue and the need for rest postpartum. Variables such as Quiet Time and postpartum fatigue must be further investigated to understand the impact on exclusive breastfeeding. From this, policies and guidelines can be created and modified that may improve exclusive breastfeeding rates.

## CONCLUSIONS

Numerous studies have been done that depict the significance of breastfeeding on future baby and maternal health. Despite all the strategies that have been implemented, exclusive breastfeeding rates remain below goals set by Healthy People 2020 of 46.2% at three months and 25.5% at 6 months. Currently the Breastfeeding Report Card indicated that in New Jersey, exclusive breastfeeding rates are 33.3% at three months and 10.9 % at six months (CDC, 2013). Additionally in 2012, three month exclusive breastfeeding rates were 33% and six month exclusive breastfeeding rates were 16.1% (CDC, 2012).

Although no statistically significant results were exposed between the relationship among Quiet Time and exclusive breastfeeding rates, there was a higher percentage of exclusive breastfeeding in mothers who participated in Quiet Time (52.5%). Quiet Time may have an impact on exclusive breastfeeding. Additionally, findings concerning the relationship between Quiet Time and perception of effective breastfeeding proved statistically significant—mothers had a better perception of effective breastfeeding when they engaged in Quiet Time. A greater perception of effective breastfeeding could lead to increased self-confidence and higher exclusive breastfeeding rates.

In this study, the mother's perception of exhaustion versus their perceptions of breastfeeding difficulties proved to be significant. The more exhausted mothers were, the more breastfeeding difficulties they perceived. According to Troy (2003) for the past two decades, postpartum women have been ranking fatigue as one of their top five concerns postpartum. Postpartum fatigue is an overwhelming sense of exhaustion and decreased capacity for physical and mental work following childbirth (Runquist, 2007). Hospital routines can be modified to reduce interruptions in order to meet the needs of the breastfeeding mothers (Declercq et al., 2009; Morrison et al., 2006). When hospital routines are altered to minimize interruptions, mothers may be able to get the necessary rest. Participation in Quiet Time may afford mothers that opportunity for rest.

## FUTURE RESEARCH

Further research is needed on the influence of Quiet Time on exclusive breastfeeding rates. Additional studies are necessary to examine the effects of postpartum fatigue on exclusive breastfeeding rates. These studies could be implemented in multiple in-patient maternity units to better determine the influence of Quiet Time among exclusive breastfeeding rates, breastfeeding effectiveness, and breastfeeding self-confidence.

## ACKNOWLEDGEMENTS:

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## CONFLICTS OF INTEREST:

Two of the authors work at the participating hospital but neither collected data during their work hours.

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## Appendix

Number \_\_\_\_\_ Quiet Time Survey

Recognizing the need to promote rest and wellness for our new mothers and infants, the Katena Center at St Clare's Hospital is encouraging a voluntary Quiet Time. Quiet Time is a rest period designed to offer a reprieve from the multiple interruptions often seen in hospital settings. Quiet Time is being implemented to see if a short nap during the day will decrease postpartum fatigue, help facilitate the night time feedings, and improve breastfeeding success.

- 
1. Is this your first baby? (Circle one)
1. Yes
  2. No
- If this is not your first baby, how many children do you have? \_\_\_\_ (Please specify)
2. Did you participate in Quiet Time? (Circle one)
1. Yes
  2. No
3. Did you and your baby have enough quiet/uninterrupted time together? (Circle one)
1. Yes
  2. No
4. When did you decide to breast-feed? (Circle one)
1. Prior to becoming pregnant
  2. During the pregnancy
  3. After delivering the baby

5. What is your marital status? (Circle one)
1. Single
  2. Living with a significant other
  3. Married
  4. Separated
  5. Divorced
6. What is your age? \_\_\_\_
7. Please provide your education level (Circle one).
1. Completed High school
  2. Some college
  3. Undergraduate degree
  4. Graduate degree or higher
8. What is your ethnicity? (Circle one)
1. Caucasian
  2. Asian
  3. Hispanic
  4. African American/Black
  5. Other \_\_\_\_\_ (Please specify)
9. How did you prepare yourself for breast-feeding? (Circle one)
1. Nothing
  2. Attended a breast-feeding class
  3. Read extensively about breast-feeding
  4. Both b & c
10. How soon after birth did you initiate breast-feeding? (Circle one)
1. Less than 2 hours
  2. 4-6 hours
  3. 8-12 hours
  4. 16-24 hours
11. Did you room-in with the baby during the day? (Circle one)
1. Yes
  2. No
12. Did you room in with the baby at night? (Circle one)
1. Yes
  2. No
13. Did you breastfeed exclusively (no formula) during your hospital stay? (Circle one)
1. Yes
  2. No
14. Did you offer a pacifier to your baby? (Circle one)
1. Yes
  2. No
14. Did you have a: (Circle one)
1. Vaginal birth
  2. Cesarean section
15. Was your labor induced? (Circle one)
1. Yes
  2. No
16. Which of the following contributed to your success with breastfeeding?
1. Postpartum Breastfeeding Support (nurses and lactation consultants)
  2. Participation in Quiet Time
  3. Postpartum Breastfeeding Classes
  4. Social Support (partner and family)
  5. Personal Motivation

Thank you for participating in this survey!