LiquidGoldConcept

*Target Participant**:** Breastfeeding Expert* *Reimbursement:* One raffle ticket to enter to win $50 Amazon Gift Card
Format: Paper *Estimated Time to Complete:* 15 minutes
Objective: To evaluate the participant's level of breast massage expertise

Participant Name: _____   Email: _____

LiquidGoldConcept, LLC Release Form
Permission for Use of Answers in LGC Breast Massage & Hand Expression Questionnaire 2015

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I certify that I am over the age of eighteen (18) years.

Dated: _____

Name_____

Signature_____

A: *The following are questions regarding your experience working with <u>breastfeeding patients</u>. If you do not work with breastfeeding patients, you may skip this part and continue to Section B (Question 4).*

1a. Have you ever **expressed** a patient's breast milk with your hands?

☐ Yes

☐ No (If no, skip to 1c)

☐ Don't Know

1b. If yes, for what percentage of patients do you use your hands to **express** their breast milk?

☐ 25%

☐ 50%

☐ 75%

☐ 100%

☐ Other_____

(Skip to 2a)

1c. If no, why not? Check all that apply.

☐ I don't know how.

☐ I don't think it is helpful.

☐ I think that it is gross

☐ My patients think it is gross

☐ Other_____

3e. What teaching materials do you use for hand/manual **expression** of breast milk? Check all that apply.

☐ The patient's breast

☐ You own breasts

☐ A 2D picture

☐ A video

☐ A website

☐ An online forum

☐ A community group (Please, explain below)

☐ A single breast model (Please, explain below)

☐ A simulation model in the shape of a torso

☐ Other _____

3f. What teaching materials do you use for hand/manual breast **massage?** Check all that apply.

☐ The patient's breast

☐ Your own breasts

☐ A 2D picture

☐ A video

☐ A website

☐ An online forum

☐ A community group (Please, explain below)

☐ A single breast model (Please, explain below)

☐ A simulation model in the shape of a torso

☐ Other _____

B. *The following are questions regarding your experience **teaching health professional students and practitioners** about breastfeeding. If you do not teach students and practitioners, please, skip this part and continue to Part C (Question 7)*

6a. What tools do you use to teach about breastfeeding? Check all that apply.

☐ PowerPoint Presentation

☐ Printed Material (i.e. brochures, pamphlets)

☐ Multimedia (i.e. videos)

☐ Smartphone App

☐ Simulation Model (i.e. silicone breasts, mannequins)

☐ Standardized patient

☐ Real patient

☐ Other (Describe in 6b)

6b. Please use the space below to describe what tools you use?

Part C. *The following are questions regarding your **personal breastfeeding experience**. If you have not breastfed, please, skip this part and continue to Part D (Question 12).*

7. Please, describe the breastfeeding support you received in the hospital following delivery. Check all that apply.

☐ Lactation Consultant

☐ Support from the physician

☐ Support from the nurse (not a Lactation Consultant)

☐ Brochures/pamphlets

☐ A smartphone/tablet app

☐ Information about community support groups (ex. LaLecheLeague, WIC)

☐ Website or online support

☐ Breastfeeding Education Videos

☐ I didn't receive any breastfeeding support.

☐ I didn't deliver in a hospital

8. Please, describe the breastfeeding support you received from your family. Check all that apply.

☐ A member of my family positively impacted my decision to breastfeed.

☐ My parents were supportive of my choice to breastfeed my child.

☐ My in-laws were supportive of my choice to breastfeed my child.

☐ My husband/partner was supportive of my choice to breastfeed my child.

9. Did you use a breast pump?

☐ Yes

☐ No

☐ Don't Know

10a. Did you hand express your breast milk?

☐ Yes

☐ No

☐ Don't Know

10b. If yes to 10a, please explain how you learned to hand **express** your milk.

11a. Did you **massage** your breasts with your hands?

☐ Yes

☐ No

☐ Don't Know

11b. What breastfeeding concern prompted you to **massage your breasts** with your hands? Check all that apply.

- ☐ Breast pain
- ☐ Breast tenderness
- ☐ Engorgement
- ☐ Low milk supply
- ☐ Mastitis
- ☐ Nipple pain
- ☐ Oversupply of milk
- ☐ Plugged duct
- ☐ Poor milk flow
- ☐ Other (Please, describe)

Part D. *The following are demographic questions.*

12.Please describe your occupation and level of education (i.e. PhD, BA, DO etc.). If you are a healthcare professional, please list your specialty (i.e. pediatrics).

13 What is your age?

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12. What is your race/ethnicity?

14. What is your gender?

15. Are you interested in participating in future surveys with LiquidGoldConcept, LLC?

- ☐ Yes
- ☐ No

This is the end of the LGC Breast Massage & Hand Expression Questionnaire 2015.
Thank you very much for sharing your knowledge and your time.

LiquidGoldConcept

Target Participant: Breastfeeding Expert   *Reimbursement:* One raffle ticket to enter to win a $50 Amazon Gift Card
Format: Paper   *Estimated Time to Complete:* 20 minutes

Objective: To learn from the participant what features should be incorporated into a lactation simulation model

Participant Name: _____   Email: _____

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　　　　I certify that I am over the age of eighteen (18) years.

Dated: _____

Name_____

Signature_____

Part A. The following questions aim to understand what features you would like to see and feel in a lactation simulation model.

The above image is a proof-of-concept of the LiquidGoldConcept lactation simulation model we displayed at South by Southwest in Austin, TX in March 2015. In order to design the next prototype, <u>we need to know what features breastfeeding experts and educators want in a lactation simulation model.</u>

	Very Valuable						Not valuable
1. Please rate the value of **any** lactation simulation model as a training tool.	7	6	5	4	3	2	1

Please explain your rating.

2. Please rate the relevance of **any** lactation simulation model to your practice.

Very Relevant						Not Relevant
7	6	5	4	3	2	1

Please, explain your rating.

3. Which of the following is important to be able to do with a lactation simulation model? Check all that apply.

#	Procedure	Yes	No
1	Ability to perform or teach the procedure of hand expression of breast milk		
2	Ability to teach latch positions		
3	Ability to attach a breast pump, turn it on, and demonstrate its function		
4	Ability to teach simultaneous hand massage with breast pump		
5	Ability to perform or teach reverse pressure softening		
6	Ability to perform ultrasound to detect an abscess, or to treat plugged ducts		
7	Ability to detect breast tenderness or engorgement		
8	Ability to detect warmer areas of the breast		
9	Ability to detect redness of "skin"		
10	Ability to identify cracked, sore, bleeding nipples		
11	Ability to identify milk blister or milk bleb		
12	Ability to demonstrate skin to skin		
13	Ability to detect Raynaud's Phenomenon		
14	Ability to identify thrush		
15	Ability to identify flat or inverted nipples		
16	Ability to protract inverted nipples		
17	Ability to detect insufficient glandular tissue		
19.	Ability to perform breast massage techniques		

18	Other, Please describe any other techniques or procedures you would like to be able to do or teach with a lactation simulation model.

4. Would you like to see/feel the following features in a lactation simulation model? Check all that apply.

#	Features	Yes	No
1	Variety of breast shapes and sizes		
2	Variety of nipple shapes and sizes		
3	Breast reduction surgery		
4	Breast augmentation surgery		
5	Mastectomy		
6	Areolar hair		
7	Pierced nipples		
8	Inverted Nipples		
9	Milk or fluid comes out of nipple after stimulation		
10	Difference in feel between breast, chest, and axillary tissue		
11	Variety of skin colors		
12	Variety of body shapes		
13	Sim model with a head		
14	Sim model with arms, legs, pelvis		
15	Sim model as torso (see image above)		
16	Sim model as just breasts without axilla		
17	Electronic component (model responds and talks)		
18	Virtual reality component (put on goggles)		
19	Sim model as a wearable "apron" for standardized patient		

19. Other, please describe any other features you would like to see/feel in a lactation simulation model.

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5. *The following are demographic questions.*

12.Please describe your occupation and level of education (i.e. PhD, BA, DO etc.). If you are a healthcare professional, please list your specialty (i.e. pediatrics).

13 What is your age?

---

12. What is your race/ethnicity?

14. What is your gender?

15. Are you interested in participating in future surveys with LiquidGoldConcept, LLC?

☐ Yes

☐ No

This is the end of the LGC Sim Model Questionnaire 2016.
Thank you very much for sharing your knowledge and your time.