**Supplementary Data 1**

**Appendix : Initial Postpartum Questionnaire**

1. Maternal age \_\_\_\_\_\_
2. Please list all the medications you took during this pregnancy \_\_\_\_\_\_
3. Please indicate your if you are Israeli born or not
* Israeli-born
* Not Israeli-born
1. Please indicate your current marital status
* Married
* Divorced/ Separated/ Widowed
* Single
* Living with a partner
1. Please indicate your gravity \_\_\_\_\_\_ and parity \_\_\_\_\_\_
2. Please indicate you baby’s birth weight \_\_\_\_\_\_
3. Did you deliver with an epidural for management of you labor pain?
* Yes
* No
1. Did you have an instrumental delivery (forceps/vacuum) ?
* Yes
* No
1. Please check yes/no if you have any of these conditions:

|  |  |  |
| --- | --- | --- |
| **Name of chronic condition** | * **Yes**
 | * **No**
 |
| Gestational hypertension |  |  |
| Chronic hypertension |  |  |
| Gestational diabetes |  |  |
| Diabetes mellitus |  |  |
| Hyperthyroidism |  |  |
| Anxiety |  |  |

1. In your previous deliveries, did you deliver with an epidural for labor analgesia?
* Yes
* No
* This is my first delivery

1. Did you successfully breastfeed (for over 6 weeks) your babies in any of your previous deliveries?
* Yes
* No
* This is my first delivery
1. On a scale from 0-10 how much do you consider that it is important that you breastfeed your baby?

1 2 3 4 5 6 7 8 9 10 0

Not important at all Very important