Supplemental Table 2: Published findings that were used to create candidate items

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| Reference | Finding | Item number that reflects the finding |
| Dennis CL. 2002. Breastfeeding initiation and duration: a 1990-2000 literature review. J Obstet Gynecol Neonatal Nurs 31:12-32. | Support from the mother’s partner and nonprofessionals contribute to positive breastfeeding behaviors. Peer support helps with breastfeeding. Health care professionals can be a negative source of support if they provide inaccurate or inconsistent advice. | 2, 5, 26 (Instrumental support from the partner and other persons)  3 (Emotional support from the partner and someone close)  4 (Emotional support from someone with breastfeeding experience)  7 (Informational support from peers and others)  17 (Emotional and informational support from peers and others)  19 (Unhelpful informational support from health professionals) |
| Kaneko A, Kaneita Y, Yokoyama E, et al. 2006. Factors associated with exclusive breast-feeding in Japan: for activities to support child-rearing with breast-feeding. J Epidemiol 16:57-63. | Feeling burdened by childrearing was an obstacle to exclusive breastfeeding. Peer support and good communication with the partner, midwives, and nurses about child care contributed to exclusive breastfeeding. Therefore, support from society to reduce the child-rearing burden and to increase and paternal participation in child care are considered necessary for breastfeeding. | 2, 5, 26 (Instrumental support from the partner and other persons)  14 (Insufficient or lack of instrumental support from the partner and other persons)  17 (Emotional and informational support from peers and others)  30 (Instrumental support from social institutions)  31 (Support from professionals who are reliable and are able to provide informational and practical help) |
| Labbok M, and Taylor E. 2008. Achieving Exclusive Breastfeeding in the United States: Findings and Recommendations Washington, DC: United States: United States Breastfeeding Committee. | Obstacles and constraints specific to exclusive breastfeeding included inappropriate health care system and professional services, social, economic, and political factors, and influence from mass media and marketing. For mothers of infants from four through six months, the most important obstacles to exclusive breastfeeding included the return to work and misperceptions regarding infants’ nutritional needs. Pediatricians have an important role in supporting exclusive breastfeeding in this time period, and their lack of knowledge regarding optimal supplementation strategies is especially problematic. Lay and professional counselors and visiting nurses can continue to provide women with support and information. Human milk substitute advertising was considered to be involved in the premature discontinuation of exclusive breastfeeding. | 1 (Easily accessible emotional and informational support from close persons, peer supporters, and health professional)  7 (Informational support from peers and others)  8 (Emotional support from health professionals)  9 (Informational support from health professionals)  11, 12, 25 (Confusing information regarding infant formula)  13, 15, 21 (Helpful and unhelpful information from mass media)  31 (Support from professionals who are reliable and are able to provide informational and practical help)  No item regarding the return to work was created as that issue was not within the scope of the scale. |
| Brown A, Raynor P, and Lee M. 2011. Young mothers who choose to breast feed: the importance of being part of a supportive breast-feeding community. Midwifery 27:53-59 | For mothers aged between 17 and 24 years in the UK, being part of a community that supports breastfeeding was important. Specifically, the following factors were associated with breastfeeding for at least six months: attending a breastfeeding support group, believing breastfeeding to be easy, being part of an environment where breastfeeding is normative, and being encouraged to breastfeed by others. | 1 (Easily accessible emotional and informational support from close persons, peer supporters, and health professionals)  4 (Emotional support from someone with breastfeeding experience)  7 (Informational support from peers and others)  17 (Emotional and informational support from peers and others) |
| Burns E, Schmied V, Sheehan A, et al. 2010. A meta-ethnographic synthesis of women's experience of breastfeeding. Matern Child Nutr 6:201-219. | Women reported that sometimes, their partner or family member recommended when they should wean or when they should supplement with formula and it inevitably influenced their decision-making and/or caused conflict. Many women described breastfeeding in public as restrictive and embarrassing. A number of women expected that they would be embarrassed by breastfeeding in front of particular people such as their father-in-law or their partners' male friends, and that expectation of embarrassment inhibited them. A lack of community support for breastfeeding in public made women uncomfortable in breastfeeding and sometimes led women to bottle-feed.  Regarding professional support, some women felt that health professionals in hospitals had no time to spend supporting and educating women about infant feeding. Women felt that sometimes health professionals gave inconsistent and conflicting advice, had an unhelpful attitude, and were pushing breastfeeding even at the expense of the mothers' emotional health. A number of women expressed their preference to have practical support from health professionals to be able to breastfeed independently. | 8 (Emotional support from health professionals)  9 (Informational support from health professionals)  16, 23 (Unhelpful informational support from family or someone close about weaning and supplementation)  10,24 (Instrumental support/ lack of support from society when breastfeeding in public)  17 (Emotional and informational support from peers and others)  19 (Unhelpful informational support from health professionals)  27 (Emotional / instrumental support from family that enables comfortable breastfeeding at home)  29 (Inappropriate or lack of emotional support from health professionals and others that make mothers feel pressured to breastfeed)  31 (Support from professionals who are reliable and are able to provide informational and practical help) |
| Hannula L, Kaunonen M, and Tarkka MT. 2008. A systematic review of professional support interventions for breastfeeding. J Clin Nurs 17:1132-1143. | The Baby-Friendly Hospital Initiative as well as practical hands-off teaching, when combined with support and encouragement, were effective approaches to promote breastfeeding. Postnatal home visits, telephone support, and breastfeeding counseling were effective, especially when combined with peer support. Mothers benefit from support tailored to their individual needs. | 1 (Easily accessible emotional and informational support from close persons, peer supporters, and health professionals)  4 (Emotional support from someone with breastfeeding experience)  7 (Informational support from peers and others)  8 (Emotional support from health professionals)  17 (Emotional and informational support from peers and others)  31 (Support from professionals who are reliable and are able to provide informational and practical help) |
| Hughes RB. 1984. The development of an instrument to measure perceived emotional, instrumental, and informational support in breastfeeding mothers. Issues Compr Pediatr Nurs 7:357-362. | The author asked ten breastfeeding mothers and three master’s prepared nurses who engaged in breastfeeding support to list any types of activity that they perceived as support for breastfeeding. Based on their responses, the author developed an instrument to measure emotional, instrumental, and informational support for breastfeeding mothers. The author applied the scale to 30 primiparous mothers in the US, calculated its alpha coefficients and corrected split-half reliability scores, and tested the face validity, and finally concluded that the scale might be useful for research on lactation. The scale included items relating to helping with household chores, reaction to emotional needs, thoughtfulness for the mother’s physical status, assurance that the mother was a good mother, and informational and educational support for breastfeeding and caring for a baby. | 2, 5, 26 (Instrumental support from the partner and other persons)  3 (Emotional support from the partner and someone close)  4 (Emotional support from someone with breastfeeding experience)  17 (Emotional and informational support from peers and others)  31 (Support from professionals who are reliable and are able to provide informational and practical help) |
| Ito J, Fujiwara T, and Barr RG. 2013. Is paternal infant care associated with breastfeeding? A population-based study in Japan. J Hum Lact 29:491-499. | Paternal infant care was inversely associated with breastfeeding during the first six months of life. | No item was created specifically based on the finding. However, the possibility that paternal support for child care and house work may not predict breastfeeding outcomes was considered when analyzing the data. |
| Schmied V, Beake S, Sheehan A, et al. 2011. Women's perceptions and experiences of breastfeeding support: a metasynthesis. Birth 38:49-60. | Examples of authentic presence (i.e., care that women found supportive) were feelings of being there for her, taking an empathetic approach, giving her time, providing affirmation of her practice, being responsive to her needs, sharing time with her (having tea together, listening to her talk, etc.), and building a comfortable relationship with her. Examples of facilitative style (i.e., an approach to health promotion, or helping) reported by women were realistic information, accurate and sufficiently detailed information, encouragement for breastfeeding, encouraging dialog, and offers of practical help. On the other hand, women reported that conflicting information and advice, technical explanations using medical jargon, etc., and a didactic approach were unhelpful. Further, mothers described examples of limited or no relationship and a lack of rapport as undermining and blaming, giving the feelings of being pressured to breastfeed, or the professionals were too busy to spend time with her, and insensitive an invasive touch. | 1 (Easily accessible emotional and informational support from close persons, peer supporters, and health professionals)  4 (Emotional support from someone with breastfeeding experience)  7 (Informational support from peers and others)  8 (Emotional support from health professionals)  19 (Unhelpful informational support from health professionals)  29 (Inappropriate or lack of emotional support from health professionals and others, which makes mothers feel pressured to breastfeed)  31 (Support from professionals who are reliable and are able to provide informational and practical help) |

Note: Not all of the 31 candidate items were created on the basis of the literature. Some were created on the basis of the authors' clinical experience supporting lactating women.