Supplementary File S1: Study Survey

1. What is your age?
○ <20
O 20-29
○ 30-39
O 40 or older
2. Gender: How do you identify?
○ Woman
○ Man
O Non-binary
O Prefer to self-identify
3. How many children do you have?
\bigcirc 1
O 2
○ 3
O 4
○ 5 or more
4. How old is your child with congenital heart disease (CHD), in years and months? Or, if your child is no longer living, how old were they when they died? (For example, 2 years, 2 months)

5. What is your child's CHD diagnosis?
6. Has your child with CHD been diagnosed with any other congenital anomalies or genetic syndromes?
○ Yes
○ No
7. What other congenital anomalies or genetic syndromes has your child with CHD been diagnosed with?
8. Did you directly breastfeed your child with CHD (in any amount)?
○ Yes
○ No
9. For how long did you directly breastfeed your child with CHD (in any amount)?
I am currently directly breastfeeding my child with CHD
O-2 months
○ 3-6 months
○ 7-11 months
O 12-24 months
O Longer than 24 months

-	y has it been since you stopped directly breastfeeding your child with CHD, in years (For example, 0 years, 7 months)
11. Did you h child with CH	nave previous experience directly breastfeeding another child before you had your ID?
O Yes	
O No	
	provide human milk for your child with CHD through any other ways, besides direct g (NG tube, bottle, oral care, SNS, etc.)?
O Yes	
○ No	
13. Please so all that apply	elect the ways that you have provided human milk for your child with CHD (select
	Bottle
	Feeding tube
	Oral care in the hospital
	Supplemental nursing system
	Other
14. Are you s breastfeeding	still providing human milk for your child with CHD in other ways, besides direct g?
O Yes	
○ No	

15. Please se (select all tha	elect the ways that you are still providing human milk for your child with CHD tapply):
	Bottle
	Feeding tube
	Oral care in the hospital
	Supplemental nursing system
	Other
of parents we by parents in	questions are optional. Answering these questions helps us to describe the group talked to. This information can also give an idea of the communities represented this study. You may choose not to answer, and this will not impact your eligibility aspect of being in this study.
16. What is ye	our race? (Select all that apply)

	American Indian or Alaska Native		
	Asian		
	Black		
	Native Hawaiian or Pacific Islander		
	White		
	Other		
	Prefer not to say		
17. What is yo	our ethnicity?		
O Hispanic			
O Non-Hispanic			
OPrefer	not to say		

18. What	is the highest level of education you have completed?
O G	rade school
Он	igh School of equivalent
\bigcirc V	ocational/ Technical school
Ose	ome college
O C	ollege graduate
O A	ny graduate school
O Pi	refer not to say
19. What	is your current household income in U.S. dollars?
\bigcirc U	nder \$10,000
O \$^	10,000 to \$19,999
O \$2	20,000 to \$29,999
O \$3	30,000 to \$39,999
O \$4	40,000 to \$49,999
O \$8	50,000 to \$74,999
O \$7	75,000 to \$99,999
O \$^	100,000 to \$150,000
\bigcirc o	ver \$150,000
O Pi	refer not to say