**Supplemental Fig. 1** Selected survey questions with response categories

*For the following sections, please tell us about your YOUNGEST child.*

**Section 4 - Tell us about your youngest child's feeding and supplementation habits.**

39. When pregnant, how long did you plan to breastfeed your child for?

[ ]  Not at all

[ ]  1 month

[ ]  1 to 3 months

[ ]  3 to 6 months

[ ]  6 to 12 months

[ ]  More than 12 months

[ ]  I don't remember

40. Did you reach this breastfeeding goal (question #39)?

[ ]  No [ ]  Yes [ ]  Not applicable

41. Did you plan to exclusively breastfeed (give only breast milk)?

[ ]  No [ ]  Yes [ ]  Not applicable

42. What sources did you rely on for information and support when it came to breastfeeding? Please check all that apply.

[ ]  My child’s pediatrician

[ ]  My OB/GYN

[ ]  My nurse(s)

[ ]  My family

[ ]  My friends

[ ]  My spouse/partner

[ ]  Breastfeeding peer counselor (i.e., breastfeeding mom that has been trained to support another breastfeeding mom)

[ ]  Lactation consultant (i.e., health professional that specializes in breastfeeding)

[ ]  Peers in a breastfeeding support group or class

[ ]  Social media

[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I didn’t have anyone to rely on for support with breastfeeding

43. How often did your child’s pediatrician talk to you about…? Please check one box for each topic.

a. Breastfeeding information

[ ]  At every visit

[ ]  At most visits

[ ]  At some visits

[ ]  At one visit

[ ]  Never

[ ]  Not applicable

b. Breastfeeding support services (e.g., breastfeeding peer counselor)

[ ]  At every visit

[ ]  At most visits

[ ]  At some visits

[ ]  At one visit

[ ]  Never

[ ]  Not applicable

44. How often did your OB/GYN talk to you about…? Please check one box for each topic.

a. Breastfeeding information

[ ]  At every visit

[ ]  At most visits

[ ]  At some visits

[ ]  At one visit

[ ]  Never

[ ]  Not applicable

b. Breastfeeding support services (e.g., breastfeeding peer counselor)

[ ]  At every visit

[ ]  At most visits

[ ]  At some visits

[ ]  At one visit

[ ]  Never

[ ]  Not applicable

45. How would you best describe your baby's feedings for the first **3 months**?

[ ]  Breastfed only

[ ]  Formula fed only

[ ]  Mostly breastfed with some formula feeding

[ ]  Mostly formula fed with some breastfeeding

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I don't remember

46. How would you best describe your baby's feedings for the first **6 months**?

[ ]  Breastfed only

[ ]  Formula fed only

[ ]  Mostly breastfed with some formula feeding

[ ]  Mostly formula fed with some breastfeeding

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I don't remember

 47. At what age did you first give your baby formula?

[ ]  I did not give my baby formula

[ ]  First feeding

[ ]  Before we left the hospital

[ ]  After we left the hospital

[ ]  1 month

[ ]  1 to 3 months

[ ]  3 to 6 months

[ ]  After 6 months

[ ]  I don't remember

48. For what reason(s) did you introduce formula? Check all that apply.

[ ]  I did not give my baby formula

[ ]  Not enough milk

[ ]  Going back to work/school

[ ]  Breastfeeding was too time consuming

[ ]  Breastfeeding was too painful

[ ]  Latch on problems/flat or inverted nipples

[ ]  Diet

[ ]  Smoking/Drinking/Drug Abuse/Positive HIV/Active TB

[ ]  No breastfeeding support from family or friends

[ ]  Family suggestion

[ ]  Doctor suggestion

[ ]  Mom or baby was sick and/or on medications

[ ]  Teething

[ ]  Clogged ducts/breast infection

[ ]  New pregnancy

[ ]  Baby self-weaned

[ ]  Breastfed as much as planned

[ ]  Embarrassed by breastfeeding

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

49. About how much formula did your baby get at 3 months of age?

[ ]  None

[ ]  1 - 2 bottles / day

[ ]  3 - 4 bottles / day

[ ]  5 - 6 bottles / day

[ ]  7 - 8 bottles / day

[ ]  More than 8 bottles / day

[ ]  I don't remember

49. b) What amount of formula was in an average bottle? \_\_\_\_ oz / bottle

50. When did you start giving your baby solid foods?

[ ]  Within the first month

[ ]  1 - 3 months

[ ]  4 - 5 months

[ ]  6 months or older

[ ]  I don't remember

**Supplemental Fig. 2** Description of subsample for infant feeding type analyses

Included in 6 month analysis

(n=103)

* Missing feeding type at 6 months, n=25
* Did not remember, n=6
* Other, not specified n=2

Women attended clinic1 and completed survey

(n=190)

Included in 3 month analysis

(n=122)

Missing child age, n=11

Youngest child ≥6 months

(n=136)

Youngest child aged <6 months,

n=43

* Missing feeding type at 3 months, n=13
* Did not remember, n=1

Participants with child age available (n=179)

1Aged 18 years and older.