

Supplemental Material S1. Survey items.

My child's date of birth is: _____

My region is (drop-down menu of countries and states)

Which of the following breastfeeding problems did you experience? Check all that apply. If you wish, you can describe your difficulties in more detail in the text box.

[Check box response options included the following: weak or ineffective suck, uncoordinated suck, tongue tie, poor transfer of milk, slow weight gain, pain with breastfeeding, nipple trauma, engorgement, plugged ducts, thrush, breast infection, low milk supply, oversupply/overactive letdown, and dysphoric milk ejection reflex.]

Please rate the importance you ascribed to breastfeeding on a scale of 0-10, with 0 being minimal, 5 being neutral, and 10 being extraordinarily important.

Please rate the severity of your breastfeeding problems on a scale of 0-10, with 0 being minimal, 5 being moderate, and 10 being severe.

Please rate the degree of stress you experienced at the time of your breastfeeding difficulties on a scale of 0-10, where 5 is your customary level of life stress, 0 is much less stressed than usual, and 10 is maximally stressed.

If your breastfeeding difficulties ended more than a year ago, please answer the following question: please rate the emotional intensity you experience now when you reflect on that time. On a scale of 0-10, 0 represents extremely strong negative feelings, 5 represents neutral feelings, and 10 represents extremely strong positive feelings.

Were you diagnosed with, or do you think that you may have had, postpartum depression or anxiety?
Yes, Maybe, No

I currently have a practice I use to manage my stress. Yes, No

If yes, please indicate what it is: _____

[The Self-Compassion Scale items followed the above items.]

Finally, do you think your capacity for self-compassion has changed since the time of your breastfeeding experiences? If so, how? _____

[The Perceived Stress Scale followed the above items and was the last item on the survey.]