



CONSENT FORM

Project title: *A smartphone application to support breastfeeding for Vietnamese women following caesarean section: Randomised controlled trial*

You are invited to participate in this study and receive information on infant feeding and child development at regular intervals during pregnancy and after delivery until 6 months postpartum on your mobile phone. Please read the attached letter of information carefully and ask any question you wish. Do not sign this informed consent form unless you understand the nature of the study and your commitment during the next year. Whether you choose to participate or not participate you will receive exactly the same treatment, care and services from nurses, doctors and the hospital.

I have read and understood the letter of information given to me. I understand the purpose, participant's risks and rights, and requirements of the study. I am fully aware that my participation is voluntary and I can withdraw freely from the study at any time without any negative consequences. I have also been given the opportunity to ask questions about the study. Data collected from this study may be published with de-identified personal information.

I hereby agree to participate in the study.

Signature: _____ Date: ____/____/____

Full name of participant: _____

Signature of witness: _____ Date: ____/____/____

Full name of witness: _____