

Please add any further comments about your experience of the midwifery care your midwife provided. Please continue on extra paper if needed.



**NEW ZEALAND COLLEGE OF  
MIDWIVES (INC)  
MIDWIFERY STANDARDS REVIEW**

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**Consumer Feedback Form**

We are very sorry to hear of the loss of your baby

We understand that you may not want to provide feedback at this time. At some stage it would be very helpful for your midwife to get some feedback on how her midwifery care was for you and your family. We appreciate you taking the time to fill out this form. No information identifying you is collected.

Your feedback is for the midwife and the Midwifery Standards Review team – one mother and one midwife trained to meet with the midwife to

- review her work,
- discuss her consumer feedback and statistics,
- hear the midwife's reflection on them and her work in relation to the NZCOM Standards and Midwifery Council's competencies.

Please send the completed form in the stamped addressed envelope your midwife has provided to  
Midwifery Standards Review Consumer Feedback,  
P O Box 21-059

Edgware  
Christchurch 8143

The Administrator collects the forms and sends them to your midwife so she has them before her Review.

Midwife's name\* : .....  
\*completed by midwife before giving to woman

Region of NZCOM\* : .....

Year your baby was born : .....

Should you have any concerns or questions about the care your midwife has provided, the New Zealand College of Midwives provides a neutral, accessible, confidential and supportive service to help make the process of resolving your concerns and questions easier. To access this service call (03) 377 2732, email [nzcom@nzcom.org.nz](mailto:nzcom@nzcom.org.nz), website [www.midwife.org.nz](http://www.midwife.org.nz) or mail P O Box 21-106 Christchurch 8143.

Thank you for taking time to fill out this form.

