

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



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

Consumer Feedback Form Hospital Midwife

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 provided to :

Midwifery Standards Review Consumer Feedback,
P O Box 21-059
Edgware
Christchurch 8143

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

Should you have any concerns or questions about the care the midwife provided, discuss it with the maternity unit where you had your baby. They provide a service to help make the process of resolving your concerns and questions easier.

Thank you for taking time to fill out this form.

Midwife's name * :

* completed by midwife before giving to women

Maternity Unit in which this midwife works * :

Year your baby was born :

Please circle your answers

How much did the midwife involve you in planning your care?

Not at all *Mostly* *Always*
1 2 3 4 5

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Were your decisions respected by the midwife?

Not at all *Mostly* *Always*
1 2 3 4 5

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Did the midwife help you make decisions without pressure?

Not at all *Mostly* *Always*
1 2 3 4 5

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Was the midwife easy to talk to?

Not at all *Mostly* *Very*
1 2 3 4 5

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Was the midwife sensitive to your cultural needs and those of your husband/partner and family?

Not at all *Mostly* *Very*
1 2 3 4 5

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Were you satisfied with the range of information the midwife gave you to make decisions about your care?

Not at all *Mostly* *Very* *Not Applicable*
1 2 3 4 5 NA

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Were you satisfied with the way the midwife listened and responded to your questions and concerns, and those of your husband / partner and family?

Not at all *Mostly* *Very*
1 2 3 4 5

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Were you satisfied with any referrals the midwife suggested (for example: to another midwife; obstetrician; lactation consultant)?

Not at all *Mostly* *Very* *Not applicable*
1 2 3 4 5 NA

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Were you satisfied with the way the midwife worked with other midwives and health professionals involved in your care?

Not at all *Mostly* *Very*
1 2 3 4 5

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Were you satisfied with the support and information the midwife gave you about breastfeeding and mothering your newborn baby?

Not at all *Mostly* *Very*
1 2 3 4 5

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