



**Consumer Feedback Form
LMC Midwife**

Were you satisfied with the arrangements for your care when your midwife was not available?

Not at all 1 2 3 4 5
Mostly Very

Were you satisfied with the information your midwife gave you about people and groups in the community where you could get support?

Not at all 1 2 3 4 5
Mostly Very

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

Should you have any concerns or questions about the care your midwife 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, website www.midwife.org.nz or mail P O Box 21-106 Christchurch 8143.

Thank you for taking time to fill out this form.

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

- o review her year's work,
- o discuss her consumer feedback and statistics,
- o 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
Edgeware
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.

Midwife's name * :

* completed by midwife before giving to women

Region of NZCOM * :

Year your baby was born:

Please tick the choices your midwife offered you:

- Home birth
- Birthing Unit Birth
- Hospital Birth – maternity unit without specialist services
- Hospital birth – maternity unit with specialist services
- Midwife care
- General Practitioner care

Obstetrician care

Please circle your answer

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

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

.....

.....

Were your decisions respected by your midwife?

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

.....

.....

Did your midwife give you opportunities to talk about what happened during your pregnancy, labour, birth and the newborn/postnatal time?

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

.....

.....

Did your midwife leave your notes with you throughout your care?

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

.....

.....

Was your midwife easy to talk to?

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

.....

.....

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

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

.....

.....

Were you satisfied with the range of information your midwife gave you to make decisions about your pregnancy, labour, birth and postnatal care?

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

.....

.....

Were you satisfied with the way your 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

.....

.....

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

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

.....

.....

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

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

.....

.....