

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



Feedback from Core Midwives to LMC 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 midwife and one mother trained to meet with the midwife to

- review her work,
- discuss her consumer and peer 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.

Midwife's name * :

* completed by midwife before giving to core staff

Maternity Unit in which you work * :

Thank you for taking time to fill out this form.

