

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



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## **Feedback from LMC Midwives to Core 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  
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 LMC

Region of NZCOM \* : .....

Year : .....

Thank you for taking time to fill out this form.

**Please circle your answers**

Were you satisfied with the midwife's communication with you regarding the care of women you were Lead Maternity Carer for?

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

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Were you satisfied with the midwife's involvement in the implementation of the care planned for women you were LMC for when they were in the facility?

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

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Were you satisfied with the midwife's documentation of decisions and professional actions?

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

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Were you satisfied with the midwife's availability and accessibility for women you were LMC for?

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

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Were you satisfied with the way you and the midwife jointly supported women?

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

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Were you satisfied that the midwife notified you of changes to the care requirements of women or babies in a timely manner?

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

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.....

Were you satisfied that you and the midwife were able to negotiate and clarify who had responsibility for different aspects of care?

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

.....  
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Were you satisfied with the midwife's support of women who were breastfeeding?

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

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