[DHB logo]

**Please tell us about your experience of maternity services in [DHB region]**

**What do you need to do?**

Please complete all of the sections in this survey about your youngest pēpi/baby.

The survey should take about 10 minutes to complete.

When you have completed the survey, please [xxx].

If you have any questions about this survey or are having trouble completing it please contact [Name].

**Other important information**

Completing this survey is **your choice**; you don’t have to complete the survey if you don’t want to.

Whether or not you choose to complete the survey, any health-related services you are receiving, or will receive in the future will **not be affected** in any way.

This survey is **anonymous**, so no-one from [Name of DHB] will know who you are and what you have said, unless you would like us to contact you.

If you would like us to contact you about the services you received, please provide your contact details at the end of the survey.

**Why is this survey being done?**

This survey is about the maternity services you and your pēpi/baby received during your **most recent** pregnancy, while you were hapü/pregnant, when you were giving birth and in the weeks that followed.

The results will be used by [Name of DHB] to make sure maternity services provided to women in your area are of the highest possible standard, and to see what can be improved.

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| SECTION 1: ABOUT YOU |

Knowing a bit about you helps us work out who services work well or not so well for. This will help us know where to make changes to make sure services work well for women like you.

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| http://www.flaticon.com/png/256/32437.png**Which age group are you in?** **1** | **What is your ethnicity?****2** |
| Please tick ONE box only□1 19 years or under □2 20-24 years□3 25-29 years □4 30-34 years□5 35-39 years□6 40 years or over | You can tick more than one box□1 New Zealand European□2 Maori□3 Samoan □4 Cook Island Maori□5 Tonganhttp://www.flaticon.com/png/256/32437.png□6 Niueanhttp://www.flaticon.com/png/256/32437.png□7 Chinesehttp://www.flaticon.com/png/256/32437.png□8 Indianhttp://www.flaticon.com/png/256/32437.png□96 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| SECTION 2: BEFORE BABY WAS BORN |

Maternity care is a partnership between you and your maternity care provider. Your maternity care provider looks after you and your pëpi/baby’s physical health but should also support your emotional and mental health and help you to feel confident about your pregnancy and birth. Your provider should involve your whānau/family or other support people in this partnership if that’s what you want.

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| **Thinking about the care you received before baby was born, how satisfied were you with the following … ?** **3***If any of these do not apply, for example, if you did not see a specialist when you were hapü/pregnant, please tick the ‘Not applicable’ option for that statement.*Please tick ONE box for each row |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very dissatisfied  | Dissatisfied  | Neutral | Satisfied | Very satisfied | Not applicable |
| How easy it was for you to get the care that you needed  | box1 | box2 | box3 | box4 | box5 | box95 |
| How well informed you were of the care you were entitled to (e.g. a LMC, screening tests, antenatal classes) | box1 | box2 | box3 | box4 | box5 | box95 |
| That the people involved in your care were responsive to your needs (e.g. met your physical, mental, emotional, cultural or spiritual needs) | box1 | box2 | box3 | box4 | box5 | box95 |
| The people involved in your care spent enough time with you | box1 | box2 | box3 | box4 | box5 | box95 |
| That the people involved in your care listened to you | box1 | box2 | box3 | box4 | box5 | box95 |
| That you knew who would care for you if your LMC or midwife was not available | box1 | box2 | box3 | box4 | box5 | box95 |
| The care you received from any specialists (e.g. hospital obstetrician, diabetes clinic) | box1 | box2 | box3 | box4 | box5 | box95 |
| The overall care you received while you were hapü/pregnant | 1 | 2 | 3 | 4 | 5 | box95 |



**Please add any comments you would like to make about your experience of care during your pregnancy or any aspects of your care that we could improve.**

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| SECTION 3: DURING LABOUR AND BIRTH |

Labour and birth is an exciting and sometimes scary time. The care you get during your labour and birth should help you feel reassured and safe. You have the right to be listened to, to be told what’s happening to you and your pëpi/baby and to make your own decisions. Your care providers should talk with you about your needs and respect you and your whānau/family’s wishes.

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| **Thinking about the care you received during labour and the birth of your pēpi/baby, how satisfied were you with … ?** **5***If any of these do not apply, for example, if no hospital or birthing unit staff were involved during your labour and birth, please tick the ‘Not applicable’ option for that statement.*Please tick ONE box for each row |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very dissatisfied  | Dissatisfied  | Neutral | Satisfied | Very satisfied | Not applicable |
| The information you received about what was happening throughout your labour and birth | box1 | box2 | box3 | box4 | box5 | box95 |
| The way in which the people involved in your labour and birth communicated with you  | box1 | box2 | box3 | box4 | box5 | box95 |
| The way in which your decisions, views and choices were respected | box1 | box2 | box3 | box4 | box5 | box95 |
| Any pain relief you received | box1 | box2 | box3 | box4 | box5 | box95 |
| How confident you were in the skills of the people caring for you  | box1 | box2 | box3 | box4 | box5 | box95 |
| The facilities where you gave birth  | box1 | box2 | box3 | box4 | box5 | box95 |
| The support available to you immediately following birth (e.g. help with breastfeeding) | box1 | box2 | box3 | box4 | box5 | box95 |
| The care from your LMC during your labour and birth | box1 | box2 | box3 | box4 | box5 | box95 |
| The care from hospital/birthing unit staff during your labour and birth | box1 | box2 | box3 | box4 | box5 | box95 |
| The overall care you received during your labour and birth | box1 | box2 | box3 | box4 | box5 | box95 |

**Please add any comments you would like to make about your experience of care during your labour and birth or any aspects of your care that we could improve.**

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| SECTION 4: AT THE HOSPITAL/BIRTHING UNIT AFTER BABY WAS BORN |

Staying in hospital after you give birth can be a time for recovery and bonding with your pēpi/baby, and for learning important new skills like breastfeeding. You don’t have to stay in hospital after you give birth, but if you do, it’s important that you and your whānau/family are respected, and that you get the help and support you need.

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| **Thinking about the care you received during during your time in hospital or the birthing unit, how satisfied were you with … ?** **7***If you spent time at a birthing unit AND a hospital, please answer based on the one you spent the MOST time in.*Please tick ONE box for each row |

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| --- | --- | --- | --- | --- | --- | --- |
|  | Very dissatisfied  | Dissatisfied  | Neutral | Satisfied | Very satisfied | Not applicable |
| The care and attention you got from staff | box1 | box2 | box3 | box4 | box5 | box95 |
| The help and support that was available to you during your stay (e.g. help establishing breastfeeding) | box1 | box2 | box3 | box4 | box5 | box95 |
| Your visitors or support peoplebeing able to be with you whenever you wanted them | box1 | box2 | box3 | box4 | box5 | box95 |
| The amount of privacy you had | box1 | box2 | box3 | box4 | box5 | box95 |
| The amount of rest that you were able to get | box1 | box2 | box3 | box4 | box5 | box95 |
| The food | box1 | box2 | box3 | box4 | box5 | box95 |
| How clean the facilities were | box1 | box2 | box3 | box4 | box5 | box95 |
| The overall care you received at the hospital/birthing unit after the birth of your pëpi/baby | box1 | box2 | box3 | box4 | box5 | box95 |

**Please add any comments you would like to make about your experience of care during your stay in hospital or a birthing unit or any aspects of your care that we could improve.**

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| SECTION 6: AT HOME |

Being at home with a newborn can be hard work. Your midwife is there to support you and your whānau/family in the first four to six weeks after your pëpi/baby is born. Your midwife and anyone else you see during this time should talk with you about your needs and be available if you are having any problems.

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| **Thinking about the care you received at home after pēpi/baby was born, how satisfied were you with the following?** **9**Please tick ONE box for each row |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very dissatisfied  | Dissatisfied  | Neutral | Satisfied | Very satisfied | Not applicable |
| That your midwife was responsive to your needs (e.g. met your physical, mental, emotional, cultural or spiritual needs) | box1 | box2 | box3 | box4 | box5 | box95 |
| Physical checks of you from your midwife | box1 | box2 | box3 | box4 | box5 | box95 |
| Physical checks of your pëpi/baby from your midwife | box1 | box2 | box3 | box4 | box5 | box95 |
| The advice from your midwife on caring for your pëpi/baby | box1 | box2 | box3 | box4 | box5 | box95 |
| That your midwife listened to you | box1 | box2 | box3 | box4 | box5 | box95 |
| The advice from your midwife on caring for yourself | box1 | box2 | box3 | box4 | box5 | box95 |
| The way in which your decisions, views and choices were respected | box1 | box2 | box3 | box4 | box5 | box95 |
| The way in which your background, culture, beliefs and values were respected | box1 | box2 | box3 | box4 | box5 | box95 |
| The overall care you received at home after your pēpi/baby was born | box1 | box2 | box3 | box4 | box5 | box95 |

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**Please add any comments you would like to make about your experience of care at home after pēpi/baby was born or any aspects of your care that we could improve.**

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| SECTION 7: DHB SPECIFIC QUESTIONS |

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| SECTION 8: OVERALL |

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**Is there anything else you would like to tell us about your experience of maternity services in the [DHB] region?**

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If you would like us to contact you, please provide the following contact details and we’ll get in touch with you as soon as possible.

**You only need to complete this section if you want to discuss something with someone at [Name of DHB].**

First name:

Surname:

Phone number:

Email:

Please provide some information on what you would like to talk to us about. We can then ensure that the right person at [Name of DHB] contacts you:

**Thank you for taking the time to complete this survey.**

**Your feedback, and the feedback of others who have completed this survey, will be used to improve the maternity services available in the [Name of DHB] region.**