

# Canterbury

District Health Board

Te Poari Hauora o Waitaha



West Coast  
DISTRICT HEALTH BOARD  
TE POARI HAUORA O TAIPOHITI



ST GEORGE'S  
HOSPITAL  
A Tradition of Excellence

## We Care About Your Care Maternity Services Feedback Form

*Kia Ora and congratulations on the birth of your baby/ pēpi.  
We care about you and the service we provide and we value your  
feedback.*

### West Coast Maternity Services

Please tick the boxes  and circle the faces 😊 that best describe your experiences:

#### Antenatal care

How many weeks pregnant were you when you booked your midwife? \_\_\_\_\_ weeks

How did you find your midwife?

- Word of mouth     GP     Other \_\_\_\_\_  
 Hospital     findyourmidwife.co.nz website

How involved were you in choosing your place of birth? (Please comment and circle a face)



Very involved



To some extent



Not involved



Did you attend pregnancy/parenting education classes?

Yes. If yes, where? \_\_\_\_\_

No. If no:

Was a class offered?     Yes     No

Was it your choice not to attend?  Yes     No

Why did you choose not to attend? \_\_\_\_\_

#### Labour, birth and care

Where did you give birth to your baby/pēpi? (please name the place)

\_\_\_\_\_

Month your baby/pēpi born \_\_\_\_\_

Was this your planned place of birth?     Yes     No

Comments:

Was your place of birth welcoming:

The building/birthing room?     Yes     No

The people who cared for you?     Yes     No

Comments:

**Were you given enough information to make decisions during your labour and birth?**

*(Please comment and circle a face)*



Very informed



To some extent



Not informed



**Postnatal care - During your postnatal stay**

**Where was the majority of your care provided after your baby/pēpi was born?** *(Please name the place)*

**Was this postnatal unit welcoming?**

Your room?

Yes

No

The people who cared for you?

Yes

No

The facilities? *(e.g. bathroom/kitchen)*

Yes

No

*Comments:*

**Did the choices of food meet your needs?**

Yes

No

*Comments:*

**Did you feel supported with feeding your baby/pēpi?**  Yes

No

*Comments:*

**Were staff respectful of your cultural and spiritual needs?** *(Were the important aspects of your life understood, acknowledged and respected?)*

*Comments:*

Yes

No

**Did the visiting hours meet your family/whānau's needs?**

*(In each section please comment and circle the face that best describes your experience)*



Yes, definitely



To some extent



No, not at all



*Comments:*

**Did staff respect and maintain your privacy?**



Yes, definitely



To some extent



No, not at all



*Comments:*

Were the staff friendly and quick to respond to you and your baby's/pēpi's needs?



Yes, definitely

To some extent

No, not at all

Comments:

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Did all staff give you consistent information to help you learn to feed your baby/pēpi?



Yes, definitely

To some extent

No, not at all

Comments:

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Were you given enough information about going home with your baby/pēpi?



Yes, definitely

To some extent

No, not at all

Comments:

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What were the two best things about your care?

What two suggestions do you have that would have improved your experience?

## About you

How old are you?

15-19 years    20 -29 years    30 – 39 years    40 + years

Is this your first baby/pēpi?

Yes

No

What is your ethnicity? (you can tick as many boxes as you want)

NZ European

Māori

Asian

Pacific Islander

Other: \_\_\_\_\_

Contact details (Optional)

Home: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Thank you for completing this form. Please put this form in the collection box in Maternity or post it to us at a later date.**

**To:** Maternity Quality Facilitator  
C/- Medical Administration  
Grey Base Hospital  
PO Box 387  
Greymouth 7805

**FREEPOST 164826**