



WHAT MATTERS TO YOU?

During your stay with us we have aimed to provide a consistent level of quality care that meets your needs and those of your partner and family/whānau.

To help us improve our service in the future we would really like to know 'what matters to you' in regard to any aspect of care, e.g. standard, information provided, breastfeeding support and information, visiting hours, environment, respect of your cultural/spiritual needs/privacy/birthing choices, etc.

**To comment on an individual midwife, please provide feedback on the NZ College of Midwives website: <https://www.midwife.org.nz/consumer-feedback>.*

Labour and birth care

Where and when was labour and birth care provided?

Please tick the ONE area you are providing feedback on

- | | | | | |
|-------------|------------------------------------|---|--------------------------------------|-----------------------------------|
| Canterbury: | <input type="checkbox"/> Ashburton | <input type="checkbox"/> Christchurch Women's | <input type="checkbox"/> Darfield | <input type="checkbox"/> Kaikoura |
| | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Rangiora | <input type="checkbox"/> St George's | |
| West Coast: | <input type="checkbox"/> Greymouth | <input type="checkbox"/> Kawatiri | | |

Date(s)/Month:

Were staff respectful of your cultural and spiritual needs (eg. Tikanga Māori)?

Yes No Comments:

Were you involved in your plan of care and was it followed by all staff?

Yes No Comments:

What was important to you, your partner or family/whānau about your birth care?

What was best about your birth care?

How could we have improved the birth care we provided?

Postnatal care

Where was postnatal care provided?

Please tick the area you are providing feedback on

- Canterbury: Ashburton Christchurch Women's Darfield Kaikoura
 Lincoln Rangiora St George's
- West Coast: Greymouth Kawatiri

Were staff respectful of your cultural and spiritual needs (eg. Tikanga Māori)?

- Yes No Comments:

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

- Yes No Comments:

Did staff respect and maintain your privacy?

- Yes No Comments:

What was important to you, your partner or family/whānau about your postnatal care?

What was best about your postnatal care?

How could we have improved the postnatal care we provided?

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

Which ethnic group do you belong to?

Please tick the box or boxes which apply to you

- NZ European Māori Samoan Cook Island Māori Tongan
 Niuean Chinese Indian Other:

THANK YOU FOR COMPLETING THIS FORM

**Please place in the collection box on the ward,
hand it to a staff member or fold and return by post**

If you would like to be contacted to discuss anything further, please provide your details in the feedback form on the CDHB website (www.cdhb.health.nz – About Us, Feedback Form).

FOLD ----- HERE

FREEPOST
249323

To: Administrator
Safety and Quality Unit
Women's and Children's Health
Canterbury District Health Board
PO Box 1600
Christchurch Mail Centre
CHRISTCHURCH 8140

FOLD ----- HERE