# Parent feedback questionnaire

We are very sorry for your loss, and we appreciate that this is an extremely difficult time for you.

This questionnaire is for women and their partners that have experienced the loss of their baby/babies during pregnancy or shortly after birth. Please complete as much or as little of the form that you are able to. Some questions may not be relevant to your experience.

Please tick the relevant box for each question and write any comments you might have. All information given will remain anonymous unless you wish to provide your contact details at the end of this questionnaire. If you would like to discuss any aspects of your care, please contact the bereavement team at the hospital.

**What is your relationship to the baby / babies who have died?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Undecided** | **Disagree** | **Strongly disagree** | **This was not relevant to my situation** |
| 1) I was cared for in an appropriate environment during the delivery of my baby/babies. |  |  |  |  |  |  |
| Comments |
| 2) NHS staff communicated with me/us in a sensitive way. |  |  |  |  |  |  |
| Comments |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Undecided** | **Disagree** | **Strongly disagree** | **This was not relevant to my situation** |
| 3) I felt confident in the NHS staff caring for us. |  |  |  |  |  |  |
| Comments |
| 4) I was able to be involved in any decisions about my baby/babies.  |  |  |  |  |  |  |
| Comments |
| 5) I was fully informed about what had happened to my baby/babies.  |  |  |  |  |  |  |
| Comments |
| 6) I was given the opportunity to spend the time I wanted with my baby/babies. |  |  |  |  |  |  |
| Comments |
| 7) I was given the opportunity to create memories with my baby/babies in the time I needed without feeling rushed (eg photography, foot and handprints, washing and dressing my baby/babies). |  |  |  |  |  |  |
| Comments |
|  | **Strongly agree** | **Agree** | **Undecided** | **Disagree** | **Strongly disagree** | **This was not relevant to my situation** |
| 8) I felt that my baby/babies were always treated with respect and sensitivity. |  |  |  |  |  |  |
| Comments |
| 9) My family members and my other children were included appropriately in my care. |  |  |  |  |  |  |
| Comments |
| 10) I was given guidance and support when asked about next steps for my baby/babies (such as whether to have a post mortem). |  |  |  |  |  |  |
| Comments |
| 11) I was given time and an opportunity to express my wishes clearly regarding arrangements for my baby/babies (eg a funeral or memorial service).  |  |  |  |  |  |  |
| Comments |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 12) I felt assured that my GP and community midwife had been informed of my loss before I left the hospital.  |  |  |  |  |  |  |
| Comments |
| 13) I was provided with all the contact support numbers that I needed at discharge from the hospital. |  |  |  |  |  |  |
| Comments |
| 14) I was able to access bereavement counselling at an appropriate time for me. |  |  |  |  |  |  |
| Comments |
| Tell us about any part of the care you received that was most helpful? |
|  |
| Is there any part of your care that could have been improved? |
|  |
| Is there anything you would like to see introduced into the service or anything else you would like to feedback on? |
|  |

We value the time that you have taken to share your thoughts and experiences with us.

Thank you.