Steps  Ahead

MATERNITY CARE PROGRAM SURVEY

Thank you for completing this form. The information you provide will help us to improve our maternity program.

Name *(optional):* _____ **Date of Delivery:** _____
Your personal information will remain confidential

1. How did you find out about this maternity care program?

- ☐ Read about it in a brochure
- ☐ Saw a poster
- ☐ Had been pregnant before
- ☐ Someone told me about it
- ☐ Other (please describe) _____
  _____

2. Where did you have your baby?
(Name of Hospital)

- ☐ Brookwood Medical Center
- ☐ Cullman Regional Medical Center
- ☐ Medical West Hospital
- ☐ Princeton Baptist Medical Center
- ☐ Shelby Baptist Medical Center
- ☐ St. Vincent's Birmingham
- ☐ St. Vincent's East
- ☐ Trinity Medical Center
- ☐ UAB Hospital
- ☐ Walker Baptist Medical Center
- ☐ Other: _____

3. During your pregnancy, do you feel you got all the care you needed?

- ☐ All of the care
- ☐ Most of the care
- ☐ Some of the care
- ☐ None of the care

**If some or none of the care, what care did you not receive?*
_____

4. Overall, how would you rate the prenatal care (*before your baby was born*) you got from your doctor, nurse midwife or practitioner.

- ☐ Very good
- ☐ Good
- ☐ OK
- ☐ Poor

5. Overall, how would you rate the care you got at the hospital?
*(Do not include the care you got **before** you went to the hospital)*

- ☐ Very good
- ☐ Good
- ☐ OK
- ☐ Poor

6. Was your hospital stay:

- ☐ Too long
- ☐ Too short
- ☐ About right

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7. Were you offered medicine or anesthesia to ease your pain?

- ☐ Yes
- ☐ No
- ☐ Didn't need it

8. Did you have a care coordinator who helped you during your pregnancy?

- ☐ Yes
- ☐ No

9. How much help was your care coordinator?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Only a little help
- ☐ Not very helpful

10. Overall, how would you rate the care your baby got at the hospital?
*(Do not include the care **you** got at the hospital)*

- ☐ Very Good
- ☐ Good
- ☐ OK
- ☐ Poor

11. If you received a home visit following delivery, how would you rate the visit?

- ☐ Very Good
- ☐ Good
- ☐ OK
- ☐ Poor

Do you have other comments or questions?

_____

_____

_____

_____

Please complete and return using the enclosed postage paid envelope