Unit Code:



Your experience of Neonatal Care

We would like you to tell us about your experiences while your baby was in **our Neonatal Unit**. These questions are anonymous and you or your baby will not be identified. Your baby’s medical care will not change in any way if you say no. Your views are very important to us and will be shared with the staff to help us improve the care we provide for babies and their families in our neonatal unit. They may also be used as part of an annual report. Thank you for taking the time to complete this questionnaire.

**About your baby:**

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| |  |  | | --- | --- | | 1. When your baby was born how many completed weeks of pregnancy were you (gestational age of your baby)? (please circle one option) | | | Less than 28 28 to 31 weeks 32 to 33 weeks 34 to36 weeks 37 weeks or more | | | 1. How long was your baby **in our** neonatal unit? (please circle one option) | | | | | Less than 1 day Between 1 & 7 days Between 8 days & 8 weeks More than 8 weeks | | | | |  | | | | 1. Where is your baby going upon leaving our neonatal unit? (please circle one option)   Home Postnatal Ward Another neonatal unit/ hospital in NI Another neonatal unit/hospital outside NI  Other (please specify)   1. If your baby is being transferred out from this unit to another neonatal unit or hospital (e.g. Royal   Belfast Hospital for Sick Children), did staff clearly explain to you why your baby is being  transferred? (please tick) | | | | Yes, definitely Yes, to some extent No Baby not being transferred | | | |

**About your baby’s care in our neonatal unit:**

Please tick the box which represents your opinion/feeling regarding the service you received:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. When you first visited the unit, did staff show you how to wash your hands using the 7 step technique? 2. Did a member of neonatal staff talk to you about your baby’s condition and treatment after birth? 3. In the first few days, were you given enough information about the neonatal unit? 4. Were you given enough information about help you could get with expenses related to your baby’s stay in this neonatal unit?      1. If yes (q8), please indicate if you were given information on help available for any of the following expenses:   TravellingParkingMeals/food     1. When you visited the unit, did staff caring for your baby introduce themselves to you? 2. Was the equipment surrounding your baby explained fully to you? 3. Did you feel you were able to talk to staff on the unit about your worries and concerns? 4. Were the neonatal staff sensitive to your emotions and feelings? 5. Did staff keep you up to date with your baby’s condition and progress? 6. Was there good communication between neonatal staff about the care of your baby? 7. When any member of neonatal staff spoke to you about your baby’s care was it easy to understand? 8. Were you able to reach the neonatal   unit by telephone whenever you  needed to?   1. While you were there, did staff wash   their hands or use hand gel before  touching your baby?   1. If you (and/or your partner or companion) wanted to stay overnight to be close to your baby, did the hospital offer you adequate accommodation? 2. Were the breast feeding facilities within the unit adequate? 3. Are there any of the following aspects of our neonatal unit which could be improved? 4. If you wanted to express breast milk for your baby, were you given the support you needed from neonatal staff? 5. If you wanted to breast feed your baby, were you given enough support from the neonatal staff to do this?      1. If you bottle fed your baby were you given enough support from the neonatal staff to do this? | **Yes, Yes, to No Unsure/**  **definitely some extent forgotten**   |  | | --- | | **Yes, Yes, to No Unsure/**  **definitely some extent forgotten** | |  | |  |     Other (please specify)   |  |  | | --- | --- | | **Always/ Sometimes Never Unsure/**   |  | | --- | | **nearly always forgotten** | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |     **Not**  **Always/ Sometimes Never Unsure/**  **Applicable nearly always forgotten**  **Temperature Light level Noise level Cleanliness**    **Yes, Yes, to No I did not want I could not**  **definitely some extent to express express**  **Yes, Yes, to No I did not want Baby unable to**  **definitely some extent to breast feed breast feed -**  **medical reasons**    **Yes, Yes, to No I did not want**  **definitely some extent to bottle feed** |
| 1. When you visited your baby, were you involved as much as you wanted in the day-to-day care of your baby, such as nappy changing and feeding? 2. When you visited your baby, did you have as much skin-to-skin contact with your baby as you wanted? | **Yes, Yes, to No, No,**  **definitely some extent not as much my baby was**  **as I wanted too ill**  **Yes, Yes, to No, No,**  **definitely some extent not as much my baby was**  **as I wanted too ill**    **Yes, Yes, No Unsure/**  **definitely to some extent forgotten** |
| 1. Overall, did staff help you feel confident in caring for your baby? 2. Did you feel prepared for your baby’s discharge from this unit? 3. Were you informed that you could contact the neonatal unit for advice and reassurance in the initial discharge period?   What are your main worries or concerns at this time?  Please feel free to continue writing on the additional sheet provided at the end of this questionnaire.  What do you feel most confident about at this time?  Please feel free to continue writing on the additional sheet provided at the end of this questionnaire.   1. On a scale of one to ten where 1 is   very poor and 10 is excellent, how  would you rate your experience in our  neonatal unit? | Very poor Excellent  1 2 3 4 5 6 7 8 9 10 |
| Any other comments about your baby’s care:  Please feel free to continue writing on the additional sheet provided at the end of this questionnaire. |  |
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| **About you:** By answering the following questions you are helping us to consider the needs of families in our care when developing services. | |
| 1. Please tick the person(s) filling in this questionnaire?   Mother Father Other Please specify: …………………  If you are not the baby’s mother please fill in the following details on behalf of the mother:   1. Please circle which age range (years) the baby’s mother falls within? | |
| Less than 18 18 to 24 25 to 29 30 to 34 35 to 39 40 or over |
| 1. Please tick which of the following best describes where the baby’s mother lives? |
| CountryTown/city |
| 1. Please circle the current marital status of the baby’s mother? |
| Single Co-habiting Married Separated Divorced Other (please specify): ……………………………… |
| 1. Please tell us the employment status of the baby’s mother and partner? (please circle) |
| **Mother:** Employed (full-time) Employed (part-time) Unemployed Home by choice Student    **Partner:** Employed (full-time) Employed (part-time) Unemployed Home By choice Student    Not Applicable |
| 1. Do you consider yourself or your partner to belong to an ethnic or other minority group? (please tick)   **Mother:** No Yes if yes please specify ………………………..  **Partner:** No Yes if yes please specify ……………………….. Not Applicable |
| 1. Approximately how long does it take you to travel to our neonatal unit from your home?(please circle) |
| Less than 30 minutes 30 minutes to 1 hour 1 to 2 hours More than 2 hours |
| 1. Do you (mother) or your partner have a disability or special need? (Please tick for you and your partner) |
| **Mother:** No Yes **Partner:** No Yes Not Applicable |
| 1. Do you (mother) have any other children?   No Yes **if y**es, how many? **………………………**   1. Please indicate when your baby was discharged from this neonatal unit? (***The information gathered will allow us to give feedback to each unit every three months and will be used for no other purpose***.)   **1st April – 31 June (Q1) 1 July – 30 September (Q2)**  **1 October – 31 December (Q3) 1 January - 31 March (Q4)**  **Thank you for taking the time to complete this questionnaire. Please place your questionnaire and contact details (optional, using the attached return slip) in the box provided.**  **Spare sheet for additional comments if required.** |
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Unit Code:

Sharing Your views

The Neonatal Network is keen to hear views from families who have used our service on a range of issues related to the provision of neonatal care. Your views will help us to improve the care provided for babies and families in our units across Northern Ireland. If you would be interested in helping us, please fill in your name, email address and mobile number (so we can reach you by text) and send it back to us with your questionnaire. This information will be stored confidentially and will only be used to improve neonatal care. This may involve sharing your details with our partners at Queen’s University Belfast and TinyLife (premature baby charity) who are part of the neonatal network.

Name:

Email address:

Mobile Number:

This information will be detached immediately from your questionnaire and stored separately and securely.