

Walnut Ward Survey of Parents Experiences of Neonatal Care.

Dear parents,

Congratulations your baby is now almost ready to go home. We would be grateful if you could take time to complete and return this questionnaire, a box is available on the ward for completed forms or return by post. This survey is on-going as part of our commitment to improving patient and family experiences on walnut ward. All comments are appreciated.

On a scale of 1 to 5 please circle the relevant answer.

Thank You.

Admission:

1a. When your baby was admitted did you understand why and the treatment/care required?

1. (Not at all) 2. 3. 4. 5. (Completely)

1b. Did you understand the monitors and machines connected to your baby?

1. (Not at all) 2. 3. 4. 5. (Completely)

c. Were infection control practices such as hand washing clearly explained to you?

1. (Not at all) 2. 3. 4. 5. (Completely)

1d. Were infection control practices such as hand washing carried out appropriately by staff?

1. (Not at all) 2. 3. 4. 5. (Completely)

Staff:

2a. Were the staff sensitive to your emotional needs and treat you with respect and courtesy?

1. (Never) 2. 3. 4. 5. (Always)

2b. Were you able to speak to a doctor when you wanted to?

1. (Never) 2. 3. 4. 5. (Always)

2c. Were you kept up to date with your baby's progress?

1. (Never) 2. 3. 4. 5. (Always)

2d. Did staff give you consistent information about your baby?

1. (Not at all) 2. 3. 4. 5. (Always)

2e. Did you have confidence and trust in the staff caring for your baby?

1. (None) 2. 3. 4. 5. (Complete)

Involvement:

3a. When your baby was well enough were you and your partner involved as much as you wanted to be in your baby's care?

1. (Not at all) 2. 3. 4. 5. (Completely)

3b. Were you encouraged to touch and comfort your baby?

1. (Never) 2. 3. 4. 5. (Always)

3c. During ward rounds were you allowed to be present and included in discussions about your baby's care?

1. (Never) 2. 3. 4. 5. (Always) or Not Applicable.

3d. Did staff arrange your baby's care to fit in with your visiting times?

1. (Never) 2. 3. 4. 5. (Always) or Not Applicable.

Feeding:

4a. If you wanted to breastfeed or express breast milk were you given enough support, encouragement and equipment by staff?

1. (Not at all) 2. 3. 4. 5. (Completely) or Not Applicable.

4b. If you bottle fed your baby were you given enough support by staff?

1. (Not at all) 2. 3. 4. 5. (Completely) or Not Applicable.

4c. Are you going home:

1. Breastfeeding. 2. Bottlefeeding. 3. Both/Mixed Feeding

4d. Which milk will your baby have at home _____

Environment and development:

5a. Were you given enough privacy when discussing your baby's care?

1. (Never) 2. 3. 4. 5. (Always) or Not Applicable.

5b. Do you feel you had enough space to sit by your baby?

1. (Never) 2. 3. 4. 5. (Always) or Not Applicable.

5c. Did staff promote 'quiet time' with reduced noise, light and handling (usually 12-2pm)?

1. (Never) 2. 3. 4. 5. (Always) or Not Present at this time

5d. When you visited if your baby was stable, did you have kangaroo care or cuddles with him/her?

1. (Never) 2. 3. 4. 5. (Everyday)

Visiting:

6a. Were you welcome to visit your baby whenever you wanted to?

1. (Never) 2. 3. 4. 5. (Always)

6b. Were you able to contact the unit by telephone whenever you needed to?

1. (Never) 2. 3. 4. 5. (Always) or Not Applicable.

6c. Would you have preferred different visiting for family/friends? If so please suggest

Information and support:

7a. Were you given written information to help you understand your baby's condition?

1. (None) 2. 3. 4. 5. (Completely) or Not Applicable.

Which conditions would you have liked information on?

7b. Did staff explain the purpose of tests your baby had so that you could understand?

1. (Not at all) 2. 3. 4. 5. (Completely) or Not Applicable.

7c. Are you aware of our family support group? YES... NO...

Discharge, care and support at home:

8a. Did you feel prepared for taking your baby home from hospital?

1. (Not at all) 2. 3. 4. 5. (Completely)

How could we have helped you feel more prepared

8b. Did you have the opportunity to stay overnight before your baby came home?

YES... NO...

8c. Do you feel telephone contact with neonatal staff within the first week at home would be useful? YES... NO...

8d. Was your baby (please tick those that apply):

- ☐ Born at less than 34 weeks gestation.
- ☐ Over 34 weeks gestation with feeding problems.
- ☐ Smaller than expected/ low birth weight.
- ☐ Likely to need long term care.

Are you aware of the neonatal outreach team (a nurse will visit you at home)?

YES... NO... Not Applicable...

Thank you for completing this survey,
Please write comments below or on the back of this page.

Comments:

SCBU Support Group Survey.

Congratulations, you are getting ready to take your baby home. We have a family support group at Darent Valley Hospital for families that have spent time in special care on walnut ward. We currently meet once a month for 2 hours for an informal coffee morning. It is a relaxed and friendly place to meet other families and share advice/tips and a nurse is also present. Please help us by completing this short survey. We are committed to improving our services for everyone to use and welcome all feedback.

1. Would you be interested in attending the family support group?
2. What would you expect from a family support group?
3. Would you like to meet other families who also had premature or sick babies?
4. Would you like teaching sessions by professionals? If so which subjects?
5. Would you like the support group to be an informal coffee morning?
6. Would you prefer to attend at the hospital or another local venue e.g. hall?
7. Are you willing to pay for parking?
8. It is usually for 2 hours - Would you prefer a morning or afternoon session?

9. Which day of the week would you prefer?

10. Any other suggestions?