

New Parent Maternity Ward Feedback Form

Name

Baby's Date of Birth

Ward Name/Number

Your Experience

How would you rate the care provided by the staff?

How would you rate the communication from staff?

How would you rate the cleanliness of the ward?

How would you rate the facilities available?

Were you offered helpful feeding support?

Was the discharge process clearly explained?

Additional Comments

What went well during your stay?

What could be improved?

Any other comments?

