



Mercy Family Birthing Center
1603 – C 12th Avenue Road
Nampa, ID 83686
(208) 463-5940

Post Birth Evaluation Survey

Now that you have had your baby, and some time to recover, please take a few minutes to answer these questions. We value your input in our continuing efforts for improvement.

1. If you had it to do over, what (if anything) would you do differently in preparing for your labor and birth?

2. Did you participate in any of the following classes offered at our facility?

Information Night
 Labor and birth series
 Refresher class

If so, how were these classes of benefit to you? How did they compare with any classes you may have taken previously?

Please offer any suggestions you have regarding the classes (i.e., content, size, number of classes, length of time, convenience, etc.)

3. Are there any instructions we could have given you to better prepare you for your labor, birth and/or recovery?

4. What could the staff (including the nurse and doctor) have done to be of more help during your stay at the birthing center?

5. Would you change anything about the physical characteristics of the birthing area (i.e. furniture, temperature, lighting, etc.)?

6. What labor and/or coaching techniques did you find most helpful in coping with your contractions?

7. If you chose to birth your baby in the water, how do you feel about your choice?

Would you do so again if you have another baby?

8. What did you like best about your birthing experience?

9. What did you like least (wish you could change) about your experience?

10. How long did you stay at MFBC after your baby's birth?

Was the length of stay satisfactory?

11. Did you have phone contact with your nurse during the first few days after your baby's birth? _____

Was this helpful? _____ Why? _____

12. Which month of the year was your baby born? _____ Which baby was this for you? (first, second, etc.)

13. Did you participate in the third day mother-baby nursing visit at MFBC?

Please comment on the helpfulness of this visit. What specifically was helpful?

What, if anything, did you not like about the visit?

14. Do you have any other comments or suggestions?

THANK YOU! Your signature (optional)

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