



### Birth Experience Feedback

We would appreciate your feedback about your birth experience at the Regency Medical Center and how well you feel our childbirth class prepared you for this special event. Please complete this survey and return it to [ann.hamilton@winterhavenhospital.org](mailto:ann.hamilton@winterhavenhospital.org).

1. How many weeks pregnant were you when you delivered? \_\_\_\_wks
  
2. Did you deliver \_\_vaginally or \_\_c-section?  
If c-section, was it scheduled Yes\_\_ No \_\_  
If it was scheduled you can skip to question #7.  
If you experienced labor, please continue to next question.
  
3. How long was your labor \_\_\_\_\_hrs
  
4. Which of the following labor support strategies that you learned in class, did you use during labor?  
Check all that apply  

<input type="checkbox"/> massage	<input type="checkbox"/> aromatherapy
<input type="checkbox"/> focal point	<input type="checkbox"/> active imagery relaxation
<input type="checkbox"/> music	<input type="checkbox"/> visualization relaxation
<input type="checkbox"/> pelvic tilt	<input type="checkbox"/> progressive relaxation
<input type="checkbox"/> counter pressure	<input type="checkbox"/> double hip squeeze
  
5. Which labor positions did you use during labor?  

<input type="checkbox"/> birth ball	<input type="checkbox"/> side lying
<input type="checkbox"/> hands and knees	<input type="checkbox"/> squatting
<input type="checkbox"/> slow dancing	<input type="checkbox"/> sitting in rocking chair
<input type="checkbox"/> standing	<input type="checkbox"/> lunge
<input type="checkbox"/> standing leaning over chair or table	
<input type="checkbox"/> sitting leaning over chair or table	
  
6. Which of the positions that you used did you find most helpful?  

<input type="checkbox"/> birth ball	<input type="checkbox"/> side lying
<input type="checkbox"/> hands and knees	<input type="checkbox"/> squatting
<input type="checkbox"/> slow dancing	<input type="checkbox"/> sitting in rocking chair
<input type="checkbox"/> standing	<input type="checkbox"/> lunge
<input type="checkbox"/> standing leaning over chair or table	
<input type="checkbox"/> sitting leaning over chair or table	
  
7. Do you feel that attending childbirth adequately prepared you for your birth experience?  
\_\_Yes \_\_No

For your post partum experience? \_\_Yes \_\_No

If no, please comment \_\_\_\_\_  
\_\_\_\_\_

8. Did you use a preference list or birth plan?  Yes  No

If yes, were most of your expectations met?  Yes  No

Please comment \_\_\_\_\_  
\_\_\_\_\_

9. Did you "Kangaroo Care" or skin to skin with your baby while you were a patient here?  
 Yes  No

10. Was there anything you experienced in labor and post partum that was not covered in class that you think should be?  Yes  No

If yes, please comment \_\_\_\_\_  
\_\_\_\_\_

11. Which of the following statements would best describe your birth experience?

- It was just what I expected.
- It was mostly what I expected with a few differences.
- It was nothing like I expected.

Please comment \_\_\_\_\_  
\_\_\_\_\_

12. Overall how would you rate your birth experience?

- awesome  fair
- great  disappointing
- good  terrible (or very displeasing)

Please comment \_\_\_\_\_  
\_\_\_\_\_

13. Overall how would you rate your post partum experience?

- awesome  fair
- great  disappointing
- good  terrible (or very displeasing)

Please comment \_\_\_\_\_

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Date of Class attended: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name(Optional): \_\_\_\_\_

Thank you for taking the time to share your birth experience and give us suggestions for how to make things even better at the Regency Medical Center.