

Survey to assess women's satisfaction with their HIV care during pregnancy

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Please could you complete this short survey to help us assess our patient care? The information will be kept anonymous and will help us to improve the care we give to pregnant women.

Please circle your answers:

1 Was this your first pregnancy?

Yes No

2 Were you already attending the Lawson Unit before this pregnancy?

Yes No

3 Were you diagnosed with HIV for the first time during this pregnancy?

Yes No

4 Was this your first pregnancy whilst attending the Lawson Unit?

Yes No

5 During your first Lawson unit 'pregnancy' appointment with the specialist HIV doctor did you feel:

a) Confident that your care would be well managed?

Yes No Unknown

Please add any comments you would like to make here:

b) Able to ask questions?

Yes No Unknown

Please add any comments you would like to make here:

c) Listened to and that your views were taken into consideration?

Yes No Unknown

Please add any comments you would like to make here:

6. Throughout your pregnancy care with us did you feel:

a) That your medical needs were well cared for?

Yes No Unknown

Please add any comments you would like to make here:

b) That you were supported emotionally?

Yes No Unknown

Please add any comments you would like to make here:

c) That your confidentiality was respected?

Yes No Unknown

Please add any comments you would like to make here:

d) That you knew who to contact if you had any problems (including out of hours)?

Yes No Unknown

Please add any comments you would like to make here:

7 Did you feel your doctor involved you in important medical discussions and decisions such as which anti viral medicines you needed to take and how your baby would be delivered (the Birth Plan)?

Yes No Unknown

Please add any comments you would like to make here:

8 Which other Team members did you see in pregnancy?

(please circle all that apply)

**Nurse Midwife Women's Health Adviser (Trisha)
Pharmacist Paediatrician (Baby Doctor) Obstetrician**

Please comment on any particularly useful / helpful / supportive interactions with these Team members (or any unhelpful ones)

9 When you first discovered you were pregnant (or when you first received your HIV diagnosis if this was diagnosed during pregnancy), how worried were you that you may transmit HIV to your baby?

Please rate your worry level

Scale

1 2 3 4 5 6 7 8 9 10

Not worried Very worried

After your appointments with the Health Care Team to discuss these issues, were you still concerned about transmission to your baby?

Please rate your worry level

Scale

1 2 3 4 5 6 7 8 9 10

Not worried Very worried

10 Did you feel there was good communication between the HIV Team and the Maternity departments (Obstetrician, Midwives, Baby Doctor)?

Yes No Unknown

Please add any comments you would like to make here:

Thank you for taking the time to fill out this survey

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি।

如你唔明白本單張的內容，我們可安排口譯員服務。

如你唔明白本传单的内容，我们可安排口译员服务。

اگر مندرجات این جزوه را نمی‌فهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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carer and patient information group approved