

Wellington Multiple Birth Club Membership Renewal



Due 31st March 2010.
For year 1st April 2010 to 31st March 2011

- Please tick We wish to renew our membership
 Life member renewal
 Eligibility - you have been a member of the Club for at least 5 years.
 We do **not** wish to renew our membership

Membership Fee: \$35

Life Membership Fee: \$10 per year - you must have been a member of the Club for at least 5 years.

Please return your completed form and survey to **Wellington Multiple Birth Club, PO Box 1258, Wellington.** Membership fee payments can be made either by cheque sent in with your form and survey or by internet banking payment to account **03 1536 0001276 00.** Please include your initials and surname in the reference fields so we can match forms and payments.

Note: If paying by internet banking, you will not receive your new membership card until your renewal form is received.

Name

If you are renewing your membership, please complete the following section (we use this information to update our database).

Parents Names	Date of Birth	Ethnicity

Address		Postal Address (if different):	
Contact Phone			
Day	Night	Cell	
Email			

Please complete the following with details of ALL your children (the type, weight, and gestation is only necessary for your multiples)

First name	Surname	Date of Birth	Gender M/F	Identical (I) or Fraternal (F)	Birth Weight	Gestation (weeks)

Please tick one of the following:

- I would like my details included on the club address list
 I DO NOT want my details to be included on the club address list

Note: The club address list is only made available to club members

Background to Club Survey

Why do we have a yearly survey?

- to gather members opinions on, and attitudes to, the Wellington Multiple Birth Club (WMBC)
- to identify and understand member needs, to improve the services, support, information and activities provided by the Club
- to improve the services the WMBC provides to its members

There are two parts to the yearly survey; the WMBC Committee asks for feedback from members about:

1. the Club
2. antenatal and postnatal care.

All questions elicit information about specific areas that the committee needs to help improve the services and care of multiples in the Wellington area. For each question the Committee has applied the criteria, "Why are we gathering this information?" and "How will we use this information?" .

What does the WMBC Committee use the feedback for?

Club feedback is used:

- for continuous improvement – providing the opportunity to let the WMBC Committee know what is working and what could be improved. e.g. antenatal classes, playgroups, equipment, activities
- to enable the Committee to make informed decisions taking into consideration the needs of WMBC members
- to ensure the Club is delivering what members want
- to help with forward planning, i.e., family activities
- to identify resources within the Club that can be utilised e.g. members who are willing to be contact people.

Antenatal and postnatal care feedback is used:

- to provide evidence to use in applications for funding, grants, discussions with health providers and services
- to enable the Club to be an organised and a representative voice for its members

*Anecdotal information is insufficient to inform health providers of any concerns and/or issues WMBC members may have.

Wellington Multiple Birth Club

Members Survey



Please fill in the survey and return it with your membership renewal form to Wellington PO Box 1258, Wellington.

Any information you provide will be treated as confidential. Responses about Club issues will be made available to the Committee. Information provided about antenatal and postnatal care will be collated along with others' responses. At no time will you be personally identified. Antenatal and postnatal care responses may be used to provide feedback to health providers and help improve health/care services in future. If you have any questions please contact Fiona Purchas 938 3933.

How did you originally hear about the Club?

What services have you been involved in or used? (Please tick appropriate boxes)

- | | |
|--|---|
| <input type="checkbox"/> Contact Person | <input type="checkbox"/> Parenting forums |
| <input type="checkbox"/> Antenatal classes | <input type="checkbox"/> Social occasions |
| <input type="checkbox"/> Hire of equipment | <input type="checkbox"/> Fundraising activities |
| <input type="checkbox"/> Reading of newsletter | <input type="checkbox"/> Website |
| <input type="checkbox"/> Playgroups in either Ngaio or Lyall Bay | |

Are you able to help with any of the following? (Please tick appropriate boxes)

- Becoming a contact person for a new member pregnant with multiples
- Help in any way with fundraising
- Editing or writing articles for the newsletter
- Join the committee
- Assist with setting up for the antenatal classes
- Help with social events e.g. the Christmas party
- Work on the website

Are there any other services you would like the Club to deliver or improvements we can make?

What areas of interest would you like to see articles written on in the newsletter?

What education topics and parenting forums would you like to see run?

Would you be interested in being part of a **NICU Support** interest group?

What activities would you like to see the Club offer to older multiples i.e. 5 years and older?

What would encourage you to stay in the Club longer?

Please only complete the following questions, if you have given birth in the last 12 months.

Antenatal Classes

Did you attend the Club antenatal sessions? YES/NO (please circle)
How useful did you find these sessions?

How useful were the resources provided in these sessions?

What feedback do you have about the instruction/training provided?

What other antenatal classes did you attend? Did they meet your needs?

In hindsight what other information would have been useful to know before your babies arrived?

The Club is looking into seeking funding from the Wellington DHB to provide comprehensive antenatal classes for multiple pregnancies. This would replace the need to attend other antenatal classes.

If these classes had been available to you would you have attended? YES / NO (please circle)

What would be the best time/ format? (Please tick appropriate box)

- Two consecutive Saturdays - intensive
- Evening sessions (up to 7 two hour classes)
- Mixture of Saturday and some evenings

Antenatal care

Were you referred on to an obstetrician or the High Risk Team after you found out you were pregnant with multiples? YES/NO (please circle)

If so how many weeks pregnant were you when referred?

Who was your lead maternity caregiver? (Please tick appropriate boxes)

- Independent Midwife only
- Private Obstetrician. When did you first see a midwife?
- Wellington Hospital High Risk Team. When did you first see a midwife?
- Shared care - independent midwife and the High Risk Team

How would you describe the quality of care you received from your lead maternity caregiver (LMC)?

Is there anything you would like to see changed about the care of multiple pregnancies?

Did you receive the following information from your lead maternity caregiver? (Please tick appropriate boxes)

- Prevention of and signs of pre-term labour
- Nutrition required for a multiple pregnancy
- Looking after yourself e.g. when to finish work, rest, exercise
- Birth options for multiples
- Pain relief options for multiples.

How many weeks pregnant were you when you gave up work?

Birth and PostNatal Care

How many weeks pregnant were you when you gave birth?

How old were you when you had your babies?

Were you induced? YES/NO (please circle)

How were your babies born? (Please tick appropriate boxes)

- Vaginally - without assistance
- Vaginally - with ventouse or forceps
- Elective Caesarean
- Emergency Caesarean
- Vaginal and Caesarean

How would you describe the care received in the delivery suite?

Neonatal Intensive Care Unit (NICU or NNU)

Did your babies spend any time in NICU YES /NO (please circle)

If YES how long were they there for?

How would you describe the care received in Wellington Hospital NICU?

Wellington Hospital Ward

How many days did you spend in hospital?

Did your husband/partner/family member stay in hospital with you? YES/NO (please circle)
If so for how long?

Did you have your own room on the ward? YES/NO (please circle)
How would you describe the care received on the ward?

Midwife

How would you describe the care received by your

. Independent midwife?

. Hospital midwife?

Did you receive enough midwife visits? YES/NO (please circle)
If not, what extra assistance would have helped?

The babies at home

Breastfeeding

How did you feed your babies? (Please circle)

Exclusively Breastfed Formula/Bottle only Combination (Breast and bottle)

If you exclusively breastfed - How long did you do this for?

If you gave up breastfeeding or introduced some bottle feeds, what were the reasons?

Did you tandem feed? YES/NO (please circle)

If so, for how long? If not why?

How supported did you feel in the feeding options you chose?

How could the club have supported you better in the first 6 weeks?

Any other comments

Thank you so much for completing this survey.