

## For Use by Families Who Experience a Maternal or Newborn Transport from a **Planned Home or Freestanding Birth Center Birth**

## **Appendix I: Evaluation and Feedback about Transport Process**

The goal of the Recommendations is to facilitate safe perinatal transport. The opportunity for personal evaluation and feedback of the transport process is essential to identify ways to improve the transport experience for families involved in the care and transport of newborns and women who are pregnant or postpartum. Completion of this form is optional.

Please tell us about you	Circle One		
Please tell us who you are:	Parent	Other Family Member	Family Friend
Please tell us who was transported:	Mother	Baby	Mother & Baby
Please tell us the planned birth location:	Home Birth	Birth Center Birth	Hospital
Please tell us about your experience	Agree	Neutral	Disagree
I was treated respectfully			
The information I was provided was clear and understandable			
Communication between professionals was clear and relevant to ensuring a safe and effective transport			
I felt supported during the transport process			
I felt supported during after the transport process			

What part of the transport process went well? (please describe)

What part of the transport process could be improved? (please describe)

Comments:

You may provide your name and contact information for follow-up

Name:\_\_\_\_\_ Contact Info:\_\_\_\_\_

Please submit completed evaluations to the Maine CDC

Attention: Toni.G.Wall@maine.gov or Valerie.j.Ricker@maine.gov FAX 207-287-5355

Best Practice Recommendations for Handoff Communication During Transport from a Home or Freestanding Birth Center to a Hospital Setting



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