**Tell us about the care you received at [INSERT ORGANISATION NAME]**



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We would love to hear about your experiences of having a baby in our service, as this will help us improve care for mothers and babies in the future.

We have asked UNICEF UK’s Baby Friendly Initiative to look at the care we provide and they would like to talk to you in your hospital / clinic / children’s centre or over the telephone. This will take around 10 -15 minutes.

Thank you very much, we value your feedback.

If you are contacted it will be within two weeks of: [INSERT DATE OF ASSESSMENT]

If you would like more information about the Baby Friendly Initiative, visit [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)

If you would like to see the UNICEF UK privacy policy, visit [unicef.org.uk/legal/cookies-and-privacy-policy/](https://www.unicef.org.uk/legal/cookies-and-privacy-policy/)

If you change your mind and don’t want to take part please let your midwife/health visitor know [amend to state who to inform] or tell the UNICEF UK assessor when they call. If you have any feedback on the interview please tell your local health team or email [bfi@unicef.org.uk](mailto:bfi@unicef.org.uk)

**What happens to the information I give?**

* Your contact details will only be used for the purpose of the interview and will not be passed on to anyone else. UNICEF UK will destroy your contact details within a week of the conversation.
* What you tell UNICEF UK is confidential and won’t be linked to you by name. We’re talking to many mothers in your area and will use all the answers together to find out what is working well and where we could do better.
* UNICEF UK will only feedback your individual information to the service if you or your baby need urgent help or are in danger.

**✂**

***The above information can be torn off and given to the mother or sent via email if they wish.***

I’m happy for my details to be shared with UNICEF UK, and to have a conversation with them about the care I have received.

|  |  |
| --- | --- |
| Name: |  |
| Contact telephone number: |  |
| Date of baby’s birth: |  |
| Signature (Mother, or staff gaining consent if given verbally): |  |
| Date/time of consent: |  |

**Optional questions (tick as appropriate):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| We are: | Breastfeeding |  | Formula feeding |  |