Colostrum Harvesting Questionnaire

NHS Highland continually seeks to improve the services that they provide. In order to achieve this, we seek to gain insight and information on how our users found the service. Therefore, we would be grateful if you could take the time to complete this short questionnaire on how you found the colostrum harvesting process and please return in the prepaid envelope. Thank you.

Community Midwife Antenatal Care Hospital Midwife Friend Other Please state:
Q2. How did you find the process of receiving your colostrum harvesting kit? Good Satisfactory Poor
Q3. At what gestation did you receive your kit? Weeks
Q4. At what gestation did you commence colostrum harvesting? ———— Weeks
Q5. Was your pregnancy treated as low or high risk? Low Risk High Risk
Please skip question 6 if low risk
Q6. If high risk, can you please state why?
Q7. How important do you feel was the colostrum you harvested to the start of your breastfeeding journey? Very important
Q9. Did you have any problems when you were colostrum harvesting, such as contractions? Yes \[\sum \text{No } \sum \text{Please state:} \]
Q10. Were there any problems storing your colostrum when you were admitted to hospital? Please state:
Q11. Did you use your colostrum in the post natal period? Yes No D
Q12. Is there anything you think that we can do to help improve the colostrum harvesting process? Please state: