



POSTPARTUM EVALUATION FORM

We strive to provide evidence-based, individualized, and personalized care. To uphold this standard we keep current on new research and studies, participate in peer review, self evaluate, and continually challenge ourselves to provide the highest level of care possible. One of the best ways for us to evaluate the care we provide is to hear from our clients. We hope you can find the time and see the value in reflecting, reviewing, and reporting on your experience with us. Our hope is that this form can also be a value to you as a starting point for further dialog. We thank you for filling out and returning this form and we look forward to hearing your thoughts.

Name _____ Date _____

Please rate your satisfaction with your care in the following categories. If we did not meet your expectations, please explain. Feel free to use extra paper to give us your comments.

How satisfied are you with...

... the care you received prenatally?

Did not meet expectations Met expectations Exceeded expectations

... your care during labor and birth?

Did not meet expectations Met expectations Exceeded expectations

... your care postpartum?

Did not meet expectations Met expectations Exceeded expectations



... your midwives availability and accessibility to you during pregnancy?

Did not meet expectations Met expectations Exceeded expectations

...the educational supplies & materials available to you during your care?

Did not meet expectations Met expectations Exceeded expectations

Do you have any suggestions for us about how we could provide better care?

Do you have any specific suggestions, constructive criticism or ideas for us?

Are you willing to be contacted by prospective clients about your experience?

Are there any concerns that you want to discuss at your 6 week postpartum?
