



# Evaluation of Midwifery Care

An online version of this form is available, for those who prefer, at:

[www.pomegranate-midwives.com/forms/evaluation.html](http://www.pomegranate-midwives.com/forms/evaluation.html)

This evaluation is provided to all clients within six months of completing care. The goal is to give clients an opportunity to provide feedback about what worked and what didn't about the care they received. We use evaluations to consider how we can improve our practice. You are welcome to drop off your completed form at the clinic anytime. If you would prefer your form to remain anonymous:

- Put it through the mailbox slot (in the front door) outside of office hours;
- Complete the online version of this form

## You

Your name (optional): \_\_\_\_\_

Your midwives:       Janice, Kat & Lehe       Amy & Beth E       Allison & Beth D

This was baby number:       first       second       third or more

## Prenatal Care

	Poor	Fair	Good	Excellent
Number of my prenatal visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of my prenatal visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling of my prenatal visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of information provided to me for making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of reaching my midwife or midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My confidence in the midwives' ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My comfort in asking questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or suggestions:



**Labor & Birth Care**

	Poor	Fair	Good	Excellent
Ease of reaching my midwife or midwives during labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The care and support provided by my midwives in labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My confidence in the midwives' skills & ability during labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of information provided to me for making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments or suggestions:				

**Postpartum Care**

	Poor	Fair	Good	Excellent
Number of my postpartum visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of my postpartum visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling of my postpartum visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of information about caring for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of information about caring for my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of reaching my midwife or midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for breastfeeding and/or choice of infant feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My comfort in calling my midwife or midwives with questions or problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments or suggestions:				



### Continuity of Care

Midwives ensure that clients have no more than four midwives (primary care providers) involved in their care and that there is 24/7 on-call access to one of the team through pregnancy, labor and postpartum.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| Did you know which midwife or midwives were primary responsible for your care?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there adequate opportunities for you to meet and get to know the midwives involved in your care? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you understand how to reach a midwife 24/y?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your midwives provide care and support to you throughout your active labor?                       | <input type="checkbox"/> | <input type="checkbox"/> |

Comments or suggestions:

### Informed Choice

Midwives must provide clients with information about their education and experience, how midwives practice in British Columbia and what standards and protocols they must follow. Throughout care, midwives must provide clients with enough information about care options and the evidence that supports those options to make informed decision regarding their care.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| Did you receive enough information to make informed decisions about your care?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| In general, were your choices and decisions respected by your midwife or midwives?              | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you given enough information about your options to decide where to have your baby's birth? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments or suggestions:



**Consultation & Transfer of Care**

Midwives are required to consult with physicians for certain conditions that may arise during pregnancy, labor and postpartum. Some conditions require that a physician take over care.

Did you understand the reasons why a doctor might become involved in your care? No    Yes

Did your midwife need to consult with a doctor during care?    

If so, did you understand why and what would happen?    

Was your care transferred to a doctor?    

If so, did you understand why and what would happen?    

Did you experience your midwife as working as part of a team with other health care providers during your care?    

Comments or suggestions:

**Any other comments or suggestions?**