



Client Feedback Evaluation for _____, Midwife

PLEASE NOTE: DO NOT use this particular form if your intent is to file an official complaint against a midwife. This form is strictly a client feedback evaluation form which was designed by ATM to assist the midwife in improving her own midwifery services. This form is kept strictly confidential and is never used as information for an official complaint review. If you believe a midwife has broken the law or if you think a midwife might be a risk to yourself or others please contact the *Texas Midwifery Program* hotline at **1-800-942-5540** to request the appropriate form for complaints or to obtain more information about filing a complaint.

TO THE CLIENT: Please complete this form after your birth, being as open and honest as possible in evaluating the care given by the midwife during the prenatal, birth and postpartum periods. Then return the evaluation **directly** to the *Association of Texas Midwives*, or you may fill this form out on line at TexasMidwives.com. You may remain completely anonymous if you wish. Please feel free to use additional paper for your answers. Say what you want to say! All evaluations forms received each year will be returned at the end of the year to the midwife being evaluated.

PRENATAL PERIOD:

1. Approximately how many times did you see your midwife for prenatal care? Did you feel this was often enough?

2. Discuss the quality of prenatal care received. What was particularly good; what could be added or improved?

3. Please compare the care from the midwife with care received from others (physicians, clinics, etc) during this or previous pregnancies.

LABOR AND BIRTH:

4. Evaluate the care given to you by the midwife during labor and birth (physical exams, emotional support, etc).

5. Evaluate the care given by any assistants at the birth (helpfulness, supportiveness, etc).

POSTPARTUM PERIOD:

- 6. Did you receive sufficient postpartum care from your midwife? Was the care given to your baby satisfactory? What was particularly good; what could be added or improved?

- 7. Was your partner satisfied with the care received?

MISCELLANEOUS:

- 8. Were the midwife's fees appropriate?
- 9. Was the midwife reasonably accessible?
- 10. Have you ever used midwifery care before this pregnancy?
- 11. What number baby is this for you? (*circle one*) 1 2 3 4 5 6 7 more
- 12. How can the midwife improve her services?

OPTIONAL QUESTIONS:

Your answers to the following questions would help us better understand the clientele we serve. However, answering these questions is optional.

- 13. What is your age group? (*check one*) 20 20-30 30-40 over 40
- 14. What is your annual income? (*check one*) <40,000.00 >40,000.00 >80,000.00

ADDITIONAL COMMENTS:

**Please return this form to
ATM
P.O. Box 52187
Midland, TX 79710**