California Association of Licensed Midwives
Quality of Care Evaluation Form

Please take some time to provide us with your evaluation of the midwifery care that you received during your pregnancy, birth and postpartum period with _____.
You do not need to identify yourself unless you would prefer to do so. Your comments will be reviewed by the midwifery practice and can help improve the quality of care we provide to our clients.

SECTION A
Rate the following aspects of your prenatal, labor and birth, and postpartum care. Check one rating choice for each sub-category.

PRENATAL CARE	Excellent	Good	Fair	Poor
1 Number of my prenatal visits				
2 Length of my prenatal visits				
3 Scheduling of my prenatal visits				
4 Usefulness of information provided to me for making decisions				
5 How easy it was to reach my midwife or midwives				
6 My confidence in the midwives' skills and abilities				
7 How comfortable I felt asking questions				

Comments or suggestions for improvement to prenatal care:

LABOR AND BIRTH CARE	Excellent	Good	Fair	Poor
1. How easy it was to reach my midwife or midwives during labor				
2 My confidence in the midwives' skills and abilities				
3 Usefulness of information provided to me for making decisions				

Comments or suggestions for improvement to labor and birth care:

POSTPARTUM CARE	Excellent	Good	Fair	Poor
1 Number of my postpartum visits				
2 Length of my postpartum visits				
3 Scheduling of my postpartum visits				
4 How easy it was to reach my midwife or midwives				
5 Usefulness of information about caring for myself				
6 Usefulness of information about caring for my baby				
7 My comfort in calling my midwife or midwives with questions or problems				
8 My confidence in the midwives' skills and abilities				

Comments or suggestions for improvement to postpartum care:

Please turn over

SECTION B
The questions in this section cover your midwifery care from pregnancy, through labor and birth and after your baby's birth until six weeks postpartum. Please check one answer for each question.

CONTINUITY OF CARE *Midwives must ensure that clients have a hospital transfer plan in place for their care and that there is 24-hour on-call access (with primary midwife and/or a back-up midwife) through pregnancy, labor and postpartum.*	YES	NO
1 Did you know which midwife or midwives were primarily responsible for your care and how to reach them?		
2 Were there opportunities provided for you to set up meetings the midwives involved in your care?		
3 Did you understand how to reach your midwife or backup midwife 24 hours a day?		
Comments and suggestions for improvement to continuity of care.		

INFORMED CHOICE *Midwives must provide clients with information about their education and experience, how midwives practice in California and what standards and protocols they must follow. Throughout care midwives must provide clients with enough information to make informed decisions regarding their care.*	YES	NO
1 In general, were your choices and decisions respected by your midwife or midwives?		
2 Did you receive enough information to make informed decisions about your care?		
3 Were you given enough information to decide for yourself where and with whom to have your baby's birth, taking into consideration resources available to you and your insurance benefits?		
Comments and suggestions for improvement to informed choice.		

CONSULTATION AND 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 obstetrician take over*		YES	NO
1.	Did you understand the reasons why a doctor might become involved in your care?		
2.a	Did you or your midwife need to consult with a doctor during your care?		
b	If so, did you understand why and what would happen?		
3.a	Was your care transferred to a doctor?		
b	If so, did you understand why and what would happen?		
Comments and suggestions for improving consultation and transfer of care.			

Your Name (optional): _____
Year(s) you received care (optional): _____

Please return completed forms to your midwife/midwives via
Email: _____ or Mail: _____ or fax: _____