

Labor Doula — Caregiver Feedback Form

Labor Doula's Name: _____ Date: _____

Date of baby's birth: _____ Client ID: _____

Birthingway College of Midwifery would appreciate your help in evaluating the labor support services provided by our doulas.

Please use the scale to rate the doula on the following aspects:

| | Excellent 5 | Very Good 4 | Satisfactory 3 | Needs Work 2 | Problem Area 1 |
|--|----------------|----------------|-------------------|-----------------|-------------------|
| Was helpful to the mother in handling the physical aspects of labor | 5 | 4 | 3 | 2 | 1 |
| Was helpful to the mother in handling the emotional aspects of labor | 5 | 4 | 3 | 2 | 1 |
| Projected an attitude of calmness and warmth | 5 | 4 | 3 | 2 | 1 |
| Supported the mother's partner and/or other family and friends present for labor | 5 | 4 | 3 | 2 | 1 |
| Supported the mother's own decisions and values | 5 | 4 | 3 | 2 | 1 |
| Facilitated communication with caregivers | 5 | 4 | 3 | 2 | 1 |
| Was respectful and professional to caregivers | 5 | 4 | 3 | 2 | 1 |
| Supported the mother after the birth | 5 | 4 | 3 | 2 | 1 |

I would rate the doula's overall performance as :

5=excellent 4=very good 3=satisfactory 2=needs improvement 1=problem areas

I would choose to work with this doula again. True False

Please add any comments or constructive criticisms you may have to the back of this form.

May we call you to clarify any comments? Yes No Phone _____

Your position: _____
(L&D Nurse, CNM, OB, Midwife, etc.)

Your printed name: _____

Your signature: _____