

DOULAS CARE
POSTPARTUM DOULA EVALUATION FORM

Client Name:

Address:

Phone: _____

Is the above contact information correct? yes no

If no, please make any changes above.

Baby's birth date: _____

Name of the Postpartum Doula you had for this pregnancy: _____

1. Did you also have a Birth Doula attend this birth? yes no

1a. If yes, was your Birth Doula the same person as your Postpartum Doula? yes no

2. Please answer yes or no to each of these questions about your financial situation:

- | | | |
|--|------------------------------|-----------------------------|
| a. Comfortable, with enough money to cover my needs | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b. Very tight, hard to make ends meet | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| c. I worry about money and expenses a lot | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| d. I do not really think about it a lot but watch what I spend | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| e. Money is not really an issue of concern for me | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Prenatal Visits

3. Number of visits before the baby was born with your Postpartum Doula:

- None One Two Three Four Five More Than Five

Postpartum Visits

4a. Number of visits after the baby was born with your Postpartum Doula:

None One Two Three Four Five More Than Five

4b. If number of visits was less than three please explain the reason:

4c. Location of visits(check all that apply): Home Hospital Other_____

5. Please rate how you felt after your birth:

<i>Very Afraid</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Very Confident</i>
<i>Very Negative</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Very Positive</i>
<i>Unprepared</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Very Well Prepared</i>

Postpartum Support

6a. Please check any of the following ways in which your Postpartum Doula provided support after the birth of your baby:

Emotional Support

- Boosted my confidence
- Helped me feel empowered
- Lessened my fears
- Helped me to rest
- Kept me informed
- Supported my other family members
- Helped me recover emotionally

Educational Support

- Gave tips on breastfeeding
- Informed me about community resources
- Provided info on infant care/safety
- Gave info on postpartum depression
- Provided nutrition and exercise info

Household Tasks

- Performed light cleaning
- Helped prepare snacks or a meal
- Ran a few errands
- Answered the door/ phone
- Did laundry
- Provided childcare for my other children

Other Support

- Helped with physical recovery
- Attended mother's medical appointments
- Attended baby's medical appointments
- Provided language translation
(Please list language_____)
- Provided transportation

6b. Please list anything else that was done by your Postpartum Doula that was not addressed above:

7a. Do you feel your Postpartum Doula helped prepare you for the postpartum period?

- yes no

7b. Do you feel your Doula had a lot of knowledge about pregnancy, birth, and postpartum? yes no

**8. Please rate how well your Postpartum Doula performed in the following areas:
(1=Poor, 5=Excellent)**

	Poor			Excellent	
Availability and commitment	1	2	3	4	5
Knowledge of postpartum issues	1	2	3	4	5
Assistance with comfort measures	1	2	3	4	5
Cooperation with mother's partner	1	2	3	4	5
Responsiveness to mother's needs	1	2	3	4	5
Support for other family members	1	2	3	4	5
Assistance with breastfeeding	1	2	3	4	5
Knowledge of community resources	1	2	3	4	5
Suggestions for comfort/recovery	1	2	3	4	5
Listening skills	1	2	3	4	5
Emotional support	1	2	3	4	5
Professional image	1	2	3	4	5
Knowledge about newborn care	1	2	3	4	5
Overall performance/ care	1	2	3	4	5

9. What was most helpful about having a Postpartum Doula?

10. What was least helpful about having a Postpartum Doula?

11. Were there any areas in which you thought your Postpartum Doula needed improvement? (Please describe)

12. If you were to have another baby, would you want a Postpartum Doula to help you again?

- yes
 - no
 - maybe
 - not sure
 - Other:
-

13. Do you have any suggestions for improving our doula services?

14. When you called our office did we....

- a. handle your call in a timely manner? yes no
b. answer all your questions? yes no
c. send you a letter about your Doula? yes no

15. Anything else we did not do that you wished we had done?

16. Can we contact you if we need a testimonial (such as being interviewed, or speaking in front of a group) or use a photo of you and your doula? yes no

Please return this form to:

**Doula Care
2500 Packard
Suite 101
Ann Arbor, Michigan 48104**

If you would like to speak to someone in person about your experience with the Doula Care Program, please call the Program Director, Marylee Scherdt at 734-332-8070.