

Maternity Services Evaluation Form

Baby's Birth Date: _____ Doctor/midwife attending birth: _____

Labor & birth nurse(s): _____

Postpartum nurse(s): _____ Nursery nurse(s): _____

If you took childbirth classes *during this pregnancy*, where did you take them? _____

If you took childbirth classes *during this pregnancy*, who was your instructor? _____

Please evaluate the following statements according to the following 5 point scale:

5=Strongly Agree; 4=Mostly Agree; 3=Neither Agree/Disagree; 2=Mostly Disagree; 1=Strongly Disagree		5	4	3	2	1
Childbirth Classes	My instructor allowed adequate time for practicing skills and comfort measures such as positioning, movements, massage, breathing, and relaxation.					
	My instructor presented childbirth options such as medications in a realistic, nonjudgmental way.					
	The classes prepared me well for labor and birth.					
	I enjoyed the classes.					
Labor & Birth Nurse(s)	(If you used a Birth Plan) I felt that my labor nurse utilized and respected my Birth Plan.					
	My labor nurse suggested and provided physical comfort measures during labor and birth.					
	My labor nurse provided emotional support and encouragement during labor and birth.					
	My labor nurse discussed advantages and disadvantages of procedures with me before implementing them.					
	(If you had a cesarean birth) My labor nurse explained what to expect in the operating and recovery rooms.					
Physician/ Midwife	My physician/midwife provided emotional support and encouragement during labor and birth.					
	My physician/midwife discussed advantages and disadvantages of procedures and equipment to me so that I could make an informed, shared decision.					
	(If you had medication) The benefits and potential side effects of medications were explained to me.					
Postpartum & Nursery Nurse(s)	The nursery nurse explained the assessment of the baby to one or both of us.					
	The nurses were available in case I had questions or needed help in caring for or feeding my baby.					
	The nurses were available for questions and help during my postpartum recovery.					
	(If you are breastfeeding) The nurses and/or lactation consultants provided needed information and support.					

Name: _____

Please use the back to list any comments, suggestions, or recommendations you may have regarding maternity services at this hospital. We thank you very much.