

**Labour Support Evaluation**

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Practitioner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baby’s Date of Birth:\_\_\_\_\_\_(d)\_\_\_\_\_\_(m)\_\_\_\_\_\_(y)

Place of Birth (Hospital, Home, Birthing Centre, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

bebo mia would appreciate your taking the time to evaluate your perception of the Support Practitioner’s role during the pregnancy, birth, and early postpartum period. Please answer the following statements as honestly as possible by circling the number that best describes your Labour Support Practitioner, using the scale of 1-5. (five being excellent and one being poor)

1. The prenatal meetings and other communication with my primary Support Practitioner during the pregnancy were informative and helpful 1 2 3 4 5
2. The techniques suggested by my Support Practitioner were helpful with handling the physical aspects of labour 1 2 3 4 5
3. The techniques suggested by my Support Practitioner were helpful in handling the emotional aspects of labour 1 2 3 4 5
4. My Support Practitioner provided support to my birth partner and facilitated their participation in the birth. 1 2 3 4 5
5. My Support Practitioner worked well with the other members of my health care team (i.e. Midwives, Doctors, Nurses, Students). 1 2 3 4 5
6. The information provided by my Support Practitioner before the birth was useful in the birth setting. 1 2 3 4 5
7. My Support Practitioner provided up to date and evidence based information pertaining to labour and delivery. 1 2 3 4 5
8. My Support Practitioner was able to provide me with the information and tools I needed when decisions had to be made. 1 2 3 4 5
9. The suggestions of my Support Practitioner were helpful for my partner and/or other family members and friends present for the labour. 1 2 3 4 5
10. My Support Practitioner was knowledgeable about, and able to help me during, the immediate postpartum period 1 2 3 4 5
11. My Support Practitioner was helpful with the initiation of breastfeeding (if you are choosing to breastfeed) 1 2 3 4 5
12. I would rate the usefulness of having a Support Practitioner present as: 1 2 3 4 5
13. Overall, my Support Practitioner contributed to making my birth experience a

positive one 1 2 3 4 5

 14. I would recommend my Support Practitioner to others 1 2 3 4 5

Please answer the following questions (you may write on the back of the page if you require more room):

1. What, specifically, did you find helpful about having a Support Practitioner? This can include her role during the pregnancy, labour/birth and the early postpartum period.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What, if anything, would you have changed about your experience with your Support Practitioner?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. In your opinion, what are the areas in which your Support Practitioner needs improvement?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments or suggestions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What was your role? \_\_\_\_ Mother \_\_\_\_ Partner \_\_\_\_ Other (briefly explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you very much for taking the time to complete this evaluation. The information provided will help to ensure that each bebo mia Pregnancy Support Practitioner meets the highest standards in the industry.