

QUALITY OF CARE EVALUATION FORM

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

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**SECTION A** – Rate the following aspects of your prenatal, labour and birth and postpartum care. Check one rating for each sub category

|                                                                  | Excellent | Good     | Fair     | Poor     |
|------------------------------------------------------------------|-----------|----------|----------|----------|
| <b>1.0 PRENATAL CARE</b>                                         | <b>E</b>  | <b>G</b> | <b>F</b> | <b>P</b> |
| 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:        |           |          |          |          |

|                                                                   | E        | G        | F        | P        |
|-------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2.0 LABOUR AND BIRTH CARE</b>                                  | <b>E</b> | <b>G</b> | <b>F</b> | <b>P</b> |
| 1. How easy it was to reach my midwife or midwives during labour  |          |          |          |          |
| 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 labour and birth care: |          |          |          |          |

|                                                              | E        | G        | F        | P        |
|--------------------------------------------------------------|----------|----------|----------|----------|
| <b>3.0 POSTPARTUM CARE</b>                                   | <b>E</b> | <b>G</b> | <b>F</b> | <b>P</b> |
| 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 calling my midwives with questions or problems |          |          |          |          |
| 8. My confidence in the midwives' skills and abilities       |          |          |          |          |
| Comments or suggestions for improvement to postpartum care:  |          |          |          |          |



**SECTION B** – The questions in this section cover your midwifery care from pregnancy, through labour and birth and after your baby’s birth until six weeks postpartum. Check one rating choice for each sub category.

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| <b>4.0 CONTINUITY OF CARE</b> – <i>Midwives must ensure that clients have no more than four midwives involved in their care and that there is 24-hour on-call access through pregnancy, labour and postpartum.</i> | <b>YES</b> | <b>NO</b> |
| 1. Did you know which midwife or midwives were primarily responsible for your care?                                                                                                                                |            |           |
| 2. Were there adequate opportunities for you to meet the midwives involved in your case?                                                                                                                           |            |           |
| 3. Did you understand how to reach a midwife 24-hours a day?                                                                                                                                                       |            |           |
| Comments and suggestions for improvement to continuity of care                                                                                                                                                     |            |           |

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| <b>5.0 INFORMED CHOICE</b> – <i>Midwives must provide clients with information about their education and experience; how midwives practice in Ontario; and, what standards and protocols they must follow. Throughout care, midwives must provide clients with enough information to make informed decisions regarding their care</i> | <b>YES</b> | <b>NO</b> |
| 1. In general, did your midwife or midwives respect your choices and decisions?                                                                                                                                                                                                                                                       |            |           |
| 2. Did you receive enough information to make informed decisions about your care?                                                                                                                                                                                                                                                     |            |           |
| 3. Were you given enough information to decide where to have your baby’s birth?                                                                                                                                                                                                                                                       |            |           |
| Comments and suggestions for improvement to informed choice:                                                                                                                                                                                                                                                                          |            |           |

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| <b>6.0 CONSULTATION AND TRANSFER OF CARE</b> – <i>Midwives are required to consult with physicians for certain conditions that may arise during pregnancy, labour and postpartum. Some conditions require that a physician take over care.</i> | <b>YES</b> | <b>NO</b> |
| 1. Did you understand the reasons why a doctor might become involved in care?                                                                                                                                                                  |            |           |
| 2. Did your midwife need to consult with a doctor during your care?<br>~ If yes, did you understand why and what would happen?                                                                                                                 |            |           |
| 3. Was your care transferred to a doctor?<br>~ If yes, did you understand why and what would happen?                                                                                                                                           |            |           |
| Comments and suggestions for improving consultation and transfer of care:                                                                                                                                                                      |            |           |