



Throughout the ages, women have turned to other women for guidance and support as they navigate the transition into motherhood.

Great Beginnings Doula aims to return to these roots of childbearing, which have always recognized that support and education are essential.

## ***GREAT BEGINNINGS***

### **Evaluation Form:**

Mother's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hospital or birth location: \_\_\_\_\_

Please take the time to answer the following questions as honestly as possible. This information will help me to evaluate & improve my services in the future.

#### **Pre visits & Labor**

How many pre visits did you have with your doula? \_\_\_\_\_

Please check any of the following ways in which your Doula provided labor and birth support:

Emotional Support / Physical Support

boosted my confidence/ level of relaxation

Massage

helped me feel empowered

changing of Positions

relieve any Fears/ anxiety

Walking

Nutrition

helped me to rest

breathing

kept me informed

Hot/cold compresses

Supported my other family members

Anything else that was done that is not mentioned above? \_\_\_\_\_

Do you feel your Doula helped you to prepare for the birth of your newborn?  yes  No

Do you feel your Doula had current knowledge about pregnancy and birth & was able to relay that information to you?  Yes  No

How did your Doula help you during pregnancy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did your Doula help you during birth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did your Doula help you after birth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on any ways in which you feel your doula did NOT help with your birth experience. All comments help to improve services. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Postpartum**

Number of postpartum visits with your doula \_\_\_\_\_

Do you feel that was enough?  Yes  No

Please check any ways in which your Doula helped you after your baby was born:

- |   |   |
|---|---|
| <input type="checkbox"/> baby care          | <input type="checkbox"/> bottle feeding         |
| <input type="checkbox"/> breast feeding     | <input type="checkbox"/> community resources    |
| <input type="checkbox"/> Emotional recovery | <input type="checkbox"/> Household needs        |
| <input type="checkbox"/> Information        | <input type="checkbox"/> other children's needs |
| <input type="checkbox"/> Physical recovery  | <input type="checkbox"/> supported spouse       |

Anything else that was done that is not mentioned above? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Partner/Spouse Please fill out**

Did you feel supported by your birth doula?  Yes  No

How did your birth doula support you during the pregnancy/birth process?  
\_\_\_\_\_  
\_\_\_\_\_

How else would you have appreciated support from your birth doula? \_\_\_\_\_  
\_\_\_\_\_

As a spouse, would you recommend a birth doula?  Yes  No

Why? \_\_\_\_\_  
\_\_\_\_\_

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**Overall**

How would you evaluate the usefulness of having a birthing Doula present? \_\_\_\_\_  
\_\_\_\_\_

What was the most helpful about having a Doula? \_\_\_\_\_  
\_\_\_\_\_

Was there anything you would have liked your birthing Doula to have done or included in her services that was not provided? \_\_\_\_\_  
\_\_\_\_\_

Would you recommend my services of birthing and/or postpartum Doula to other couples?  
 Yes       No  
Why? \_\_\_\_\_  
\_\_\_\_\_

Was the value of the services worth the fee?     Yes       No  
Why? \_\_\_\_\_

Approximate time spent with your Doula during labor \_\_\_\_\_

Additional comments: (These comments may be used on my website.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_