
CLIENT EVALUATION: Those Clients Who Have Experienced Perinatal Loss

This form is provided by the College of Midwives of Alberta (CMA). Its purpose is to help Alberta midwives get feedback from their clients about the care they received during their time in midwifery care. You should be given this form after six months of having completed care with your midwives. It is optional for you to fill out but we welcome and appreciate your feedback. When you are ready, you can send it back to the practice. You do not need to put your name down unless you want to. If you don't want your midwife to know who you are, details you write down may distinguish who you are to your midwife. Your comments will be reviewed by the midwifery practice to help us address any concerns and improve the care we give to our clients.

Please put the name of your midwife/team here (optional): _____

Your name (optional): _____

Please check all that apply about the kind of care you got from the midwives:

Pregnancy Loss Infant Loss

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|--|-----------|------|------|------|-----|
| Overall, how would you rate the care you received? | Excellent | Good | Fair | Poor | N/A |
| Did you have a Midwifery Student caring for you as well? | yes | no | | | |

Did you feel supported by your midwife or midwives?

- What was helpful?
- If no, how would you have liked to have been supported?

Did you feel your midwife helped you navigate through your physical and emotional needs during your loss while in midwifery care? (ex: referrals, education resources, etc.) If not, please explain.

Did your midwife provide enough information for you to make choices that felt right for you? If not, please explain.

Is there anything else you would like your midwife to know?

- If you were not happy with the care you got from your midwives, please check here ____.
- If you would like to get a call from the midwifery practice to discuss your concerns, please check here ____.

Please write your preferred phone number here:

For general comments or questions, you are welcome to contact the CMA at info@albertamidwives.org

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| For Midwifery Office Use |
| If applicable, date midwifery practice called client to review feedback: |
| If applicable, date feedback discussed with midwife/midwifery team: |
| If applicable, changes that were made due to feedback from client: |