

CONSUMER FEEDBACK FORM

Midwives licensed in South Carolina are asked to give this form to each woman in their care. These forms are used by the DHEC Division of Health Licensing in accord with the requirements of the Licensed Midwife Regulation 61-24. Please complete this form in full after you have completed the care from your midwife and mail to:

Division of Health Licensing
SC DHEC
2600 Bull Street
Columbia, SC 29201

If you have questions regarding the form, please ask your midwife. All information is CONFIDENTIAL.

Your name _____ Date _____

Name(s) of Midwife(-ives) _____

Name(s) of Apprentice Midwife(-ives) _____

Baby's Name _____ Sex _____ Weight _____

Date of Delivery _____

Place of Delivery: Own home _____; Another's home _____; Hospital _____;
Birthing Center _____; Other (please explain): _____

Type(s) of care your midwife delivered:

_____ Prenatal check-ups

_____ Delivery

_____ Newborn exams

_____ Labor management

_____ Post-partum checks

_____ Other (specify) _____

Were there any complications with your pregnancy, labor, delivery, or post-partum course?

_____ No _____ Yes (If yes, please explain; attach additional sheet if necessary) _____

Describe your experience with your midwife, to include your degree of satisfaction with the care you received. Additional comments or improvement(s) that you would suggest in your midwife's services are welcome on the reverse side or additional sheets. Circle one (1) for least satisfied, five (5) for most satisfied for each of the following items:

INFORMATIVE COUNSELLING/REFERRALS AS NEEDED	1	2	3	4	5
PRENATAL CARE	1	2	3	4	5
PROFESSIONALISM	1	2	3	4	5
LABOR CARE	1	2	3	4	5
DELIVERY CARE	1	2	3	4	5
POSTPARTUM CARE	1	2	3	4	5
NEWBORN CARE	1	2	3	4	5
MIDWIFE/CLIENT RELATIONSHIP	1	2	3	4	5