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 reserve side or additional sheets. Circle one (1) for least satisfied, five (5) for  
most satisfied for each of the following items:

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