



School of Nursing
Department of Community Public Health
525 N. Wolfe St.
Baltimore MD 21205

OBSERVER'S EVALUATION OF BIRTH COMPANION

Client's Name: _____ Birth Companion: _____

Date of Birth: _____ Location of Birth: _____

This birth was assisted by Johns Hopkins University School of Nursing Birth Companion. We would appreciate you taking a moment to evaluate your perception of the Birth Companion's role. Please circle the number which most closely reflects your opinion of her/his contribution to the delivery.

	More harm than good		Neither helped nor hurt		Was a big help
1. Were the techniques suggested by the Birth Companion helpful to the client in handling the physical aspects of the labor?	1	2	3	4	5
2. Were the techniques suggested by the Birth Companion helpful to the client in handling the emotional aspects of the labor?	1	2	3	4	5
3. Were the suggestions of the Birth Companion helpful for the partner and/or other family members and friends present for the labor?	1	2	3	4	5
4. Overall, how would you evaluate the usefulness of having the Birth Companion present?	1	2	3	4	5

Do you have any other comments or suggestions?

What was your role? (Check one)

<input type="checkbox"/> Physician/OB	<input type="checkbox"/> Midwife	<input type="checkbox"/> Nurse	<input type="checkbox"/> Partner/Parent
<input type="checkbox"/> Other Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Other staff	

How long were you with the client in labor? (approximately) _____ # of Hours Continuously _____ Intermittent

Your name (optional): _____

Thank you for taking the time to complete this evaluation.

Please return to Laura Lucas, Johns Hopkins University School of Nursing, 525 North Wolfe Street, Baltimore, MD 21287 or place in the attached envelope.



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CLIENT'S EVALUATION OF BIRTH COMPANION

Your name (client) _____ Date of delivery _____

Birth Companion's Name(s) _____

Did you attend prenatal class with this pregnancy? ___Yes ___No

If yes, what type? _____

Who else was with you providing support during the birth (aside from the Birth Companion)?

___ Partner/Spouse/Parent of Baby ___ Your Mother ___ Your Sibling ___ Friend

___ Other (who?) _____

Please check all the services that your Birth Companion(s) provided for you during your labor and birth:

- ___ massage ___ discussed options for mother
___ shower/bath ___ cold/hot packs
___ water/juice ___ counter pressure
___ position/changes ___ breathing techniques
___ eye contact ___ followed wishes of mother
___ took photos ___ answered questions
___ eased fears ___ double hip squeeze
___ verbal encouragement ___ knee press
___ continuous presence ___ stomp-squat
___ included other support people ___ ambulation
___ helped partner/spouse/boyfriend ___ labor ball
___ reinforced birth ritual ___ other

What services helped you the most? (pick top three, in order, from above list)

1. _____ 2. _____ 3. _____

Were there any services of the Birth Companion that you did not like? If yes, what and why?

Prenatal Visits:

What did you gain or learn from the visit(s)?

CLIENT'S EVALUATION OF BIRTH COMPANION (continued)

Did you follow-up or use any of the services suggested by your Birth Companion(s)? If yes, which ones?

Did you use? (Please check those that apply)

Women, Infants, and Children (WIC) Breastfeeding support (Laleche League, Lactation Consultant)
 Kids in Safety Seats (KISS) Others (specify _____)

Postpartum Visits:

What did you learn or get out of the visit?

How did *you* learn about the Birth Companion service?

Brochure in OB/Midwife's office Nurse in Clinic Other (specify _____)
 Prenatal Class Social Worker

Please circle the number which most closely reflects your Birth Companion's contribution to your delivery

	More harm than good		Neither helped nor hurt		Was a big help
1. Were the ideas and services provided by the Birth Companion helpful to you in handling the physical parts of your labor?	1	2	3	4	5
2. Were the ideas and services provided by the Birth Companion helpful to you in handling the emotional parts of your labor?	1	2	3	4	5
3. Were the ideas of the Birth Companion helpful for the partner and/or other family members and friends present for the labor?	1	2	3	4	5
4. Overall, how would you evaluate the usefulness of having the Birth Companion with you?	1	2	3	4	5

Do you have any other comments or suggestions?

Thank you for taking the time to complete this evaluation.

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