



1582 S. Parker Rd., Ste. 201
Denver, CO 80231
(888) 788-DONA
Fax: (303) 755-7363
www.DONA.org

EVALUATION OF THE POSTPARTUM DOULA BY THE MOTHER

Mother's Name: _____ Baby's Date of Birth: _____

DONA would appreciate your taking a moment to evaluate your perception of the doula's role. Please circle the number that most closely reflects your opinion of the doula's contribution.

(1) Disagree (2) Somewhat Agree (3) Mostly Agree (4) Strongly Agree (5) Completely Agree

- 1 2 3 4 5 The doula acted in a professional manner.
- 1 2 3 4 5 The doula was responsive to the baby(ies) needs.
- 1 2 3 4 5 The doula was responsive to my needs.
- 1 2 3 4 5 The doula was knowledgeable of newborn care and characteristics.
- 1 2 3 4 5 The doula was able to answer my questions.
- 1 2 3 4 5 The doula could explain changes that may occur during the postpartum period.
- 1 2 3 4 5 The doula provided assistance, reassurance and guidance during breastfeeding.

Please describe any assistance and education the doula provided in relation to infant feeding such as instruction about proper latch and positioning, prevention strategies for engorgement or sore nipples, milk collection and storage, and bottle-feeding guidelines.

- 1 2 3 4 5 The doula demonstrated good listening skills.
- 1 2 3 4 5 The doula was able to provide information regarding resources I may have needed, such as lactation consultants, daycare providers, car seat installation providers, cloth diaper services, etc.
- 1 2 3 4 5 The doula was able to explain some strategies that were helpful in integrating my newborn in our family.

What was the most valuable aspect of the doula's support? _____

What would you suggest the doula work on to improve her support? _____

Thank you very much for taking the time to complete this evaluation. Please return it to the doula so that she may use it for certification purposes.

Doula's Name and address: _____

If you have further comments or questions, feel free to contact us at the address printed on the letterhead.