



Cornerstone Birthwork Training Postpartum care verification and evaluation form

Please fill out this form completely and email to
info@cornerstonedoulatraining.com

Congratulations and thank you for taking the time to answer these questions to help your birthworker/doula grow in their practice and fulfill their requirements for certification.

Name:

Date:

Are you the birthing parent:

Partner:

Adoptive parent:

Other:

Name of birthworker/doula:

Date/s you contracted with them:

Services provided were virtual/in person:

Did you spend any time with your birthworker prenatally to prepare for the postpartum period? Do you feel satisfied with the information that you received?

Optional: Describe what you learned in your postpartum planning sessions.



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Did the birthworker work with a backup, partner, or doula team?

Were you given adequate time to get to know the backup, partner, or birthwork team members?

Was your birthworker/s available when you needed them?

Did your birthworker/s provide you with culturally responsive care?
Please give an example why or why not:

Do you feel that you received the care you were hoping for when hiring a birthworker/doula? Why or why not:



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What did you like most about working with your birthworker/doula?

In what areas do you think your birthworker/doula needs improvement?

Is there anything else that you'd like us to know?