

# Maternity Care Survey

**Please read the enclosed letter for more information about this survey.**



If you would prefer, you may also complete this survey online at:

**[www.quality-health.co.uk/SM13](http://www.quality-health.co.uk/SM13)**

To do this you will need to enter the ID number which can be found on the letter attached with this survey.

## Instructions

Please answer all questions, unless the instructions ask you to skip a question.

For each question, please put a tick in the box next to the answer that most closely matches your own experience.

For example, if your answer is yes:

Yes

No

Don't worry if you make a mistake. Simply cross it out and tick the correct answer.

Please return in the envelope provided or to:

Quality Health  
FREEPOST RSKS-ZERR-UAGY  
Unit 1, Holmewood Business Park  
Chesterfield Road  
Holmewood  
Chesterfield  
S42 5US



**Helpline**  
**0800 783 1775**  
**Monday – Friday**  
**9am – 5pm**

## SECTION A. DATES AND YOUR BABY

A1. Did you give birth to a single baby, twins or more in your most recent pregnancy?

- 1  A single baby  
 2  Twins  
 3  Triplets, quads or more

A2. What time was your baby born? (*If you had twins or more than two babies this time, please fill in this question about the baby who was born first*)

- 1  Early morning (12:01am-6:00am)  
 2  Morning (6:01am-12:00 noon)  
 3  Afternoon (12:01pm-6:00pm)  
 4  Evening / Night (6:01pm-12:00 midnight)

A3. Roughly how many weeks pregnant were you when your baby was born?

- 1  Before I was 37 weeks pregnant  
 2  When I was 37 weeks pregnant or more

## SECTION B. CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)

### The start of your care in pregnancy

B1. Who was the **first** health professional you saw when you thought you were pregnant? (**Tick ONE only**)

- 1  GP / family doctor  
 2  Midwife  
 3  Other

B2. Roughly how many weeks pregnant were you when you first saw this health professional about your pregnancy care?

- 1  When I was 0 to 6 weeks pregnant  
 2  When I was 7 to 12 weeks pregnant  
 3  When I was 13 or more weeks pregnant  
 4  Don't know / Can't remember

B3. Roughly how many weeks pregnant were you when you had your 'booking' appointment (the appointment where you were given your pregnancy notes)?

- 1  When I was 0 to 7 weeks pregnant  
 2  When I was 8 or 9 weeks pregnant  
 3  When I was 10 or 11 weeks pregnant  
 4  When I was 12 weeks pregnant  
 5  When I was 13 or more weeks pregnant  
 6  Don't know / Can't remember

B4. Were you **offered** any of the following choices about where to have your baby? (**Tick ALL that apply**)

- 1  I was offered a choice of hospitals  
 2  I was offered a choice of giving birth in a midwife led unit or birth centre  
 3  I was offered a choice of giving birth in a consultant led unit  
 4  I was offered a choice of giving birth at home  
 5  I was not offered any choices  
 6  I had no choices due to medical reasons  
 7  Don't know

B5. Before your baby was born, did you plan to have a home birth?

- 1  Yes  
 2  No

B6. Did you get enough information from either a **midwife or doctor** to help you decide where to have your baby?

- 1  Yes, definitely  
 2  Yes, to some extent  
 3  No  
 4  No, but I did not need this information  
 5  Don't know / Can't remember

## Antenatal check-ups

A 'check-up' is any contact with a doctor or midwife to check the progress of your pregnancy. It usually includes having your blood pressure and urine checked. *Please ignore other appointments that **did not** include these things, such as a visit to the hospital for a scan or a blood test only.*

**B7.** During your pregnancy were you given a **choice** about **where** your antenatal check-ups would take place?

- 1  Yes
- 2  No
- 3  Don't know / Can't remember

**B8.** Which of the following health professionals did you see for your **antenatal check-ups**? (Tick **ALL that apply**)

- 1  Midwife
- 2  GP (family doctor)
- 3  Hospital doctor (e.g. a consultant)
- 4  Other

**B9.** If you saw a midwife for your **antenatal check-ups**, did you see the same one every time?

- 1  Yes, every time
- 2  Most of the time
- 3  No
- 4  I only saw a midwife once
- 5  I did not see a midwife
- 6  Don't know / Can't remember

**B10.** Was this your named midwife?

- 1  Yes
- 2  No
- 3  I did not have a named midwife
- 4  Don't know / Can't remember

**B11.** During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  Don't know

**B12.** During your antenatal check-ups, were you listened to?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  Don't know / Can't remember

## During your pregnancy

**B13.** During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?

- 1  Yes
- 2  No
- 3  Don't know / Can't remember

### ***Still thinking about antenatal care during your pregnancy...***

**B14.** If you contacted a midwife or the midwifery team, were you given the help you needed?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  No, as I was not able to contact a midwife or the midwifery team
- 5  I did not contact a midwife or the midwifery team

**B15.** Thinking about your **antenatal care**, were you spoken to in a way you could understand?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  Don't know / Can't remember

**B16.** Thinking about your **antenatal care**, were you involved enough in decisions about your care?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  I did not want / need to be involved
- 5  Don't know / Can't remember

**B17.** Overall, how would you rate your **antenatal care**?

- 1  Excellent
- 2  Good
- 3  Fair
- 4  Poor
- 5  Very poor

If there is anything else you would like to tell us about your antenatal care, please do so here.

## SECTION C. YOUR LABOUR AND THE BIRTH OF YOUR BABY

**Note: If you had a planned caesarean please go to Question C6**

**C1.** At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?

- 1  Yes
- 2  No
- 3  I did not contact a midwife or the hospital

**C2.** During your labour, were you able to move around and choose the position that made you most comfortable?

- 1  Yes, most of the time
- 2  Yes, sometimes
- 3  No, not at all
- 4  No, but it was not possible to move around

**C3.** During your pregnancy, what type of pain relief did you **plan to** use when giving birth? (**Tick ALL that apply**)

- 1  Natural methods (e.g. hypnosis, breathing, massage)
- 2  Water or a birthing pool
- 3  TENS machine (with pads on your back)
- 4  Gas and air (breathing through a mask)
- 5  Injection of pethidine or a similar painkiller
- 6  Epidural (injection in your back, given by an anaesthetist)
- 7  I used another type of pain relief
- 8  I did not want to use pain relief
- 9  I had not decided

**C4.** Did the pain relief you used change from what you had **originally planned**?

- 1  Yes → **Go to C5**
- 2  No → **Go to C6**
- 3  I did not use pain relief → **Go to C6**
- 4  I did not have a plan → **Go to C6**

**C5.** Why did you not use the choice of pain relief that you had **originally planned to**? (Tick **ALL** that apply)

- 1  For medical reasons
- 2  I changed my mind
- 3  I did not need to use this pain relief
- 4  There was not time to use my planned pain relief
- 5  This pain relief did not work
- 6  I was not told why I could not have my choice of pain relief

### The birth of your baby

**C6.** Where was your baby born?

- 1  At a consultant led unit in the hospital  
(please write in hospital name)
- 2  In a birth centre/midwifery led unit (please write in hospital name if it was within the hospital or write the birth centre/unit name if it was not)
- 3  At home
- 4  Other

**C7.** Thinking about the birth of your baby, what **type of delivery** did you have? (If you had twins or more than two babies this time, please fill in this question about the baby who was born first)

- 1  A normal vaginal delivery → **Go to C8**
- 2  An assisted vaginal delivery (e.g. with forceps or ventouse suction cup)  
→ **Go to C8**
- 3  A planned caesarean delivery  
→ **Go to C10**
- 4  An emergency caesarean delivery  
→ **Go to C10**

**C8.** Where did you give birth? (Tick **ONE** only)

- 1  On a bed
- 2  On a mat on the floor
- 3  In a water or birthing pool
- 4  Other

**C9.** What position were you in **when your baby was born**? (Tick **ONE** only)

- 1  Sitting / sitting supported by pillows
- 2  On my side
- 3  Standing, squatting or kneeling
- 4  Lying flat / lying supported by pillows
- 5  Lying with legs in stirrups
- 6  Other

**C10.** Did you have skin to skin contact (*baby naked, directly on your chest or tummy*) with your baby shortly after the birth?

- 1  Yes
- 2  Yes, but I did not want this
- 3  No
- 4  No, but this was not possible for medical reasons
- 5  No, I did not want skin to skin contact with my baby

## The staff caring for you

**C11.** Did the staff caring for you introduce themselves?

- 1  Yes, all of the staff introduced themselves
- 2  Some of the staff introduced themselves
- 3  Very few or none of the staff introduced themselves
- 4  Don't know / Can't remember

**C12.** If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?

- 1  Yes
- 2  No
- 3  They did not want to be involved
- 4  I did not want them to be involved
- 5  I did not have a partner or a companion with me

**C13.** Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you? **(Tick ALL that apply)**

- 1  Yes, during early labour
- 2  Yes, during the later stages of labour
- 3  Yes, during the birth
- 4  Yes, shortly after the birth
- 5  No, not at all

**C14.** If you raised a concern during labour and birth, did you feel that it was taken seriously?

- 1  Yes
- 2  No
- 3  I did not raise any concerns.

**C15.** When you called did you receive assistance within a reasonable time?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  Don't know / Can't remember

**C16.** Thinking about your **care during labour and birth**, were you spoken to in a way you could understand?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  Don't know / Can't remember

**C17.** Thinking about your **care during labour and birth**, were you involved enough in decisions about your care?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  I did not want / need to be involved
- 5  Don't know / Can't remember

**C18.** Thinking about your **care during labour and birth**, were you treated with respect and dignity?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  Don't know / Can't remember

**C19.** Did you have confidence and trust in the staff caring for you during your labour and birth?

- 1  Yes, definitely  
 2  Yes, to some extent  
 3  No  
 4  Don't know / Can't remember

**C20.** Overall, how would you rate the care you received during your labour and birth?

- 1  Excellent  
 2  Good  
 3  Fair  
 4  Poor  
 5  Very poor

If there is anything else you would like to tell us about your labour and birth, please do so here.

Your labour and birth:

## SECTION D. CARE IN HOSPITAL AFTER THE BIRTH (POSTNATAL CARE)

**Note: If you had a home birth and did not go to hospital, please go to question E1**

**D1.** How long did you stay in hospital after your baby was born?

- 1  Up to 12 hours  
 2  More than 12 hours but less than 24 hours  
 3  1 to 2 days  
 4  3 to 4 days  
 5  5 or more days

**D2.** Looking back, do you feel that the length of your stay in hospital after the birth was...

- 1  About right  
 2  Too long  
 3  Too short  
 4  Not sure / Don't know

**D3.** Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?

- 1  Yes, always  
 2  Yes, sometimes  
 3  No  
 4  Don't know / Can't remember

**D4.** Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?

- 1  Yes, always  
 2  Yes, sometimes  
 3  No  
 4  Don't know / Can't remember

**D5.** Thinking about your stay in hospital, how clean was the hospital room or ward you were in?

- 1  Very clean  
 2  Fairly clean  
 3  Not very clean  
 4  Not at all clean  
 5  Don't know / Can't remember

**D6.** Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?

- 1  Very clean
- 2  Fairly clean
- 3  Not very clean
- 4  Not at all clean
- 5  Don't know / Can't remember
- 6  I did not use the toilet/bathroom

**D7.** Overall, how would you rate the care you received in hospital after the birth?

- 1  Excellent
- 2  Good
- 3  Fair
- 4  Poor
- 5  Very poor

If there is anything else you would like to tell us about your care in hospital after the birth, please do so here.

Your care in hospital after the birth:

## SECTION E. FEEDING YOUR BABY

**E1.** During your pregnancy did **midwives or the midwifery team** provide relevant information about feeding your baby?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  I did not want/need this information
- 5  Don't know / Can't remember

**E2.** In the first few days after the birth how was your baby fed? (**Tick ONE only**)

- 1  Breast milk (or expressed breast milk) only  
→ Go to E4
- 2  Both breast and formula (bottle) milk  
→ Go to E4
- 3  Formula (bottle) milk only → Go to E3
- 4  Other → Go to E3
- 5  Not sure → Go to E3

**E3.** Did you ever put your baby to the breast (even if it was only once)?

- 1  Yes
- 2  No

**E4.** Were your decisions about how you wanted to feed your baby respected by staff?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  Don't know / Can't remember

**E5.** Did you feel that midwives and other health professionals gave you **consistent advice** about **feeding your baby**?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  I did not want or need any advice
- 5  I did not receive any advice
- 6  Don't know / Can't remember

**E6.** Did you feel that midwives and other health professionals gave you active **support and encouragement** about **feeding your baby**?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  I did not want/need this
- 5  Don't know / Can't remember

## SECTION F. CARE AT HOME AFTER THE BIRTH

**F1.** When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?

- 1  Yes
- 2  No
- 3  Don't know / Can't remember

**F2.** If you contacted a midwife or midwifery team were you given the help you needed?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  No as I was not able to contact a midwife
- 5  I did not contact a midwife

**F3.** Since your baby's birth have you been visited at home by a midwife?

- 1  Yes → **Go to F4**
- 2  Yes, but I had to contact them to ask them to visit → **Go to F4**
- 3  No, I visited the midwife or saw a midwife in a clinic → **Go to F6**
- 4  No, I was not offered a visit → **Go to F6**
- 5  No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU) → **Go to F6**
- 6  No, for another reason → **Go to F6**

**F4.** If you saw a midwife for your care at home after birth, did you see the same one every time?

- 1  Yes, every time
- 2  Yes, most of the time
- 3  No
- 4  I only saw a midwife **once**
- 5  I did not see a midwife
- 6  Don't know / Can't remember

**F5.** Was this your named midwife?

- 1  Yes
- 2  No
- 3  I did not have a named midwife
- 4  Don't know / Can't remember

**Thinking about all the times you were visited at home or seen in a clinic by a midwife after the birth...**

**F6.** How many times in total did you see a midwife after you went home?

- 1  1 - 2
- 2  3 - 4
- 3  5 - 6
- 4  7 times or more
- 5  Don't know / Can't remember

**F7.** Did you see the same midwife for both your antenatal and postnatal care?

- 1  Yes, always
- 2  Yes, most of the time
- 3  No, but I would have liked to
- 4  No, but I did not mind
- 5  Don't know / Can't remember

**F8.** Would you have liked to have seen a midwife...

- 1  More often?
- 2  Less often?
- 3  I saw a midwife as much as I wanted

**F9.** Did you feel that the **midwife** or **midwives** that you saw always listened to you?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  Don't know / Can't remember

**F10.** Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  This was not necessary
- 5  Don't know / Can't remember

**F11.** Did a midwife or health visitor ask you how you were feeling emotionally?

- 1  Yes
- 2  No
- 3  Don't know / Can't remember

**F12.** Did you have confidence and trust in the midwives and midwifery team you saw after going home?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  Don't know / Can't remember

**F13.** Did a midwife tell you that you would need to arrange a postnatal check-up of your own health? (Around 4-8 weeks after the birth)

- 1  Yes
- 2  No
- 3  Don't know / Can't remember

**F14.** Were you given enough information about your own recovery after the birth?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  No, but I did not need this information
- 5  Don't know / Can't remember

**F15.** In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about **feeding your baby**?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  I did not need any
- 5  Don't know / Can't remember

**F16.** In the six weeks after the birth of your baby did you receive help and advice from health professionals about your **baby's health and progress**?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  I did not need any
- 5  Don't know / Can't remember

**F17.** Were you given enough information about any emotional changes you might experience after the birth?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  No, but I did not need this information
- 5  Don't know / Can't remember

**F18.** Were you given information or offered advice from a health professional about contraception?

- 1  Yes
- 2  No
- 3  Don't know / Can't remember

**F19.** Overall, how would you rate the care you received at home after the birth?

- 1  Excellent
- 2  Good
- 3  Fair
- 4  Poor
- 5  Very poor

If there is anything else you would like to tell us about your postnatal care, please do so here.

## SECTION G. ABOUT YOU

Your answers will help us to describe the women taking part in the survey and to find out if different groups of women have different experiences of their maternity care. If you would prefer not to answer a particular question then you can miss it out.

**G1.** What was your **age** on your last birthday?

**G2.** Have you had a previous pregnancy?

- 1  Yes → **Go to G3**
- 2  No → **Go to G4**

**G3.** How many babies have you given birth to before this pregnancy?

- 1  None
- 2  1-2
- 3  3 or more

**G4.** How would you rate your health in general?

- 1  Very good
- 2  Good
- 3  Fair
- 4  Bad
- 5  Very bad

**G5.** Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

- 1  Yes → **Go to G6**
- 2  No → **Go to G7**

**G6.** Does your condition or illness reduce your ability to carry-out day-to-day activities?

- 1  Yes, a lot
- 2  Yes, a little
- 3  Not at all

**G7.** What religion, religious denomination or body do you belong to?

- 1  None
- 2  Church of Scotland
- 3  Roman Catholic
- 4  Other Christian
- 5  Muslim
- 6  Buddhist
- 7  Sikh
- 8  Jewish
- 9  Hindu
- 10  Pagan
- 11  Another religion (non-Christian)

**G8.** Which of the following best describes how you think of yourself?

- 1  Heterosexual / straight
- 2  Gay / lesbian
- 3  Bisexual
- 4  Other

**G9.** What is your **ethnic group**?

Tick **ONE** box which **best describes** your ethnic group

- 1  White
- 2  Mixed or multiple ethnic groups
- 3  Asian, Asian Scottish or Asian British
- 4  African
- 5  Caribbean or Black
- 6  Other ethnic group

NHS Statisticians hold information about your stay in hospital. We would like your permission to add your survey results to this information. Your information will be used only for research and will not identify you individually.

If you give your permission to add your survey results to this information it will not be shared with the people who looked after you and will in no way affect your current or future treatment or care.

**G10.** Do you give your permission for NHS Statisticians to add your survey results to information held about your hospital stay?

- 1  Yes
- 2  No

**G11.** University of Stirling may be conducting further research in order that they can learn more about the experiences of patients. Would you like to be considered as a participant in this future research?

- 1  Yes, I would like to take part in any future research
- 2  No, I would not like to take part in any future research

**THANK YOU VERY MUCH FOR YOUR HELP**

**Please post this questionnaire back in the FREEPOST envelope provided.**

**No stamp is needed**