

# Women's experiences of maternity care in the NHS in England

Key findings from a survey of NHS trusts carried out in 2007



# The Healthcare Commission

The Healthcare Commission exists to promote improvements in the quality of healthcare and public health in England. We are responsible for assessing and reporting on the performance of the NHS and independent healthcare organisations, to ensure that they are providing a high standard of care. We also encourage providers to continually improve their services and the way they work.

We aim to:

- safeguard patients and promote continuous improvement in healthcare services for patients, carers and the public
- promote the rights of everyone to have access to healthcare services and the opportunity to improve their health
- be independent, fair and open in our decision making and consultative about our processes

First published in November 2007

© 2007 Commission for Healthcare Audit and Inspection

Items may be reproduced free of charge in any format or medium provided that they are not for commercial resale. This consent is subject to the material being reproduced accurately and provided that it is not used in a derogatory manner or misleading context.

The material should be acknowledged as © 2007 Commission for Healthcare Audit and Inspection with the title of the document specified.

ISBN: 978-1-84562-166-7

Cover photograph from [www.JohnBirdsall.co.uk](http://www.JohnBirdsall.co.uk)

# Contents

<b>Introduction</b>	2
<b>Key findings</b>	5
<b>Care and treatment of women</b>	6
<b>Giving women choice and involving them in their care</b>	11
<b>Information provided to women</b>	14
<b>Relationships with health professionals</b>	18
<b>The hospital environment</b>	20
<b>Next steps</b>	21
<b>References</b>	22
<b>Appendix 1: Further information on interpreting the results</b>	23

# Introduction

During the summer of 2007, the Healthcare Commission carried out the first survey of maternity services within the national programme of surveys about the experiences of NHS patients. It describes women's experiences of maternity care and provides a detailed picture of the current quality of maternity services as well as identifying areas for improvement. Overall, the vast majority of women reported a positive experience of the care received during pregnancy and during their labour and the birth with nine in ten rating the care they received as "excellent", "very good" or "good". More than three quarters of respondents reported that they had always been spoken to in a way they could understand, treated with respect and dignity, and treated with kindness and understanding at these stages of care. However, women were less positive about their experiences of care after the birth of their baby, with 12% rating their care overall as "fair" and 8% as "poor". A high proportion of women reported a lack of information and explanations, not being treated with kindness and understanding, and poor standards of cleanliness in the hospital's postnatal ward or room.

The findings of this survey suggest that to meet the Government's aspirations for maternity services, which are designed around women's individual needs, trusts should involve women more in decisions about their care. This needs to be not only during pregnancy, labour and birth but also immediately afterwards, and later at home with their baby.

## How the survey was carried out

During the summer of 2007, almost 45,000 women were asked about their recent experiences of maternity care services provided by the NHS in England.

Women who had given birth in February 2007\* were invited to take part in the survey, with the exception of:

- women who had a stillbirth or whose baby had died since delivery
- women aged 16 or under at the time of their baby's birth

Approximately three months after the birth, the women were sent a postal questionnaire to complete. Over 26,000 women took part. After taking account of undelivered questionnaires and those women ineligible for inclusion, this is a response rate of 59%. The average age of the survey's respondents was 31 years and 13% were from a black or minority ethnic group. Just over half (51%) of those who responded to the survey had previously had a pregnancy. This is significant because it strongly influences women's experiences. Where appropriate, the survey results are presented separately for these two groups of women.

## Why the survey was carried out

To improve the quality of local maternity services provided by the NHS, it is essential that trusts understand what women think about their maternity care and treatment. The questionnaire used for this survey was based on that used in the National Maternity Survey 2006,<sup>1</sup> developed and carried out by the National Perinatal and Epidemiology Unit (NPEU) and co-funded by the Healthcare Commission. The NPEU survey sampled 4,800 women and provided a national picture. This new survey, carried out in 2007, was designed to complement the national survey by assessing individual trusts' performances and identifying areas where they can improve the quality of their maternity services.

This report focuses on the national findings: there are variations by trust but these will be explored, together with data from other sources, in a maternity services review to be published in January 2008. The Healthcare Commission will also examine variations in the survey findings by the ethnicity of the women responding.

Further detail, including the results of the survey for each trust, is available on the Healthcare Commission's website at [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

\* If an NHS trust had fewer than 200 babies delivered in February 2007, then women who gave birth in January 2007 were also invited to take part in the survey.

## Interpreting the results

The percentages presented in this report are the average for England. They were calculated so that the results for each trust had an equal influence. Please see Appendix 1 for more detailed information.

Where the results show a difference between two groups, for example between first-time mothers and other women who have previously had a baby, we used statistical tests to determine whether the difference was 'real' (statistically significant) or occurred by chance. All the differences presented in this report are statistically significant, meaning that it is highly unlikely that they could have occurred by chance.

## How the report is structured

The key findings from the survey are presented on the following page. These highlight the areas of care where women reported the most positive experiences and those where maternity services require improvement. The report then considers the themes that run through the survey, such as choice, provision of information, and relationships with health professionals. Within these themes, women's experiences of care are examined at each of the three main stages in maternity care: during pregnancy (antenatal care), during labour and after the birth (postnatal care).

# Key findings

Women reported positive experiences of care in the following areas:

- 91% said they first saw a health professional about their pregnancy as soon as they wanted
- 81% of women said they had a choice about where to have their baby, although only 57% said they were given the choice of having their baby at home. These figures exclude women who said that they were unable to have a choice due to medical reasons
- most respondents (94%) who wanted a screening test to check whether their baby was at increased risk of developing Down's syndrome, said they had the test
- 90% of respondents had the name and telephone number of a midwife who they could contact during pregnancy, and 95% when they were at home after the birth of their baby
- 89% of women rated the overall care received during labour and birth as "excellent", "very good" or "good" and 82% said they were always spoken to in a way they could understand during this time
- 88% said they had received a postnatal check-up of their own health and most women (91%) had been given information or offered advice about contraception following the birth

However:

- of those respondents who had seen a midwife for their antenatal check-ups, 43% had not seen the same midwife "every time" or "most of the time"
- 36% of respondents said they were not offered any antenatal classes provided by the NHS, though the majority of these respondents (76%) were women who had previously given birth
- during labour and/or at the birth of their baby, a quarter of respondents (26%) reported that they had been left alone by midwives or doctors at a time when it worried them and 30% did not always feel involved in decisions about their care
- 20% of women rated the overall care received after the birth of their baby as either "fair" or "poor"
- of those respondents who stayed in hospital after the birth, 42% said they were not always given the information or explanations they needed and 37% felt they had not always been treated with kindness and understanding
- of the respondents who stayed in hospital after the birth, over half (56%) said the hospital food was "fair" or "poor" and 19% said the toilets and bathrooms were "not very clean" or "not at all clean"
- over a fifth of women (21%) said they would have liked to have seen a midwife more often after the birth of their baby
- similar proportions of women said that midwives or other carers had not given them consistent advice (23%), practical help (22%) or active support or encouragement (22%) with regards to feeding their baby (breast or bottle)

# Care and treatment of women

## The start of pregnancy

Standard 11 of *The National Service Framework for Children, Young People and Maternity Services*<sup>2</sup> acknowledges the importance of providing approachable and supportive antenatal services in convenient and accessible settings. This encourages women to access maternity services early in their pregnancy. Guidelines on antenatal care, published by the National Institute for Health and Clinical Excellence (NICE),<sup>3</sup> recommend that women access maternity services early so they can plan their pregnancy effectively and benefit from antenatal screening options. Around half of the women who responded to the survey (52%), said they had first seen a health professional about their pregnancy care during the first six weeks of their pregnancy. Almost all (94%) said they had accessed services by 12 weeks of pregnancy. The survey showed that most respondents (91%) were able to see a health professional about their pregnancy as soon as they wanted.

More than half of the women (58%) who responded to the survey had their booking appointment (the appointment when women are given their pregnancy notes) before 12 weeks of pregnancy. Of those who had not previously had a baby, 61% said they had their booking appointment by 12 weeks of pregnancy compared with 57% of the respondents who had previously had a baby.

## Checks and screening during pregnancy

An antenatal check-up is any contact with a midwife or doctor to check the progress of a pregnancy. It usually includes checking the woman's blood pressure and urine. Almost all respondents (99%) had check-ups during pregnancy, with most women (71%) having between one and nine. NICE guidelines recommend that women are offered a minimum of 10 antenatal appointments if it is their first pregnancy and seven if it is a second or subsequent pregnancy.<sup>3</sup> The survey showed that 68% of first-time mothers had less than 10 antenatal check-ups and 45% of women who had previously had a baby had less than the recommended seven appointments. However, a woman who has her baby early, or has a late booking appointment will almost inevitably have fewer antenatal check-ups.

Most women (99%) saw a midwife for their antenatal check-ups, but a relatively high proportion said they also saw a hospital doctor (61%) and/or a GP (47%) for such checks.

The national service framework<sup>2</sup> states that all organisations providing maternity care should offer women the support of a named midwife throughout their pregnancy. However, 43% of respondents said they had not seen the same midwife "most of the time" or "every time" for their antenatal check-ups. The importance of continuity in midwifery care is reinforced in the Department of Health's recent publication, *Maternity Matters: Choice, access and continuity of care in a safe service*.<sup>4</sup> This outlines different aspects of continuity of care, such as ensuring that women and their families know what to do and who to contact if their named midwife is unavailable. Although a significant proportion of women had not seen the same midwife for most

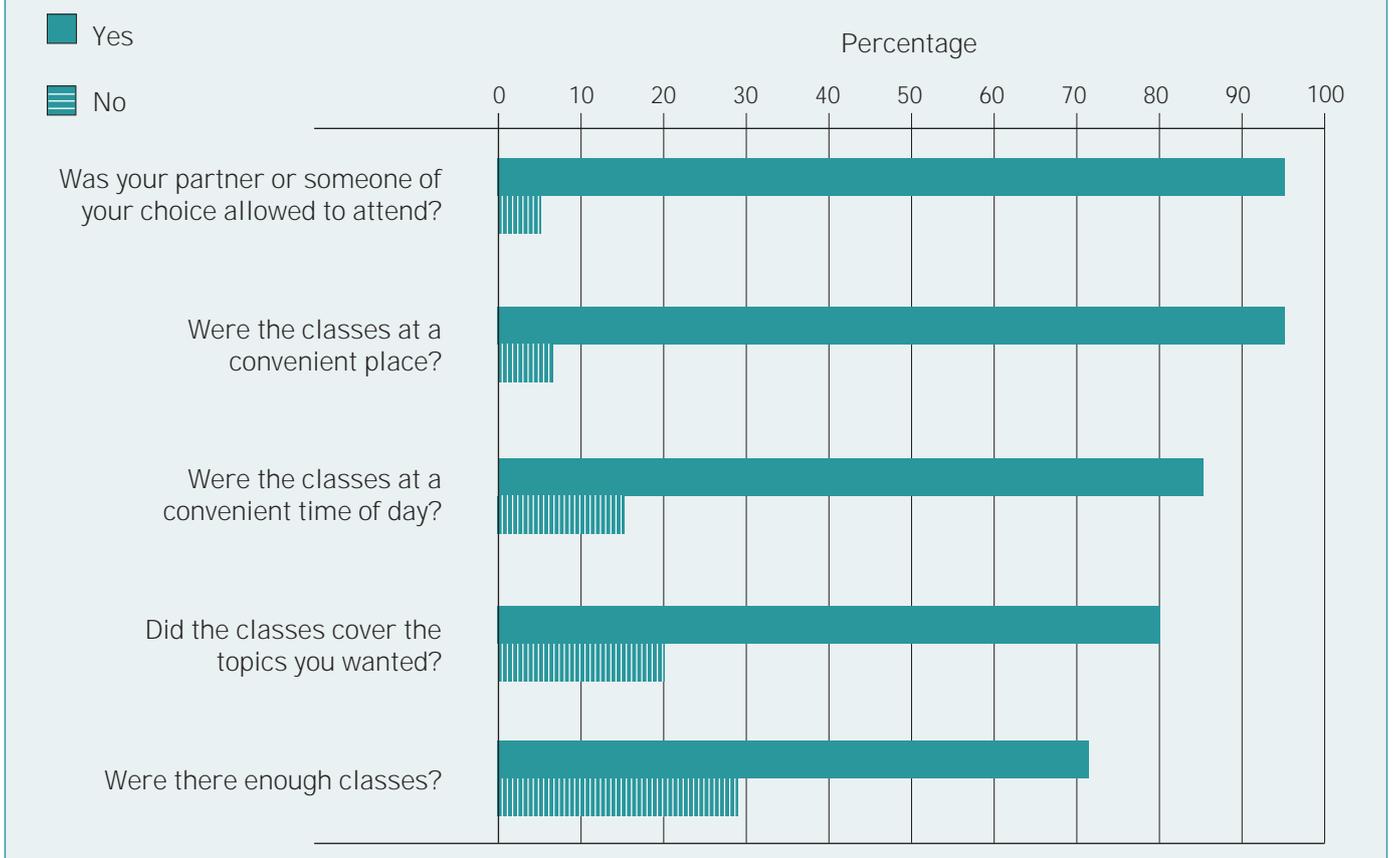
of their check-ups, 90% said they had been given the name and telephone number of a midwife they could contact if they were worried during their pregnancy.

All NHS maternity care providers should ensure that a comprehensive antenatal screening and diagnostic service is offered to all women to detect maternal or fetal problems at an early stage. Most respondents (94%) who wanted a screening test to check whether their baby was at increased risk of developing Down's syndrome, said they had the test. However such screening should be offered to all women.<sup>3</sup> The majority of respondents (89%) had also had a dating scan between 8 and 14 weeks of pregnancy and almost all (98%) had an ultrasound scan around 20 weeks of pregnancy. The lower proportion of women who had a dating scan, when compared with the 20-week scan, could partly be explained by some women accessing maternity services at a later stage in pregnancy - perhaps after the timing of when the scan is usually performed. The survey showed that of those women who first saw a health professional about their pregnancy within the first six weeks, 91% received a dating scan. This drops to 60% among those women who first saw a health professional when they were more than 12 weeks pregnant. Around a tenth of women who had seen a healthcare professional in the first six weeks of their pregnancy said that they did not receive a dating scan. This suggests that availability of dating scans appears to be a service provision issue, as well as being linked to late booking appointments.

Good antenatal care should include access to education about parenting and preparation for birth, whether through classes or other means.<sup>2</sup> However, over a third of women (36%) said they had not been offered antenatal classes provided by the NHS and 3% said they could not attend any classes because they were fully booked.\* A lower proportion of first-time mothers said they had not been offered antenatal classes when compared with women who had previously given birth (14% compared with 76%). Sixty-one per cent of respondents said they attended classes provided by the NHS, and most responded positively about their experiences at the classes although 28% felt there were not enough classes provided (Figure 1).

\* These figures exclude women who said they did not need to attend classes or who attended private classes.

Figure 1: Women's experiences of antenatal classes provided by the NHS



### Care and treatment during labour and birth

National guidelines and standards recommend that a woman in 'established' labour should receive supportive one-to-one care from a midwife and should not be left alone except for short periods, or unless she requests it.<sup>2,4,5</sup> The survey asked women whether they were left alone by midwives or doctors at a time when it worried them, during labour and/or shortly after the birth. Overall, around a quarter (26%) said that they had been left alone at a time when it worried them: 15% during labour, 6% shortly after the birth and a further 5% both during and shortly after the birth. A higher proportion of first-time mothers said they had been left alone during labour and/or shortly after the birth at a time when it worried them when compared with women who had previously had a baby (28% compared with 25%).

Only 20% of women said they had one midwife who looked after them during labour and birth, with 43% reporting that three or more midwives looked after them at this time. Not surprisingly, women were more likely to have been looked after by one midwife during labour and birth if they had a shorter labour (less than eight hours) and/or had a normal (vaginal) birth.

Of those women who had a vaginal delivery:

- a quarter (25%) gave birth sitting, or sitting supported by pillows
- 5% on their side
- 12% standing, squatting or kneeling
- 30% lying down
- 27% lying with their legs supported in stirrups
- 1% in 'another' way

Overall the survey findings show that 57% of women gave birth lying down or lying with their legs supported in stirrups. This position is actively discouraged (for normal births) in recently published NICE guidelines on care during childbirth.<sup>5</sup>

Of those women who had a vaginal delivery, a quarter (24%) were given an episiotomy (cut) and 53% said they had a tear while their baby was being born. Of those women who required stitches following an episiotomy or tear, over a quarter (29%) had to wait more than 20 minutes for the stitches to be done. Twelve per cent of women waited more than one hour. Women should be encouraged to have uninterrupted time with their baby before stitches are done, but NICE recommends that stitching should be done as soon as possible, so delays should not be more than an hour.<sup>5</sup>

## Care and treatment after the birth

All newborn babies should be physically examined to check for any problems within the first week of their life, or before they are discharged from hospital.<sup>2,6</sup> The majority of women (96%) reported that their baby had an examination or baby check before leaving hospital.\* The national framework<sup>2</sup> suggests that a range of health professionals can undertake the examination to avoid delays in mothers and babies being discharged from hospital. Of those women whose baby had this check, 79% said it was carried out by a doctor, 16% by a midwife and 5% by another health professional.

Almost all respondents (95%) said they had been given the name and telephone number of a midwife or health visitor they could contact if they were worried after they went home.

Women were asked about the advice and support they had received from midwives and other carers in relation to feeding their baby (breast or bottle). Almost a quarter of women felt that they did not receive consistent advice (23%), practical help (22%) or active support and encouragement (22%). The findings are shown in Table 1. The national framework<sup>2</sup> highlights that previous surveys have shown that women are more negative about hospital postnatal services when compared with any other aspect of maternity care. Some of these complaints relate to conflicting advice on feeding their baby. A similar proportion of respondents to the National Maternity Survey 2006<sup>1</sup> said they had not received consistent advice (21%), practical help (19%) or support (18%) with feeding their baby.

\* The survey asked specifically about a baby check before being discharged. However, some trusts carry out baby checks after discharge to enable women to go home earlier.

Table 1: Women's experiences of the advice and support provided from midwives and other carers in relation to feeding their baby (breast or bottle)				
	Yes, always	Yes, generally	No	Total
Thinking about feeding your baby (breast or bottle) did you feel that midwives and other carers gave you <b>consistent advice</b> ?	38%	38%	23%	24,131
Thinking about feeding your baby (breast or bottle) did you feel that midwives and other carers gave you <b>practical help</b> ?	39%	39%	22%	23,505
Thinking about feeding your baby (breast or bottle) did you feel that midwives and other carers gave you active <b>support and encouragement</b> ?	41%	37%	22%	23,841

Early identification and management of a new mother's health problems is important, as many of these health problems may lead to ongoing pain, disability and depression.<sup>2,6</sup> Most women (88%) said they had received a postnatal check-up of their own health around four to six weeks after the birth and 91% said they had been given information or offered advice from a health professional about contraception.

## Giving women choice and involving them in their care

The national service framework<sup>2</sup> acknowledges that most users of maternity services want to be actively involved in planning their care and choosing the type of care they receive. Building on the standards set out in this framework, *Maternity Matters*<sup>4</sup> defines the Government's commitment to four guarantees for all women and their partners. One of these guarantees is that by the end of 2009, when women first learn they are pregnant, they will have a choice between going directly to a midwife or to their GP. Choosing to see a midwife first should give women earlier access to maternity services.<sup>4</sup> The survey appears to support this. Most women (78%) went to their GP first about their pregnancy care, with only 19% reporting that their first contact was with a midwife. Of those respondents who had previously had a baby, 22% said they had seen a midwife first about their pregnancy care, compared with 16% of first-time mothers.

The survey showed that 65% of those women who had seen a midwife first about their pregnancy had their booking appointment by 12 weeks of pregnancy, compared with 57% of women who had gone to their GP first. This implies that some women may have earlier access to maternity services if they go directly to a midwife, rather than accessing services via their GP (Table 2).

		Roughly how many weeks pregnant were you when you had your booking appointment?					Total
		Less than 8 weeks	8-9 weeks	10-11 weeks	12-18 weeks	19 weeks	
Which health professional did you go to first about your pregnancy care?	GP	11%	24%	22%	38%	4%	18,929
	Midwife	15%	29%	21%	31%	4%	4,741
	Other	9%	22%	20%	43%	6%	703
Total		2,942	6,115	5,299	9,000	1,017	24,373

Respondents were asked if they had a choice about where they could have their baby. Eighty-one per cent said they did have a choice, although only 57% overall said one of these choices was to have their baby at home.\* The option for women to have a home birth has recently been strengthened with the publication of *Maternity Matters* and the *NICE guidelines for the care of women during childbirth*.<sup>4,5</sup> The Government has pledged that by the end of 2009, depending on their circumstances, women and their partners will be able to choose between having their baby:

- at home
- in a local facility, including a hospital, under the care of a midwife
- in a hospital supported by a maternity care team including midwives, anaesthetists and obstetricians (doctors specialising in childbirth)

To help them choose, women and their partners should be given information and support.<sup>2,4</sup> However, only half of women (51%) said they had definitely been given enough information to help them decide where to have their baby. Of those women who said they had been given a choice about where to have their baby, 11% said they had not received any information to help them decide and 34% had only received enough information "to some extent".

While almost all women (99%) had antenatal check-ups during pregnancy, around a quarter (24%) said they were given a choice about where their check-ups would take place and only 14% said they were given a choice about who would carry out the checks. The National Maternity Survey carried out in 2006 also showed that options as to where antenatal checks could be carried out, and which health professional would undertake these, were limited.<sup>1</sup>

The national service framework<sup>2</sup> recommends that antenatal tests and screening should be offered to women as options, rather than as a routine part of their pregnancy. However, the survey showed that around a quarter of women did not feel they had a choice about having a dating scan (29%) or a 20-week scan (27%). In contrast, a relatively high proportion of women said they did have a choice about whether or not to have a screening test for Down's syndrome (88%).

It is recommended that women should be able to do what feels right for them during labour and delivery, with health professionals supporting their wishes wherever possible.<sup>2,5</sup> Most women (61%) said they were able to move around and choose the position that made them feel most comfortable "most of the time" during labour. Twenty-four per cent said this was possible "some of the time". The Government has also pledged that by the end of 2009 all women should have a choice of methods of pain relief that are appropriate to the type and place of birth chosen.<sup>4</sup> Of those women that had a labour, 64% said they "definitely" got the pain relief they wanted and 28% felt they had "to some extent".

\* These figures exclude those women that said it was not possible to have a choice about where to have their baby due to medical reasons.

There is increasing evidence that involving people in decisions about their care and treatment not only leads to more knowledgeable and satisfied patients, but may also result in better recovery and health as well as a more appropriate and cost-effective use of health services.<sup>7</sup> Women were asked if they had been involved enough in decisions about their care. Around two thirds of respondents (67%) said they were always involved in decisions about their antenatal care and a similar proportion (70%) felt they had always been involved in decisions about their care during labour and birth. This means however that a third of women did not always feel they had been involved in their care. This suggests that if maternity services are to be truly designed around women's individual needs - as advocated in national guidelines<sup>2,4</sup> - there is still room for improvement.

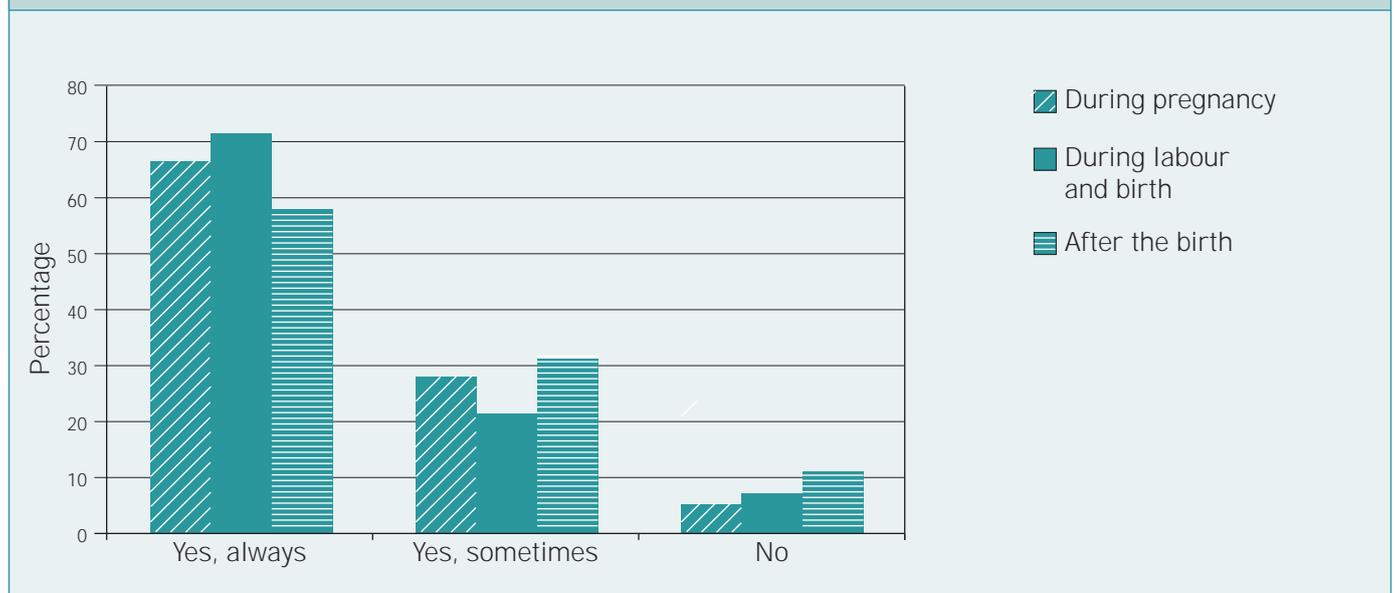
Analysis of the survey results showed that women who had previously had a baby were more likely to say they had been involved in decisions about their care compared with first-time mothers. Of those women who had previously had a baby, 68% said they were always involved in decisions about their antenatal care compared with 66% of first-time mothers. Similarly, a significantly higher proportion of women who had previously had a baby always felt involved in decisions during labour and birth (72%), compared with 67% of first-time mothers. For all respondents - regardless of whether they had previously had a baby - a significantly higher proportion rated their overall care positively if they had been involved in decisions about their antenatal care and/or care during labour and birth. For instance, of those respondents who said they had always been involved in decisions about their antenatal care, 82% rated their overall care during pregnancy as "excellent" or "very good". In contrast, of those respondents who reported that they had not been involved enough in decisions about their antenatal care, only 25% rated their overall care at this time as "excellent" or "very good".

# Information provided to women

## Overall

Women were asked if they had been given enough information during pregnancy, during labour and birth and after the birth of their baby. Figure 2 shows that at each stage the amount of information and explanations given to women could be improved as a relatively high proportion of women said that their needs were not always met. This is particularly evident after the birth where only 58% of women said they were always given the information and explanations they needed.

Figure 2: Women's views on the provision of information and explanations at different stages of maternity care



Providing women with enough information is important to encourage their involvement in decisions about their care and treatment. Of those women who said they had always been given the information or explanations they needed during labour and birth, 90% said they had always been involved in decisions about their care. This compares with only 5% of women who said they had not had the information or explanations they needed at this time.

Throughout this section, responses to the survey questions relating to information are compared between women who were having their first baby and other women. The information needs of the two groups of women are likely to be different as women who have previously had a baby will probably have a greater level of experience and knowledge compared with first-time mothers.<sup>1</sup>

## Information provision during pregnancy

*The Pregnancy book*<sup>8</sup>, published by the Department of Health, contains information for expectant parents to help them make choices and get the most from both the pregnancy and their new baby. The majority of women said they had been given a copy of *The Pregnancy book* (75%), although a quarter of women (25%) said they had not.\* The proportion of respondents who said they had not been given a copy was significantly lower among first-time mothers when compared with other respondents who had previously had a baby (18% compared with 32%).

It is important that health professionals clearly explain to women the reasons for carrying out screening tests and scans during pregnancy. Most respondents (90%) that had received screening for Down's syndrome said that the reason for the test had been clearly explained to them. The majority of women also said that the reasons for the dating scan and 20-week or 'anomaly' scan had been explained (89% and 92% respectively). This supports the finding that most women had been spoken to in a way that they could understand by health professionals (outlined in the following section). An equal percentage of first-time mothers and other women, said that they were given an explanation of the reasons behind the screening test for Down's syndrome. However, for the dating scan and 20-week scan, a higher proportion of women who had previously given birth, than first-time mothers, said that the reasons for the scans had been explained to them (90% compared with 88% for the dating scan and 93% compared with 91% for the 20-week scan).

There is strong evidence that breastfeeding is beneficial for the mother's and baby's health in both the short and longer term. *The Infant Feeding Survey*<sup>9</sup> identified that one of the reasons why women stopped breastfeeding within six weeks of birth was because of a lack of information given to them during pregnancy. This highlights the importance of providing information on feeding babies to women in the antenatal period. Although 78% of the women who responded to this survey said that, during their pregnancy, their midwife had discussed feeding their baby with them, a fairly large proportion (22%) had not had such a discussion. The National Maternity Survey 2006<sup>1</sup> had a similar finding, with three quarters of women (76%) reporting that their midwife had discussed feeding with them, during their pregnancy.

## Information about home births

For those women who had a home birth, most responded that they had "definitely" been given enough information about:

- the sorts of pain relief that would be available at home (80%)
- the monitoring of the baby that would be available at home (71%)
- the distance and location of the nearest hospital (82%)
- the sorts of emergency back-up that would be available, such as ambulance facilities if needed (75%)

\* These figures exclude women who said they already had a copy of *The Pregnancy book*. Practice varies as to whether women who have already had a pregnancy are given a copy.

## Information about neonatal care (special baby care)

A small proportion of respondents to the survey (10%) said that their baby was cared for in a neonatal unit (special baby care unit). The women were asked if they had been given enough information about the reasons for their baby's stay in the unit. Sixty-nine per cent said they had "definitely" received enough information and 24% said they had been given enough information "to some extent". However, the responses were different depending on how long the baby stayed in the unit. Where the baby received neonatal care for one day or less, 67% of women said they had definitely been given enough information about why their baby was admitted for such care. This compares with 86% among those respondents whose baby was in the unit for 31 days or more.

## Information provision after the birth

Postnatal care in the community should provide mothers and their partners or companions with information about how to nurture babies and what to expect at different ages, including growth and child development.<sup>2,6</sup> Women were asked about the advice and help they had received from health professionals about their baby's care in the six weeks after the birth. A fairly large proportion of respondents said they had not received any help and advice, or had only received help and advice to "some extent", about their baby's crying (64%), sleeping position (44%), skin care (56%), health and progress (42%) or about feeding their baby (44%). Those respondents who had previously had a baby were more likely to report that they had "definitely" received help and advice from health professionals about each of the aspects of caring for a baby. The exception is feeding the baby, where a higher proportion of first-time mothers had "definitely" received enough help and advice (Table 3).

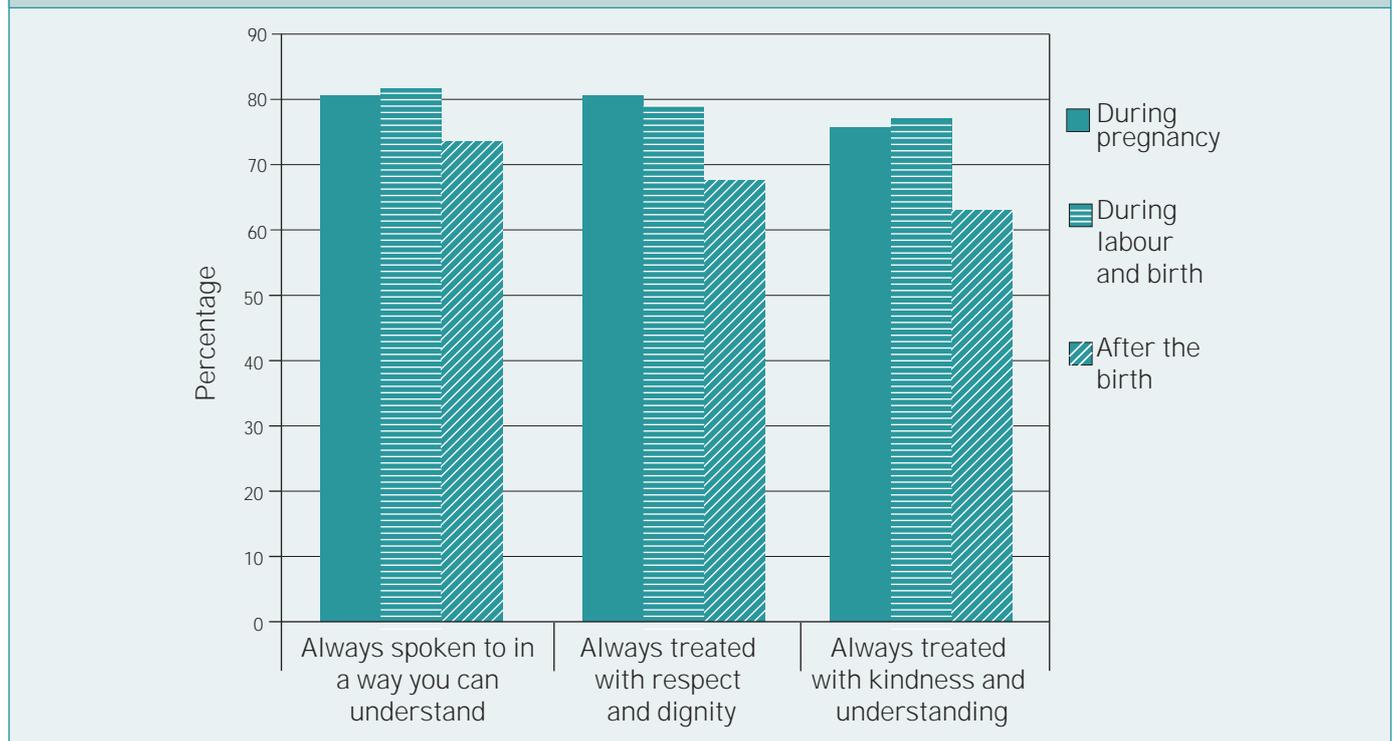
Table 3: The proportions of women who definitely received help and advice about their baby's care by parity			
	Parity		Total
	No previous births	One or more previous births	
Definitely received help and advice from health professionals about the <b>baby's crying</b>	35%	37%	6,465
Definitely received help and advice from health professionals about the <b>baby's sleeping position</b>	56%	57%	10,763
Definitely received help and advice from health professionals about <b>feeding the baby</b>	58%	54%	12,319
Definitely received help and advice from health professionals about the <b>baby's skin care</b>	42%	44%	8,568
Definitely received help and advice from health professionals about the <b>baby's health and progress</b>	57%	59%	13,471

Although 88% of women had been given a postnatal check-up of their own health, less than half (45%) responded that they had “definitely” been given enough information about their own recovery after the birth of their baby. However, of those women who had previously had a baby, a much higher proportion said they were “definitely” given enough information about their own recovery when compared with first-time mothers (52% compared with 39%). This reflects differences in the information needs of the two groups of women.

# Relationships with health professionals

Respondents were asked how they had been cared for and treated by health professionals at different stages of their maternity care. In general, most women responded positively about the way staff had treated them, particularly during pregnancy and/or during labour and birth (Figure 3). More than three quarters of women reported that they had “always” been spoken to in a way they could understand, were treated with respect and dignity, and treated with kindness and understanding. However, respondents were less positive about their care while they were in hospital after the birth. One third of women said they had “not always” been treated with respect and dignity (34%) and a similar proportion (37%) said they had “not always” been treated with kindness and understanding at this time.

Figure 3: Women's views on the interpersonal aspects of care at different stages in maternity care



It is recognised that women and their partners will want to know and trust the midwife who is responsible for providing information, support and ongoing care.<sup>2,4</sup> Those women who said that they had seen the same midwife “every time” for their antenatal check-ups were more likely to report that they had “always” been:

- treated with respect and dignity
- treated with kindness and understanding
- spoken to in a way they could understand
- given the information and explanations they needed
- involved in decisions about their care

Table 4: Continuity of midwifery care by women's overall views on the antenatal care provided

		Always treated with respect and dignity	Always treated with kindness and understanding	Always spoken to in a way you could understand	Always given the information or explanations you needed	Always involved enough in decisions
If you saw a midwife for your antenatal check-ups, did you see the same one every time?	Yes, every time	88%	85%	86%	76%	77%
	Yes, most of the time	86%	82%	85%	73%	73%
	No	74%	68%	76%	58%	59%
Total		19,278	18,266	19,432	15,871	15,948

It is recognised that during labour and birth, women prefer to be cared for by a midwife whom they have got to know and trust throughout pregnancy.<sup>2</sup> However, the survey showed that only 22% of women had previously met any of the staff that looked after them during labour and birth. To have confidence in staff is one of the main things that women want when giving birth.<sup>2</sup> Most women (68%) said they “definitely” had confidence and trust in the staff caring for them during labour and birth, and 27% said they had “to some extent”. Perhaps unsurprisingly, a significantly higher proportion of women reported that they definitely had confidence and trust in staff during labour and birth if they had previously met any of them (Table 5).

Table 5: Familiarisation with staff by the level of confidence and trust in staff during labour and birth

		Did you have confidence and trust in the staff caring for you during your labour and birth?			Total
		Yes, definitely	Yes, to some extent	No	
Had you met any of the staff who looked after you during your labour and the birth before you went into labour?	Yes	81%	18%	2%	5,398
	No	65%	30%	5%	19,547

# The hospital environment

Women were asked about their views on the cleanliness of the wards and toilets/bathrooms, both in the labour and delivery rooms and in the ward after the birth. Although 63% of women said that the labour and delivery rooms were “very clean”, less than half (49%) reported this about the toilets and bathrooms they used. However, only 46% of women said that the hospital room or ward they were in after the birth was “very clean” and just 36% said the toilets and bathrooms were “very clean”. The National Maternity Survey 2006<sup>1</sup> also showed that women were more critical about the cleanliness of the postnatal ward environment than of the labour and delivery wards.

The national service framework<sup>2</sup> highlights that studies show women to have a more negative view of postnatal care than of any other stages of care. These views often focus on the availability and quality of hospital food and poor standards of hygiene. This survey also reveals there is room for improvement in the quantity and quality of hospital food provided to women. While a relatively high proportion of women (70%) said they had “always” been offered a choice of food, and 19% said they were “sometimes” given a choice, almost a quarter (23%) said they were not given enough food and 19% rated the food overall as “poor”.

## Next steps

Key findings from this survey of women's experiences will be combined with data from other sources to inform a review of maternity services in England. This will be published in January 2008. The review will look at any local variations and assess each NHS trust. Our findings will help health professionals to plan and provide services that are tailored to individual women's expectations and needs. This information will also be available to women and their families, on our website, to help them to make choices in their maternity care.

A national report on the overall findings of the service review will be published in 2008.

Later we will examine responses to the survey of women's experiences in relation to the ethnicity of women and factors that may influence responses, such as the type of care provided.

# References

- <sup>1</sup> National Perinatal Epidemiology Unit (2007) *Recorded delivery: a national survey of women's experience of maternity care 2006* Further information is available at [www.npeu.ox.ac.uk](http://www.npeu.ox.ac.uk)
- <sup>2</sup> Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services*.
- <sup>3</sup> National Institute for Health and Clinical Excellence (2003) *Antenatal care: routine care for the healthy pregnant woman*.
- <sup>4</sup> Department of Health/Partnerships for Children, Families and Maternity (2007) *Maternity Matters: Choice, access and continuity of care in a safe service*.
- <sup>5</sup> National Institute for Health and Clinical Excellence (2007) *Intrapartum care: care of healthy women and their babies during childbirth*.
- <sup>6</sup> National Institute for Health and Clinical Excellence (2006) *Clinical Guideline. Routine postnatal care of women and their babies*.
- <sup>7</sup> Coulter A and Ellins J (2006) *The quality enhancing interventions project: patient focused interventions*. The Health Foundation.
- <sup>8</sup> Department of Health (2007) *The Pregnancy book 2007*.
- <sup>9</sup> Bolling K (2005) *Infant Feeding Survey 2005: Early Results* Office for National Statistics.

# Appendix 1: Further information on interpreting the results

Maternal age and parity (number of previous births) are two factors that could influence women's experiences of maternity services and consequently how they assess their care. The results have therefore been standardised so that each trust's age-parity profile reflects the national age-parity distribution. This allows trusts with different profiles to be more fairly compared and ensures that no trust will appear better or worse simply because of a different mix of patients.

Some trusts had higher response rates and/or larger sample sizes than others, and therefore would have a greater influence on the national average for England. To address this, we applied a 'weight' to the data so that responses from each trust have an equal influence over the average, regardless of differences in response rates and sample sizes between trusts. The percentages shown in this report represent the average for all NHS trusts in England that participated in the survey, with the exception of the following:

- two trusts were excluded due to them having considerably smaller maternity units and only a very small number of women in their sample
- the results from a third trust were excluded from the national figures due to a sampling error that resulted in their data not being comparable to other trusts
- the results from a fourth trust were excluded for some of the questions in the survey due to a data quality issue

The findings presented in this report therefore reflect the average trust standardised for the age and parity status of women who responded to the survey. However, the exception to this is where the results have been compared by two groups (e.g. by parity) or by two different questions. These figures are standardised by maternal age and parity but are not weighted to represent the 'average' for all NHS trusts in England.



This publication is available in other formats and languages on request. Please telephone 0845 601 3012.

આ માહિતી વિનંતી કરવાથી અન્ય રૂપે અને ભાષાઓમાં મળી શકે છે.  
મહેરબાની કરી ટેલિફોન નંબર 0845 601 3012 પર ફોન કરો.  
GUJARATI

ਇਹ ਜਾਣਕਾਰੀ ਬਿਨਤੀ ਕਰਨ 'ਤੇ ਹੋਰਨਾਂ ਰੂਪ 'ਚ ਅਤੇ ਜ਼ਬਾਨਾਂ 'ਚ ਮਿਲ ਸਕਦੀ ਹੈ।  
ਕ੍ਰਿਪਾ ਕਰਕੇ ਟੈਲਿਫੋਨ ਨੰਬਰ 0845 601 3012 'ਤੇ ਫੋਨ ਕਰੋ।  
PUNJABI

यह जानकारी बिनती करने पर अन्य रूप में और भाषाओं में मिल सकती है।  
कृपया टैलिफोन नम्बर 0845 601 3012 पर फ़ोन करें।  
HINDI

Akhbaartan waxaa lagu helaa iyadoo  
siyaabo iyo luqado kale ku qoran haddii la  
codsado. Fadlan soo wac lambarka telefoon  
ee ah 0845 601 3012.  
SOMALI

Οι παρούσες πληροφορίες διατίθενται και σε  
άλλες μορφές ή γλώσσες εάν ζητηθεί.  
Τηλεφωνήστε στο 0845 601 3012  
GREEK

المعلومات متاحة أيضاً لدى طلبها بعدد من الأشكال واللغات الأخرى.  
الرجاء الإتصال بهاتف رقم 0845 601 3012.  
ARABIC

یہ معلومات درخواست کرنے پر دوسرے فارمیٹ یعنی شکلوں میں بھی دستیاب کی جاسکتی ہے۔  
برائے مہربانی فون کیجئے 0845 601 3012  
URDU

如有需要，本信息还有其他格式和语言的版本。  
请致电 **0845 601 3012**。

CHINESE-SIMPLIFIED

如有需要，本信息還有其他格式和語言的版本。  
請致電 **0845 601 3012**。

CHINESE-TRADITIONAL

অনুরোধ করলে এই তথ্যগুলি অন্য ভাষা ও আকৃতিতে পাওয়া যাবে।  
অনুগ্রহ করে এই নাম্বারে ফোন করুন 0845 601 3012

BENGALI

Arzu edildiği takdirde bu bilgi değişik  
formatlarda ve dillerde verilebilir.  
Lütfen 0845 601 3012 numaralı  
telefonu arayınız.

TURKISH

Tin tức này có bằng những hình thức và ngôn  
ngữ khác theo yêu cầu.

Hãy gọi phôn số 0845 601 3012

VIETNAMESE

È possibile richiedere le presenti informazioni  
su altri supporti o in altre lingue. A tal fine,  
telefonare allo 0845 6013012.

ITALIAN

Informacje te są dostępne na życzenie w  
innych formatach i językach.

Prosimy zadzwonić pod numer 0845 601 3012

POLISH

Healthcare Commission  
Finsbury Tower  
103-105 Bunhill Row  
London EC1Y 8TG

Helpline 0845 601 3012  
Facsimile 020 7448 9222

Email [feedback@healthcarecommission.org.uk](mailto:feedback@healthcarecommission.org.uk)  
Website [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

ISBN 978-1-84562-166-7



Corporate member of  
Plain English Campaign  
Committed to clearer communication.

341