

# Women's Experience of Maternity Care

## What is the survey about?

This is a survey about your recent experience of maternity care. Your views are very important in helping us find out how good the services are and how they can be improved.

## Completing the questionnaire

Please only think about the maternity care you received in your **most recent** pregnancy and birth when answering these questions.

For most questions, please tick clearly inside one box ☒ using a black or blue pen. For some questions you may be asked to tick more than one box.

Not all sections will apply to you. Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Please **do not** write your name or address anywhere on the questionnaire.

**Taking part in this survey is voluntary. Your answers will be treated in confidence.**

If you prefer not to fill in the questionnaire, please return it in the prepaid envelope. This will ensure that we don't contact you again.

If the survey raises issues or questions of concern, you may wish to contact your family doctor (GP) or Health Visitor.

## Questions or help?

If you have any questions, please call the helpline number given in the letter enclosed with this questionnaire.



## 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. When 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)*

Day		Month		Year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A3. 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)

A4. Roughly how many weeks pregnant were you when your baby was born?

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

A5. How much did your **baby weigh at birth**? *(If you had twins or more than two babies this time, please fill in this question about the baby who was born first)*

- 1 ☐ Less than 2500g / 2.5kg  
(Less than 5 pounds 8 ounces)  
2 ☐ 2500g / 2.5kg or more  
(5 pounds 8 ounces or more)  
3 ☐ Don't know / Can't remember

## 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 ☐ Before I was 7 full weeks pregnant  
2 ☐ When I was 7 to 12 weeks pregnant  
3 ☐ When I was more than 12 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 ☐ Before I was 8 full 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. At the start of your pregnancy did you have a choice about **where** you could have your baby?

- 1 ☐ Yes → Go to B5  
2 ☐ No → Go to B7  
3 ☐ No, but this was not possible for medical reasons → Go to B7  
4 ☐ Don't know / Can't remember → Go to B7

**B5.** Were you given a choice of having your baby at home?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ No, but this was not possible for medical reasons
- 4 ☐ Don't know / Can't remember

**B6.** Did you get enough information from 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

**B7.** Before your baby was born, did you plan to have your baby at home?

- 1 ☐ Yes
- 2 ☐ No

**B8.** Were you given a copy of The Pregnancy Book?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ No, I already had one
- 4 ☐ Don't know / Can't remember

**B9.** Were you given information about the NHS Choices website?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not sure / Don't know

## 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.*

**B10.** Roughly **how many** antenatal check-ups did you have in total? (**not** including appointments for blood tests or visits to the hospital for a scan)

- 1 ☐ None → Go to B14
- 2 ☐ 1 to 6 → Go to B11
- 3 ☐ 7 to 9 → Go to B11
- 4 ☐ 10 to 14 → Go to B11
- 5 ☐ 15 or more → Go to B11
- 6 ☐ Don't know / Can't remember → Go to B11

**B11.** 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

**B12.** 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

**B13.** If you saw a midwife for your **antenatal check-ups**, 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

### Tests and scans

**B14.** Did you have a 'dating scan'? This takes place between 8-14 weeks of pregnancy.

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

**B15.** Was the **reason** for this scan clearly explained to you?

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

**B16.** Did you have any screening tests (a blood test or nuchal scan) to check whether your baby might have Down's syndrome?

- 1 ☐ Yes, a blood test only
- 2 ☐ Yes, a nuchal scan only
- 3 ☐ Yes, a nuchal scan and a blood test
- 4 ☐ No, I didn't want a screening test for Down's syndrome
- 5 ☐ No, I wasn't offered any screening tests for Down's syndrome
- 6 ☐ Don't know / Can't remember

**B17.** Were the **reasons** for having a screening test for Down's syndrome clearly explained to you?

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

**B18.** Did you have a scan at around 20 weeks of pregnancy? This may have been called a '20 week' scan, or an 'anomaly' scan or a 'mid-trimester' scan.

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

**B19.** Was the **reason** for this scan clearly explained to you?

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

**B20.** Roughly how many ultrasound scans did you have in total during this pregnancy?

- 1 ☐ None
- 2 ☐ One
- 3 ☐ Two to Three
- 4 ☐ Four or more
- 5 ☐ Don't know / Can't remember

## During your pregnancy

**B21.** During your pregnancy did you have the name and telephone number of a midwife you could contact if you were worried?

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

**B22.** If you contacted a midwife, were you given the help you needed?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not contact a midwife

**B23.** 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

**B24.** 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

**B25.** Overall, how would you rate the care received during your **pregnancy**?

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor

## Antenatal classes

**B26.** During your pregnancy, did you attend any antenatal classes **provided by the NHS**?

- 1 ☐ Yes
- 2 ☐ No, I was not offered any classes
- 3 ☐ No, they were all booked up
- 4 ☐ No, I attended other antenatal classes (e.g. NCT)
- 5 ☐ No, I did not need to attend the classes
- 6 ☐ No, I did not attend for some other reasons

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

**Note: If you had a planned caesarean please go to Question C5**

**C1.** Roughly how long did your labour last?

- 1 ☐ Less than 8 hours
- 2 ☐ 8 hours or longer, but less than 12 hours
- 3 ☐ 12 hours or longer, but less than 18 hours
- 4 ☐ 18 hours or longer

**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, some of the time
- 3 ☐ No, not at all
- 4 ☐ No, but it was not possible to move around

**C3.** During your labour and birth, did you use any of the following to help relieve the pain? (Tick ALL that apply)

- 1 ☐ Natural methods (e.g. 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 or similar (injection in your back, given by an anaesthetist)
- 7 ☐ Other
- 8 ☐ I did not use any pain relief

**C4.** During your labour and birth, did you feel you got the pain relief you wanted?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ No, but it was not possible to have any pain relief (e.g. there was not time)
- 5 ☐ I did not want any pain relief
- 6 ☐ Don't know / Can't remember

## The birth of your baby

**C5.** Where was your baby born?

- 1 ☐ In hospital (*please write in hospital name*)  
\_\_\_\_\_
- 2 ☐ In a birth centre/maternity unit, separate from hospital (*please write in unit name*)  
\_\_\_\_\_
- 3 ☐ At home
- 4 ☐ Other

**C6.** Thinking about the birth of your baby, what **kind 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 C7**
- 2 ☐ An assisted vaginal delivery (e.g. with forceps or ventouse suction cup)  
→ **Go to C7**
- 3 ☐ A planned caesarean delivery  
→ **Go to C10**
- 4 ☐ An emergency caesarean delivery  
→ **Go to C10**

**C7.** Where did you give birth? (Tick ONE only)

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

**C8.** 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 / lying supported by pillows
- 5 ☐ Lying with legs in stirrups
- 6 ☐ Other

**C9.** If you had an episiotomy (cut) or tear requiring stitches, how long after your baby was born were the stitches done?

- 1 ☐ I did not have an episiotomy (cut) or a tear
- 2 ☐ I did not have stitches
- 3 ☐ Within 20 minutes
- 4 ☐ 20 minutes to 1 hour
- 5 ☐ More than 1 hour
- 6 ☐ Don't know / Can't remember

**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 ☐ No
- 3 ☐ No, but this was not possible for medical reasons
- 4 ☐ I did not want skin to skin contact with my baby

### The staff caring for you

**C11.** Had you met any of the staff who cared for you during your labour and birth **before** you went into labour?

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

**C12.** 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

**C13.** If you had a partner or a companion with you during your labour and delivery, were they made welcome by the staff?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not have a partner or a companion with me
- 5 ☐ Don't know / Can't say

**C14.** Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?

- 1 ☐ Yes, during labour
- 2 ☐ Yes, shortly after the birth
- 3 ☐ Yes, during labour and shortly after the birth
- 4 ☐ No, not at all

**C15.** 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

**C16.** 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

**C17.** Overall, how would you rate the care received during your **labour and birth**?

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor

### **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 ☐ Too long
- 2 ☐ Too short
- 3 ☐ About right
- 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

### **SECTION E. FEEDING YOUR BABY**

**E1.** During your pregnancy did your midwife discuss infant feeding with you?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ 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 ☐ 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



***Thinking about feeding your baby (breast or bottle) in the first few days after the birth...***

**E4.** Did you feel that midwives and other carers gave you **consistent advice**?

- 1 ☐ Yes, always
- 2 ☐ Yes, generally
- 3 ☐ No
- 4 ☐ Don't know
- 5 ☐ I didn't want or need this

**E5.** Did you feel that midwives and other carers gave you active **support and encouragement**?

- 1 ☐ Yes, always
- 2 ☐ Yes, generally
- 3 ☐ No
- 4 ☐ Don't know
- 5 ☐ I didn't want or need this

## **SECTION F. CARE AT HOME AFTER THE BIRTH**

**F1.** When you were at home after the birth of your baby did you have the name and telephone number of a midwife or health visitor you could contact if you were worried?

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

**F2.** If you contacted a midwife or health visitor, were you given the help you needed?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not contact a midwife or health visitor

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

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

**F4.** 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

**F5.** 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

**F6.** In the six weeks after the birth of your baby did you receive help and advice from health professionals about **feeding your baby**?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need any

**F7.** 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

**F8.** Did you have a postnatal check-up of your own health? (Around 4-8 weeks after the birth)

- 1 ☐ Yes  
2 ☐ No

**F9.** 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

**F10.** 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

**F11.** Were you given information or offered advice from a health professional about contraception?

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

**F12.** Overall, how would you rate the care received **after the birth**?

- 1 ☐ Excellent  
2 ☐ Very good  
3 ☐ Good  
4 ☐ Fair  
5 ☐ Poor

## **SECTION G. YOU AND YOUR HOUSEHOLD**

Please complete as many of these questions as you can. Your answers will help us to describe the women taking part in the survey and to find out whether the care offered to women is the same regardless of their background or circumstances.

**G1.** Have you had a previous pregnancy?

- 1 ☐ Yes → **Go to G2**  
2 ☐ No → **Go to G3**

**G2.** How many babies have you given birth to before this pregnancy?

- 1 ☐ None  
2 ☐ 1-2  
3 ☐ 3 or more

**G3.** In what **year** were you born?

(Please write in) e.g. 

1	9	7	5
---	---	---	---

1	9		
---	---	--	--

**G4. Who do you live with now?**

- 1 ☐ I live alone (with or without my baby / children)
- 2 ☐ With a partner/husband/boyfriend (with or without any children)
- 3 ☐ With family members other than a partner/husband/boyfriend (e.g. parents)
- 4 ☐ With friends
- 5 ☐ Other

**G5. What language do you speak **most often** at home? (Tick ONE only)**

- 1 ☐ English
- 2 ☐ Other European language
- 3 ☐ Asian language (e.g. *Hindi, Gujarati, Punjabi, Urdu, Sylheti, Bengali, Chinese, Thai*)
- 4 ☐ African language (e.g. *Swahili, Hausa, Yoruba*)
- 5 ☐ Other, including British Sign Language

**G6. Do you have any of the following long-standing conditions? (Tick ALL that apply)**

- 1 ☐ Deafness or severe hearing impairment  
→ Go to G7
- 2 ☐ Blindness or partially sighted  
→ Go to G7
- 3 ☐ A long-standing physical condition  
→ Go to G7
- 4 ☐ A learning disability  
→ Go to G7
- 5 ☐ A mental health condition  
→ Go to G7
- 6 ☐ A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy  
→ Go to G7
- 7 ☐ No, I do not have a long-standing condition  
→ Go to G8

**G7. Does this condition(s) cause you difficulty with any of the following? (Tick ALL that apply)**

- 1 ☐ Everyday activities that people your age can usually do
- 2 ☐ At work, in education, or training
- 3 ☐ Access to buildings, streets, or vehicles
- 4 ☐ Reading or writing
- 5 ☐ People's attitudes to you because of your condition
- 6 ☐ Communicating, mixing with others, or socialising
- 7 ☐ Any other activity
- 8 ☐ No difficulty with any of these

**G8.** To which of these ethnic groups would you say you belong? (Tick ONE only)

**a. WHITE**

- 1 ☐ British  
2 ☐ Irish  
3 ☐ Any other white background  
(Please write in box)

**b. MIXED**

- 4 ☐ White and Black Caribbean  
5 ☐ White and Black African  
6 ☐ White and Asian  
7 ☐ Any other mixed background  
(Please write in box)

**c. ASIAN OR ASIAN BRITISH**

- 8 ☐ Indian  
9 ☐ Pakistani  
10 ☐ Bangladeshi  
11 ☐ Any other Asian background  
(Please write in box)

**d. BLACK OR BLACK BRITISH**

- 12 ☐ Caribbean  
13 ☐ African  
14 ☐ Any other black background  
(Please write in box)

**e. CHINESE OR OTHER ETHNIC GROUP**

- 15 ☐ Chinese  
16 ☐ Any other ethnic group  
(Please write in box)

**H. ANY OTHER COMMENTS**

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

**THANK YOU VERY MUCH FOR YOUR HELP**

**Please check that you answered all the questions that apply to you.**

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

**No stamp is needed**