

National findings from the 2013 survey of women's experiences of maternity care



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Summary

This is a report detailing the key findings from the 2013 national survey of women's experiences of maternity care. The findings where possible are compared to the results of the previous national survey completed in 2010.

There is evidence of improvements since the 2010 survey. There has been an increase in the proportion of women who said that they were always spoken to in a way they could understand during both their antenatal care, and during labour and birth. More women than the 2010 survey felt that they were always involved in their care, both antenatally and during labour and birth. Also more women than 2010 felt that they were treated with kindness and understanding and had confidence and trust in the staff caring for them during labour and birth. Many women felt listened to during their antenatal check-ups and a high proportion of women were asked how they were feeling emotionally as part of their postnatal care. More women were able to move around and find a position that made them most comfortable during labour and birth, and the majority of women felt that a partner or someone else close to them was able to be involved during labour and birth as much as they wanted.

However, in other areas performance since 2010 has not improved and experiences fell short of expectations. The report highlights concerns around information or support being provided inconsistently, in some cases basic knowledge such as medical history was not known. While some women reported that they would have liked to see the same midwife or healthcare professional every time, many women reported seeing the same midwife or that they did not mind not seeing the same midwife. Additional analysis in relation to whether women saw the same midwife or not and continuity of care was completed as part of this report, and is detailed in the relevant sections. Both antenatally and postnatally, women that saw the same midwife and women that saw different midwives but did not mind, reported more positive experiences of aspects related to continuity of care than women who did not see the same midwife but had wanted to. The comments provided by women at the end of the questionnaire revealed problems with continuity of care and women reported having to repeat themselves to different health professionals.

Information provision in some cases has definitely improved but is still inconsistent, especially in relation to primiparous women. Information needed to make choices was not consistently provided and the choices themselves were not universally offered to women. In addition, both the survey responses and accompanying comments reveal some problems around communication and involvement in decisions made when women contacted the hospital or a midwife when they went into labour. It appears that information on feeding is not always being provided or is being inconsistently provided, and this is a particular problem for primiparous women; across all of the questions on feeding primiparous women felt less well informed and less supported than multiparous women.

Fewer women than the 2010 survey reported that they were **not** left alone at any time that worried them during labour and birth. The highest proportion that were left alone and worried was during early labour. The survey responses show that changes in pain relief are not always adequately explained, while the comments reveal instances of poor pain management or a lack of pain relief provided. Almost one in five women felt that their concerns during labour were not taken seriously and the comments provide some insight into this, as women reported instances when the quality of care was not what they felt it should be. The survey data shows that in the most part call buttons are being responded to, but not in all cases and the comments reflect this (especially when women had call buttons that did not work or were placed out of their reach).

Some women felt that hospital wards, toilets and bathrooms are not clean enough, especially toilets and bathrooms and this is further supported by the comments that detail

instances of unacceptable levels of cleanliness. A lot of negative comments were provided about postnatal facilities such as inadequate facilities during delivery or a lack of or poor equipment.

Introduction

There are almost 700,000 live births each year in England and having a baby is the most common reason for a hospital admission¹. The last national maternity survey was undertaken in 2010, we know from that and other investigations and reviews that the care provided does not always match women's expectations or needs.² This report brings those findings up to date with the key findings from the 2013 national survey of women's experiences of maternity care.

The survey looked at all three stages of the maternity pathway and covers care provided before birth (antenatal), during labour and birth, and in the first few weeks after birth (postnatal). The survey asked questions which recent mothers told us were important to them concerning: access to care, communication, involvement in decision making, continuity and quality of care, amongst other key themes.

Over 23,000 women who gave birth in February³ 2013 took part in this survey (a response rate of 46%). Women were eligible to take part in the survey if they had a live birth during February 2013, were aged 16 years or older, gave birth in a hospital, birth centre or maternity unit or had a home birth. One hundred and thirty seven NHS Trusts in England took part in the survey. NHS trusts took part if they had a sufficient number of eligible women who gave birth at their NHS trust during the sampling time frame.

This report highlights statistically significant differences⁴ between the survey results from 2010 (the last time the survey was carried out) and 2013. A set of tables showing the national year on year results for each question is also available on the CQC website, and includes information on how the national results were calculated. In addition to the statistical data, we have also looked at more than eight thousand of the ten thousand written comments that women added when returning their questionnaires⁵. The comments cover all NHS trusts that took part in the survey. The comments have been coded according to their positive or negative sentiment and theme and were then analysed to include in this report. The appendix provides more details about the analysis.

Since 2010 the proportion of women responding to the survey who are first time mothers has increased from 10% to 13%⁶. Consequently some of the differences between the two surveys may, in part, be due to differences in the mix of respondents between the two years. Where these differences are significant and particularly prominent or surprising, we have presented results separately for primiparous (first time mothers) and multiparous mothers (women who have previously had a baby). This distinction is referred to throughout this report as 'parity' – the number of times a woman has given birth.

Some questions in the survey asked specifically about midwives, whereas others referred more generally to 'staff'. The term 'staff' in this report is intended to cover midwives, midwife

¹ Maternity services in England (2013) National Audit Office www.nao.org.uk/2013-maternityservices

² CQC maternity survey 2010 <http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/maternity-services-survey-2010> and 2007 Healthcare Commission review of maternity services in England http://webarchive.nationalarchives.gov.uk/20101014074803/http://www.cqc.org.uk/publications.cfm?fde_id=625.

³ Some trusts with a small number of women delivering in February would have also included women who gave birth in January 2013, one NHS trust included women who gave birth in March. For further details on women excluded from the survey, please see the survey guidance manual at: <http://www.nhssurveys.org/surveys/687>

⁴ Statistically significant differences are those where any change in the results is very unlikely to have occurred by chance

⁵ Only 8,000 of the 10,007 comments were coded and available for analysis in time to be used in the report. The total number of comments may be higher than the number of respondents that provided them as some comments contain more than one theme.

⁶ This figure includes any women at G2 who have had a previous pregnancy that did not result in a live birth.

support workers, consultants, hospital doctors and any other staff that work on maternity wards.

Detailed findings from the survey

Access to care

Access in early pregnancy

Since the 2010 survey there has been a decrease in the proportion of women who saw a GP or family doctor when they first thought they were pregnant (down from 71% to 63%). Conversely the proportion of women who saw a midwife has increased from 24% to 32%. Five percent of women stated they saw another health professional which represents a significant increase since 2010 (despite appearing to be the same figure). More primiparous women saw a GP or family doctor compared with multiparous women (68% vs. 58%), whereas a higher proportion of multiparous women saw a midwife first (38% vs. 25%). The proportion of women who responded 'other' differed between the two groups: 7% of primiparous women saw another health professional, with only 4% of multiparous women doing so.

Respondents were asked how many weeks pregnant they were when they first saw this health professional and since 2010 there has been a decrease in the proportion who saw them in the first six weeks of pregnancy (54% down to 53% in 2013) and also a decrease in the proportion of women who saw the health professional when they were 13 or more weeks pregnant (from 5% in 2010 down to 4%). There has been a corresponding increase in the proportion first seeing the health professional when they were between seven and twelve weeks pregnant (41% to 44%). First time mothers tended to see the health professionals earlier - 59% saw them in the first six weeks, compared with 47% of multiparous women.

Women were asked when they had their booking appointment (the appointment where they were given their pregnancy notes). Eighteen percent of women had this appointment when they were up to and including seven weeks pregnant (up from 17% but not a significant increase), and 42% when eight or nine weeks pregnant (an increase from 36% in 2010). Twenty two percent of women had the appointment when 10 or 11 weeks pregnant. There has been a decrease since 2010 for those being booked in at 12 weeks (14% in 2010 down to 11%), and those who were 13 weeks pregnant or more (11% in 2010 down to 8%). First time mothers tended to have their booking appointments earlier, 63% were booked in within the first nine weeks of pregnancy, compared with 57% of multiparous women.

Women were asked which health professionals they saw for their antenatal check-ups, and they were able to select more than one option. Ninety eight percent saw a midwife, an increase from 96% in 2010. Eighteen percent saw a GP (down from 21% in 2010), and 42% saw a consultant (up from 38% in 2010).

Telephone access antenatally

In terms of access to help or advice in relation to their care, women were asked whether during their pregnancy they had a telephone number for a midwife or midwifery team that they could contact and 97% reported that they did.

Women were asked whether they were given the help they needed when they contacted a midwife or midwifery team and 74% responded 'Yes, always', 20% 'Yes, sometimes', 3% 'No' and 4% 'No, as I was not able to contact a midwife'.

An additional analysis was completed looking at women's responses to question B9 (If you saw a midwife for your antenatal check-ups did you see the same one every time?) with B13 (If you contacted a midwife, were you given the help you needed?) Eighty two percent of the women who always saw the same midwife antenatally were 'always' given the help they needed when contacting a midwife, this is compared with 80% of the women that reported that they did not see the same midwife and did not mind and 59% of those that reported that they had not seen the same midwife but had wanted to.

Telephone access postnatally

Women were asked the same question about their postnatal care (if they had the phone number of a midwife or midwifery team), and as with antenatal care, 97% reported that they did.

Women were asked if they had attempted to contact a midwife, were they given the help they needed. A greater proportion of women were unable to make contact with a midwife during the antenatal stage of care, compared with contact postnatally (4% vs. 2%). A higher proportion felt that they were 'always' given help when contacting a midwife or midwifery team at the postnatal stage compared with antenatal (77% and 74% respectively).

Women's responses to question F4 (Did you see the same midwife every time?) were looked at alongside their answers to F2 (If you contacted a midwife, were you given the help you needed?). Eighty four percent of the women that responded 'Yes' they always saw the same midwife, were 'always' given the help they needed when contacting a midwife. This is compared with 83% of women that responded that they did not see the same midwife and did not mind and 61% of those that said that they had not seen the same midwife but had wanted to.

Seeing a midwife postnatally

Women were also asked about access to care postnatally and whether, since the birth of their baby, they had they been visited at home by a midwife. Ninety five percent responded a straight forward 'Yes' and a further 2% responded 'Yes but I had to contact them to ask them to visit'. One percent had seen a midwife in a clinic, while 1% had not seen one due to visiting or staying near their baby in a neo-natal unit.

Twenty five percent of women saw a midwife once or twice after going home (an increase from 22% in 2010), while 22% saw a midwife more than five times (down from 25% in 2010). Despite a decrease of one percentage point from 54% to 53% in the proportion of women seeing a midwife 3 or 4 times, there is no statistically significant difference between the 2010 and 2013 figure.

Seventy five percent of respondents stated that they saw a midwife 'as much' as they wanted, with 21% reporting that they would have liked to see the midwife 'more often', and the remaining 4% would have liked to see them 'less often'. Despite the results appearing the same as those in 2010, when looking at statistically significant differences, the results show that more women in 2013 wanted to see a midwife more often and fewer felt that they saw a midwife as much as they wanted. When looking at this question by parity, primiparous women tended to want to see a midwife more often than multiparous women did (24% vs. 18% of multiparous women).

Comments about access to care

Two hundred and thirty women provided comments about their experiences accessing care, only one comment was a positive comment. A high proportion of the comments referring to antenatal appointments were provided by women who had a previous pregnancy. Examples of this include:

“It was a second pregnancy I was hardly seen by my midwife, often trying to contact her with concerns or to make an appointment was almost impossible I was fobbed off constantly.”

“This was my 3rd pregnancy and I think the midwives thought I would not need as much antenatal checks/care but I disagree. I am more aware of problems that could occur during pregnancy and birth being ‘experienced’ and felt I needed more regular antenatal checks (4 weekly, for example).”

Others were unhappy that antenatal appointments were often not running on time or they were too infrequent. For example:

“Very long waits for antenatal appointments sometimes these were running four hours late!”

“Whilst I did feel well prepared for the birth of my baby, this was due to an excellent course of NCT classes. The advice offered by midwives at the hospital was very rushed and the appointments felt much like a 'box-ticking' exercise. This is likely to be due to the fact that they were always running at least one hour late.”

A third of the women who commented on their access to care felt that postnatal visits were not thorough enough, or there were too few of them. A new response option was added to the questionnaire in 2013 covering instances when women had to contact midwives themselves to ask for a visit: as mentioned above 2% of respondents selected this, and the comments provided examples of such instances:

“No one came to see my baby after we came out of hospital and when I called to find out why no one had any record of us at all.”

“Once I was at home with my baby I was missed on several occasions for visits with no contact to why unless I was to contact them.”

Women wanted more visits or more discussion with midwives after discharge, many were unhappy that visits seemed superficial and rushed, for example:

“Not visited enough - I had to contact midwife, health visitor to ask to come round. When I did see them it was very rushed - never went into detail on topics. On maternity notes things were crossed off/ ticked that midwife said she'd spoke to me about and given leaflets when actually hadn't. Health visitors not having their equipment with them (weighing scales/tape to measure baby's length).”

Sixteen percent of women that talked about accessing care told us they were upset that postnatal visits were frequently cancelled or that no-one arrived without even cancelling visits:

“I found the aftercare service very bad. My midwife made arrangements to see me. I would stay in all day and she would not turn up. Upon contacting her she

would say 'she forgot'. This happened on at least 2 occasions. I called her and she turned up late, never apologetic.”

“Midwife that was due to visit me at home to remove my stitches after my caesarean section didn't come on the day arranged and when I phoned her she tried to tell me my daughter was born a day later than her actual DOB and said she would visit the next day. It was only when I insisted she come even though it was past 6pm as my stitch was 'pulling' that she came out to me.”

Some women found out their names were missing from community midwives lists, the below example describes such an instance:

“The only negative comment I have is regarding the care at home after the birth by the midwives on two different occasions I was told I would have a home visit and no one turned up which was disappointing. I had to ring both times to arrange another appointment and was told my name was not on the list even though I'd been told someone would be coming on those days.”

Continuity of care

Seeing a midwife

Continuity of care across the maternity pathway is important for a positive experience⁷, and the survey asked a number of questions covering this. Women were asked two questions about seeing the same midwife; one in the antenatal section of the questionnaire and one in the postnatal section. In terms of antenatal care women responded in the following way: 34% did see the same midwife, 1% saw the same midwife but would have preferred not to, 28% did not see the same midwife but wanted to and 37% did not see the same midwife but did not actually mind.

When looking at these results for primiparous and multiparous women, more primiparous women did not see the same midwife but had wanted to (31% vs. 25% multiparous). While more multiparous women saw the same midwife every time (35% vs. 33%), and more did not see the same midwife but did not mind (39% vs. 34%).

Women who saw a midwife for postnatal care were asked the same question: 27% saw the same midwife, 1% saw the same midwife but would have preferred not to, 26% did not see the same midwife but wanted to, and 46% did not see the same midwife but did not mind.

Across antenatal and postnatal care (Table 1), fewer women reported seeing the same midwife postnatally than antenatally (34% vs. 27%) but fewer also wanted to (26% vs. 28%). Almost half of women who responded to the postnatal question (46%) did not mind not seeing the same midwife, compared with 37% antenatally.

⁷ Department of Health, *Maternity Matters: Choice, access and continuity of care in a safe service*, April 2007, p. 28.

Table 1: Questions B9 and F4 ‘If you saw a midwife did you see the same one every time?’

Whether women saw the same midwife...	Antenatally	Postnatally
Yes	34%	27%
Yes, but would have preferred not to	1%	1%
No, but I wanted to	28%	26%
No, but I did not mind	37%	46%
Number of respondents	22839	22599

Just over three quarters (77%) of women felt that the midwives who visited them were aware of their own and their baby’s medical history. However, this means 23% felt that midwives were not aware of their history.

When looking at women’s responses to question F4 (Did you see the same midwife every time?) alongside their answers to F7 (Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?) of those who did not see the same midwife but had wanted to, 44% responded ‘No’ to the question on medical history, compared with 18% who saw the same midwife but did not mind, and 9% who always saw the same midwife postnatally.

The survey also asked whether midwives took women’s personal circumstances into account when giving them advice (for example family, housing or finances, pre-existing or acquired health conditions). Seventy four percent of women who responded to the survey felt that midwives always took their personal circumstances into account when providing advice, while 22% felt they did ‘sometimes’ and 4% reported that they did not.

Women’s responses to question F4 (Did you see the same midwife every time?) were looked at with F9 (Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?). The differences were less marked than the question involving medical history: 10% of women that had not seen the same midwife but had wanted to responded ‘No’ when asked if the midwife or midwives they saw took their personal circumstances into account when providing advice, compared with 2% both for women who saw the same midwife, and women who did not see the same midwives but did not mind.

Midwives are required to inform women when visiting them postnatally that they should arrange a postnatal check-up with their GP⁸, and the survey asked about this. Ninety one percent of women reported that a midwife did tell them.

⁸ Routine postnatal care of women and their babies (2006) Nice guideline 1.2.65

Comments about continuity of care

Of the 8,000 comments coded for this report, ten percent related to continuity of care (889) and only one in ten of these were positive. Seven hundred and eighty five women felt the continuity of care was inadequate. Some of the comments concerned a lack of continuity of care across midwives but complaints were also raised about a lack of consistency around the consultants they saw during antenatal care. Women felt that owing to a lack of continuity, concerns about their baby were missed, many also complained about “having to keep repeating their medical histories” to different people, they felt that “it would have been nice to see a familiar face who knew you”. Such comments covered both antenatal and postnatal care. For example:

“After-care could have been better by seeing the same midwife. I was given differing information from the four different midwives I was seen by - very contradictory and confusing. This caused emotional upset to myself and difficulty to the rest of my family. Continuity of care was non-existent.”

“We saw a different junior doctor in clinic every time and only saw the consultant once which resulted in a lack of continuity.”

Where women were happy and felt they had experienced good continuity of care, this was said to have had a large beneficial impact on their maternity experience:

“I am really pleased with the continuity I received in my antenatal and postnatal care - predominantly seeing the same midwife with the exception of her being on annual leave or days off. I felt this contributed to a positive experience in the care I received despite a difficult and traumatic labour and delivery.”

Communication

Communication is linked to continuity of care. If there are changes in staff then appropriate communication and handover between them can lessen the potentially negative effects of the change for women. Women were asked whether they were given enough time to ask questions and discuss their pregnancy during their antenatal care: 74% said ‘Yes, always’, 22% ‘Yes, sometimes’ and 4% ‘No’.

Women’s responses to question B9 (If you saw a midwife for your antenatal check-ups did you see the same one every time?) were looked at alongside their responses to B10 (During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?). Eighty five percent of the women that reported that they saw the same midwife every time antenatally responded ‘Yes, always’ when asked if they were given enough time to ask questions or discuss their pregnancy during antenatal appointments; this was 80% for women that did not see the same midwife but did not mind, and 55% for women that had not seen the same midwife but had wanted to.

When asked whether the midwives listened to them during their antenatal check-ups, 79% of all women that responded said ‘Yes, always’, 19% ‘Yes, sometimes’ and 2% ‘No’.

Eighty nine percent of the women who saw the same midwife every time responded ‘Yes, always’ when asked if during their antenatal check-ups midwives listened to them, this was 85% for those who did not see the same midwife but did not mind and 63% for women that had not seen the same midwife but had wanted to.

The question on whether the midwives always listened was also asked in the postnatal section of the questionnaire and at that stage of care 76% of the women responded 'Yes, always', 20% 'Yes, sometimes' and 3% said 'No', which is less positive than antenatal care. Eighty eight percent of the women who saw the same midwife every time responded 'Yes, always' when asked postnatally if they felt the midwives they saw listened to them; compared with 82% who did not see the same midwife but did not mind and 55% of women that had not seen the same midwife but had wanted to.

Since 2010 there has been an increase in the proportion of women who said that during their antenatal care they were always spoken to in a way they could understand, from 83% to 88%. The proportion responding 'Yes, sometimes' showed a corresponding decrease (from 15% to 11% in 2013) along with those stating 'No' (2% down to 1%). The same pattern is shown with results for the same question asked about labour and birth; the proportion who said that during labour and birth they were spoken to in a way they could understand has increased from 84% in 2010 to 87%. The proportion responding 'Yes, sometimes' has decreased from 14% to 12% and those saying 'No' has stayed at 2% but nonetheless this represents a significant decrease from the previous survey. Women were asked whether, at the postnatal stage, a midwife or health visitor had asked how they were feeling emotionally, and a high proportion of respondents (96%) said 'Yes'.

Comments about communication

One thousand three hundred and two women felt communication during their maternity care was poor (representing 84% of women who shared their views on this matter). The most dominant concern amongst women who mentioned the issue was the poor communication between maternity staff and themselves. For example, women said that sometimes they were not told when they had hospital appointments, there were issues around the timeliness of information with test results being given too late, and many felt when they had questions or concerns they were given inadequate explanations and conflicting information by midwives and hospital doctors. They reported that it was hard to get advice before or after the birth of their baby, and a number felt they weren't taken seriously by health professionals during their antenatal care. For example:

"I went for routine test at 28 weeks. I was told that I would hear if results were positive. I never heard anything so assumed on advice of midwife that I was in the clear. Went to consultant appointment at 36 weeks due to high BP and was told there that I did actually, in fact, have gestational diabetes and should have been informed weeks earlier. As my results had been missed I had no necessary treatment until late in the pregnancy. Luckily everything was ok regardless of not getting any treatment."

"Whilst my daughter was in intensive care I was given very different information from different nurses about how long she would be in the unit, where she would be going to after intensive care and where I would be going to (whilst I was on the ward). This caused me some confusion and distress (understandably I was feeling very emotional at the time and especially as I was facing having to go home and leave my baby in hospital)."

Women reported being spoken to in ways that were disrespectful, patronising or condescending; being spoken to in ways which made them feel anxious or that made them feel they were not being listened to by maternity staff. Women provided us with examples from all stages of the maternity pathway, including antenatal contact where concerns were not taken on board, during labour and delivery where mothers felt they were demeaned and not listened to, and postnatally (especially in hospital) where women were spoken to rudely and without consideration. There were also examples of inappropriate and rude comments being made on postnatal wards. For example:

"I was disgusted by the attitude of one of the midwives, she was very rude and when I was very emotional about my labour in a private conversation, she walked up and down the ward waving her arms saying [withheld] I used to dread seeing her and one of the days she didn't give me the blood pressure tablet that I needed that may have prevented me and baby going home. She is rude, disrespectful and hurtful. And due to her treatment I would not go to [hospital name withheld] if I have any other children."

"I waited a very long time in labour ward room after giving birth. The room was cleared of beds etc. and I was left with a hard chair to sit on, after having stitches. I called for assistance and the senior midwife in charge was very rude and I found myself trying to diffuse the situation and her bad temper by saying that I was ok and sorry to have pressed the call button."

Other women expressed concerns about poor communication between staff members which impacted on the care they received. Examples included women feeling that medical issues were missed, and that they had to stay in hospital unnecessarily because staff did not speak with each other about their progress:

“After having a routine blood test a serious error was made when my anaemia wasn't reported back and therefore wasn't acted upon, until 6 weeks after the blood test was taken. I made a complaint and the investigation concluded that it was down to the fault of the GP who had received my results but not flagged the issue with the midwife. I was very angry and upset when this happened as I was so close to giving birth!”

“Although it was a planned home birth, my midwife hadn't registered me for a home birth as requested. When I went into labour and phoned the home birth team they didn't have any details for me. I never received a home birth pack. The midwives arrived after the birth, the quickest one took 1hr 15 mins to get to us.”

In the 250 comments on communication that were positive, women told us they had received good explanations and felt they were listened to and respected. They felt the manner in which staff spoke to them and treated them was a highlight of their maternity care. For example:

“I couldn't ask for a better midwife team and consultant. Very good care and understanding. Felt confident to ask for help, no matter how small the problem was.”

“For my pre-natal admissions the triage staff never grumbled and always encouraged me to get in contact if I had any concerns. My concerns were always taken seriously, and the staff very attentive.”

Information provision

The questions covering information provision are mainly concentrated in the sections covering care in hospital after the birth and postnatal care at home. This is a time when key information needs to be provided to mothers about their baby as well as their own health.

When asked to think about the care received in hospital after the birth of their baby and whether they were given the information and explanations needed, over half of women (59%) felt that they were always given the information and explanations needed, an increase from 53% in 2010. However, 30% felt they were 'sometimes' provided with these, down from 36% in 2010, and 11% in both years felt that they were not provided with the information or explanations needed.

More multiparous women who responded to the survey felt that they always received the explanations and information needed in hospital after the birth of their baby – 67% compared with only (50%) of primiparous women, with 15% of primiparous women responding 'No' compared with only 8% of multiparous women.

Sixty one percent of women felt that they were definitely given enough information about their own recovery after the birth, an increase from 42% in 2010. The proportion of those selecting the 'Yes, to some extent' response has correspondingly decreased from 40% in 2010 to 30% in 2013, and those responding 'No' has decreased from 18% to 9% in 2013. However, fewer primiparous women felt that they had received such information – 54% responded 'Yes, definitely' compared with 68% of multiparous women.

When asked if they were given enough information about any emotional changes that they might experience after the birth, there was an increase in those responding 'Yes, definitely' since 2010, from 42% in 2010 to 56% in 2013. Those choosing the 'Yes to some extent'

response has decreased from 37% to 30% this year, as has the 'No' response from 21% to 14%. More primiparous women felt that they were not given enough information about any emotional changes after the birth – 16% of them, compared with 11% of multiparous women.

Women were asked whether, in the six weeks after the birth of their baby, they received help and advice from health professionals about their baby's health and progress. Seventy percent reported that they 'definitely' did, 25% did 'to some extent' and 5% did not. Also at the postnatal stage, 90% were given information or offered advice from a health professional about contraception, a decrease from 92% in 2010.

Comments about information provision

Three hundred and eight women described their experiences of accessing information or being kept informed during their maternity care. The majority were unhappy with this aspect of their care, with 81% of these women reporting they had not been given enough information or were not kept well informed about issues during their pregnancy or beyond. Women were unhappy with the lack of information particularly during antenatal and postnatal care. Some were upset that scans were not properly explained, that pregnancy related conditions were not explained along with their impact, or that they were not being kept informed as to why inductions were required. For example:

“...I had an emergency caesarean and was given no information following the operation. Patients should be given a leaflet explaining recovery, side effects, potential complications and drugs.”

“Midwife during pregnancy did not explain or give advice on being pregnant. As this was my first pregnancy it was difficult to know what to ask or expect and what was normal e.g. I was not told about flu vaccination, whooping cough explanations, and induction. I had to ask. I also was not told the measurements and every midwife filled in the green notes differently so I could not refer to these. I had to ask if everything was normal - urine, measurements, position, size etc.”

Women provided comments about feeling unprepared for what would happen after birth. Specifically where complications had occurred during labour and delivery - women were upset about not having any discussions or explanations about traumatic experiences. Many felt unhappy they were not sufficiently informed about what they could do and after having a caesarean and some that they had poor information about when they would be discharged (waiting hours for decisions and then having conflicting information).

“After leaving hospital I had a swab on my c section wound a few days later I was phoned to say I had MRSA. No one explained to me or my husband what was going on and what treatment I needed or how I got MRSA in my wound. They refused to swab or check my baby.”

“On discharge I was given 4 sets of blood thinning injection to carry out self-injection. No information/instruction from midwife at hospital, I was told that community midwife will show me how to self-inject. However, community midwife said she was not covered by insurance of some sort - she refused to show me. I self-taught via internet and did twice by myself.”

Fifty three women (17% of those who told us about information provided during maternity care) said they had been well informed, such as:

“We found out a few days before my baby was due that he was breach. Various options were made available to us but we chose a planned C-section. All of the staff I came into contact with were very kind and explained everything.”

“I was visited at home by a trainee health visitor. I would just like to say that she was brilliant- She explained things very clearly and I loved the fact that she used paperwork (Diagrams) to explain what the surroundings of where the baby sleeps should be.”

Involvement

It is important that women are involved in making decisions about their care and treatment throughout the maternity pathway. In the antenatal section of the questionnaire women were asked whether they were involved enough in decisions about their antenatal care and 77% felt that they always were, which is an increase of three percentage points since 2010. The proportion of women responding ‘Yes, sometimes’ has decreased from 22% to 19% and the proportion responding ‘No’ has stayed at 4%.

Additional analysis was completed looking at women’s responses to question B9 (If you saw a midwife for your antenatal check-ups did you see the same one every time?) with B15 (Thinking about your antenatal care, were you involved enough in decisions about your care?). Eighty four percent of women who saw the same midwife antenatally responded ‘Yes, always’ when asked if they were involved enough in decisions about their care, this is compared with 83% who did not see the same midwife but did not mind and 66% who did not see the same midwife but wanted to. Of the women who responded ‘No’ and did not feel involved enough in decisions about their care antenatally 2% had seen the same midwife, 3% had not seen the same midwife but did not mind and 7% had not seen the same midwife and had wanted to.

The same question about involvement in decisions made about the care provided was asked about labour and birth and there has been an increase from 71% to 74% since 2010, in the proportion of women feeling that they were always involved enough in decisions about their care during labour and birth. The proportion responding ‘Yes, sometimes’ has decreased from 23% to 21% and the proportion saying ‘No’ has decreased from 6% to 5%. Multiparous women tended to feel more involved, as 77% of them responded ‘Yes, always’ compared with 71% of primiparous women.

Women were asked whether their partner or companion was involved as much as they wanted to be during labour and birth and 95% of women reported that they were (of those who had a partner or companion with them that had wanted to be involved).

In response to the following question ‘*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?*’ Eighty five percent of women said ‘Yes’ and the remaining 15% said ‘No’. More primiparous women said ‘No’ than multiparous women – 17% compared with 12%.

NICE guidelines on skin to skin contact recommend that women should be encouraged to have skin-to-skin contact with their babies as soon as possible after the birth.⁹ Ninety percent of women who responded to the survey had skin to skin contact with their baby shortly after the birth. One percent of women reported that they had skin to skin contact but

⁹ Routine postnatal care of women and their babies (2006) Nice guideline 1.3.13

actually did not want it - the survey development work revealed that some mothers were either too tired, distressed or too worried about their babies to want skin to skin contact. Ten percent of women did not have skin to skin contact at all. Please note these figures exclude women who stated it was not possible for medical reasons or who did not have it as they had declined the opportunity to.

Choice

Sixty percent of all women said that they were offered a choice of hospital, 38% were offered the option of a home birth, 35% said that they were offered the choice of giving birth in a midwife-led unit or birth centre and 16% in a consultant led unit. Eighteen percent of women felt that they were not offered any choices.

Primiparous women were more likely to report that certain choices were offered than multiparous women, as a higher proportion of them reported being offered a choice of:

- **hospital:** 57% vs. 48% of multiparous women,
- **giving birth in a midwife led unit or birth centre:** 37% vs. 25% of multiparous women.
- **giving birth in a consultant led unit:** 15% vs. 12% of multiparous women,
- **giving birth at home:** 37% vs. 30% of multiparous women.

In order to make an informed choice about where to have their baby, women need to be provided with sufficient information during their antenatal care. When asked if they got enough information from either a midwife or doctor to help decide where to have their baby, 55% felt that they 'definitely' got enough information, while 29% felt they did to some extent and 16% that they were not given enough information. More first time mothers felt they did not get enough information, as 18% said 'No' compared with 14% of multiparous women.

Twenty eight percent of women who took part in the survey were given a choice of where their antenatal check-ups would take place, up from 25% in 2010.

Comments about involvement

Nine hundred and seven women made comments about how 'involved' they felt in their maternity care. Most comments provided about involvement referred to negative experiences. Almost two thirds of those who focused on this aspect of their maternity care said there was a lack of support for their wishes. Women described instances of when their birth plans were ignored, their choices of pain relief not been granted, not being able to make choices and feeling "bullied". The following is an example provided of how an individual staff member's attitude prevented a woman's wishes being respected:

"I had an emergency C-section and found everyone in the theatre very kind and helpful but the midwife was quite old fashioned and wouldn't listen to me when I asked to hold my baby straight away if she was okay. She told simply "I don't do that". It was over twenty minutes before I got to even see her."

The next most common reason that women gave for not feeling involved in their care was when they were told to stay at home longer than necessary before going into hospital to give birth. One hundred and eighty two women said this had happened to them (20% of women who talked about 'involvement'). For example:

"In my experience of giving birth, I wish I would have been admitted sooner. As I called twice and was advised to wait longer at home. Had I listened to this advice,

I would have had a home birth. I believe that the assessment of progress in early stages of labour over the phone should be improved.”

“I contacted the labour ward after I had been in labour for around 7 hours. I had decided to stay at home for as long as possible. When I spoke with the midwife she advised me I did not sound like I was in enough pain and to stay home longer!! Needless to say after an hour I decided I was going in no matter what, I took one step into the labour unit and gave birth there and then on the floor! I feel that the midwife should have listened more as some people have a high pain threshold and may not appear to be in much pain. I would have been disgusted to give birth en route or in the car park!”

Where women felt they were appropriately involved in their maternity care (14%), this tended to include examples of their wishes being taken into account as far as possible, pain relief was administered when requested or needed and they were involved in decisions around how they would deliver their baby. For example:

“Throughout my pregnancy the staff at the hospital were very reassuring and, despite explaining that a vaginal delivery would be closely monitored and safe, they allowed me to make my own decision for a repeat caesarean.”

“My midwives during labour were fantastic. They allowed my mum to lead me through pushing and they really involved my little sister who was present.”

Quality of care

A high quality of care should be provided to all women at all stages of their maternity care. Quality of care in this section covers the care provided during labour and birth, and postnatally.

Delivery

Sixty percent of women reported having a normal vaginal delivery, compared with 62% in 2010. There were no significant differences between years for the other types of delivery (assisted vaginal delivery, planned caesarean and emergency caesarean) even though the figure for planned caesarean appeared to increase from 10% to 11%. However:¹⁰

- More multiparous women had a normal vaginal delivery than primiparous women (71% vs. 50%).
- More primiparous women had an assisted vaginal delivery than multiparous women (23% vs. 6%).
- More multiparous women had a planned caesarean than primiparous women (15% vs. 6%).
- More primiparous women had an emergency caesarean (21% vs. 9%).

Eighty five percent of women who responded to the survey gave birth in a bed, down from 88% in 2010, while 8% gave birth in a water or birthing pool, up from 5% in the 2010 survey. The other options of ‘on the floor’ and ‘other’ showed no significant changes since 2010 (5% and 2% respectively).

¹⁰ These breakdowns are just for illustration, and further analyses are needed to better understand real differences across groups, whereby all relevant factors such as age, etc., would be taken into account.

Excluding those who had a planned caesarean, 71% of all other respondents were able to move around most of the time to choose the position that made them most comfortable during labour and birth, an increase from 64% in 2010. The proportion of women saying they could move around 'sometimes' has decreased from 27% in 2010 to 21%, and the proportion who said 'No' has decreased from 9% to 8%.

When asked what position they were in when the baby was born, there was no change in the 18% who reported that they were sitting/sitting supported by pillows in 2010 (see Table 2). The survey results show a decrease in the proportion of women giving birth lying flat or lying supported by pillows, compared with 2010 (26%, down from 32% in 2010). There has been an increase in the proportion giving birth on their side (5%, though no obvious change from 2010), those standing, squatting or kneeling (16%, up from 13%), those lying with their legs in stirrups (32% up from 30%), and 'other' positions (3% in both years).

Table 2: Question C9 'What position were you in when your baby was born?'

	Year of survey		Significant change between 2010 and 2013
	2010	2013	
Sitting / sitting supported by pillows	18%	18%	
On my side	5%	5%	↑
Standing, squatting or kneeling	13%	16%	↑
Lying flat / lying supported by pillows	32%	26%	↓
Lying with legs in stirrups	30%	32%	↑
Other	3%	3%	↑
Number of respondents	18945	16983	

Nineteen percent of women who had a normal vaginal delivery gave birth in stirrups.

A higher proportion of primiparous women had an assisted delivery and so it is unsurprising that they were nearly three times more likely to report that they gave birth lying with legs in stirrups (48% vs. 17% multiparous women). Compared with primiparous women, more multiparous women gave birth sitting supported by pillows (20% vs. 15%), on their side (7% vs. 4%), standing, squatting or kneeling (21% vs. 10%) and lying flat supported by pillows (31% vs. 19%).

Pain relief

The survey asked women what plans they had made during pregnancy for the type of pain relief to use when giving birth, and instructed them to tick all options that apply:

Table 3: Question C3 ‘During your pregnancy, what type of pain relief did you plan to use when giving birth?’

Type of pain relief	Percentage response
Natural methods (e.g. hypnosis, breathing, massage)	34%
Water or a birthing pool	34%
TENS machine (with pads on your back)	20%
Gas and air (breathing through a mask)	75%
Injection of pethidine or a similar painkiller	21%
Epidural (injection in your back, given by an anaesthetist)	23%
I did not want to use pain relief	6%
I had not decided	9%
Number of respondents	20177

Respondents were asked whether the pain relief they actually used during labour and birth had changed from what they had originally planned, and 52% said ‘Yes’. Sixty two percent of primiparous women said ‘Yes’ compared with 42% of multiparous women.

The women who had indicated a change were then asked why they did not use the choice of pain relief they had originally planned to (see Table 4). Table 5 shows the results broken down by primiparous and multiparous women, with the highlighted cells showing where responses are significantly higher for either primiparous women or multiparous women.

Table 4: Question C5 ‘Why did you not use the choice of pain relief that you had originally planned to?’

Question response option	Percentage of all women
For medical reasons	31%
I changed my mind	16%
I did not need to use the pain relief I had planned to use	9%
There was not time to use my planned pain relief	25%
The pain relief I had planned to use did not work	17%
I was told there were not enough staff to provide my chosen pain relief	4%
I was not told why I could not have my choice of pain relief	4%
Other	14%
Number of respondents	8976

Table 5: Question C5 ‘Why did you not use the choice of pain relief that you had originally planned to?’ by parity.

Question response option	Percentage of primiparous women	Percentage of multiparous women
For medical reasons	38%	21%
I changed my mind	19%	12%
I did not need to use the pain relief I had planned to use	8%	12%
There was not time to use my planned pain relief	17%	39%
The pain relief I had planned to use did not work	21%	11%
I was told there were not enough staff to provide my chosen pain relief	3%	5%
I was not told why I could not have my choice of pain relief	3%	5%
Other	14%	13%
Number of respondents	5397	3496

Higher proportions of primiparous women changed their pain relief: for medical reasons, because they changed their mind, or because they felt like their pain relief choice did not work. More multiparous women indicated that they changed their pain relief method because: they had not needed the pain relief they planned to use, there was not time to use it, or they were told there were not enough staff to provide their choice. Also, more multiparous women (compared with primiparous women) reported that they were not told why they could not have their chosen pain relief.

Care during labour and birth

Since 2010 some of the response options for the question ‘*Were you and/or your partner or a companion left alone by midwives or doctors at a time when it worried you?*’ have changed to improve the question and the insight collected. Subsequently only the ‘not at all’ option is comparable with 2010. In 2010, 78% of respondents reported that they were ‘not at all’ left alone at any time that worried them; this has declined to 75% in 2013.

In terms of the amended 2013 options, where more than one response could be selected:

- 13% of women felt that they were left alone at a time that worried them during early labour,
- 9% during the later stage of labour,
- 2% during the birth, and
- 9% shortly after the birth.

As shown in Table 6, there were a number of significant differences between the types of delivery:¹¹

¹¹ Statistically significant differences are those where any change in the results is very unlikely to have occurred by chance

- More women who had a planned caesarean responded 'not at all' than any other type of birth, indicating that they tended not to be left alone at any times that worried them.
- More women who had an emergency caesarean were left alone at a time when it worried them during early labour than those who had a normal vaginal delivery or planned caesarean.
- Those that had an assisted vaginal delivery were worried when left alone more in early labour than those that had a normal vaginal delivery and planned caesarean.
- More women who had a normal vaginal delivery reported that they were not left alone at any time that worried them, compared with women who had an assisted birth.

Table 6: C13 'Were you and/or your partner or a companion left alone by midwives or doctors at a time when it worried you?' by C7 'Thinking about the birth of your baby, what type of delivery did you have?'

	A normal vaginal delivery	An assisted vaginal delivery	A planned caesarean delivery	An emergency caesarean delivery
Yes, during early labour	13%	17%	2%	18%
Yes, during the later stages of labour	11%	11%	1%	9%
Yes, during the birth	2%	2%	1%	2%
Yes, shortly after the birth	9%	9%	8%	8%
No, not at all	74%	71%	90%	72%
Number of respondents	13590	3243	2390	3325

When looking at differences between primiparous and multiparous women, more primiparous women reported that they were left alone at times that worried them during: early labour, the later stages of labour, and shortly after the birth. Multiparous women were more likely to report that they were not left alone at any times that worried them, compared with primiparous women (See Table 7).

Table 7: C13 ‘Were you and/or your partner or a companion left alone by midwives or doctors at a time when it worried you?’ by parity.

Stage left alone	Primiparous women	Multiparous women
During early labour	15%	11%
During the later stages of labour	10%	9%
Yes, during the birth	2%	2%
Shortly after the birth	9%	8%
Not at all	73%	77%
Number of respondents	10952	11590

Respondents were asked whether concerns they raised during labour and birth were taken seriously, and 81% of respondents felt that their concern was taken seriously. This leaves almost one in five women (19%) who felt their concerns were not taken seriously.

Women were asked about their use of the call button and how long it took before they got the help they wanted - 26% of women said they got the help straight away, and a further 56% said that they were responded to within one to five minutes. Eleven percent reported that they waited between six and ten minutes, while 3% reported it was a wait of between 11 and 20 minutes. Two percent reported waiting over 20 minutes, while one percent never got a response.

Postnatal care

In 2013 a higher proportion of women stayed in hospital for up to 12 hours, up from 16% in 2010 to 17%. More women also stayed for one or two days, up from 35% in 2010 to 37%. Those who stayed for five or more days increased from 8% in 2010 to 9%. A lower proportion of women stayed three to four days - 18% compared with 21% in 2010. Multiparous women tended to have shorter stays, with 24% leaving hospital within 12 hours, compared with 9% of primiparous women. Primiparous women tended to stay longer overall than multiparous women, with 35% of them staying three or more days, compared with only 20% of multiparous women.

When asked whether they felt their stay in hospital after birth was the right length, 72% of women reported that the duration of their stay was ‘about right’, 12% felt that it was too short and 16% felt it was too long. Looking at the 2013 results by parity, more multiparous women thought the length of their stay was about right (75% vs. 69% of primiparous women).

Comments about quality of care

Over a third of all the comments women made related to issues around ‘quality of care’ (2604). Quality of care issues concerned physical and clinical care, such as the physical care of women and their new-borns, pain management through antenatal to postnatal care and discharge arrangements.

Over a quarter of the comments (927, or 36%) made about quality of care related to women being left unattended too long either during delivery or during a postnatal stay in hospital. Women suggested this was because staff were too busy and therefore not available, or that were “inattentive” and “ignored women”.

Women described instances of being left unattended prior to and during labour, and immediately after the birth where they were left for long periods of time, often without access to working call buttons. For example:

”Due to me not being listened to and being ignored when I was telling the midwives I felt labour had started. I was left in a room with other women and not checked for 4 1/2 hours even though I went to them 3 times to tell them I felt my baby was coming. After me struggling to their desk in the early hours and arguing, they eventually checked me and discovered the head was there. I had given them many opportunities to check earlier and asked for a private room but this was ignored leaving me to labour alone with 2 other women sharing my room = DISGUSTING!”

“After I'd had my caesarean I was taken on to one ward with my baby laid across my chest and left like this and not given a buzzer. One midwife did appear and I asked her for a bottle feed for my baby, which she came and put on a table out of my reach and walked off before I could ask her to pass it to me. I was left like this from when I was taken on to the ward at 6am until my partner arrived at 10.30 by which time I was upset and very distressed. I was unable to move for the whole period, as due to my caesarean I was unable to get up and lift my baby off of me.”

The next most common concern that women raised about quality of care relates to inadequate physical care or advice (30% of comments made about quality of care fell into this category, 783). Again these issues were raised across the maternity pathway, and related to experiencing care that to them did not feel sufficiently thorough, or was below the standard they felt they have a right to expect. There were also concerns about the skills levels and competencies of some of the professionals they dealt with, given the advice given and care received. Such instances included midwives providing inaccurate information, inexperienced staff dealing with complicating health conditions such as diabetes and pre-eclampsia, catheters not being emptied causing pain and fetal heart monitors being inaccurately interpreted. Women were especially upset where they felt their infants had received inadequate care. Some examples include:

“Being a diabetic patient, I expected the midwife who was with me during labour to see this in my notes, but she didn't even read them before seeing me, then tried to take my insulin away from me before asking why I was using it!!”

“I feel that the midwives in the labour ward need more training on reading the machines where they monitor the baby's heartbeat. I had a terrible experience and had to be taken to theatre due to the nurse not calling the doctor sooner as she was not reading what was required.”

“I had stitches which I was told were dissolvable, a month later they were still there and my skin had covered them therefore I had to go to the hospital and have them removed, with gas and air. I wasn't very happy as I was told they wasn't the right stitches for down there and that they should have been dissolvable.”

Where women voiced concerns about the paediatric care their baby received, many were upset that it went unnoticed that their babies were tongue tied. There were also numerous reports of midwives inaccurately recording babies' weights at birth and many women reported being sent home before full baby checks had been completed. For example:

“After my baby was born, I was disgusted with the paediatrician! She got the wrong patient so nearly gave me medication that I didn't need and gave my baby a blood test that wasn't needed as she got the wrong baby. And on my notes, she wrote that I had a baby boy, when I had a girl. I did file a complaint but never heard anything back.”

“We were re-admitted to hospital because my baby had jaundice. The nurse who set up the light therapy medicine actually didn't switch it on fully, so baby did not receive a full dose for several days, which meant we spent several days too many in hospital which was frustrating.”

Fourteen percent of women who talked of quality of care issues wanted to share experiences of poor pain management during labour and birth, and in the postnatal period. During labour some women felt they were not able to access pain relief quickly enough e.g. not being able to have an epidural because the anaesthetist was too busy, or that what they were given was insufficient to control the pain. During the postnatal period, women felt their requests for pain relief were not always taken seriously, and prescribed dosages not adhered to.

“Some nationalities are treated differently. I was told that women from my country are ‘hard core’ or ‘strong’. I believe that I was not given epidural because I'm strong and can take a lot of pain. This is what midwife assumed. I will refuse to give natural birth in the future. I will request Caesarean only!”

“My midwife in labour was amazing but the anaesthetist took 4 hours to get to me. Didn't explain the epidural to me and couldn't site it correctly. After 3 attempts it did not work and I was left with 9 holes in my back. This gave me no confidence in my care.”

After delivery, women reported staff on postnatal wards not listening to their requests for pain relief or not heeding instructions for their care, for example:

“I was left for over 2 hours waiting for morphine due to staff shortages - I wanted to die (at the time) due to the pain of the caesarean and felt very let down after previous perfect care. I felt lonely, helpless and uncared for that no one could help me.”

Discharge from hospital was felt to be problematic for 267 women, with equal numbers of women saying they were discharged either too soon, or their discharge was held up unnecessarily. Those who said they were discharged too early felt they were pressured to leave when they would have preferred to stay, or feel aspects of their care were overlooked in the haste to have them discharged, for example:

“I was very disappointed as the midwife who delivered my baby was so great but after she left and the morning staff came they were rushing me and baby to go or else we would have to wait in the waiting room. I did not feel fully recovered and was very weak. I wanted to stay on the ward and this was just 4 hours after giving birth.”

“I had more issues after my son was born, I was kept only for 4 hours and my son was not checked by doctors and midwives because of this he was admitted at the neo-natal for 1 week as he had congestion the day he was born, the reason the doctors informed was he had [supressed word] fluid, if this was rectified the same day we would not have had the trouble for one week.”

Some women were keen to leave as soon as possible but were held up by long delays around discharge or kept in for what they considered no good reason. They reported being held up by waiting for forms to be filled in and problems owing to lack of availability of staff to undertake checks or discharge arrangements.

However 350 women provided feedback and examples of 'good quality care', which highlighted professional and competent staff, staff who were attentive and who helped control pain sufficiently and good paediatric care. For example:

"I had to go into hospital at 38 weeks due to complications - I was in hospital for 1 week and the midwives were amazing. They seemed to really care about what I was going through and talked to me when they could."

"Shortly after my baby was born via C-section she started to grunt, the midwife looking after us picked up on this straight away and my daughter soon received the medication required to treat her, if it wasn't for this midwife my daughter could have been more poorly than she was."

Facilities and environment

Cleanliness

Sixty three percent of the respondents felt that the hospital room or ward was 'very clean', 32% 'fairly clean', 3% 'not very clean' and 1% 'not at all clean'. The results with regards to toilets and bathrooms indicated that respondents did not find them as clean as the wards, as only just over half (52%) felt that they were 'very clean', 38% 'fairly clean', 7% 'not very clean' and 2% 'not at all clean'.

One hundred and ninety one women's main comment was concerning cleanliness, one hundred and seventy two of which were negative. Most of those who flagged up poor standards of cleanliness had experienced this during their postnatal stay in hospital (although some women were also unhappy with standards of cleanliness experienced during their labour and delivery). As highlighted in the survey results cleanliness of bathrooms appeared to be a problem. A third of women who commented on cleanliness highlighted this as being a particular problem, especially finding other women's blood:

"The bathroom was filthy and covered in someone else's blood."

"The toilets in the ward were very mucky. There was urine all over the floor, the bins were full of mucky pads and the toilet was dirty. Not a very clean place for women after surgery."

Over half of women who raised concerns on this topic made more general comments about poor cleanliness standards and poor housekeeping. A common theme was women being left lying in blood/ bloody bedding unless they could change it themselves. Women were upset to find they had to contend with their own or other people's blood:

"When I had my baby I was in a side room. The cleaner came in to clean the room. As I care in a nursing home I know and understand about cleaning and spreading germs. She told me she wasn't going to use the spray because of the baby. She used a piece of dry tissue and wiped around the sink in bedroom. I had bled on toilet seat and she spat on her tissue and rubbed toilet seat and then used

the same tissue to wipe bathroom sink. I was disgusted she didn't think what she had done was wrong. I was leaving that day and I bet someone was using the room before it was ever cleaned properly. Any germs would have spread easily in that room. Even my partner looked at me and commented when she left the room 'did you see that!'"

"The room on the low dependency unit that I was given had the previous patient's blood still on the floor. My husband ended up cleaning it up as there was no one around - disgusting."

Facilities

Four hundred and forty nine women made comments about the facilities or environment in which maternity care was delivered. Ninety-two percent of these were negative, half of which related to postnatal facilities, while more than a third (38%) described inadequate facilities during delivery.

A quarter of women who commented on the maternity environment were unhappy that partners were not able to stay with them. This was particularly a problem where women were in hospital due to complications prior to delivery, or because they were being induced. Many reported being moved to a postnatal ward immediately after birth outside of visiting hours so their partners were not allowed to stay, or sometimes even help them get settled into the postnatal ward. For example:

"The overnight stay on the ward having given birth that day was awful. Having had a planned C Section as a first time mum, being left on the ward with my baby, having the husband go home at 10pm was emotionally damaging. Being left to fend for ourselves in a dark and lonely ward was scary and unnecessary. Having been physically limited by the operation and not being able to pick my baby up without using a call button (which wasn't always answered/ was frustrating and inhuman)."

"I strongly feel partners should be allowed to stay with mums in hospital during labour - including when waiting to be induced. When being induced the labour can be very painful and quick and support from the birthing partner is essential. Personally my whole labour was only 1hr 50min in the night - my partner wasn't allowed to stay with me. We live 40 mins away from hospital - so when I was allowed to call him, he missed most of my labour - which was distressing."

Seventy three women (16% of those who commented on environment issues) described a lack of rooms or beds, for example:

"I feel very let down by the care I received when I went in to have my baby. I was left in labour on [address removed] ended up having my baby in a corridor as no room on [address removed] even though I was induced."

"The hospital needs to expand their birth centre as it was full on the day when arriving the delivery suite was full and I had to wait for a bed. This meant a long wait for gas and air. I was told to labour in the hallway because there was no bed even when I was at the last stages of labour."

Sixty five women (14% of those who commented on the hospital environment/ facilities) felt there was a lack of equipment or that equipment was poor, compared with thirteen

who felt good equipment was a positive aspect of their care. A number of these women were disappointed not to have access to a birthing pool, however comments were more wide ranging than this and included equipment being shared between wards and not being found when needed.

“On arrival to the Maternity Unit in active labour my husband and I were told in wait in a room which looked like a storage room (broken chair, old jackets, light flickering). I appreciated the staff were very busy that night but it was very distressing for me to be left there for over half an hour without help or advice when in labour with my first child. At one point I had to get down on my hands and knees to ease the pain. Not ideal as the floor was not clean and another couple were then waiting in the room also. Dignity = zero at that point. I at this point regretted my decision to have my baby at that hospital. I also had wished to have a water birth however I was told there was no chance that night without any other explanation.”

“The delivery suite was cold throughout labour, so much so we were given blankets. I wore my coat during some parts of labour as did my companions”.

Eighty seven women (19% of the women who mentioned environment issues) felt the postnatal environment was too noisy and therefore did not allow them to rest when they needed it:

“In the night the midwives spent (at least 2 hrs.) nattering nonstop about their hols loudly keeping awake.”

However a small number of women (17) wanted to make comments about the comfort of their surroundings as standing out in their care. Mostly these were about the calmness of the environment in which they delivered, rather than postnatal provision. For example:

“Room layout - only two to a room - is fantastic.”

Seven percent of women who mentioned hospital facilities (32) described a lack of privacy either during labour or postnatally. Often concerns were about the inadequacy of curtains, or the fact that they were forced to have these open when they didn't want to during postnatal stays.

Food

Ninety seven women talked about the food during their postnatal stay, with just ten of these women saying food had been good. Women told us they were left for long periods after giving birth without food or that when they did have food the portions were too small or the food was unappetising. For example:

“After a scan at 36 weeks I saw a consultant straight after and was admitted straight away for a section 3 days later. I wasn't bought the dinner 2 days in a row and they said they couldn't get me another one, so I was offered left over sandwich for dinner, 2 days in a row including the night before my C-section where I would be nil by mouth from midnight!!”!

“Admitted for an induction due to gestational diabetes but hospital food so poor my blood sugars were the worst they had been.”

Staff

The midwife tends to be the health professional that women see most often throughout the maternity pathway. While most of the questions in the survey focused on the midwife, two questions focused on staff more generally as it was felt that other staff may have been involved, particularly during labour and birth. Women were asked whether the staff treating and examining them introduced themselves and 83% reported that the staff all introduced themselves, 16% that some of the staff did and 2% that very few or no staff did.

Being treated with respect and dignity is a key aspect of care that should be provided to all service users. While 85% reported that they were treated with respect and dignity, 12% felt that it only happened sometimes and 3% that it did not happen at all. Fewer primiparous women felt that they had always been treated with respect and dignity: 84% compared with 87% of multiparous women.

Women were asked if they were treated with kindness and understanding after the birth of their baby, and 66% reported that they were 'always' treated in this way (an increase from 63% in 2010). Fewer women responded 'Yes sometimes' in 2013 (28% compared with 31%) and 'No' (6% compared with 7%). As with most other questions primiparous women were less likely to provide a positive response, with 61% feeling they were 'always' treated with kindness and understanding compared with 71% of multiparous women.

Both the labour and birth and postnatal care section of the questionnaire asked about confidence and trust in staff, the labour and birth section covering staff and the postnatal section covering midwives. For the labour and birth question, 78% of women who responded to the survey 'definitely' had confidence and trust in staff caring for them, up from 73% in 2010. Fewer women reported that they did 'to some extent' (from 23% in 2010 down to 19%) and that they did not have confidence and trust in staff during labour and birth (from 4% down to 3%).

Seventy one percent of women 'definitely' had confidence and trust in midwives they saw after going home, 25% did 'to some extent' and 3% did not. Sixty nine percent of primiparous women had confidence and trust in the midwives they saw after going home and 4% did not, compared with 73% of multiparous women who definitely did and 3% who did not.

Comments about staff

There were nine hundred and forty nine comments provided about staff. They covered perceived shortages of maternity staff, staff being too busy and there being too few clinics available to see women. Maternity wards were described as "severely understaffed" with "over worked staff" on postnatal wards in particular. Several examples of comments covering this include:

"My main complaint about my stay at the hospital was the lack of staff, which is no fault of their own. You were often left for long periods of time as too many women there for the amount of midwives/professionals available!! The time I was in, there were 2 midwives looking after roughly 15 women!! "

"Staff were great but too busy, after care was poor in the hospital no help was offered nor was I or the baby checked up on."

Four hundred and eighty comments concerned the attitudes of staff looking after women. However these were evenly split between women who wanted to tell us about helpful, caring or friendly staff and staff that were uncaring or unhelpful. Examples of where women told us about caring staff included midwives who listened, were supportive and

approachable, for example:

“Midwife very helpful, kind, patient, answered all questions. Staff brilliant in birthing unit - attentive, caring, professional at all times.”

“The midwives on the ward were very helpful. I suffered from high blood pressure and therefore had to stay in hospital longer. They did what they could to try and bring my blood pressure down, by letting me get some sleep whilst they looked after my baby and putting me in a room of my own for a night.”

Examples were given where women were not treated with such compassion and kindness, including being treated in a “bossy” or “pushy manner” and feeling that they were not being professionally supported during delivery or the early postnatal stage. Most comments were directed at midwifery staff, although health visitors were mentioned also. Some examples include:

“In the ward night staff were very rude. They didn't help me at all. I had an emergency C-section and asked a night staff (midwife) to bring me the formula milk, and her answer was ‘go and take it yourself’. My baby was crying and she didn't help me, it was 2nd day of my surgery.”

“I was very disgusted and disheartened about my labour the midwife I had was more interested in my weight than in me in labour. She was highly rude. She didn't respect my dignity and made me feel uncomfortable. She did not involve my partner and seemed to have a strong problem that he was a certain nationality. She didn't even put him on my labour notes to say he attended the birth if it wasn't for the trainee midwife I would have broken down. She was more professional and listened to my wishes. She also kept apologising on behalf of the other midwife when she left the room.”

Feeding

Fifty nine percent of respondents fed their baby breast milk only in the first few days after the birth and this is the same proportion as 2010. There has been an increase in the proportion that fed their baby both breast and formula milk (up from 19% in 2010 to 21%) and a decrease in those feeding formula milk only (down from 22% to 20%). Twenty six percent of the women who fed their baby by formula milk only put their baby to the breast at least once; while the figure has increased from 24% in 2010 it is not a significant increase.

Eighty one percent of women felt that their decisions about how to feed their baby were always respected by midwives, while 15% felt that they ‘sometimes’ were and 4% that they were not. Fewer primiparous women felt that their decisions were always respected than multiparous women (77% vs. 85%) and more primiparous women felt that their decisions were not respected (5% vs. 3%).

Women were asked whether, during their pregnancy, midwives provided relevant information to them about feeding their baby and 61% responded ‘Yes, definitely’, 30% ‘Yes to some extent’ and 10% ‘No’. Fewer primiparous women felt that they received relevant information when compared with multiparous women: 55% primiparous women said ‘Yes, definitely’ compared with 67% of multiparous women.

Being provided with consistent advice on feeding is clearly important: just over half of women (54%) felt that they 'always' received consistent advice. However, 26% only 'sometimes' received consistent advice, 18% did not receive consistent advice and 2% felt that they received no advice at all. There are differences in how primiparous and multiparous women responded to this question: 61% of multiparous women responded 'Yes always', compared with 47% of primiparous women. Twenty three percent of primiparous women said 'No' to this question compared with 12% of multiparous women.

Women's responses to question F4 (Did you see the same midwife every time?) were looked at with E5 (Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby?). Twenty eight percent of women who did not see the same midwife postnatally but wanted to responded 'No' when asked if they received consistent advice about feeding their baby, this is compared with 14% for both women who saw the same midwife and those who did not see the same midwife but did not mind.

Sixty one percent of women who responded to the survey felt that they were always given active support and encouragement from midwives and health professionals about feeding their baby, while 28% felt that they sometimes were and 11% responded 'No' having felt that they did not receive active support and encouragement. Fewer primiparous women felt that they were given active support and encouragement about feeding their baby, only 56% compared with 66% of multiparous women responded 'Yes, always'.

In relation to feeding, women were asked whether they received help and advice from a midwife or health visitor about feeding their baby within the six weeks after the birth of their baby – 63% felt that they 'definitely' did, 27% that they 'sometimes' did, and 11% that they did not. There was a difference between primiparous and multiparous women of four percentage points (61% and 65%) for the response 'Yes definitely'.

Comments about feeding

Many women felt strongly about issues around feeding their babies, and this was the third most frequently cited theme within the comments (1115 comments). In line with other open ended comments, women more frequently had negative experiences to report than positive. When talking about experiences around feeding their new babies, 41% said they felt inadequately supported in the process of breastfeeding or felt information was poor.

"Postnatal care on the postnatal ward was awful for a first time mum! My little boy never latched on once whilst on ward (36 hours) and no nurse came to help. A nurse came and check his vital stats but did not give any advice at all about breastfeeding, despite only encouraging breastfeeding!"

"I had experienced poor advice and help with breastfeeding my first child, which put me off breastfeeding my second child. However during labour I was reassured how things had changed regarding help and advice with breastfeeding, and I would have all the help and advice needed to be able to feed second baby. After giving birth I received no advice or help, it wasn't even mentioned I was just left to it, so lack of experience and knowledge and very bed painful memories of what happened first time and how upset I was. I felt I had no choice but to bottle feed."

Almost a fifth of women who commented on issues around feeding, said they received inconsistent advice around feeding their new-borns which left them feeling confused and anxious. Most common examples showed women being given mixed messages around

whether breastfeeding or formula feeding would be best for them, for example:

“The views of the midwives were so different which really messed with my mind. Some were dead against formula feeding which made me feel very guilty. I had difficulty breastfeeding and wish there was a general view of all midwives to use.”

“My baby got distressed at 21:00 and had not fed since 16:00 I was asked by a healthcare assistant why had I let it get to this stage. As a new mum I had been trying to get my baby to latch on for hours. I was not experienced and felt very vulnerable. Lots of different people kept giving me different advice. One said no formula, one asked me why I didn't feed my baby formula. I didn't know what to do for the best. It was confusing. I could have been more supported. I was made to feel bad. I wanted to persevere and breastfeed but I also didn't want my baby to go hungry.”

Other women felt overwhelmed by the pressure to breastfeed, saying this made them feel isolated and guilty (14% of women who talked about feeding). These women said there was no consideration of women's individual circumstances e.g. where it is difficult to nurse or extremely painful, in a number of cases women described midwives interventions to assist breastfeeding as physically painful e.g. nipples being pinched. The following comments provide an insight into some women's feelings:

“Post natal ward is very isolating. Too much prejudice against mothers bottle feeding. More support/understanding should be given to mums who struggle to breastfeed - yes we all know that 'breast is best' but some can't feed well (babies/mums) and the pressure to continue is far too much - surely a happy mum is more important for the baby than breastfeeding.”

“The most upsetting part though, was that midwives and health visitors make you feel bullied into breastfeeding... I was desperate to breastfeed during my pregnancy, and I was devastated when I couldn't, but the comments and the way you are made to feel guilty is totally unacceptable.”

However 15% (162) of the women who discussed issues around feeding their babies reported positive care showing that they felt they were well supported in breastfeeding, or in some cases supported mixed feeding using both formula and breastfeeding. For example,

“I had missed the antenatal class about breastfeeding, and this information was passed on to the midwifery team, who sent a wonderful breastfeeding advisor who visited twice to help us to get the feeding going well. This was much more useful in my circumstances than seeing a midwife again.”

“Midwife support worker visited me a number of times after my baby was born to help me with feeding and she was brilliant. She spent a long time with me and I never felt rushed.”

“Midwife support workers have superb breastfeeding advice/support - even with a baby with tongue tie.”

Next Steps

This report has presented the results from the 2013 survey of experience of maternity care, making comparisons with the 2010 survey where possible. The detailed survey results and comments have been provided back to NHS trusts who are expected to take action based upon the results. The results and comments will be fed back to CQC inspectors and will be used by the Care Quality Commission as part of its Hospital Intelligent Monitoring. The CQC will use the insight collected to continue to develop the National Maternity survey as a systematic means of collecting feedback on maternity care.

NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The Trust Development Authority will use the results to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

Appendix

A total of 8,000 comments were analysed as part of this report. There were 10,007 comments received in total, but only 8,000 of them were available in time to be used in this report. The 8,000 comments covered all NHS trusts that took part in the survey. The comments were coded into themes and whether they were positive or negative. All of the comments under each theme were analysed, and the findings of the analysis are summarised in this report along with some quotes representing some of the themes discussed. In some cases comments will have had more than one theme or both positives and negatives, where this was the case there may be more than one code for a comment. Subsequently the number of codes for each theme in the table below may equal more than the number of respondents that provided comments.

The remaining comments will be coded and used with the other 8,000 as part of CQC's Intelligent Monitoring.

The table below summarises the number of comments under each theme:

High level themes in women's comments

	Negative	Positive	Total	Negative (% of comments on theme)	Positive (% of comments on theme)	% of total comments
Access to care	229	1	230	99.6	0.4	2.4
Cleanliness	172	19	191	90.1	9.9	2.0
Communication	1302	250	1552	83.9	16.1	16.5
Continuity of care	785	104	889	88.3	11.7	9.5
Environment/ facilities	412	37	449	91.8	8.2	4.8
Food	87	10	97	89.7	10.3	1.0
Infant feeding	953	162	1115	85.5	14.5	11.9
Information provision	252	56	308	81.8	18.2	3.3
Involvement	788	119	907	86.9	13.1	9.6
Quality of care	2367	350	2717	87.1	12.9	28.9
Staff	706	243	949	74.4	25.6	10.1
TOTAL SPECIFIC CODES	8053	1351	9404	85.6	14.4	100.0