

DEVELOPMENT REPORT FOR THE 2017 MATERNITY SURVEY

THE CO-ORDINATION CENTRE FOR THE NHS PATIENT
SURVEY PROGRAMME

Contacts

The Patient Survey Co-ordination Centre
Picker Institute Europe
Buxton Court
3 West Way
Oxford
OX2 0JB

Tel: 01865 208 127
Fax: 01865 208 101
Email: mat.cc@pickereurope.ac.uk
Website: www.nhssurveys.org

Key personnel

Chris Graham (Director)

Carolina Casañas i Comabella
Rory Corbett
Tiffany Gooden
John Latham-Mollart
Nick Potheary
Fiona Roth
Steve Sizmur
Eliza Swinn
Lizzie Thwaites
Alison Wright

Questions and comments

If you have any questions or comments regarding this document, or if you have any specific queries regarding the submission of data, please contact the Co-ordination Centre:

By email: mat.cc@pickereurope.ac.uk

By phone: 01865 208 127

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1 Introduction

The last national survey of women's experiences of maternity care in England was carried out in 2015. Over 20,000 women from 133 NHS trusts in England responded to the survey between April 2015 and August 2015, a response rate of 41%. Similar surveys were carried out in 2007, 2010 and 2013.

The Maternity Survey will again be undertaken in 2017 as part of the national patient survey programme. The survey will give trusts information on patient experience during antenatal care, labour and birth, and postnatal care, to facilitate targeted quality improvement. The Care Quality Commission (CQC) will use the data in their regulation, monitoring and inspection of NHS acute trusts in England, while NHS England and the Department of Health will also use the results in measuring performance against a range of indicators and objectives.

Methodology will be largely similar to that of previous years: paper self-completion questionnaires will be sent to eligible mothers, defined as women who had a live birth in January or February 2017 and are aged 16 or older. Women who gave birth in a hospital, birth centre, maternity unit, or at home are eligible. An online version of this survey is not available.

Summary of development

Consultation was undertaken in order to update the 2015 questionnaire for 2017. Amendments were made on the basis of the following:

- Analysis of the 2015 survey data to examine item non-response rates, ceiling and floor effects, trust-level minimum response numbers, and correlations between question scores.
- Consultation with stakeholders including the CQC, NHS England, the Department of Health, participating trusts and maternity charities regarding the scope of the survey and to take account of policy priorities.

In addition to this work, the redesigned questionnaire underwent thorough cognitive testing with 18 women who had given birth within the previous year. The testing took place across Oxford, and women of a mix of ages and ethnic groups took part, including women whose first language was not English.

This document describes changes made to the 2015 questionnaire: new items added for 2017, items removed, changes made to existing questions and response options, and changes to survey protocol and documents.

Any questions in the 2017 core questionnaire not mentioned in this report can be assumed to have been carried over from the 2015 questionnaire unchanged. A summary of questionnaire changes from 2015-2017 can be found in Appendix A of this report. The complete 2017 questionnaire will be published on the NHS Surveys website around March 2017 following ethical approval of the survey.

2 New items added to the questionnaire

The 2017 maternity questionnaire has been kept as similar as possible to the 2015 version to allow for year-to-year comparisons. Following consultation with key stakeholders, four new questions have been added to the 2017 questionnaire. Unless otherwise stated, all question numbers correspond to the numbering of the 2017 questionnaire.

D3. On the day you left hospital, was your discharge delayed for any reason?

- ¹ ☐ Yes → **Go to D4**
- ² ☐ No → **Go to D5**

D4. What was the **main** reason for the delay? (**Cross ONE only**)

- ¹ ☐ I had to wait for **medicines**
- ² ☐ I had to wait to **see the midwife/doctor**
- ³ ☐ I had to wait for **test results**
- ⁴ ☐ I had to wait for **a check to be done on my baby**
- ⁵ ☐ Something else

These questions were added to the postnatal section of the questionnaire before cognitive testing, and were taken from the 2016 Inpatient Survey. Response option 1 in D4 was carried across from the Inpatient questionnaire, but stakeholder advice was sought to change the remaining response options in order to make them more maternity-specific.

During cognitive testing, respondents did not have difficulty answering these questions and those routed to D4 could often recall the length of the delay they experienced. Each response option for D4 was selected at least once by participants who had a delayed discharge and “Something else” was selected infrequently, suggesting that the response options are suitable for capturing women’s experiences. As a result of these findings, it was decided that these questions were acceptable to include in the questionnaire.

C13. Had any of the midwives who cared for you been involved in your antenatal care?

- 1 ☐ Yes
- 2 ☐ Yes, but I did not want this
- 3 ☐ No, but I wanted this
- 4 ☐ No, but I did not mind
- 5 ☐ I did not want / need this

This question was developed to address continuity of care, a topic which stakeholders agreed should receive greater focus in the survey. The question was added to the labour and birth section of the questionnaire before cognitive testing commenced.

Participants interpreted the question as intended; that is, as referring to whether the midwives who provided their care during pregnancy were also present during labour and birth. The response options were originally different to those shown above. They were: “Yes”; “No”; “This was not possible”; and “Don’t know / can’t remember”.

After the first round of testing, the response options were amended in order to capture whether participants minded not having the same midwives, consistent with the two other questions about continuity of care in the questionnaire (B8 and F5). The question worked well after the change in response options and was considered suitable for inclusion in the final questionnaire.

F1. Were you given a choice about where your postnatal care would take place? (*Postnatal care is any contact with a midwife or other health professional after leaving hospital*)

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don’t know / can’t remember

This question was designed to address the topic of choice, and was inserted at the beginning of Section F: ‘Care at home after the birth’ prior to cognitive interviewing. The response options were copied over from a very similar scored question from the antenatal section, B7 (“During your pregnancy were you given a choice about where your antenatal check-ups would take place?”).

Respondents answered the question easily, with most reporting that they were not offered a choice, or were not aware that there was a choice. The only problem to arise with this question was that one participant in Round 2 did not know what ‘postnatal’ meant. The term ‘postnatal’ only appears two other times in the questionnaire (Section D title and question F20), both times accompanied by extra information relating to the term. Therefore, for the third round of testing a definition of postnatal care was added to the question, as shown in the bracketed italic text above. Round 3 respondents did not report having difficulty understanding the question or the explanation of postnatal care, and the question was deemed suitable for addition to the questionnaire.

3 Changes to existing items

The wording of some questions and response options was altered to change the focus of questions, improve patient comprehension, or amend dates. A contact number for CQC was also added to the end of the questionnaire. These changes are detailed below, with deletions struck through and insertions underlined. Question numbers refer to items' positions in the 2015 questionnaire.

C4. During your pregnancy labour, what type of pain relief did you ~~plan to use when giving birth~~ use? (**Cross ALL that apply**)

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

This question text was amended prior to cognitive interviewing so that it asked which type of pain relief women actually used (rather than what they had planned to use), as stakeholder discussions revealed that the updated question would provide more useful data. Cognitive interview respondents reported finding it easy to understand the question and remember which type of pain relief they had used.

On stakeholder advice, an additional response option was tested in the first two rounds of cognitive interviewing: "Spinal anaesthetic (for an emergency c-section)". However, most participants were confused about what a spinal anaesthetic was and how it differed from an epidural, or just assumed it was for caesareans (as stated in the response option). Therefore, this option was removed for the final round of testing and respondents did not have difficulty answering the question or suggest that any response options were missing. The "Other" response option, which is new in 2017, was considered adequate to accommodate women who use spinal anaesthetic, as well as any other types of pain relief.

C5. Did the pain relief you used change from what you had **originally planned** (before you went into labour)?

- 1 ☐ Yes → Go to **C6**
- 2 ☐ No → Go to **C7**
- 3 ☐ I did not use pain relief → Go to **C7**
- 4 ☐ I did not have a plan → Go to **C7**

C6. Why did you not use the choice of pain relief that you had **originally planned** ~~to~~ (before you went into labour)? (Cross **ALL** that apply)

- 1 ☐ For medical reasons
- 2 ☐ I changed my mind
- 3 ☐ I did not need to use the pain relief I had planned to use
- 4 ☐ There was not time to use my planned pain relief
- 5 ☐ The pain relief I had planned to use did not work
- 6 ☐ I was told there were not enough staff to provide my chosen pain relief
- 7 ☐ I was not told why I could not have my choice of pain relief
- 8 ☐ Other

As a result of the change to C4 (as described above), the bracketed text “before you went into labour” was added to the end of these two follow-up questions in order to emphasise that they are asking about birth plans made during pregnancy. Cognitive interviewing respondents easily understood and answered these questions.

F20. Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (Around 4~~6~~-8 weeks 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

Consultation with stakeholders revealed that postnatal check-ups typically take place 6-8 weeks after a birth. As such, the original “4-8 weeks” was amended to “6-8 weeks”. This question was also moved from the middle of Section F (F11) to the end of Section F due to concerns that its original placement in the questionnaire may cause respondents to interpret the subsequent questions as applying to the postnatal check-up mentioned in the question.

F20. In what year were **you** born?

(Please write in) e.g.

1	9	78	5
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1	9		
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The year prefix '19' was removed from the response boxes in this question because younger mothers may now have been born in the 21st century. The example birth year was also changed from 1975 to 1985 to make it more centralised within the likely birth year range for new mothers.

If you have concerns about the care you or others have received please contact CQC on 03000 61 61 61.

The above note has been added as standard to all the surveys in the national patient survey programme. It now appears on the final page of the Maternity questionnaire, after the freetext comments box.

4 Items removed from the questionnaire

Two questions have been removed from the 2017 questionnaire as the analysis of 2015 data and consultation with stakeholders suggested that they did not provide useful data for quality improvement purposes. Please note that question numbers refer to those in the 2015 questionnaire.

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

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

This question is unscored, and analysis of 2015 data indicated that the vast majority (98%) of respondents saw a midwife for their antenatal check-ups. As such, it was decided that this question does not provide useful data and should be removed to make space for more useful questions.

D8. Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?

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

Stakeholders agreed that this question is not as important as D7 which asks about the cleanliness of hospital rooms/wards. In addition, analysis of the 2015 data showed that D8 correlated very strongly with D7, and therefore the decision was made that both of these questions concerning cleanliness were not required.

5 Items tested but not included

There were three new items in the 2017 questionnaire that were cognitively tested but ultimately excluded from the final version. These questions did not work well during cognitive interviewing or were considered low priority for inclusion relative to other new questions. Note that question numbers here reference the questions' positions in the 2017 questionnaire at the time of cognitive interviewing.

C11. Was your baby moved to a **neonatal intensive care unit (NICU)** or **special care baby unit (SCBU)** to receive specialist medical care shortly after the birth?

- ¹ ☐ Yes → Go to **C12**
- ² ☐ No → Go to **C13**

C12. During the time you were separated from your baby, did members of staff treat you with kindness and understanding?

- ¹ ☐ Yes, always
- ² ☐ Yes, sometimes
- ³ ☐ No
- ⁴ ☐ I was not separated from my baby
- ⁵ ☐ Don't know / can't remember

These two questions were developed due to stakeholder concern over the fact that the questionnaire does not address the issue of separation between mothers and babies. The questions were included in the labour and birth section of the questionnaire and tested in all three rounds of cognitive interviewing.

Findings from the interviews indicated that respondents correctly understood a NICU/SCBU as a unit that babies are taken to when they are unwell or need special medical attention. However, there were several issues surrounding participants' interpretation of different aspects of the questions. Interpretations of the time period referred to by "shortly after the birth" in C11 varied between participants, ranging from within minutes of the birth to anything up to two days after the birth. In addition, the two participants who were routed to C12 had different interpretations of kindness and understanding, and were thinking about different types of staff when answering the question.

It is expected that the proportion of women who need to be separated from their baby due to a visit to a NICU/SCBU would be very low (only 2 of the 18 cognitive interviewing participants reported experiencing separation). These numbers would likely mean that the majority of trusts would not receive a sufficient number of responses to allow data to be shown for these questions at trust level. For this reason, and also due to differences in interpretations of the questions as revealed during cognitive interviewing, these questions were not included in the final 2017 questionnaire.

D9. Were there adequate facilities at the hospital if your partner or someone else close to you wanted to stay overnight? **(Cross ONE only)**

- ¹ ☐ Yes, definitely
- ² ☐ Yes, to some extent
- ³ ☐ No, the facilities were inadequate
- ⁴ ☐ No, there were no facilities available to them
- ⁵ ☐ Overnight facilities were not required
- ⁶ ☐ Don't know / can't remember

This question was added to the postnatal section of the questionnaire as a follow-up to D8, which mentions hospital accommodation in its response options but does not address whether the accommodation was in fact adequate, an issue which stakeholders considered important. This new question was tested throughout cognitive interviewing, during which several problems arose.

Most participants reported thinking only about sleeping facilities when answering this question, and generally considered a separate bed as adequate but a chair as inadequate. Some participants, however, also mentioned bathroom facilities when explaining what they were thinking about when answering the question.

One respondent in the second round of interviewing selected more than one response option. As a result, **“(Cross ONE only)”** was added to the question text for Round 3, and respondents in this round did not tick more than one option.

Another issue was that two Round 2 participants reported that facilities weren't offered to their companion, but selected different response options: “Don't know / can't remember” and “No, there were no facilities available”. For Round 3, “to them” was added to the end of the latter response option with the aim of accommodating participants whose companions were not offered facilities. However, one participant in Round 3 reported that facilities were not offered to their companion, but still selected the ‘don't know’ response option.

In summary, this question performed poorly throughout multiple rounds of testing and there were indications that women with a similar experience were selecting different response options. As such, it was agreed that this question would not be added to the 2017 questionnaire.

6 Changes to survey protocol and documents

Covering letters: Minor wording changes have been made to the covering letters which accompany the questionnaires sent out to sampled patients. These changes are aimed at encouraging participation in the survey.

Sample declaration form: This year, the sample declaration form is in Excel rather than Word and therefore can be signed off electronically by completing the 'Sample Figures', 'Checklist' and 'Declaration Agreement' tabs rather than signing a hard copy. As in previous years, the sample declaration needs to be completed by the person drawing the sample on behalf of each trust, as well as their Caldicott Guardian. The form confirms that survey protocol have been followed correctly, and that no patient identifiable data is included in the anonymised sample file. It needs to be completed at the time of sampling and submitted to the approved contractors for approval before the anonymised sample file is submitted for checking.

Single sample and mailing file: To reduce error, this year trusts will only send one file to their contractor which will contain both the sample and mailing information. The contractor will then separate the files and send only the sample file to the Co-ordination Centre.

Submission of files: The combined sample and mailing file must be sent to the contractor via their FTP. Trusts will **not** have the option to submit files via email as in previous years. Files will still need to be password protected and encrypted however.

Ethnic coding: In previous surveys, ethnicity was coded as 'Z' when a patient had been asked for their ethnic category and had declined either because of refusal or genuine inability to choose. In contrast, ethnicity was left blank where ethnic category was unknown, i.e. where women had not been asked or were not in a condition to be asked (e.g. unconscious). For the 2017 survey, the Co-ordination Centre will code **both** 'Z' codes and 'blanks' as 'Z' because the distinction between codes is not useful for data analysis purposes, and is often not applied correctly or consistently across trusts. However, trusts are still able to choose whether or not to distinguish between the codes when collecting ethnicity information.

Exclusion criteria: In line with other surveys in the national patient survey programme, patients who are judged by the trust's safeguarding representative to be at risk of harm from receiving a questionnaire should be excluded from the sample for the 2017 survey.

Appendix A: Summary of changes to the Maternity Survey 2015-2017

Question number	Question	Summary of change
A1	Did you give birth to a single baby, twins or more in your most recent pregnancy?	
A2	What time was your baby born? <i>(If you had twins or more than two babies this time, please fill in this question about the baby who was born first)</i>	
A3	Roughly how many weeks pregnant were you when your baby was born?	
B1	Who was the first health professional you saw when you thought you were pregnant? (Cross ONE only)	
B2	Roughly how many weeks pregnant were you when you first saw this health professional about your pregnancy care?	
B3	Roughly how many weeks pregnant were you when you had your 'booking' appointment (the appointment where you were given your pregnancy notes)?	
B4	Were you offered any of the following choices about where to have your baby? (Cross ALL that apply)	
B5	Before your baby was born, did you plan to have a home birth?	
B6	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	
B7	During your pregnancy were you given a choice about where your antenatal check-ups would take place?	
	Which of the following health professionals did you see for your antenatal check-ups ? (Cross ALL that apply)	Removed question.
B8	If you saw a midwife for your antenatal check-ups , did you see the same one every time?	
B9	During your antenatal check-ups, did the midwives appear to be aware of your medical history?	
B10	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	
B11	During your antenatal check-ups, did the midwives listen to you?	
B12	During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?	
B13	During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?	
B14	During your pregnancy, if you contacted a midwife, were you given the help you needed?	
B15	Thinking about your antenatal care , were you spoken to in a way you could understand?	
B16	Thinking about your antenatal care , were you involved enough in decisions about your care?	

Question number	Question	Summary of change
C1	At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	
C2	Did you have a home birth?	
C3	During your labour, were you able to move around and choose the position that made you most comfortable?	
C4	During your labour, what type of pain relief did you use? (Cross ALL that apply)	Changed to ask which pain relief mothers used rather than planned to use. Updated response options.
C5	Did the pain relief you used change from what you had originally planned (before you went into labour) ?	Added “(before you went into labour)” to end of question.
C6	Why did you not use the choice of pain relief that you had originally planned (before you went into labour) ? (Cross ALL that apply)	Added “(before you went into labour)” to end of question.
C7	Thinking about the birth of your baby, what type of delivery did you have? <i>(If you had twins or more than two babies this time, please fill in this question about the baby who was born first)</i>	
C8	Where did you give birth? (Cross ONE only)	
C9	What position were you in when your baby was born ? (Cross ONE only)	
C10	Did you have skin to skin contact <i>(baby naked, directly on your chest or tummy)</i> with your baby shortly after the birth?	
C11	If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?	
C12	Did the staff treating and examining you introduce themselves?	
C13	Had any of the midwives who cared for you been involved in your antenatal care?	New question.
C14	Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you? (Cross ALL that apply)	
C15	If you raised a concern during labour and birth, did you feel that it was taken seriously?	
C16	If you needed attention during labour and birth , were you able to get a member of staff to help you within a reasonable time ?	
C17	Thinking about your care during labour and birth , were you spoken to in a way you could understand?	
C18	Thinking about your care during labour and birth , were you involved enough in decisions about your care?	
C19	Thinking about your care during labour and birth , were you treated with respect and dignity?	
C20	Did you have confidence and trust in the staff caring for you during your labour and birth ?	

Question number	Question	Summary of change
D1	How long did you stay in hospital after your baby was born?	
D2	Looking back, do you feel that the length of your stay in hospital after the birth was...	
D3	On the day you left hospital, was your discharge delayed for any reason?	New question.
D4	What was the main reason for the delay? (Cross ONE only)	New question.
D5	If you needed attention while you were in hospital after the birth , were you able to get a member of staff to help you within a reasonable time ?	
D6	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	
D7	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	
D8	Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted? (Cross ALL that apply)	
D9	Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	
	Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?	Removed question.
E1	During your pregnancy did midwives provide relevant information about feeding your baby?	
E2	In the first few days after the birth how was your baby fed? (Cross ONE only)	
E3	Did you ever try to breastfeed your baby (even if it was only once)?	
E4	Were your decisions about how you wanted to feed your baby respected by midwives?	
E5	Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby ?	
E6	Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby ?	
F1	Were you given a choice about where your postnatal care would take place? (<i>Postnatal care is any contact with a midwife or other health professional after leaving hospital</i>)	New question.
F2	When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?	
F3	If you contacted a midwife were you given the help you needed?	
F4	Since your baby's birth have you been visited at home by a midwife?	

Question number	Question	Summary of change
F5	Did you see the same midwife every time?	
F6	How many times in total did you see a midwife after you went home?	
F7	Would you have liked to have seen a midwife...	
F8	Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?	
F9	Did you feel that the midwife or midwives that you saw always listened to you?	
F10	Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?	
F11	Did you have confidence and trust in the midwives you saw after going home?	
F12	Did a midwife or health visitor ask you how you were feeling emotionally?	
F13	Were you given enough information about your own physical recovery after the birth?	
F14	In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby ?	
F15	If, during evenings, nights, or weekends , you needed support or advice about feeding your baby, were you able to get this?	
F16	In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress ?	
F17	Were you given enough information about any emotional changes you might experience after the birth?	
F18	Were you told who you could contact if you needed advice about any emotional changes you might experience after the birth?	
F19	Were you given information or offered advice from a health professional about contraception?	
F20	Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (Around 6-8 weeks after the birth)	Moved to end of Section F. Changed "4-8 weeks" to "6-8 weeks".
G1	In what year were you born?	Removed "19" in response boxes. Changed example birth year to 1985.
G2	Have you had a previous pregnancy?	
G3	How many babies have you given birth to before this pregnancy?	
G4	Did you have any of the following long-standing conditions? (Cross ALL that apply)	
G5	What is your religion?	

Question number	Question	Summary of change
G6	Which of the following best describes how you think of yourself?	
G7	What is your ethnic group? (Cross ONE box only)	
H	If there is anything else you would like to tell us about your maternity care, please do so here.	Added CQC helpline number to end of questionnaire.