

NHS MATERNITY SURVEY 2019

SURVEY DEVELOPMENT REPORT

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1. Background

The NHS Maternity Survey was first undertaken in 2007, and the 2019 survey is its seventh iteration. In 2018, more than 17,500 women responded to the survey across 129 trusts in England, at a response rate of 37%. In 2019 the survey will again be conducted as part of the NHS Patient Survey Programme (NPSP). The survey will provide participating trusts with information on women's experiences of maternity care to help facilitate targeted quality improvement.

Data collected from the 2019 Maternity Survey will be used by the Care Quality Commission (CQC) in its assessment of trusts in England. The results are also used by NHS England for performance assessment, improvement and regulatory purposes. These include the NHS Outcomes Framework (Domain 4.5: Women's experience of maternity care), the Overall Patient Experience Score (OPES), and the National Maternity Review.

The survey methodology for 2019 is largely comparable to that of the 2018 survey. In preparation for the 2019 survey, the questionnaire has undergone a substantial redevelopment to investigate areas of patient experience that are salient to mothers and stakeholders, and to reflect recent developments in maternity policy and service provision. Adjustments have also been made to the covering letters and sample declaration form. In addition, new sample variables have been added for the 2019 survey, and the CQC flyer will no longer be used in the mailing packs. This report details such changes, and also provides information about the stakeholder engagement phase of the survey.

2. Analysis and consultation

For the 2019 iteration of the Maternity Survey, a substantial redevelopment was undertaken to determine the most salient aspects of experience of maternity services. This redevelopment had a number of different strands which included:

- In depth interviews with twelve recent mothers (babies aged less than 12 months).
- In depth interviews with a variety of different stakeholders including NHS trusts, governmental bodies and maternity interest groups¹.
- Consultation with the Maternity Advisory Group regarding priority topics that should be addressed either from a policy or service user perspective. The Advisory Group includes recent mothers in addition to stakeholders at CQC, NHS England and the Department of Health and Social Care.
- Analysis of the 2018 survey data to examine item non-response rates (questions respondents have not answered, for example because they felt they did not apply to them), floor/ceiling effects (questions where the vast majority of respondents report a very positive or negative experience), and correlations (questions that people tend to answer in the same way, suggesting a similar or the same underlying concept).

The revision and redevelopment of the questionnaire followed principles of best practice for questionnaire design and ascribed to the model of cognitive response theory as outlined by Tourangeau et al (2000)². To determine the construct validity of questionnaire items, a series of cognitive interviews was undertaken with respondents who have recently given birth (within the last 12 months) under the care of NHS maternity services. Cognitive interviewing is a research method which tests questionnaire items with lay people to check if they are understood as intended by the researchers. It also tests whether respondents are able to answer questions appropriately using the response options provided. Throughout this process, all question changes, regardless of how minor, are thoroughly explored with the group of respondents.

The interviewees were recruited via a range of mechanisms, including online advertisements, online forums and websites (such as Gumtree) in different geographical locations, and social media (Twitter, Facebook).

A total of 22 different respondents were recruited. The volunteers were split across three waves in total, with 7 interviews in the first and second waves, and 8 interviews in the final wave. The respondents covered a wide demographic and geographic base and a variety of birth experiences, as summarised below.

- Aged 22 to 40 years old.

¹ For full details on the findings of the interviews with recent mothers and stakeholders, please see the consultation report available on the NHS Surveys website [here](#). The stakeholders consulted during the redevelopment included colleagues from CQC, NHS England, Department of Health and Social Care, recent mothers, Maternity Action, National Childbirth Trust, csection.org, caesareanbirth.org, NPEU, Public Health England and Frimley Health NHS Foundation Trust.

² Tourangeau et al (2000), *The Psychology of Survey Response*, Cambridge University Press.

- White British, White Mixed/European, Black British, Chinese and Asian.
- First time mothers and mothers with between 1 and 3 children.
- Vaginal and caesarean deliveries (planned and emergency).
- Deliveries at midwife led units, obstetric led units and at home.

The interviews were conducted in December 2018 and January 2019 in Oxford and surrounding areas, Birmingham, Weston Super Mare and surrounding areas, Stratford upon Avon and Luton. After each wave findings were analysed and discussed, and changes were made to the questionnaires and the subsequent version was tested in the next wave. This iterative process is illustrated in Figure 1 below.

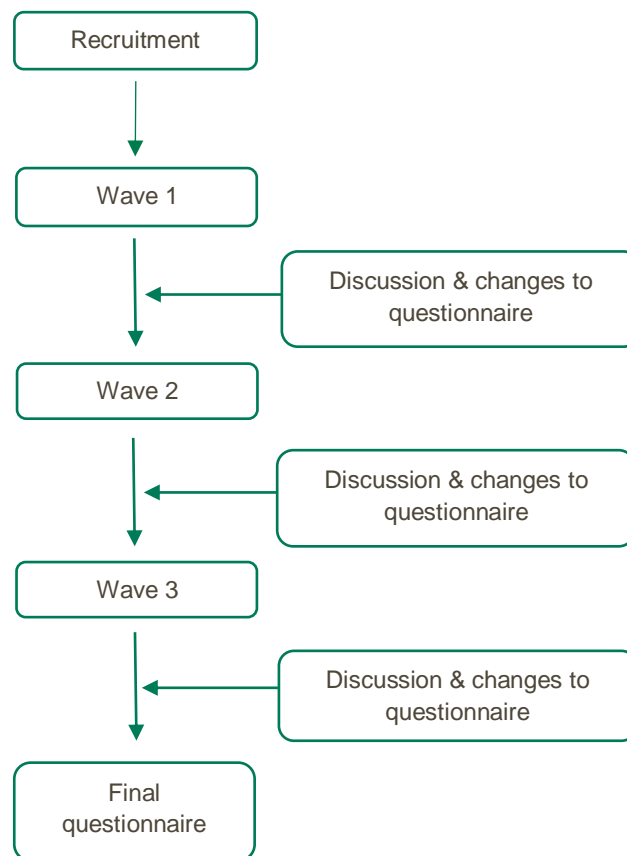


Figure 1: Cognitive testing process

3. Changes to survey methodology and documents

Covering letters

Sampled women are sent up to three letters, as shown in Figure 2:

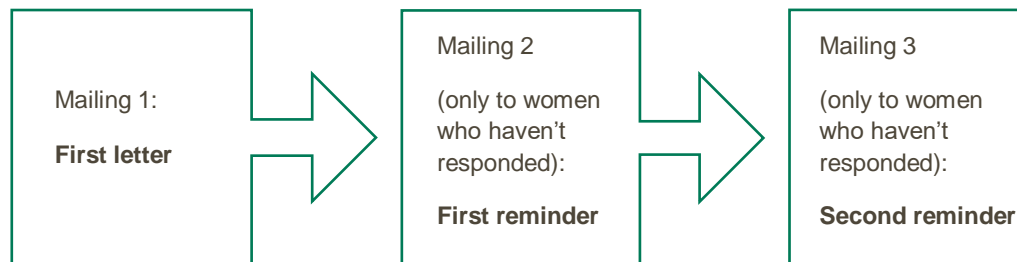


Figure 2: Covering letters

Changes were made to all three mailing letters in order to make them more user-friendly, with the aim of increasing engagement with the survey and therefore positively impacting on response rates. This followed the [pilot study](#) carried out alongside the Community Mental Health 2017 survey, where redesigned letters resulted in a 4% increase in response rates. The changes in the 2019 Maternity Survey letters include:

- Using colour to highlight key words in the letter.
- Using a more informal font.
- Removing superfluous and repetitive text on the front page.
- Using a much more informal and encouraging tone overall.
- Adding a text box to the first letter and second reminder which contains the key information for the patient.
- Including more information on data protection and confidentiality, following the introduction of the GDPR in 2018.

Sample declaration form

Trusts submit a sample declaration form prior to submitting their sample for the survey. The form asks trusts to confirm that they have conducted the required checks on their sample. In 2018, as part of the sample declaration form the Survey Coordination Centre asked trusts to provide the total number of women who delivered at their trust in the period they sampled from, before applying any exclusions. The aim of asking for this figure was to help identify potential sampling errors that might have otherwise gone undetected. However, feedback from trusts and contractors suggested that many trusts found the total deliveries figure confusing in that they were not sure what it should relate to.

Following this feedback, instead of asking for total deliveries for the sampling period, the sample declaration form will ask trusts for total deliveries for the whole months of January and February separately. This will still provide useful information to help detect potential sampling errors, but will reduce confusion among trusts.

Sample variables

Following consultation with the Advisory Group, it was agreed that three additional variables would be collected in the sample frame for the 2019 survey: gender, time of delivery, and number of babies born at delivery. A number of trusts were contacted to ensure that they would be able to provide this information, and they confirmed that this was the case.

The reason for asking for gender is to determine whether the current sampling approach is systematically excluding individuals who do not identify as female. Time of delivery was added as a sample variable in order to free up space in the questionnaire, as explained in Section 4 below. Number of babies born was added to collect more accurate and granular detail about this variable. The question relating to number of babies born was not removed from the questionnaire as stakeholders felt it was a good introductory question to help ease respondents into the questionnaire.

Another change to the sample variables relates to postcodes. For the 2019 survey Section 251 approval has been granted for the Survey Coordination Centre to receive full postcodes for each woman in a sample. Previously, mailing information including full postcodes was removed by contractors or in-house trusts prior to the sample being submitted to the Survey Coordination Centre. Having access to full postcodes will allow the Survey Coordination Centre to undertake deprivation index mapping in order to understand how the quality of maternity care differs according to different levels of deprivation across England.

CQC flyer

For the NPSP surveys a CQC flyer detailing the importance of patient feedback has been included in the mailing packs sent out to sampled patients. However, as part of the 2017 Community Mental Health Survey, a pilot study was undertaken to investigate the impact of the CQC flyer on response rates. The results of the pilot demonstrated that inclusion of the CQC flyer did not improve response rates, and a programme-wide decision was therefore made to remove the CQC flyer from mailing packs for all future surveys, including the 2019 Maternity Survey.

4. Changes to the questionnaire

Following the consultation with stakeholders and subsequent cognitive testing described in Section 2 above, several changes were made to the questionnaire: 9 questions were removed; 11 new questions were added and 41 pre-existing questions were amended. The instructions on the front cover of the questionnaire were also re-worked. These changes are detailed in the rest of this section.

Changes to the front page of the questionnaire

The wording on the front page of the questionnaire was amended to reflect the changes made in the successful 2017 Community Mental Health pilot. In addition, following review by stakeholders the addition of a link to where women could provide feedback at the local level was added. The covering page was tested with recent mothers and found to be clear, concise and easily understood.

Questions removed from the questionnaire

Nine questions were removed from the 2018 questionnaire. Factors influencing removal included relevance to service improvement, patient experience and policy, current question usage, and the quality and usability of the data. It is worth noting that the questionnaire length was also considered, as research shows that questionnaires longer than 12 pages obtain lower response rates. All question numbers for the following removed questions relate to the 2018 questionnaire.

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

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

The above question (A2) was removed following consultation with stakeholders and the Advisory Group. NHS trusts also confirmed that this information is recorded on the patient record system and could be easily supplied as part of the sample frame for the survey. Given that overall questionnaire length is a consideration, combined with learnings from the in-depth interviews and desk research, it was agreed to remove this item from the questionnaire and request this data to be included on the sample frame.

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

₁ Yes

₂ No

This question (B5) was removed following consultation with stakeholders who felt that the focus on home births over other places or types of delivery was suggesting that the experience of women who have other types of births (such as caesarean sections) were not as important to understand. Analysis of the 2018 survey also indicated that this question had a floor effect with the majority of respondents in 2018 (>95%) saying that they didn't have a home birth. In addition, the survey data is not analysed by whether a respondent had a home birth or not, resulting in the recommendation of removing this item from the questionnaire.

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

₁ Yes

₂ No

₃ Don't know / can't remember

The above question (B7) was suggested for removal by stakeholders as analysis of the 2018 survey data suggested that the majority of patients do not get a choice about where their antenatal appointments take place. Additionally, during consultation work recent mothers did not see this as important as other aspects of their care. Given the desire to not increase the overall length of the questionnaire to over 12 pages, and the introduction of a number of new questions, B7 therefore was removed.

C2. Did you have a home birth?

₁ Yes

₂ No

The above question (C2) was removed for the same reasons as B5, namely the focus on one particular birthplace over others being undesirable, coupled with the lack of usability of data from this question, as well as the fact that nearly all respondents in 2018 reported that they did not have a home birth.

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

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

During consultation, feedback was sought from NHS trusts as to whether the above question (D2) was useful for improvement at the local level. Through those discussions, it became apparent that whilst it is an interesting area to understand, the generality of the question and the lack of follow up questions about why a woman felt that their stay was either too long or short meant that providers couldn't create tangible action plans to introduce improvements. A shortage of space meant that it was not possible to include supplementary questions focussing on understanding women's answers to this item and the question was therefore removed from the questionnaire.

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

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

During consultation, stakeholders questioned the relevance of the above question (F6) with regards to action planning at the local level. They also questioned the usability of this data for both national bodies and local providers as they felt that providers would be able to access this data from other sources. Furthermore, during consultation NHS trusts pointed out that the number of midwife visits does not determine the quality of postnatal care. In a similar vein, stakeholders indicated that it was more important to measure the whether a woman felt that her postnatal contact was sufficient for her needs (which was already captured in the subsequent question, F7). For these reasons, question F6 was removed.

F20. Were you given information or offered advice from a health professional about contraception?

- 1 Yes
- 2 No
- 3 I did not want / need any advice
- 4 Don't know / can't remember

Analysis of the 2018 survey data for this question (F20) indicated a high ceiling effect, raising concerns over the usability of this item with regards to understanding postnatal care. Given the length of the postnatal section, stakeholders agreed that F20 should be removed to enable other questions about the quality of the postnatal check-up to be included.

F21. 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)

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

As per question F20, analysis of the 2018 response data to the above question (F21) demonstrated that the majority of women were told that they needed to arrange their own postnatal check-up with their GP. Whilst it is important to understand at both a national and local level whether women know they have to do this, the high ceiling effect on this item suggests that it would be more useful to measure other aspects of the postnatal check-up, namely the quality of that check-up.

G4. Do you have any of the following long-standing conditions? (Cross ALL that apply)

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

As explained in detail in the next section, this question was removed and replaced by the three new long-term conditions questions (G4, G5 and G6).

Questions added to the questionnaire

Following stakeholder consultation, questionnaire analysis and in-depth interviews with recent mothers, a number of topics were considered for new questions. These were discussed with the Advisory Group, and as a result 11 questions were added to the questionnaire. Each of these new questions, and their reasons for inclusion, are described below.

Question about where a woman planned to give birth

The 2018 questionnaire included a question around whether women were offered a choice about where to give birth (B4). During discussions with stakeholders it became apparent that the questionnaire should also include an item on where a woman had planned to give birth, in order to better understand whether there was a correlation between what a woman was offered and the final choice of delivery place. In addition, this data could be cross-referenced with both actual place of delivery (taken from the sample data) and the response given to a corresponding question in Section C (C6) asking where the woman actually gave birth. As a result, the following question was designed and included for testing:

B5. Before your baby was born, where did you plan to have your baby?

- 1 At home
- 2 A midwife unit (community based) or birth centre
- 3 A midwife unit at a hospital
- 4 A consultant led unit
- 5 Don't know / can't remember

The question stem itself performed well across all three waves of testing. However, the above response options were problematic for several respondents, particularly for those from a geographical location where the differentiation between the different types of midwifery led units was not distinct. Effectively, when presented with the multiple response options, women had difficulty working out which type of unit was which, and clarification was often sought from the interviewer. Consequently, the response options were amended to more closely match question B4 from 2018, but in more condensed forms as tested in the above question. The final version of B5 included in the 2019 questionnaire is as follows:

B5. Before your baby was born, where did you plan to have your baby?

- 1 A midwife led unit / birth centre
- 2 A consultant led unit
- 3 At home
- 4 I did not have a plan
- 5 Don't know / can't remember

Question about antenatal classes / courses

During consultation with the Advisory Group, recent mothers and NHS trusts felt that a question about the provision of classes or courses by the NHS during pregnancy was of fundamental importance. Whilst non-NHS funded courses are available to provide

information about numerous aspects of pregnancy, birth and the initial postnatal period, there are significant barriers to accessing these courses such as geography and financial cost. Understanding whether women had access to any NHS funded classes or courses, and how useful they were to those who attended them, is an aspect of experience that has been absent from the Maternity Survey in the last three iterations. The following questions measuring whether women had been offered NHS classes or courses, and the subsequent evaluation of those classes or courses, were developed:

B12. During your pregnancy were you **offered any antenatal classes or courses **provided by the NHS**?**

- 1 Yes, and I did them → Go to B13
- 2 Yes, but I did not do them → Go to B14
- 3 No → Go to B14
- 4 Don't know / can't remember → Go to B14

B13. Did you find these classes or courses useful?

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

Whilst question B12 tested well during all waves of interviews, B13 underwent amendments between each wave to result in the question seen above. The original version of B13 was as follows: “*Did these classes or courses provide you with information about what to expect from pregnancy, birth and the first few weeks with your baby?*”. Respondents struggled to answer this version of the question given that multiple aspects of the classes or courses were being measured within the stem. For wave two of testing, the question stem was adapted to the following: “*Did these classes or courses provide you with information that was useful?*”. This revised question stem was well understood by respondents during testing even when the content of the classes or courses they had attended covered different topic areas. The question stem was then rephrased to make it more succinct for the final wave (as shown above) which again performed well with all respondents.

Question about where a woman gave birth

As detailed above regarding the inclusion of a new question on where a woman planned to give birth (B5), it was identified as being of interest to also ask where a woman actually gave birth. A new question (C6) was designed for inclusion in Section C of the questionnaire (‘the birth of your baby’), as shown below:

C6. Where did you have your baby?

- 1 At home
- 2 A midwife unit (community based) or birth centre
- 3 A midwife unit at a hospital
- 4 A consultant led unit at a hospital
- 5 Don't know / can't remember

The question stem of C6 tested well, with all respondents being able to correctly understand what the question was asking. However, the original response options designed for this question mirrored those tested for B5 (with differentiation between types of midwife-led units). As such, the same comprehension problems arose in that respondents couldn't accurately make the distinction between the different types of midwife units. As a result, the response options for C6 have been amended to align with the final versions of B4 and B5, giving consistency across questionnaire items. The final version of C6 is displayed below:

C6. Where did you have your baby?

- 1 A midwife led unit / birth centre
- 2 A consultant led unit
- 3 At home
- 4 Don't know / can't remember

Question about induction of labour

One aspect of labour that has not been measured within the Maternity Survey is whether a woman's labour was induced. Given that induced labour can result in a different experience for women and potentially impact on the quality of care they receive, stakeholders felt it important to include a question on induction and use this data to understand whether women who are induced evaluate their experience of maternity care differently. Therefore, a new question on induced labour was developed for testing:

C7. **Thinking about the birth of your baby**, was your labour induced?

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

The above question tested well during each wave of interviews with no amends needed. In each wave, respondents were clear as to what the question was asking and could accurately recall their experience and map that to a corresponding response option.

Question about post-birth debrief with staff

Recent developments in policy around maternity care and the transformation of services at the local level have shifted the narrative around maternity care to put the sovereignty very much on the woman. Involvement of the woman in all aspects of her maternity care is a basic principle of good quality care and features extensively within recent policy such as *Better Births* produced by NHS England. Throughout the 2018 questionnaire there are a number of items relating to receiving information from staff and being able to ask questions at different stages of the maternity pathway. However, one aspect that was missing from the 2018 questionnaire was whether women were able to have a post-birth discussion with the healthcare team who had assisted during the birth. During consultation recent mothers felt that it was vitally important to have the opportunity to have this discussion, so that they could ask questions, clarify any decisions made by clinical staff during the labour and birth, and raise any concerns they might have. As such, the following question was developed:

C22. After your baby was born, did you have the opportunity to ask questions about your labour and the birth?

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

This question performed well during testing with universal comprehension of what it was measuring. All respondents were able to answer the question easily and select an appropriate response option to match their experience.

Question about quality of care at the postnatal check-up

The 2018 questionnaire contained a single question about the postnatal check-up which women normally attend 6-8 weeks after the birth of their baby. This item asked whether women were informed that they had to arrange their own postnatal check-up at their GP practice. As detailed earlier in the report, this question performed poorly in 2018 with a significant proportion of women saying that they had been informed. Stakeholders felt that the quality of the postnatal check-up should be measured, rather than whether a woman knew she had to arrange it. Initially, one question was designed to focus on quality of care: “*At the postnatal check-up (around 6-8 weeks after the birth), did the GP talk to you about your own health and wellbeing?*”. Whilst this question performed well during wave one of testing, feedback from stakeholders highlighted that it is important to understand what aspects of care were not being covered during the postnatal check-up. There were also questions raised on whether women felt enough time was being spent talking to them about various aspects of their wellbeing. Consequently, two separate questions were designed to measure the quality of care, one centring on physical health, and the other on mental health:

F19. At the postnatal check-up (around 6-8 weeks after the birth), did the GP spend enough time talking to you about your own physical health?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I have not had a postnatal check-up
- 5 Don't know / can't remember

F20. At the postnatal check-up (around 6-8 weeks after the birth), did the GP spend enough time talking to you about your own mental health?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I have not had a postnatal check-up
- 5 Don't know / can't remember

These questions performed well in testing, with no amendments required during waves two and three. When probed, respondents understood 'physical health' to mean wound care (especially for caesarean section births), mobility following delivery, contraception, and any other needs such as iron supplementation. By 'mental health', respondents universally understood this as meaning how they felt, whether they had any concerns about how they were feeling or how they were interacting with their baby, whether they were 'coping', and whether they were anxious about anything.

Questions about long-term conditions

In 2017, the long-term conditions question used across the majority of acute surveys within the NPSP was redeveloped, resulting in the below three items. To align the Maternity Survey with others in the programme, these three questions were added to the 2019 questionnaire. Whilst there was comprehensive testing during the original development of this suite of questions, the items were again tested within the maternity care context. No issues were identified during testing, and where respondents did indicate that they had a long term condition, they were able to select the appropriate option from the response frame (G5) without need for clarification of the categories.

G4. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

1 Yes → Go to G5

2 No → Go to G7

G5. Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

1 Breathing problem, such as asthma

2 Blindness or partial sight

3 Cancer in the last 5 years

4 Dementia or Alzheimer's Disease

5 Deafness or hearing loss

6 Diabetes

7 Heart problem, such as angina

8 Joint problem, such as arthritis

9 Kidney or liver disease

10 Learning disability

11 Mental health condition

12 Neurological condition

13 Another long-term condition

G6. Do any of these reduce your ability to carry out day-to-day activities?

1 Yes, a lot

2 Yes, a little

3 No, not at all

Amendments to questions

During the consultation stage of the survey, there were several suggestions for amendments to existing 2018 items. These amendments ranged from adapting language or terminology to increase consistency across the questionnaire, to reviewing and amending response options

or the focus of the question stem itself. Of the 72 questions that were carried over from 2018 to 2019, 41 have been amended.

Amendments to language / terminology

In total, 22 questions have been amended to improve the consistency of language and terminology throughout the questionnaire, and to streamline question stems and response options. The changes made are as follows (question numbers relate to the 2019 questionnaire):

- Replaced all instances of the response options 'don't know' and 'not sure' with 'don't know / can't remember' (B4, B9, E1).
- Removed one or more words from a question to make the question stem or response options more concise (B4, C1, G3).
- Removed a response option (most commonly a non-specific response option such as 'this was not necessary') to make response options more streamlined (B6, B18, C11, F3, F9, F13).
- Changed instances of 'the midwife', 'the midwives' and 'a midwife' to 'your midwife' or 'your midwives' (B8, B10, B11).
- Changed 'midwife or midwifery team' to 'member of the midwifery team' (B14).
- Changed 'midwife' to 'midwifery team' (B15).
- Changed question stems or response options to include health visiting teams where appropriate, instead of focussing solely on a midwife or midwifery team (F2, F3).
- Changed instances of 'midwife or midwives' to 'midwife or midwifery team' (F7, F8, F9, F10).

The amendments listed above tested well during interviews, with respondents able to understand the amended questions and respond accordingly.

Amendments to both question stem and response options

The following questions have had both their question stem and response options amended for 2019.

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

- 1 When I was 0 to 10 weeks pregnant
- 2 When I was 11 to 12 weeks pregnant weeks pregnant
- 3 When I was more than 12 weeks pregnant
- 4 Don't know / can't remember

The question stem for the above question (B3) has been slightly altered to refer to being 'given access' to booking notes rather than just being 'given' the notes. This is because feedback from stakeholders suggested that pregnancy notes can be provided online to women and not just in hardcopy. In addition, the response options for this question

underwent review. Given NICE guidelines around when the booking appointment should ideally happen and the targets around the screening tests conducted at the appointment, it was felt by stakeholders that the response categories used in the 2018 questionnaire were not providing useful data. Consequently, the response options were collapsed and re-categorised as shown above. During testing respondents answered this question easily and there were no concerns about mapping a response option to their experience.

B7. At your antenatal checks ups, did you see the same midwife every time?

- 1 Yes
- 2 No
- 3 I did not see a midwife
- 4 Don't know / can't remember

The 2018 question stem for B7, *“If you saw a midwife for your antenatal check-ups, did you see the same one every time?”*, has been rephrased for 2019 as shown above. In addition, the response options have been streamlined from 7 options down to 4, including the removal of an option about not receiving continuity of care during the antenatal period but not minding this. On review and analysis of the 2018 questionnaire, it was felt by stakeholders that the importance of continuity of care for women throughout their maternity journey was vital to a positive experience of care and that both the question stem and response options needed to reflect the expectation that women should have this as standard during their experience, whether they minded or not. During testing, this question and response options worked well. When probed, women were able to accurately reflect on the midwife or midwives that they had seen during their antenatal appointments and map their experience to an appropriate response option.

C2. During your labour, did staff help to make the atmosphere more comfortable for you in a way you wanted?

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

In 2018, this item focussed on whether the woman had the ability to move around and change position during labour to make her more comfortable. During consultation with the Advisory Group, discussion about comfort during labour identified that the above question item was incredibly specific and that the experience of labour was broader than just movement and positions. It was suggested that the question should instead focus on the wider environment and whether staff played a role in helping women adapt their environment to increase comfort. During testing, the question stem was adapted to: *“During your labour, did staff help to make the environment more comfortable for you in a way you wanted?”*, and

response options 1 and 2 were also amended to better match this new question stem. However, respondents found this question problematic to answer as they were unsure what 'environment' meant and how to define the concept. Some respondents interpreted 'environment' as relating to pain relief, others felt it was about whether the lights were dimmed or if they were comfortable with male staff attending them, and other respondents felt that it was about staff helping labour to progress. For waves two and three, the question stem above was tested and performed much better than the original adaptation. When probed, respondents felt that 'atmosphere' related to staff helping to create a relaxed and calm ambience for them during labour, with a focus on making changes to the environment such as dimming lights, playing music, but also assisting the woman when she needed help or support throughout. The question stem was again rephrased slightly post-testing, to: *"During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?"*.

C4. Did the pain relief you used change from what you had **originally wanted (before you went into labour)?**

- 1 Yes → Go to C5
- 2 No → Go to C6
- 3 I did not use pain relief → Go to C6
- 4 Don't know / can't remember → Go to C6

In 2018 this question focussed on whether the pain relief used was different from originally planned. During consultation for the 2019 survey, stakeholders felt that the question should focus on what women wanted rather than what they planned, as 'planned' suggests a formal, written birth plan that not all women will have. In contrast, it was felt that the majority of women will at least have some idea about what they might want or have personal preferences for their pain relief. Due to the change in question stem, it was also necessary to amend response option 4 which originally read *"I did not have a plan"*. The above question tested well during interviews, with all respondents able to discuss what they had originally wanted and whether they received this.

C5. Why did you not use the pain relief that you had **originally wanted (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 originally wanted
- 4 There was not time to use the pain relief I originally wanted
- 5 The original pain relief did not work
- 6 An anaesthetist was not available to provide my chosen pain relief
- 7 I was not told why I could not have my choice of pain relief
- 8 Other

Due to the substitution of 'planned' with 'wanted' in C4, the question stem for this follow-up question about pain relief, C5, was also amended in the same way. It was also necessary to amend response options 3-5 to fit with the new question stem. Additionally, response option 6 from 2018 was reviewed ("*I was told there were not enough staff to provide my chosen pain relief*"). During consultation, stakeholders felt that there is a distinction between 'staff' in general and more specific staff needed to administer particular forms of pain relief (e.g. epidurals or spinal blocks). Consequently, option 6 was amended to refer to anaesthetists rather than staff in general. This question performed well during testing, with the amended question stem and response options clearly understood by those answering it.

C8. What **type of birth** did you have? (If you had *twins or more than two babies this time, please fill in this question about the baby who was born first*)

- 1 A vaginal birth (no forceps or ventouse suction cup) → Go to C9
- 2 An assisted vaginal birth (e.g. with forceps or ventouse suction cup) → Go to C9
- 3 A planned caesarean birth → Go to C11
- 4 An emergency caesarean birth → Go to C11

The 2018 wording for the above question was: "*Thinking about the birth of your baby, what **type of delivery** did you have?*". Recently, the language around birth within maternity care and policy has moved away from 'delivery' towards 'birth'. The C8 question stem was

therefore amended to refer to 'birth', but was also refined to make the question shorter and more succinct, whilst still measuring the same concept. The response options were also updated to reflect the change in question stem, and supporting text was added in parentheses to response option 1, as per response option 2. One further change was made to the language used in response option 1. The 2018 version of this response option included the word 'normal' to describe this type of birth. However, it was felt that this language reinforces that there is a normal, or desired, way to give birth meaning that all other types of birth are consequently abnormal or undesirable. All amendments to this question worked well and the additional text in response option 1 helped some respondents to accurately decide what type of vaginal birth they had.

Amendments to question stem only

The following questions had their stem amended during review of the 2018 questionnaire, whilst their response options remained the same (unless already mentioned in the section above regarding changes to language/terminology).

B11. During your antenatal check-ups, did your midwife ask you about your mental health?

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

In 2018, this item asked about emotions, using this terminology as a proxy for mental health. Feedback from stakeholders acknowledged that not using terminology specific to mental health reinforces the stigma around mental health and moves us away from what we are trying to understand. During testing, this question was well understood by respondents who all viewed 'mental health' as being about any anxiety they might be feeling, any concerns over how they were feeling emotionally, any worries or fears that they might have, and whether they were feeling differently as a result of being pregnant.

In section F of the questionnaire ('postnatal care at home'), there are another three questions that relate to mental health. The language for these questions was amended to specifically refer to mental health, rather than emotions, as per question B11 above. The position of these section F questions was also amended for 2019 in order to group them together and they now appear as questions F12, F13 and F14.

B17. Thinking about your **antenatal care**, were you involved in decisions about your care?

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

For 2019, the word 'enough' was removed from the question stem for B17. Specifically, the question now asks about being simply 'involved' rather than being 'involved enough'. This change was made as part of the streamlining exercise undertaken by CQC to remove superfluous words and response options. CQC felt that this question was asking too many things (i.e. an assessment on whether someone was involved, and then on top of that, an assessment on whether they felt this involvement was sufficient).

The question stem for C19 was also amended in the same way as B17. Similarly, questions F13 and F15 were amended to refer to being given 'information' rather than 'enough information'.

C17. **During labour and birth**, were you able to get a member of staff to help you **when you needed it**?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 A member of staff was with me all the time
- 5 I did not want / need this
- 6 Don't know / can't remember

The 2018 stem for the above question was: *"If you needed attention **during labour and birth**, were you able to get a member of staff to help you **within a reasonable time**?"*. When redeveloping items for 2019, it was suggested that 'a reasonable time' was a very subjective concept to define and measure. Instead of measuring whether women felt that the time it took for them to receive help was acceptable to them or not, stakeholders felt the focus of the question should be on whether the woman was able to get help when it was needed. The above question stem tested well during interviews with all respondents able to answer it accurately with no comprehension issues.

In the 'care in hospital' section of the questionnaire (D), there is a similar question about whether a woman received attention after the birth within a reasonable time (D4). To align

the language and terminology across questions, the language for D4 was amended in the same way as C17.

E3. Did you feel that midwives and other health professionals took your personal circumstances into account when giving **advice** about **feeding your baby**?

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

In 2018, the above question had a different stem: “*Did you feel that midwives and other health professionals gave you **consistent advice** about **feeding your baby**?*”. Feedback from stakeholders, particularly providers of maternity services, felt that the focus on advice should not be about consistency but whether the advice was appropriate for the age of the baby at that time. The view was that advice will change depending on whether the baby is a new-born, compared to 2 days old and so on, so will not necessarily be consistent. Consequently, the question stem was amended to focus on whether a woman’s personal circumstances were taken into account. The revised wording tested well during interviews. Respondents understood ‘personal circumstances’ to be about feeding preferences such as breast feeding or bottle feeding, whether there were any medical reasons for why a woman preferred a particular feeding choice, and whether their feeding preferences would be practical when they returned home.

Amendments to response options only

Whilst reviewing the questionnaire in full, stakeholders raised the need to refine or re-categorise the response options for particular questions to provide more granular and usable data. As such, the following questions have been amended to achieve this aim. The stems for these questions are unchanged from 2018 unless already mentioned in the section above regarding changes to language/terminology.

A2. Roughly how many weeks pregnant were you when your baby was born?

- 1 Before I was 37 weeks pregnant
- 2 When I was 37 - 39 weeks pregnant
- 3 When I was 40 or more weeks pregnant

Response option 3 was added to the above question, and the timings for the second response option were adjusted accordingly. These amendments will enable NHS trusts and

end data users to better understand the experience of women whose pregnancy lasts for 40 or more weeks. During testing, the amendments worked well, with all respondents able to accurately select the appropriate response option to map to the length of their gestational period.

C3. During your labour, what type of pain relief did you use? **(Cross ALL that apply)**

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

In C3, response option 4 was amended to include gas administered through a mouth piece rather than just a mask. During testing, no issues were identified by respondents for this additional context.

C14. Had any of the midwives who cared for you been involved in your antenatal care?

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

In 2018 the above question had a more exhaustive list of response options. During consultation for the 2019 survey, stakeholders reiterated the importance of continuity of care for women, and that the focus should be on whether this was received or not. As a result, similar to B7 already discussed above, the response options for C14 were redesigned so that they no longer asked whether a woman wanted continuity or not, and whether she minded not having it. The above response options tested well during interviews; all respondents were able to answer the question and determine whether they had continuity between their antenatal care, and care during labour and birth.

Similar refinement of response options was also applied to two questions within section F (F5 and F11) which ask about continuity of care in relation to the postnatal period. As per C14, the options for F5 and F11 tested well with women being able to answer easily.

D3. 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**
- 3 I had to wait to **see the doctor**
- 4 I had to wait for **test results**
- 5 I had to wait for **a check to be done on my baby**
- 6 Something else

In the 2018 version of this question, response options 2 and 3 above were included in the same response option. When consulting with stakeholders it became apparent that it would be useful to separate out 'midwife' and 'doctor' into two separate categories to allow for greater understanding about the precise nature of the delay to discharge. During testing, the revised response options worked well; no comprehension issues were identified and all respondents were able to select the most appropriate option for their experience.

D7. 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)

- 1 Yes
- 2 No, as they were restricted to visiting hours
- 3 No, as there was no accommodation for them on the maternity ward
- 4 No, they were not able to stay for another reason
- 5 I did not have a partner / companion with me

In 2018, response option 3 in question D7 referred to accommodation 'in the hospital'. In 2019 this was changed to 'on the maternity ward' because stakeholders felt it made more sense considering that partners/companions only ever stay on the maternity ward (or a private room attached to the maternity ward) rather than elsewhere in the hospital.

Appendix A

A summary of changes for the 2019 Maternity questionnaire is provided below.

Question no. (2019)	Question text	Summary of change	Location in report
A1	Did you give birth to a single baby, twins or more in your most recent pregnancy?		
-	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>	Question removed	p.6
A2	Roughly how many weeks pregnant were you when your baby was born?	Response options amended	pp.22-23
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 access to your pregnancy notes)?	Question stem and response options amended	pp.16-17
B4	Were you offered any of the following choices about where to have your baby? (Cross ALL that apply)	Response options amended	p.16
-	Before your baby was born, did you plan to have a home birth?	Question removed	p.7
B5	Before your baby was born, where did you plan to have your baby?	New question	p.10
B6	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	Response option 4 removed	p.16
-	During your pregnancy were you given a choice about where your antenatal check-ups would take place?	Question removed	p.7
B7	At your antenatal checks-ups , did you see the same midwife every time?	Question stem and response options amended	p.17
B8	During your antenatal check-ups, did your midwives appear to be aware of your medical history?	Question stem amended	p.16
B9	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	Response option 4 amended	p.16
B10	During your antenatal check-ups, did your midwives listen to you?	Question stem amended	p.16
B11	During your antenatal check-ups, did your midwife ask you about your mental health?	Question stem amended	p.16, p.20

B12	During your pregnancy were you offered any antenatal classes or courses provided by the NHS ?	New question	pp.10-11
B13	Did you find these classes or courses useful?	New question	pp.10-11
B14	During your pregnancy, did you have a telephone number for a member of the midwifery team that you could contact?	Question stem amended	p.16
B15	During your pregnancy, if you contacted a midwifery team, were you given the help you needed?	Question stem amended	p.16
B16	Thinking about your antenatal care , were you spoken to in a way you could understand?		
B17	Thinking about your antenatal care , were you involved in decisions about your care?	Question stem amended	p.21
B18	During your pregnancy did midwives provide relevant information about feeding your baby?	Response option 4 removed	p.16
C1	At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	Question stem amended	p.16
-	Did you have a home birth?	Question removed	p.7
C2	During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?	Question stem and response options amended	pp.17-18
C3	During your labour, what type of pain relief did you use? (Cross ALL that apply)	Response option 4 amended	p.23
C4	Did the pain relief you used change from what you had originally wanted (before you went into labour) ?	Question stem and response option 4 amended	p.18
C5	Why did you not use the pain relief that you had originally wanted (before you went into labour) ? (Cross ALL that apply)	Question stem and response options amended	p.19
C6	Where did you have your baby?	New question	pp.11-12
C7	Thinking about the birth of your baby , was your labour induced?	New question	p.12
C8	What type of birth 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>	Question stem and response options amended	pp.19-20
C9	Where did you give birth? (Cross ONE only)		
C10	What position were you in when your baby was born ? (Cross ONE only)		
C11	Did you have skin to skin contact <i>(baby naked, directly on your chest or tummy)</i> with your baby shortly after the birth?	Response option 2 removed	p.16
C12	If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?		

C13	Did the staff treating and examining you introduce themselves?		
C14	Had any of the midwives who cared for you been involved in your antenatal care?	Response options amended	p.23
C15	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)		
C16	If you raised a concern during labour and birth, did you feel that it was taken seriously?		
C17	During labour and birth , were you able to get a member of staff to help you when you needed it ?	Question stem amended	pp.21-22
C18	Thinking about your care during labour and birth , were you spoken to in a way you could understand?		
C19	Thinking about your care during labour and birth , were you involved in decisions about your care?	Question stem amended	p.21
C20	Thinking about your care during labour and birth , were you treated with respect and dignity?		
C21	Did you have confidence and trust in the staff caring for you during your labour and birth ?		
C22	After your baby was born , did you have the opportunity to ask questions about your labour and the birth?	New question	p.13
D1	How long did you stay in hospital after your baby was born?		
-	Looking back, do you feel that the length of your stay in hospital after the birth was...	Question removed	p.8
D2	On the day you left hospital, was your discharge delayed for any reason?		
D3	What was the main reason for the delay? (Cross ONE only)	Response options amended	p.24
D4	If you needed attention while you were in hospital after the birth , were you able to get a member of staff to help you when you needed it ?	Question stem amended	pp.21-22
D5	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?		
D6	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?		
D7	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)	Response option 3 amended	p.24
D8	Thinking about your stay in hospital, how clean was the hospital room or ward you were in?		
E1	In the first few days after the birth how was your baby fed? (Cross ONE only)	Response option 4 amended	p.16

E2	Were your decisions about how you wanted to feed your baby respected by midwives?		
E3	Did you feel that midwives and other health professionals took your personal circumstances into account when giving advice about feeding your baby ?	Question stem amended	p.22
E4	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>)		
F2	When you were at home after the birth of your baby, did you have a telephone number for a midwifery or health visiting team that you could contact?	Question stem amended	p.16
F3	If you contacted a midwifery or health visiting team were you given the help you needed?	Question stem and response options amended, and response option 4 removed	p.16
F4	Since your baby's birth have you been visited at home by a midwife?		
F5	Did you see the same midwife every time?	Response options amended	p.23
-	How many times in total did you see a midwife after you went home ?	Question removed	p.8
F6	Would you have liked to have seen a midwife...		
F7	Did the midwife or midwifery team that you saw appear to be aware of the medical history of you and your baby?	Question stem amended	p.16
F8	Did you feel that the midwife or midwifery team that you saw always listened to you?	Question stem amended	p.16
F9	Did the midwife or midwifery team that you saw take your personal circumstances into account when giving you advice?	Question stem amended and response option 4 removed	p.16
F10	Did you have confidence and trust in the midwife or midwifery team you saw after going home?	Question stem amended	p.16
F11	Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?	Response options amended	p.23
F12	Did a midwife or health visitor ask you about your mental health?	Question stem amended	p.20
F13	Were you given information about any changes you might experience to your mental health after having your baby?	Question order and question stem amended, and response option 4 removed	p.16, p.20, p.21

F14	Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?	Question order and question stem amended	p.20
F15	Were you given information about your own physical recovery after the birth?	Question stem amended	p.21
F16	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 ?		
F17	If, during evenings, nights or weekends , you needed support or advice about feeding your baby, were you able to get this?		
F18	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 ?		
F19	At the postnatal check-up (around 6-8 weeks after the birth), did the GP spend enough time talking to you about your own physical health?	New question	pp.13-14
-	Were you given information or offered advice from a health professional about contraception?	Question removed	pp.8-9
F20	At the postnatal check-up (around 6-8 weeks after the birth), did the GP spend enough time talking to you about your own mental health?	New question	pp.13-14
-	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)	Question removed	p.9
G1	In what year were you born?		
G2	Have you had a previous pregnancy?		
G3	How many babies have you given birth to before this pregnancy?	Response option 2 amended	p.16
-	Do you have any of the following long-standing conditions? (Cross ALL that apply)	Question removed	p.9
G4	Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?	New question	pp.14-15
G5	Do you have any of the following? Select ALL conditions you have that have lasted or are expected to last for 12 months or more.	New question	pp.14-15
G6	Do any of these reduce your ability to carry out day-to-day activities?	New question	pp.14-15
G7	What is your religion?		
G8	Which of the following best describes how you think of yourself?		
G9	What is your ethnic group? (Cross ONE box only)		