

NHS Maternity Survey 2021

Survey development report

April 2021



Ipsos MORI



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1 Introduction

The NHS Patient Survey Programme (NPSP), managed by Care Quality Commission (CQC), allows patients and the public to feed back on their recent experiences of NHS services. The programme currently comprises the Maternity Survey, Adult Inpatient Survey, Community Mental Health Survey, Children and Young People's Survey and Urgent and Emergency Care Survey.

The strategic direction for the NPSP sets out CQC's ambitions to create a digital method of survey delivery. CQC commissioned Ipsos MORI (as the Coordination centre for mixed methods - CCMM) to advise on and transform the existing programme from paper-based to mixed-mode, and in 2019-2020 the feasibility of conducting the Maternity Survey using a mixed-mode methodology was explored through a pilot.

The pilot results showed that the mixed-mode methodology increased response rates, suggesting that the target population of the Maternity Survey lends itself particularly well to an online methodology. It also found that the demographic profile of participants was broadly consistent between those in mixed-mode methodology group and the paper-based control group, indicating the sample composition was not skewed by changing to a push-to-web method. Very few differences in question responses were found between the two groups, demonstrating the results could be compared to previous paper-only maternity surveys and, as such, "trend data" could likely be maintained.

As part of the 2019/2020 Maternity Pilot, CQC and CCMM conducted a thorough review of the existing paper survey materials to reflect online survey best practice. The outcome of this review can be found in the [Maternity 2019/2020 Pilot report](#). All changes that were made to the Pilot materials have been carried forward to the 2021 Maternity Survey.

Ahead of the 2021 Maternity Survey, CQC took the opportunity to review the survey to ensure the content of the questionnaire and fieldwork materials were in line with current policy and practice; particularly due to changes introduced to maternity care services because of the coronavirus pandemic. This report outlines the methodology and results of this review process. The main changes are summarised in Table 1.1.

Table 1.1: Overview of 2021 Maternity Survey development

Strand	Summary of development	Chapter
Methodology	<ul style="list-style-type: none"> ▪ Using a mixed method approach following a successful pilot in 2019. 	Chapter 2
Sampling	<ul style="list-style-type: none"> ▪ Collection of new variables – relating to COVID-19 diagnosis and treatment, mobile number and Maternity Care Setting (actual place of birth). ▪ Changes to sampling materials. 	Chapter 3
Materials	<ul style="list-style-type: none"> ▪ Materials redeveloped to reflect the mixed method survey methodology and best practice. ▪ Development of online survey and content of SMS reminders. 	Chapter 4
Questionnaire	<ul style="list-style-type: none"> ▪ The questionnaire was reviewed ahead of the 2021 survey with the dual aims of: <ul style="list-style-type: none"> ○ Ensuring the content remained in line with current policy and practice. 	Chapter 5
Accessibility	<ul style="list-style-type: none"> ▪ Accessibility of the Maternity Survey has been reviewed to ensure it is conforming to all required regulations. 	Chapter 6

2 Changes to methodology

The strategic direction for the NHS Patient Survey Programme (NPSP) sets out CQC's ambitions to create a digital method of survey delivery. Specifically, CQC has been exploring transitioning the programme to a push-to-web method, using online methods alongside a postal approach. This method aims to improve accessibility to the survey, address falling response rates and reduce non-response bias. As part of this exploration, CQC commissioned Ipsos MORI to advise on and transform the existing programme from a paper-based method to a mixed-mode solution, and independently undertook wider engagement activities with stakeholders.

2.1 Methods of engagement

2.1.1 2019/20 Maternity Pilot

In 2019, Ipsos MORI were commissioned to conduct a pilot to analyse the feasibility of transitioning the Maternity Survey to a mixed-mode method. Previously, the survey comprised three mailings, the first and third of which contained paper questionnaires only. Individuals did not have the option to complete the questionnaire online.

An experimental approach was taken for the pilot. Two variations of the push-to-web approach (combining both online and paper methods) were tested against a control group – which used the existing survey protocol. This allowed a direct comparison between the push-to-web approach and the paper-based approach, as well as between the two push-to-web variations. The mailing protocol for the control group and two experiment groups is shown in Table 1.1.

Table 1.1 Mailing protocol of Control and Experimental groups

Mailing	Control	Experiment 1	Experiment 2
M1 (Week 1)	Letter with paper questionnaire	Letter with URL	
SMS1 (+3 days)	N/A	SMS after M1	
M2 (Week 2)	Letter	Letter with URL	
SMS2 (+3 days)	N/A	SMS after M2	
M3 (Week 5)	Letter with paper questionnaire	Letter with URL and paper questionnaire	Letter without URL and paper questionnaire
M4 (Week 7)	N/A	Letter with URL	Letter with URL and paper questionnaire
SMS3 (+3 days)	N/A	SMS after M4	N/A

Fieldwork for the pilot ran for 11 weeks from 10 February 2020 to 4 May 2020. Fieldwork for the survey was conducted centrally by Ipsos MORI, with 20 NHS trusts selected to draw patient samples. Trusts were selected to participate based on their size, the response rate to previous maternity surveys, deprivation level (based on IMD of the area), and previous CQC service ratings to ensure there was a good spread of different trust types. It was also important to allocate the sample to new and old methodologies within trusts to control for variability in trust characteristics. Trusts drew samples using largely the same protocol as for the mainstage survey (the only difference being the inclusion of mobile numbers where these were available). This meant all mothers aged 16 years or over at the time of delivery who had a live birth between 1st November and 30th November 2019 were included in the sample.

The pilot was designed to achieve a sample size of 3,000 (across 20 trusts). The sample of c.8,000 individuals was stratified by trust, title of trust and postcode before being divided into three groups – a control and two experimental (push-to-web) groups. Based on conservative estimated response rates, to ensure large enough achieved sample sizes in each group, the individuals were divided so that 50% were in the control group, with the remaining 50% divided equally between the two experimental groups (i.e. 25% of the selected sample per experimental group). The groups were then assessed across the sample variables provided, including age, ethnicity, and IMD quintiles, to ensure there was an equal split across the two groups. The pilot sample design ensured that the size of each group was large enough to enable comparison of response rate and mode of completion between the old and new methodologies with reasonable statistical confidence.

In addition to piloting the push-to-web method, the questionnaire and supporting materials were updated for the pilot. Both the control and push-to-web materials were adapted to bring them in line with industry best practice and ensure they were appropriate for the pilot methodologies. The updated questionnaire and materials were used in both the pilot and the control sample groups, to allow for direct comparison in response and to ensure that any difference in response rate could be attributed to the change in methodology rather than the materials. Please see Chapter 4 for more information on material development.

Further details of the methods and results from the 2019/2020 Maternity Pilot can be found in the [mixed-mode methodology pilot report](#) on the NHS surveys website.

2.1.2 Care Quality Commission consultation activities

CQC undertook a wide range of activities between September 2019 and February 2020 to determine the views of stakeholders towards transitioning the NPSP to a push-to-web method of administering questionnaires. This involved:

- Two surveys of online communities hosted by CQC to gain participants' thoughts on moving to an online approach.
- Focus groups and interviews to understand the thoughts of groups for whom responses to the surveys are traditionally lower (BME and younger mothers) and people who may be

negatively impacted by the move to online first (e.g. those for whom internet access and use is low).

- Attending two engagement events: An External Coproduction event run by CQC and hosting a table at a conference on the digital future for maternity services. The External Coproduction event involved a mixed membership of subject matter experts, professionals, Experts by Experience, public representatives, voluntary groups and umbrella bodies, think-tanks, academics and national stakeholders. Stakeholders at the conference at which CQC hosted a table included members of the Digital Midwives Expert Reference Group, members of the Local Maternity Systems (LMS) Digital Leaders Forum or others representing their LMS. This included midwives, obstetricians, project managers and chief information officers.
- Sending an online survey to users of the survey data, including all NPSP newsletter subscribers, users of the UK Data Service who had accessed the surveys, survey leads at all acute and mental health trusts that take part in the NPSP and staff at NHS England and Improvement.

Further details of the methods and results from the consultation can be found in the [digital methods engagement report](#) on the NHS surveys website.

2.2 Changes to methods

2.2.1 Mailing approach

Results from the CQC consultation activities showed that most of those engaged were positive about a move to the push-to-web method. It was felt to reflect the greater use of online methods in day-to-day life, as well as reflecting how NHS trusts are starting to engage patients online. However, participants across all engagement activities stressed the importance of considering patients who might experience difficulties using an online approach.

The 2019/2020 Maternity Pilot results provided valuable insight into the feasibility and acceptability of a push-to-web approach. To decide whether the Maternity Survey would move to a push-to-web method, analysis was undertaken on the following elements: response rate and online response rate of the experimental groups; the cost and sample size associated with the revised response rates; the impact on comparability of results between trusts; demographic profile differences; question response differences; and, impacts on trends. The key findings were:

- Both experimental groups achieved a significantly higher overall response rate than the control group after all mailings and uptake of the online survey was very high. This suggested that the target population of the Maternity Survey lends itself particularly well to an online methodology and moving to a push-to-web approach would not impact the sample sizes required in order to gain sufficient survey completions.

- Based on analysis of demographic variables available in the sample, the profile of respondents within the mixed-mode groups were broadly consistent with the profile of respondents within the control group. The sample composition was not skewed by changing to a push-to-web method.
- Few significant differences in question responses were found between the groups, suggesting that results could be compared to previous paper-only maternity surveys and, as such, “trend data” could be maintained.

As mentioned, the experimental groups included a fourth mailing, which was an additional postal invitation compared to the mailing protocol in the mainstage survey. Therefore, analysis was conducted to determine the impact of this on response rates and the demographic profile of the sample. The analysis shows that the fourth mailing boosted response rates across all age groups and ethnic groups. In experimental group 1 over a quarter of responses came after the fourth mailing, and in experimental group 2 a fifth of responses were received after this mailing. Positively, the demographic profile of those who completed the survey before and after the fourth mailing was broadly consistent, though there was evidence that before the fourth mailing, White British respondents were over-represented in experiment group 1 compared with the control group. This suggested that providing a fourth mailing would be beneficial for boosting overall response rates, and potentially in BAME groups in particular.

To replicate these results in the mainstage survey, a fourth mailing would be required, though this could result in a cost increase for NHS trusts. However, CQC consultation with approved contractors found that costs associated with the fourth mailing were minimal, resulting in costs marginally above the traditional three-mailing paper-only approach. The agreed four-mailing protocol for the 2021 Maternity Survey is detailed in Table 2.1. All letters and SMS reminders contain a URL providing access to the survey – either by typing in the website address (in the letters) or by clicking on the link (in the SMS).

Table 2.1 Mailing protocol for the 2021 Maternity Survey

Mailing	Mode of contact
Mailing 1 (Week 1)	Letter with URL
SMS1 (+3 days)	SMS after Mailing 1
Mailing 2 (Week 2)	Letter with URL
SMS2 (+3 days)	SMS after Mailing 2
Mailing 3 (Week 5)	Letter with URL and paper questionnaire
Mailing 4 (Week 7)	Letter with URL
SMS3 (+3 days)	SMS after Mailing 4

3 Changes to sampling

3.1 Methods of engagement

3.1.1 Analysis requirements

Three additional variables have been added this year to facilitate analysis of the data collected.

Firstly, trusts have been asked to provide data for the variable '**Actual delivery place**' (in addition to Maternity Care Setting (Actual place of birth)). Both variables will be used to quality assure the sample and to conduct analysis by delivery location. This year, Actual delivery place will also be compared against Maternity Care Setting (Actual place of birth) to assess whether that variable can be used as an appropriate replacement in future.

Secondly, two additional variables relating to coronavirus have been included this year. As the COVID-19 pandemic has progressed throughout 2020 and continued into 2021, the impact of the pandemic on people's experiences of maternity services has become more vital for the survey to measure. The variables identify whether individuals have received a **COVID-19 diagnosis** (derived from ICD10/11 codes) and whether they have been **treated as a suspected or confirmed COVID-19 case**. The care for women with confirmed or suspected COVID-19 during labour and birth has been adapted during the pandemic to accommodate the diagnosis. This means that mothers with confirmed or suspected COVID-19 during their labour and child's birth are likely to have had a different experience of labour and birth compared to those without this diagnosis, which makes them an important subgroup of maternity service users.

3.2 Changes to sample design and sampling materials

As a result of the move to a mixed method approach and new analysis requirements, three main changes were made to the sample process and materials compared to previous surveys. The sample declaration form, sample construction spreadsheet, survey handbook and sampling instructions have all been updated to reflect these changes.

1) Collection of mobile phone number

As part of the move to a mixed methods approach, individuals invited to complete the 2021 Maternity Survey may be sent reminders about the survey via SMS, direct to their mobile telephone number. Individuals who have not completed the survey will receive a maximum of three SMS reminders, which will be sent three days after mailings 1, 2 and 4. To enable contractors to send SMS reminders, trusts have been asked to include mobile telephone numbers alongside postal addresses within the sample.

Instructions for the inclusion of a mobile telephone number were tested in the 2019/2020 Maternity Pilot and have been replicated for the 2021 survey. The number included in the sample should be the current mobile phone number listed in the trust's database. Where there

is no mobile phone number, an incomplete number, or the number is specified to belong to someone other than the service user, trusts are instructed to leave this field in the sample file blank.

To ensure the CCMM can monitor levels of mobile number by trust without receiving actual mobile numbers, a “Mobile number indicator” field has been included. Within this, “1” signifies that a mobile number has been provided and “0” signifies that no mobile number has been included for that record.

2) Collection of actual delivery place variable

Instructions for the inclusion of the actual delivery place variable have been included in the Sampling Instructions for the 2021 Maternity Survey. Trusts are asked to record the type of ward an individual delivered in rather than the type of professional who was leading the delivery using national codes of delivery place (but excluding code 6 – ‘other hospital or institution’ - as individuals delivering their baby at this place are not eligible for the sample).

3) Collection of COVID-19 variables

As described above, two variables relating to COVID-19 will be included within the sample, covering whether an individual was diagnosed with or treated for the condition at the time of labour and birth. Instructions for the inclusion of COVID-19 variables have been included in the Sampling Instructions for the 2021 Maternity Survey. As hospital records were continuing to be updated during the pandemic, it was felt appropriate to collect both a variable based on ICD-10 codes (diagnosis), and a variable based on individual trust records (treatment), so that comparisons can be made across the two variables and the most appropriate used for analysis.

4 Changes to materials

4.1 Methods of engagement

Ahead of the push-to-web 2019/2020 Maternity Pilot, the questionnaire and supporting materials were updated to bring them in line with industry best practice and ensure they were appropriate for both online and postal administration methods. The revised questionnaire and materials were cognitively tested¹ with new mothers prior to being fielded in the pilot survey. Following the decision to transition the 2021 Maternity Survey to a push-to-web approach, the materials were reviewed again, to ensure they continued to function as intended.

4.1.1 Material development - 2019/2020 Maternity Pilot

For the 2019/2020 Pilot, the following materials were updated or developed based on industry best practice:

- **Questionnaire:** revised to ensure it was appropriate for both online and postal administration methods
- **Covering letters:** consisting of an initial invitation letter and three further reminder letters.
- **Text for the SMS reminders:** three versions to be sent shortly after each letter (where mobile phone numbers were available).
- **Dissent poster:** to be displayed in hospitals prior to fieldwork.
- **Young mothers' leaflet:** to be provided to all younger mothers (aged 16 and 17 years) to provide information about the survey.

All re-developed materials were cognitively tested with new mothers to explore:

- The extent to which the messages were engaging, persuasive, and ultimately likely to secure participation in the survey.
- The extent to which the content was relevant and comprehensive, and whether any additional information was required by participants.
- The extent to which the questions covered all circumstances and whether the instructions and routing in both the paper and online versions were appropriate and worked as intended.
- Participants' understanding of the language used, focusing on the more complex elements (e.g. confidentiality).
- The layout of the materials to understand which elements participants were most drawn to/likely to read and to understand if any key information was being overlooked.

¹ Cognitive interviews are a type of in-depth interview that serve to test both how the wording of individual questions is understood and how sets of questions work to influence each other in the context of a wider questionnaire. The key objectives of testing the questionnaire in this way, were to ensure participants understood the questions, felt willing and able to answer them, as well as providing responses in line with the options available for doing so.

In total, eight cognitive interviews were conducted with new mothers (who had a baby in the last 3-4 months) between 6th – 20th August 2019. Each interview lasted around 45 minutes and took place in the participants' homes. Participants varied by age, age of child, ethnicity and location to ensure that a range of viewpoints were considered.

4.1.2 Material development - 2021 Maternity Survey

Following the decision to transition the 2021 Maternity Survey to a push-to-web approach, the survey questionnaire and materials were reviewed again. The focus of cognitive testing prior to the mainstage survey was mainly on questionnaire development (see Chapter 5), however the survey introduction was also tested with all participants. This aimed specifically to explore their understanding of what the survey was about and what they were being asked to do. The results of this testing phase are described in Chapter 5.

4.2 Changes to materials

Copies of all updated materials for the 2021 Maternity Survey have been uploaded to the [NHS Surveys website](#).

Covering letters

Mothers sampled for the survey are sent four letters. While many existing features of the covering letters were retained, changes were made to all of them, including:

- **Updating the messaging to reflect the mixed-mode approach.** For example, making it clear that participants can complete online and encouraging them to do so, adding log-in details for the online survey to the centre of the letter.
- **Updating the motivational messaging across letters,** to tap into participants' motivation to take part in the survey.
- **Improving the visual appeal of letters and making them easier to read,** by drawing the readers' eye to key information such as the length of the survey and how to access the survey and log in.
- Ensuring the **relevant information on data protection and confidentiality** was included.
- **Meeting accessibility guidelines,** such as using a minimum of font size 12, and signposting to the accessible survey options.
- And for the mainstage survey, amending the content to reflect the **change to a contractor approach from the centralised pilot.**

SMS reminders

The push-to-web method introduced SMS reminders, which were developed and tested in the 2019/2020 Maternity Pilot. The reminders include a personalised URL which take participants

directly into the online survey (without the need to input their login details) and aims to encourage online completion.

During the cognitive interviews for the 2019/20 Maternity Pilot, a particular focus was on how individuals felt about the use of their mobile phone number (if provided) for contact purposes. Participants welcomed the ease of accessing the survey directly from the SMS rather than typing in the URL and were happy with the content of the messages. The participants fed back that they would be more likely to open and trust the SMS message if it came from a named contact rather than an unknown number. Following this feedback, it was decided that the SMS reminder should come from 'NHS Survey' to reassure recipients of the legitimacy of the contact.

Online survey

The push-to-web method involved the introduction of an online survey. The online survey is designed to be device-agnostic, meaning that its layout and appearance automatically adapts to the device the survey is opened on be that a mobile phone, tablet and desktop computer. The online survey has been developed to meet accessibility guidelines e.g. it is possible to change the font size, background colour, and the questions are compatible for screen-readers. Navigation to the survey and usability of the online survey was tested ahead of the Maternity 2019/2020 Pilot during cognitive testing, as well as during the pilot itself. Participants found it easy to navigate through the questions and fed back that the survey was easier to complete than they had expected. The progress bar was well received. The 2021 Maternity online survey is available in English and nine non-English languages.

Dissent poster

As with previous Maternity surveys, a dissent poster should be displayed during the sampling month. This makes individuals aware of the survey and provides an opportunity for them to ask questions or give dissent if they wish to be excluded from taking part. Much of the content of this poster was retained from earlier surveys, although the overall design was updated to bring it in line with the other survey materials. At the request of trusts, the poster has been made available in English and eleven other commonly spoken languages to ensure the information is accessible to their maternity service users.

Young mothers' leaflet

To meet Section 251 requirements, it is necessary for midwives or other staff to provide all younger mothers (aged 16 and 17 years) who give birth in the sampling period with a leaflet and to discuss the requirements of the survey with them. Any requests from young mothers to opt out of the survey are logged at the trust and referred to when drawing the sample to ensure they are excluded from selection. The information leaflet was cognitively tested prior to the 2019/2020 Maternity Pilot. Feedback from mothers indicated that the layout was clear, the content and terminology easy to understand and the amount of information suitable and not overwhelming.

Multilanguage sheet

The multilanguage sheet for the 2021 Maternity Survey retains many of its previous features. However, it has been updated to include links to the online survey for nine non-English languages:

1. Arabic
2. Bengali
3. French
4. Gujarati
5. Polish
6. Portuguese
7. Punjabi
8. Spanish
9. Urdu


The multilanguage sheet continues to include the previously listed languages below, directing the participant to a helpline number. Although a translated online survey is not available in these languages, a telephone assisted survey using Language Line can continue to be offered.

10. Cantonese (Traditional Chinese)
11. Mandarin (Simplified Chinese)
12. Turkish
13. Italian
14. Russian
15. Kurdish
16. Tamil
17. Thai
18. Farsi
19. Somali

As shown in Figure 4.1, the multilanguage sheet was also updated to include signposting to accessible formats. Chapter 6 provides further information on accessibility changes to the survey.

Figure 4.1: Accessibility signposting on multilanguage sheet

LEARNING DIFFICULTY OR ACCESSIBILITY NEEDS?



If you need some help to fill in this survey, or if you want a copy of the questionnaire in easy read, large print or Braille, please call us **[for free]** on **[INSERT HELPLINE]** or email **[INSERT HELPLINE EMAIL]**.

Image contains a woman looking at an easy read booklet.

5 Changes to the questionnaire

Early stages of the development of the questionnaire for the 2021 Maternity Survey involved analysing data for specific questions from the 2019 Maternity Survey. These analyses identified ceiling and floor effects as well as correlations between items, all of which were reviewed to understand question performance. The subsequent development of the questionnaire concentrated on identifying what changes, if any, were needed compared to the 2020 Maternity Survey questionnaire, which was produced by the Survey Coordination Centre for Existing Methods at Picker Institute Europe in association with CQC and finalised before the survey was unfortunately cancelled². This included checks on the routing and considerations towards wording updates to ensure the questions were suitable for a mixed-method design and reflected the current maternity services being offered to mothers. As a result, a small number of amendments were made, which are detailed later in this chapter.

5.1 Methods of engagement

Ahead of the 2021 Maternity Survey the questionnaire was reviewed with the dual aims of:

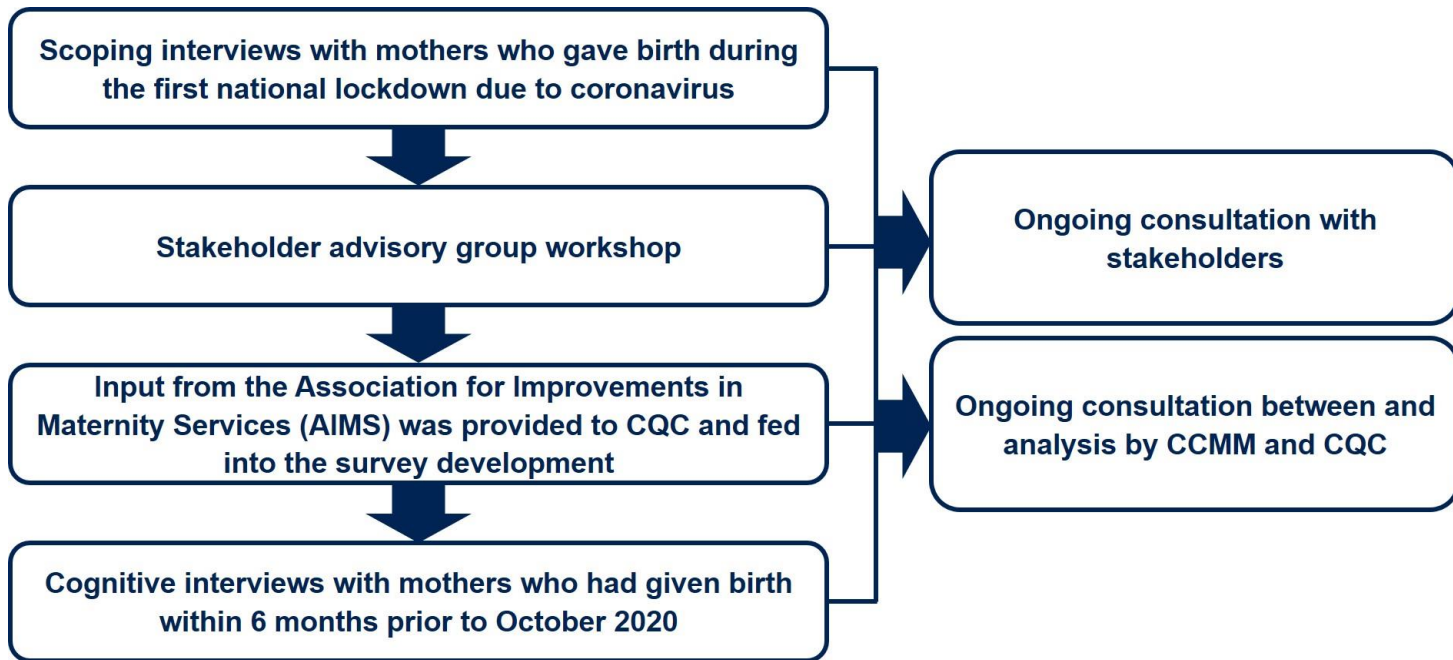
1. Maintaining (or if possible, reducing) the length to both reduce the burden on participants and to meet best-practice guidelines for online surveys.
2. Ensuring the content of the questionnaire reflected the way in which maternity services were being delivered (in line with current policy and practice).

A detailed review of the questionnaire was not initially planned for the 2021 Maternity Survey due to the redevelopment work carried out during the 2019/2020 Maternity Pilot and for the 2020 Maternity Survey. However, the coronavirus pandemic prompted this additional review to ensure the questionnaire reflected the experiences of mothers in the current context.

During the questionnaire development process, maternity care stakeholders, NHS England and NHS Improvement and mothers were invited to provide their opinions. All revisions to the questionnaire were then cognitively tested with mothers (who had recently given birth) to ensure comprehension and relevance. An overview of the questionnaire development process is shown in Figure 5.1. We describe each of these stages in the sub-sections that follow.

² The 2020 Maternity survey did not take place due to pressures on NHS trusts caused by the coronavirus pandemic. So, new questions developed for this survey were never fielded. The 2020 questionnaire is available as a separate annex to this report.

Figure 5.1: The questionnaire development process



5.1.2 Scoping interviews with mothers

Given the changing nature of maternity services during the coronavirus pandemic, it was important to ensure the survey questions accurately reflected the experiences of mothers using maternity care services. Scoping interviews were conducted to understand mother's experiences of antenatal care, labour and birth, and postnatal care.

- A total of five 45-minute telephone interviews were conducted between 27th and 28th August 2020 with mothers who had given birth after 23rd March 2020.
- All mothers were aged in their 30s (ranging from early, mid to late 30s), with three having previous experience of childbirth and two experiencing childbirth for the first time.
- Interviewees were located in the south east of England, including London, as well as two from the north west of England. The mothers interviewed were from a mix of ethnic backgrounds including white British, mixed white and African Caribbean.

The scoping interviews indicated that the coronavirus pandemic did have an impact on mother's experiences of care, at the antenatal stage, during labour and birth, and at the postnatal stage. Mothers expressed concerns around the presence (or lack) of a birthing partner, communication with the hospital staff and community midwives throughout their maternity care. They also highlighted apprehension regarding the provision or absence of services such as the lack of face-to-face antenatal classes during their pregnancy.

Following these scoping interviews, we noted the importance of carefully considering how changes to maternity services have impacted on mothers' experiences. As a result, subsequent

development focused on ensuring the questionnaire accurately reflected the care that was being offered to mothers.

5.1.3 Stakeholder advisory group workshop

On 3rd September 2020, CCMM hosted an advisory group workshop to gather feedback from key maternity service stakeholders. These stakeholders represented bodies such as NHS England and NHS Improvement, National Childbirth Trust, National Maternity Voices and CQC. They attended to share their knowledge and expertise and to advise on the development of the questionnaire for the 2021 Maternity Survey.

The impact of the ongoing coronavirus pandemic was discussed at length, with agreement reached that it was important to try to include questions exploring the impact of coronavirus on mother's maternity experience. Some members of the advisory group thought it would be helpful to establish how appointments or check-ups were conducted to add context to the response options in the questionnaire. For example, whether these conversations took place face to face, by phone or virtually.

CCMM's recommendation to begin section C ('Your labour and the birth of your baby') with a question establishing type of birth - as fielded in the 2019/2020 Maternity Pilot - was accepted by stakeholders. However, they also encouraged further consideration of the routing and subsequent questions to be asked of those who gave birth via caesarean section.

Stakeholders also requested several adjustments to the question wording, routing and scaling of existing questions. Some examples of these are included below.

Requested changes

- Amend "partner" to "birth partner" to ensure the survey is phrased in the most appropriate context for the women participating.
- Alter the response scale used at the question that recorded the number of weeks pregnant a mother was when their baby was born. It was recommended that the scale should also be more granular and include reference to "completed weeks" to accurately capture premature or late births.

Requested additions

- Inclusion of questions relating to the Better Births policy (e.g. the existence of personalised care plans and experiences of postnatal physiotherapy) were suggested.
- Inclusion of a question to establish whether mothers had access to National Maternity Voice partnerships or if they had heard of this community interest company.
- Add a question to understand postnatal care and follow-ups in relation to lifestyle changes as a result of complications from pregnancy and birth (e.g. diabetes, hyper-tension).

Following the advisory group workshop, CCMM and CQC revised the questionnaire incorporating some of the feedback received during the session. The questionnaire was then circulated electronically with stakeholders at NHE England and NHS Improvement for comment ahead of cognitive testing.

5.1.4 Cognitive interviews with mothers

Following feedback from stakeholders, CQC and CCMM revised the questionnaire. All revisions were then cognitively tested with new mothers. As the cognitive interviews were conducted during the coronavirus pandemic, the interviews were administered over the phone. A “think aloud” technique was used whereby the participant talked through their thought processes as they navigated through the questionnaire and completed the survey. The interviewer asked participants about specific aspects of the question to understand how they chose their answer to ensure that questions were understood as intended. Participants’ feedback was then used to clarify question meaning where necessary and improve the survey as a whole.

Testing was conducted between 10th November and 3rd December 2020. The approach involved two rounds of cognitive interviewing with mothers so that changes introduced after the first round could be made and tested. In total 12 interviews were completed, with six interviews in each round. Mothers were recruited using a detailed screening questionnaire, to identify those who had given birth within six months of the cognitive interview. Quotas were also set on demographic characteristics to ensure mothers from a range of different backgrounds were interviewed. These included:

- Age
- Social grade
- Ethnicity
- Region (including a spread of urban vs. rural)
- Previous child
- Long-term health condition.

Following the completion of each round of interviews, an analysis session was held internally at CCMM, as well externally with CQC. The questionnaire was iteratively improved for each round of testing and the issues to resolve became fewer and more specific as general clarifications were implemented.

5.1.5 Input from the Association for Improvements in the Maternity Services (AIMS)

In response to the 2019 Maternity Survey, AIMS published an [article](#) that raised a number of questions about the survey methodology.

For the 2021 Maternity Survey we considered the points raised in the AIMS article. A summary of changes made to the survey, or their impact on the development process, as a result of this feedback are noted below.

- **Interpretational issues for the place of birth question:** We looked at this question in light of the information AIMS shared in their article and, after triangulating with other results, it appeared that some mothers were likely incorrectly identifying that they were cared for at a Midwife Led Unit or birth centre. We tested alternatively phrased questions thoroughly during cognitive testing of the 2021 Maternity Survey and consequently changed the place of birth question to a version that has been demonstrated to be clearly understood by mothers (see section 5.2 for details of this change).
- **Increase in number of mothers reporting using stirrups:** We looked at this question in detail during the development of the 2021 Maternity Survey. During cognitive testing we spoke to five mothers who reported using stirrups. The descriptions these mothers provided suggested that they had a clear understanding of what was meant and were accurately reporting their experiences.

5.1.6 Feedback from NHS England and NHS Improvement

NHS England and NHS Improvement provided feedback on two iterations of the revised questionnaire, firstly, following the stakeholder workshop in September 2020 and secondly, after cognitive testing in December 2020. Their key feedback is summarised below.

Following feedback at the advisory group workshop, CCMM proposed that response code 3 for existing question C14 on partner involvement during labour and birth, be split with the latter part changed to: 'They were not able to be involved due to COVID-19'. NHS England and NHS Improvement recommended that the question and response codes were not changed due to concerns about the impact on trend data. C14 was not changed but a new question was added as C15 to capture the presence of coronavirus restrictions affecting partner involvement.

C14. 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?

1. Yes
2. No
3. They did not want to / could not be involved
4. I did not want them to be involved
5. I did not have a partner / companion with me

NHS England and NHS Improvement suggested that two new questions should be added to understand how antenatal and postnatal check-ups may take place – to understand how mothers' experiences may vary by delivery mode. As a result, **B11** and **F19** were added (see section 5.2.2 for question wording).

CCMM suggested that questions **F20** and **F21** (shown in Table 7.1 in appendix) focusing on postnatal check-ups should include a new sentence: *'This check-up may have been face to*

face, by telephone or video to ensure mothers had clarity on how to answer each question considering that some check-ups were not being conducted in a face-to-face mode due to coronavirus restrictions. We tested the inclusion/exclusion of the new sentence through cognitive testing. This showed that some mothers felt that the inclusion of the information at both questions helped them to answer. However, due to concerns about the impact on trend data, the sentence was not added at either F20 or F21 for the 2021 survey.

5.2 Changes to the questionnaire

Following the survey development stages described, several changes were made to the final questionnaire for the 2021 survey compared to the version developed for 2020. Five questions were deleted, eight new questions were added, and 19 existing questions were amended. These changes are detailed in the rest of this section.

Deletions

Question B3 from 2020 questionnaire was deleted following stakeholder feedback that 'booking' appointments were not always being provided in the same way due to the coronavirus pandemic.

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
3. When I was 13 or more weeks pregnant
4. Don't know / can't remember

Question B5 was deleted due to evidence, including the article written by AIMS, that respondents struggle to identify different services.

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 B13 was deleted following stakeholder feedback that antenatal classes were not being conducted in the same way (if at all) due to the coronavirus pandemic.

B13. During your pregnancy were you offered any antenatal classes or courses provided by the NHS?

1. Yes, and I did them
2. Yes, but I did not do them
3. No
4. Don't know / can't remember

Question C6 (on place of birth) was also removed for the 2021 Maternity Survey following evidence, including the article written by AIMS, that mothers were likely incorrectly identifying the type of service they had given birth in.

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

Information about where mothers deliver their baby can be captured more accurately by variables collected as part of the sampling process (maternity care setting, actual place of birth and actual delivery place) this question has been deleted.

Finally, Question G4 (from the 2020 questionnaire) was deleted as it became redundant for the 2021 Maternity Survey due to the inclusion of a new question to capture health conditions. The new question is aligned with the 2020 Adult Inpatients Survey.

G4 (2020). 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
2. No

Additions

As a result of a review of the 2019 Maternity Survey, feedback gathered from the advisory group workshop, interviews with recent maternity service users and input from NHS England and NHS Improvement, eight new questions were added to the 2021 Maternity Survey questionnaire.

B4. At the start of your care in pregnancy, did you feel that you were given enough information about coronavirus restrictions and any implications for your maternity care?

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

B11. How did your antenatal check-ups take place? (Cross ALL that apply)

1. Face-to-face
2. By phone
3. By video call
4. Don't know / can't remember

C2. Before your caesarean, did you go into labour?

A labour typically begins when you start to have contractions

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

C15. Were there any coronavirus restrictions in place that affected how involved your partner, or someone else close to you, could be?

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

C26. Did you have a home birth?

1. Yes
2. No

C27. Did you require hospital care immediately after your home birth?

1. Yes
2. No

F19. After the birth of your baby, how did your check-ups with the midwife or midwifery team take place? (Cross ALL that apply)

1. Face-to-face
2. By phone telephone
3. By video call
4. Don't know / can't remember

Gender introduction: The following question asks about your gender. Your answer will help us understand whether maternity care experiences vary between different groups of the population. Your answer will be kept confidential and not linked to your medical records.

G8. Is your gender the same as the sex you were registered as at birth?

1. Yes
2. No, please write your gender below
3. I would prefer not to say

Amendments

Feedback from the advisory group, recent maternity service users and NHS England and NHS Improvement also drove amendments to the questionnaire. This included improvements to the consistency of language and terminology throughout and streamlining of question stems and response options. All amendments are detailed below, alongside the rationale for any changes.

Section B: Care while you were pregnant (antenatal care)

The question wording for **B1**, **B2** and **B6** were altered slightly to capture those who may not have spoken face-to-face with a health professional or midwife due to coronavirus restrictions - with 'seen or spoken to' included in the question wording for the 2021 Maternity Survey:

B1. Who was the first health professional you saw or spoke to when you thought you were pregnant?

B2. Roughly how many weeks pregnant were you when you first saw or spoke to this health professional about your pregnancy care?

B6. At your antenatal check-ups, did you see or speak to the same midwife every time?

The question wording and response codes at question **B3** were changed for the 2021 Maternity Survey after cognitive testing identified that existing codes referring to "a midwife led unit / birth centre" or "a consultant led unit" were not well understood by mothers. The alternative question wording (below) was tested and found to be simpler and easier to answer whilst still capturing more detail than a simple Yes/No response.

B3. Were you offered a choice about where to have your baby?

(Please cross X in all the boxes that apply to you)

1. Yes – a choice of hospitals
2. Yes – at home
3. Yes – other
4. No – I was not offered any choices
5. No – I had no choices due to medical reasons
6. No – I had limited choices due to coronavirus
7. Don't know / can't remember

Within Section B, there is an introduction to questions focusing on antenatal check-ups. For the 2021 Maternity Survey, two sentences were added to explain what is normally checked at a face-to-face check up and what may be happening currently. Furthermore, "GP" was added to the list of healthcare professionals and "Please ignore" was replaced with "Do not include" as this was found to be clearer in cognitive testing.

Introduction: Ante-natal check-ups

A 'check-up' is any contact with a GP, doctor or midwife to check the progress of your pregnancy. When face-to-face they usually include having your blood pressure and urine checked. It is possible that some antenatal check-ups may have been by phone or video call due to coronavirus restrictions. Do not include more specific appointments such as a visit to the hospital for a scan or a blood test only.

The last change in Section B concerned the response scale at **B10**. This was amended to revert to the wording used in the 2019 Maternity Survey, after cognitive testing identified that mothers wanted a wide range of codes to sufficiently answer this question.

B10. During your antenatal check-ups, did your midwives ask you about your mental health?

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

Section C: Your labour and the birth of your baby

Question **C10** (from 2020 questionnaire) is now asked as the first question in Section C. The wording has been amended slightly and routing amended to ensure mothers are routed to the relevant question or section depending on the type of birth that they had. Those answering with codes 3 or 4 are asked C2, which establishes if they went into labour before the caesarean.

C1. Thinking about the birth of your baby, what type of birth did you have?

If you had twins or more than two babies, please think about the baby who was born first.

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

At question **C6**, the response code "I did not use pain relief" included in the 2020 questionnaire was removed and an instruction added instead. This was intended to assist mothers who did not use pain relief to answer this question.

C6. Did the pain relief you used change from what you had originally wanted (before you went into labour)?

If you did not use pain relief think about what you had originally wanted.

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

The definition of what constitutes an induction was revised at question **C8** for the 2021 Maternity Survey. This amendment provided greater detail to mothers regarding what constitutes an induction and aimed to discourage individuals from including sweeps specifically when answering. The revised definition was cognitively tested and found to be well understood by participants. For individuals who were not sure what being induced meant, they specifically stated that it was helpful to have clarity on what induction included or excluded.

C8. Thinking about the birth of your baby, was your labour induced?

An induced labour normally happens at the hospital and is intended to help start labour. An induced labour is typically started by inserting a tablet or gel into the vagina. Induction does not include a membrane sweep procedure (a sweep of the cervix by a midwife during internal examination) or techniques to speed up active labour (e.g. breaking waters or an oxytocin drip).

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

The final amendment within Section C was to swap the order of two questions - **C9** and **C10** (formerly C8 and C9 in the 2020 questionnaire). This change meant that it was possible to avoid asking mothers who stated they were not involved in the decision to be induced (at the initial question) whether they were given enough information on induction before making a decision to

be induced (at the follow-up question), which did not seem logical and was unnecessarily burdensome on respondents. For the 2021 Maternity Survey, mothers are asked **whether they were given enough information on induction before they were induced (C9) and if they were involved in the decision to be induced (C10).**

Section D: Care in the ward after birth (postnatal care)

In Section D, a new response code (code 4) was added at question **D7** to capture whether coronavirus restrictions impacted whether partners or someone else close to the mother were able to be involved in their care.

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 due to coronavirus restrictions
5. No, they were not able to stay for another reason
6. I did not have a partner / companion with me

Section F: Care after birth

All of the amendments in Section F reflected changes in home visits by midwives due to coronavirus restrictions. At F4, a new response code was added to capture mothers who may have had a "phone / video call" with a midwife.

F4. Since your baby's birth have you been visited at home by a midwife?

1. Yes
2. Yes, but I had to contact them to ask them to visit
3. No, I visited the midwife / saw a midwife in clinic
4. No, but I have had a phone / video call
5. No, I was not offered a visit
6. No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU)
7. No, for another reason

Similar to the changes introduced in Section B, the introductory text for F6 was amended to include "phone or video call" and to capture those who may not have had a face-to-face appointment due to coronavirus restrictions 'seen or spoken to' was added to question F5-F10.

F5. Did you see or speak to the same midwife every time?

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

Thinking about all the times you were visited at home by a midwife, seen in a clinic by a midwife, or had a phone or video call with a midwife after the birth...

F6. Would you have liked to have seen or spoken to a midwife...

1. More often
2. Less often
3. I saw or spoke to a midwife as much as I wanted

F7. Did the midwife or midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?

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

F8. Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?

1. Yes, always
2. Yes, sometimes
3. No
4. Don't know / can't remember

F9. Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?

1. Yes, always
2. Yes, sometimes
3. No
4. Don't know / can't remember

F10. Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?

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

Section G: You and your household

The introduction to Section G has been amended slightly to make the wording more gender inclusive. References to 'women' have been removed as shown below.

SECTION G. You and your household. Please complete as many of these questions as you can. Your answers will help us to describe those taking part in the survey and to find out whether maternity care is the same regardless of their background or circumstances.

The wording for **G4** has been amended for the 2021 Maternity Survey to match the wording and list of conditions included in the 2020 Adult Inpatient Survey. As part of the survey development for the 2020 Adult Inpatient Survey, it was found that the updated question was understood well during cognitive testing – participants felt that the answer codes were comprehensive and covered everything needed.

G4. Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more? (Please cross X in all the boxes that apply to you)

1. Autism or autism spectrum condition
2. Breathing problem, such as asthma
3. Blindness or partial sight
4. Cancer in the last 5 years
5. Dementia or Alzheimer's disease
6. Deafness or hearing loss
7. Diabetes
8. Heart problem, such as angina
9. Joint problem, such as arthritis
10. Kidney or liver disease
11. Learning disability
12. Mental health condition
13. Neurological condition
14. Stroke (which affects your day-to-day life)
15. Another long-term condition
16. None of the above
17. I would prefer not to say

The final version of the 2021 questionnaire is available from the [NHS Surveys website](#).

5.3 Future considerations

Changes considered but not implemented

During the survey development process for the 2021 Maternity Survey, changes were considered for three other questions but were not implemented due to the potential impact on trend data. However, these questions could be revisited in advance of future waves of the Maternity Survey.

Firstly, question F4 caused some confusion for respondents during cognitive testing. This was for several, different reasons making it difficult to identify what improvements might be the most appropriate. For example, for some mothers more than one of the response options applied – e.g. they had been visited at home (code 1, yes) but also had a phone/video call (code 4). The wording “at home” is mentioned in the question stem, which is contradictory to code 3, which refers to seeing a midwife in a clinic, which also caused confusion. Finally, some mothers we cognitively interviewed were unsure whether they had seen a midwife or health visitor, so it made it harder for them to answer.

F4. Since your baby's birth have you been visited at home by a midwife?

1. Yes
2. Yes, but I had to contact them to ask them to visit
3. No, I visited the midwife / saw a midwife in a clinic
4. No, but I have had a phone / video call
5. No, I was not offered a visit
6. No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU)
7. No, for another reason

Both questions G2 and G3 could be regarded as particularly sensitive to some participants. We decided to retain these questions without amendment for the 2021 Maternity Survey, however we recommend including a 'prefer not to say' option at both questions in future survey waves.

G2. Have you had a previous pregnancy?

1. Yes
2. No

G3. How many babies have you given birth to before this pregnancy?

1. None
2. 1 or 2
3. 3 or more

[Changes introduced to review prior to the next survey](#)

As detailed above, several changes were introduced to the 2021 Maternity Survey to facilitate reporting of experiences during the coronavirus pandemic. It is important that a review of these changes is made ahead of a future Maternity Survey to ensure applicability to current policy and practice. The questions amended in section 5.2 of this report should form the primary focus of this review.

6 Changes to accessibility

6.1 Methods of engagement

Desk research was undertaken to inform the approach to survey accessibility. This included review of best practice guidelines, and the approaches taken by other national surveys. The research was used to identify the most appropriate accessible options to offer for the 2021 Maternity Survey and how to signpost these options most effectively.

6.2 Changes to accessibility

The accessible formats that will be offered for the 2021 survey are detailed below:

1. Participants will be able to **change the font size and background colour** of the online survey.
2. The **survey will be screen reader compatible**.
3. The **online survey** will be available in English and translated into **nine non-English languages**.
4. **Dissent posters will be** available in **eleven non-English languages** as per the request of trusts.
5. Mothers can request a **telephone assisted interview** in English or in a non-English language using a service such as Language Line.
6. The availability of a **large print questionnaire** is signposted on the letters and administered at the request of the mother.
7. The availability of an **Easy Read questionnaire** is signposted on the letter and administered at the request of the mother.
8. The availability of a **Braille questionnaire** is signposted on the letter and administered at the request of the mother.

The uptake of each of these accessible options, as well as requests for any additional accessible options will be recorded throughout the 2021 survey. The results will be reviewed to inform whether any additional options are required for the survey in the future.

Appendices

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7 Appendix: Questionnaire changes

Table 7.1 summarises changes to the questionnaire since the 2020 Maternity Survey was developed with question numbers and wording corresponding to the 2021 survey. The 2020 questionnaire is available as a separate annex to this report; the 2021 questionnaire is available from the [NHS Surveys website](#).

Table 7.1: Questionnaire changes

	2021 Question wording	Summary of change since 2020	Page number
A1.	Did you give birth to a single baby, twins or more in your most recent pregnancy?	No change	N/A
A2.	Roughly how many weeks pregnant were you when your baby was born?	No change	N/A
B1.	Who was the first health professional you saw or spoke to when you thought you were pregnant?	Question wording amended	23
B2.	Roughly how many weeks pregnant were you when you first saw or spoke to this health professional about your pregnancy care?	Question wording amended	23
B3.	Were you offered a choice about where to have your baby?	Question wording and response codes amended	23
B4.	At the start of your care in pregnancy, did you feel that you were given enough information about coronavirus restrictions and any implications for your maternity care?	New for 2021	21
B5.	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	No change (question B6 in 2020)	N/A
B6.	At your antenatal check-ups, did you see or speak to the same midwife every time?	Question wording and response codes amended	23

B7.	During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?	No change (question B8 in 2020)	N/A
B8.	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	No change (question B9 in 2020)	N/A
B9.	During your antenatal check-ups, did your midwives listen to you?	No change (question B10 in 2020)	N/A
B10.	During your antenatal check-ups, did your midwives ask you about your mental health?	Response codes changed to match 2019	23
B11.	How did your antenatal check-ups take place?	New for 2021	21
B12.	Were you given enough support for your mental health during your pregnancy?	No change	N/A
B13.	During your pregnancy, if you contacted a midwifery team, were you given the help you needed?	No change (question B14 in 2020)	N/A
B14.	Thinking about your antenatal care, were you spoken to in a way you could understand?	No change (question B15 in 2020)	N/A
B15.	Thinking about your antenatal care, were you involved in decisions about your care?	No change (question B16 in 2020)	N/A
B16.	During your pregnancy did midwives provide relevant information about feeding your baby?	No change (question B17 in 2020)	N/A
C1.	Thinking about the birth of your baby, what type of birth did you have?	Question reworded and repositioned	24
C2.	Before your caesarean, did you go into labour?	New for 2021	22

C3.	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?	No change (question C1 in 2020)	N/A
C4.	During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?	No change (question C2 in 2020)	N/A
C5.	During your labour, what type of pain relief did you use?	No change (question C3 in 2020)	N/A
C6.	Did the pain relief you used change from what you had originally wanted (before you went into labour)?	Instruction added; response code removed	24
C7.	Why did you not use the pain relief that you had originally wanted (before you went into labour)?	No change (question C5 from 2020)	N/A
C8.	Thinking about the birth of your baby, was your labour induced?	Information at question changed	24
C9.	Were you given enough information on induction before you were induced?	Repositioned (question C9 from 2020)	24-25
C10.	Were you involved in the decision to be induced?	Repositioned (question C8 from 2020)	24-25
C11.	Where did you give birth?	No change	N/A
C12.	What position were you in when your baby was born?	No change	N/A
C13.	Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?	No change	N/A
C14.	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?	No change	N/A

C15.	Were there any coronavirus restrictions in place that affected how involved your partner, or someone else close to you, could be?	New for 2021	22
C16.	Did the staff treating and examining you introduce themselves?	No change (question C15 in 2020)	N/A
C17.	Had any of the midwives who cared for you been involved in your antenatal care?	No change (question C16 in 2020)	N/A
C18.	Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?	No change (question C17 in 2020)	N/A
C19.	If you raised a concern during labour and birth, did you feel that it was taken seriously?	No change (question C18 in 2020)	N/A
C20.	During labour and birth, were you able to get a member of staff to help you when you needed it?	No change (question C19 in 2020)	N/A
C21.	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	No change (question C20 in 2020)	N/A
C22.	Thinking about your care during labour and birth, were you involved in decisions about your care?	No change (question C21 in 2020)	N/A
C23.	Thinking about your care during labour and birth, were you treated with respect and dignity?	No change (question C22 in 2020)	N/A
C24.	Did you have confidence and trust in the staff caring for you during your labour and birth?	No change (question C23 in 2020)	N/A
C25.	After your baby was born, did you have the opportunity to ask questions about your labour and the birth?	No change (question C24 in 2020)	N/A
C26.	Did you have a home birth?	New for 2021	22

C27.	Did you require hospital care immediately after your home birth?	New for 2021	22
D1.	How long did you stay in hospital after your baby was born?	No change	N/A
D2.	On the day you left hospital, was your discharge delayed for any reason?	No change	N/A
D3.	What was the main reason for the delay?	No change	N/A
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?	No change	N/A
D5.	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	No change	N/A
D6.	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	No change	N/A
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?	New response code added	25
D8.	Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	No change	N/A
E1.	In the first few days after the birth how was your baby fed?	No change	N/A
E2.	Were your decisions about how you wanted to feed your baby respected by midwives?	No change	N/A
E3.	Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?	No change	N/A

F1.	Were you given a choice about where your postnatal care would take place?	No change	N/A
F2.	When you were at home after the birth of your baby, did you have a phone number for a midwifery or health visiting team that you could contact?	No change	N/A
F3.	If you contacted a midwifery or health visiting team, were you given the help you needed?	No change	N/A
F4.	Since your baby's birth have you been visited at home by a midwife?	New response code added	27
F5.	Did you see or speak to the same midwife every time?	Question wording amended	25
F6.	Would you have liked to have seen or spoken to a midwife...	Question wording and response code amended	26
F7.	Did the midwife or midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?	Question wording amended	26
F8.	Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?	Question wording amended	26
F9.	Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?	Question wording amended	26
F10.	Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?	Question wording amended	26
F11.	Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?	No change	N/A

F12.	Did a midwife or health visitor ask you about your mental health?	No change	N/A
F13.	Were you given information about any changes you might experience to your mental health after having your baby?	No change	N/A
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?	No change	N/A
F15.	Were you given information about your own physical recovery after the birth?	No change	N/A
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?	No change	N/A
F17.	If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?	No change	N/A
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?	No change	N/A
F19.	After the birth of your baby, how did your check-ups with the midwife or midwifery team take place?	New for 2021	22
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 physical health?	No change (question F19 from 2020)	N/A
F21.	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?	No change (question F20 from 2020)	N/A
G1.	In what year were you born?	No change	N/A
G2.	Have you had a previous pregnancy?	No change	N/A

G3.	How many babies have you given birth to before this pregnancy?	No change	N/A
G4.	Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?	New question wording and response options for 2021	27
G5.	Do any of these conditions reduce your ability to carry out day-to-day activities?	No change (question G6 in 2020)	N/A
G6.	What is your religion?	No change (question G7 in 2020)	N/A
G7.	Which of the following best describes how you think of yourself?	No change (question G8 in 2020)	N/A
G8.	Is your gender the same as the sex you were registered as at birth?	New for 2021	22
G9.	What is your ethnic group?	No change	N/A
H.	Other comments	No change	N/A

