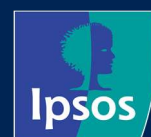


NHS Maternity Survey 2022

Survey development report

April 2022



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1 Introduction

The NHS Patient Survey Programme (NPSP), managed by the 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 Maternity Survey series is designed to capture the views of individuals across the maternity pathway, providing important insights into their experiences and the quality of the care they receive.

Following the initial Maternity Survey in 2007, other surveys were carried out in 2010, 2013, 2015, 2017 and 2018, 2019 and 2021. Where possible, the overall survey design remained the same to allow for comparisons over time. However, following a successful pilot in 2019, the survey transitioned from a postal methodology to a mixed mode approach in 2021.

Wherever possible, questions included in the Maternity Survey also remained the same to measure change. However, the introduction of new policies or guidelines relating to maternity care invariably impact on maternity services users' experiences, and each year it is important to reflect on the impact these may have. This was highlighted in 2021 when several changes were introduced to facilitate reporting of experiences during the coronavirus pandemic.

The 2022 questionnaire has been updated in line with current policy and practice, to ensure the content reflects the way in which maternity services are currently delivered, and that it asks the right questions in the right way.

The purpose of this report is to provide full details of the survey development process for the Maternity Survey 2022. This report outlines the methodology, materials, and results of this process. The main changes are summarised in Table 1.1.

Table 1.1: Overview of 2022 Maternity Survey development

Strand	Summary of development	Section of report
Methodology	<ul style="list-style-type: none"> ▪ Mixed mode methodology; a push-to-web method, using online methods alongside a postal approach. ▪ No changes to note. 	Section 2
Materials	<ul style="list-style-type: none"> ▪ No changes to note. 	Section 2
Sampling	<ul style="list-style-type: none"> ▪ Three changes since 2021: <ul style="list-style-type: none"> - Removal of COVID-19 diagnosis variable. - Removal of CCG variable. - Removal of Maternity Care Setting (Actual place of birth) variable. 	Section 3
Questionnaire	<ul style="list-style-type: none"> ▪ The questionnaire was reviewed ahead of the 2022 survey with the dual aims of: <ul style="list-style-type: none"> - Ensuring the content remained in line with current policy and practice. - Retaining, where possible, the ability to track changes in experiences over time. ▪ Summary of amendments: <ul style="list-style-type: none"> - Five questions added. - Five questions deleted. - Seven amendments to wording. - Three question order changes. 	Section 4
Accessibility	<ul style="list-style-type: none"> ▪ No changes to note. 	Section 5

2 Methodology

2.1 Methods

In 2020 CQC commissioned Ipsos 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. As a result, in 2021 the Maternity Survey transitioned to a push-to-web method, using online methods alongside a postal approach. This method improved accessibility to the survey and addressed the falling response rate. The response rate increased to 52% (in 2021) from 37% (in 2019), with 89% of all responses being online.

For the 2022 iteration we have built on the solid foundation of the 2021 Maternity Survey and retained the mixed-mode methodology. This approach will maximise the proportion of respondents who complete the survey online while continuing to offer the option of completing a paper questionnaire.

The successful four-mailing protocol used for the 2021 Maternity Survey will be replicated in 2022 (as 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 2022 Maternity Survey

Mailing	Mode of contact
Mailing 1 (Week 1)	Letter with URL Multilanguage sheet
SMS1 (+3 days)	SMS after Mailing 1 (if phone number available)
Mailing 2 (Week 2)	Letter with URL Multilanguage sheet
SMS2 (+3 days)	SMS after Mailing 2
Mailing 3 (Week 5)	Letter with URL Paper questionnaire with freepost envelope Multilanguage sheet
Mailing 4 (Week 7)	Letter with URL Multilanguage sheet
SMS3 (+3 days)	SMS after Mailing 4 (if phone number available)

2.2 Materials

Given the cognitive testing of all materials prior to the 2020 pilot survey and the comprehensive review ahead of the 2021 Maternity Survey, the decision was made to retain the same materials for the 2022 Maternity Survey. Copies of all materials have been uploaded to the [NHS Surveys website](#).

2.2.1 Covering letters

Mothers sampled for the survey are sent up to four letters. Their wording reflects the mixed-mode approach, making it clear that participants can complete online and encouraging them to do so, with log-in details for the online survey at the centre of the letter. They include encouraging messaging across letters, to tap into participants' motivation to take part in the survey. Additionally, relevant information on data protection and confidentiality is included. All of the above meets accessibility guidelines, such as using a minimum of font size 12, and signposting to the accessible survey options. The covering letters will remain unchanged from the version developed for the 2021 survey.

2.2.2 SMS reminders

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.

2.2.3 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 adapt to the device the survey is opened on, be that a mobile phone, tablet, or 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. The 2022 Maternity online survey is available in English and nine non-English languages.

2.2.4 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. 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.

2.2.5 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.

2.2.6 Multilanguage sheet

The multilanguage sheet for the 2022 Maternity Survey remains unchanged from the previous year, when it was last 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 also includes the 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 will 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 2.1, the multilanguage sheet also includes signposting to accessible formats. Section 5 provides further information on accessibility features of the survey.

Figure 2.1: 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.

3 Changes to sampling

3.1 Changes to sample design and sampling materials

The 2022 Maternity Survey sample design remains the same as the 2021 survey. However, the sample declaration form, sample construction spreadsheet, survey handbook and sampling instructions have all been updated to reflect the removal of the three variables (as outlined below).

3.1.1 Removal of 'Maternity Care Setting' variable

For the 2021 Survey, CQC suggested replacing the 'Actual delivery place' variable (ADP) with 'Maternity Care Setting (Actual place of birth) (MCS), which focuses on the type of ward/location of delivery, as opposed to the medical professional leading the delivery (ADP). MCS was included on a trial basis in 2021 to assess whether it could serve as an appropriate replacement for ADP in the future. However, due to large amounts of missing data for the MCS variable compared to ADP, as well as inconsistencies in how the MCS variable was used, CQC decided not to include the MCS variable in the 2022 Maternity Survey. It should be noted that it is a variable that could be revisited in the future, as it captures much more detail than ADP and would provide a level of specificity that MCS does not.

It also should be noted that there is a question on the use of the Maternity Care Setting (Actual place of birth) variable in the sample declaration form to assess the extent to which data for this variable is available across NHS Trusts.

3.1.2 Removal of COVID-19 diagnosis variable

For the 2021 Maternity survey, all trusts were asked to provide two variables relating to COVID-19: COVID-19 diagnosis and COVID-19 treatment. The treatment variable aimed to capture potential scenarios in which people had a negative test (or were not tested) but were assumed to have COVID-19 and treated as such during labour and birth. 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 could be made across the two variables and the most appropriate used for analysis.

CCMM initially used the COVID-19 diagnosis variable to look for relationships within section scores. However, this variable was dropped from the final model as there was no evidence of a relationship between section scores and a positive diagnosis of COVID-19. Ultimately, CCMM used the COVID-19 treatment variable as part of the multilevel analysis to compare subgroups. Furthermore, mapping of the variables showed that the treatment variable added value and captured cases that would otherwise be 'hidden' if only diagnosis was collected (namely those diagnosed as negative but treated as if they had tested positive).

Therefore, CQC decided to only retain the COVID-19 treatment variable for the 2022 Maternity Survey, bringing it in line with the Adult Inpatient Survey, which will help to maintain consistency across the programme.

3.1.3 Removal of the CCG code variable

As all CCGs will be merged across their Integrated Care Systems (ICS)¹ by April 2022, CCG data is no longer required. For the 2022 Maternity Survey, ICS level data will be provided instead.

¹ <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

4 Changes to the questionnaire

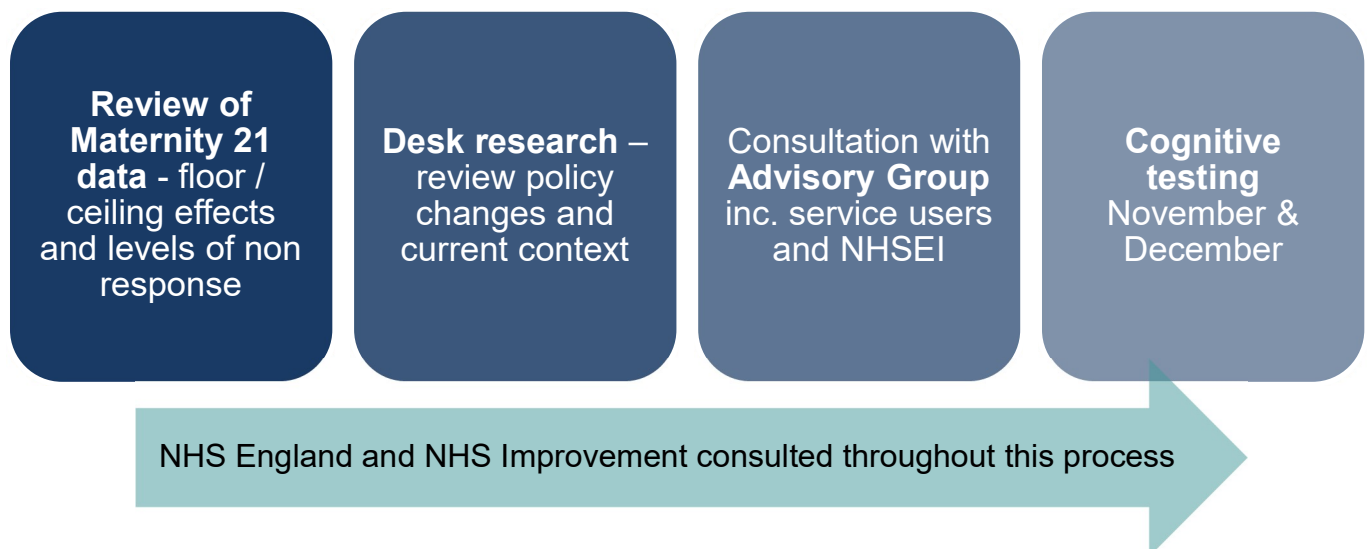
4.1 Questionnaire development

Ahead of the 2022 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).

The questionnaire development process involved four stages, as set out in the chart below and discussed in more detail in the following section.

Figure 4.1: The questionnaire development process



4.2 Methods of engagement

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. We describe each of these stages in the sub-sections that follow.

4.3 Reviewing the 2021 Maternity Survey questionnaire

Early stages of the development of the questionnaire for the 2022 Maternity Survey involved analysing data for specific questions from the 2021 Maternity Survey. These analyses looked for ceiling and floor effects² as well as correlations³ between items, all of which were reviewed to understand question performance.

There were no unexpected ceiling/floor effects compared to last year, and most correlations were between questions which were related, but asked about different things, for example:

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?

The subsequent development of the questionnaire concentrated on identifying what changes, if any, were needed compared to the 2021 Maternity Survey questionnaire. This included checks on the routing and wording updates to ensure the questions 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 section.

4.4 Stakeholder advisory group workshop

On 2nd November 2021, CCMM hosted an advisory group workshop, chaired by CQC, to gather feedback from key maternity service stakeholders. These stakeholders represented bodies such as NHS England and NHS Improvement (NHSEI), Campaign for Safer Births, National Maternity Voices and CQC. They shared their knowledge and expertise and advised on the development of the questionnaire for the 2022 Maternity Survey.

The impact of the ongoing coronavirus pandemic was discussed, with agreement reached that it was important to maintain questions exploring the impact of coronavirus on mother's maternity experience. Some members of the advisory group thought it would be helpful to establish whether vaccinations had been discussed at antenatal or postnatal appointments, and what information had been provided to individuals.

There was also a discussion around the confusion experienced by recent users of maternity services about whether partners were allowed to attend antenatal appointments. It was made clear that partners were allowed to attend scans (if wearing a mask and following a COVID-19 test), but they were frequently turned away from other appointments, often after being informed that they could attend. Mothers-to-be also found it difficult to get hold of up-to-date information regarding partners attending appointments – it was something they had to seek out, and even if they did so close to the time of the appointment it frequently changed on the day. The

² Ceiling and floor effects occur when a high proportion of participants have maximum scores on an observed variable (ceiling effect) or minimum scores (floor effect).

³ Correlation is a statistical term describing the degree to which two variables move with coordination with one another.

importance of the presence of a partner at all stages of a pregnancy and birth was highlighted through personal experience and research. It was apparent that national guidelines on infection prevention measures were not always followed consistently on a local level, with ad-hoc reports of hospitals within the same area following different guidelines in regard to partners presence. It was therefore suggested that a question relating to this issue be considered.

Some examples of the additions requested by stakeholders are included below.

Requested additions

- Extent of partner's involvement in antenatal care and labour.
- Inclusion of questions relating to health inequalities, such as ability to access information in a language other than English, and the quality of translated materials.
- Inclusion of a question to establish whether mothers had access to information about the risks of induction.

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 NHS England and NHS Improvement for comment ahead of cognitive testing.

4.4.1 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, they were administered through an online platform. A "think aloud" technique was used whereby the participant talked through their thought processes as they navigated through the paper 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 18th November and 3rd December 2021. 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 18 interviews were completed, with nine 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 and birthing experiences were interviewed. These included:

- Age of mother
- Social grade

- Ethnicity
- Region (including a spread of urban vs. rural)
- Previous child
- Birth type (caesarean section and / or induced labour)
- 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.

4.4.2 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 advisory workshop and secondly, after cognitive testing in December 2021. Their key feedback is summarised below.

NHS England and NHS Improvement suggested that four questions should be reworded, three to soften the questions around continuity of carer from ‘did you see or speak to the same midwife every time?’ to ‘did you see or speak to the same midwife most of the time?’. However, cognitive testing showed that the proposed question would provide a similar response to the original, and the proposed wording caused some confusion. The final decision was to keep the original wording.

NHS England and NHS Improvement also suggested six additions to the questionnaire, five being questions that would align with similar questions in other sections regarding trust in staff, being treated with dignity during antenatal care, as well as doctors being aware of the patient’s medical history during labour and birth. These questions were cognitively tested, and as a result, **B17**, **B18**, and **C24** were added (see section 4.5.2 for question wording).

Lastly, six questions were proposed to be removed, due to their low variation, correlation with other questions, or not being scored. As a result, **C4**, **C11**, **C13** and **F2** (2021 numbering) were removed (see section 4.5.1 for more information). NHS England and NHS Improvement suggested that question **D8** be deleted, as it is open to interpretation and not closely linked to policy interventions. However, as it is a standard question across all surveys in the programme and is linked to safety and hygiene, it was retained.

4.5 Changes to the questionnaire

Following the survey development stages described, several changes were made to the final questionnaire for the 2022 survey compared to the version developed for 2021. Five questions were removed, five new questions were added, there were three changes to the order, and seven existing questions were amended. The changes are detailed in the rest of this section.

4.5.1 Deletions

Question **C4** from the 2021 questionnaire was deleted, as it overlapped with other questions asking about respect, dignity, confidence, and trust.

C4. During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?

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

Question **C11** from the 2021 survey was deleted, as it did not link closely to policy interventions, and was not scored.

C11. Where did you give birth (Cross ONE only)?

1. On a bed
2. On the floor
3. In water / a birthing pool
4. Other

Question **C13** was deleted, as it showed little variation in 2021 (96% of respondents said 'yes') and was not connected to previous time series.

C13. Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?

1. Yes
2. No
3. No, but this was not possible for medical reasons
4. I did not want skin to skin contact with my baby

Feedback from the cognitive interviews highlighted confusion regarding the question wording at **F1** (see below). Most participants felt that there was no choice about where postnatal care could take place and requested clarification on this before providing an answer. As a result a different question is now included at the start of Section F to provide a broader picture of involvement in decisions around postnatal care.

F1. Were you given a choice about where your postnatal care would take place?

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

Question **F2** was also removed from the 2022 Maternity Survey due to the lack of variation in responses in 2021 (93% said 'yes'), and lack of connection to previous time series.

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?

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

4.5.2 Additions

As a result of a review of the 2021 Maternity Survey, feedback gathered from the advisory group workshop, interviews with recent maternity service users and input from NHS England and NHS Improvement, five new questions were added to the 2022 Maternity Survey questionnaire.

Question **B17** was added based on NHSEI feedback. It aligns with the labour (**C22**), and postnatal (**F9**) equivalents and is an indicator of how well continuity of care has been delivered.

B17. Did you have confidence and trust in the staff caring for you during your antenatal care?

A labour typically begins when you start to have contractions

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

Question **B18** was added, as it aligns with the labour (**C21**) equivalent and is an indicator of how well continuity of care has been delivered.

B18. Thinking about your antenatal care, were you treated with respect and dignity?

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

Question **C5** was added based on NHSEI feedback. The topic was highlighted as an issue during the Advisory group meeting and during the desk research phase.

C5. And before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?

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

Question **C24** was added based on NHSEI feedback. It aligns with the antenatal (**B8**) and postnatal (**F6**) equivalent and is an indicator of how well continuity of care has been delivered.

C24. During your labour and birth, did your midwives or doctor appear to be aware of your medical history?

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

As noted above, the new question at **F1** provides a broader picture of involvement in postnatal care decisions.

F1. Thinking about your postnatal 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

4.5.3 Amendments

Feedback from the advisory group, recent maternity service users, and NHS England and NHS Improvement also drove a small number of other 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)

Within section B, there is an introduction to questions focusing on antenatal check-ups. "GP" was removed from the list of healthcare professionals after feedback from cognitive testing suggested that the inclusion was confusing.

Antenatal check-ups

A 'check-up' is any contact with a 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.

To improve the flow of this section, question **B4** (B5 in 2021), which asks about information on COVID-19 restrictions, was moved ahead of question **B5** (B4 in 2021), which asks about information on where to have a baby. The placement of question **B7** (B11 in 2021) about the location of antenatal check-ups was also changed to follow on from B6.

Section C: Your labour and the birth of your baby

Questions C8, C9, and C10 (from the 2021 questionnaire) are now asked at the start of the Section, as **C3**, **C4**, and **C6** respectively. The cognitive testing ahead of the 2022 Maternity Survey highlighted how confusing Section C was for those who had an induced labour, as the original order did not reflect their birth journey.

Question **C13** was added in the 2021 survey (as C15) to capture mothers' experience of the impact of coronavirus restrictions on their maternity care. It was retained for the 2022 survey with an addition of 'During labour and birth' to provide context, as a result of cognitive testing.

C13. During labour and birth, were there any coronavirus restrictions in place that affected how involved your partner, or someone close to you, could be?

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

Section G: You and your household

'I would prefer not to say' has been added as a response option to Questions **G2**, **G3** and **G5** as these were flagged in the 2021 Maternity Survey Development Report as potentially sensitive questions to some participants.

G2. Have you had a previous pregnancy?

1. Yes (Go to G3)
2. No (Go to G4)
3. I would prefer not to say (Go to G4)

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

1. None
2. 1 or 2
3. 3 or more
4. I would prefer not to say

G5. Do any of these conditions reduce your ability to carry out day-to-day activities?

1. Yes, a lot
2. Yes, a little
3. No, not at all
4. I would prefer not to say

The final version of the 2022 questionnaire is available from the [NHS Surveys website](#).

4.6 Future considerations

Changes considered but not implemented

During the survey development process for the 2022 Maternity Survey, eight new questions were tested, three of which were not included. Additionally, some changes were considered for several other questions which were not implemented. These questions could be revisited in advance of future waves of the Maternity Survey.

A question relating to obtaining information about a partner/someone close to you attending appointments was tested (see below). However, in the 2nd round of cognitive testing almost all mothers responded 'yes', but caveats were always added (such as information being out of date or arriving too late). This suggests that any response to this question would not capture the full picture without also following up.

TEST1. Thinking about your antenatal care, did midwives provide relevant information about which appointments your partner, or someone else close to you, could attend?

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 / someone else
6. Don't know / can't remember

A question was tested to measure awareness of Personalised Care and Support Plans⁴ (PCSPs) among participants (see Test2 below). The cognitive testing showed that awareness of PCSPs remained low. Some participants initially said 'yes', but on further probing they referred to a 'birth plan', their 'book' or 'notes'. As such, the team recommended that this question should be reviewed when PCSPs are more commonly used.

TEST2. Did you receive a Personalised Care and Support Plan (PCSP) that outlined your antenatal care, birth plan and postnatal care?

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

Changes introduced to review prior to the next survey

As detailed above, several changes made for the 2021 survey were retained in the 2022 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.

⁴ PCSPs set out the decisions that have been made about the care and support to be received throughout pregnancy and birth. More information about PCSPs can be found here: <https://www.england.nhs.uk/mat-transformation/choice-and-personalisation/>

5 Accessibility

Ahead of the 2021 Maternity Survey, desk research was undertaken looking into best practice guidelines for survey accessibility, and the approaches taken by other national surveys. The research was used to identify the most appropriate accessible options to offer and how to signpost these options most effectively. The 2022 survey maintains all of the following accessibility features that were introduced as a result of this research in 2021:

1. Participants are able to **change the font size and background colour** of the online survey.
2. The online **survey is screen reader compatible**.
3. The **online survey** is available in English and translated into **nine non-English languages**.
4. **Dissent posters are** available in **eleven non-English languages** as per the request of trusts.
5. Mothers can request a **telephone assisted interview** in English or in 10 non-English languages 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 letters and administered at the request of the mother.
8. The availability of a **Braille questionnaire** is signposted on the letters 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 2022 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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6 Appendix: Questionnaire changes

Table 6.1 summarises changes to the questionnaire since the 2021 Maternity Survey was developed with question numbers and wording corresponding to the 2022 survey. The page number in the table refers to the page in this report where the change is detailed. The 2021 questionnaire is available as a separate annex to this report; the 2022 questionnaire is available from the [NHS Surveys website](#).

Table 6.1: Questionnaire changes

2022 Question number	2022 Question wording	Summary of change since 2021	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?	No change	N/A
B2.	Roughly how many weeks pregnant were you when you first saw or spoke to this health professional about your pregnancy care?	No change	N/A
B3.	Were you offered a choice about where to have your baby?	No change	N/A
B4.	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	Repositioned (question B5 in 2021)	17
B5.	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?	Repositioned (question B4 in 2021)	17
B6.	At your antenatal check-ups, did you see or speak to the same midwife every time?	No change	N/A

B7.	How did your antenatal check-ups take place?	Repositioned (question B11 in 2021)	17
B8.	During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?	No change (question B7 in 2021)	N/A
B9.	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	No change (question B8 in 2021)	N/A
B10.	During your antenatal check-ups, did your midwives listen to you?	No change (question B9 in 2021)	N/A
B11.	During your antenatal check-ups, did your midwives ask you about your mental health?	No change (question B10 in 2021)	N/A
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	N/A
B14.	Thinking about your antenatal care, were you spoken to in a way you could understand?	No change	N/A
B15.	Thinking about your antenatal care, were you involved in decisions about your care?	No change	N/A
B16.	During your pregnancy did midwives provide relevant information about feeding your baby?	No change	N/A
B17.	Did you have confidence and trust in the staff caring for you during your antenatal care?	New for 2022	16
B18.	Thinking about your antenatal care, were you treated with respect and dignity?	New for 2022	16

C1.	Thinking about the birth of your baby, what type of birth did you have?	No change	N/A
C2.	Before your caesarean, did you go into labour?	No change	N/A
C3.	Thinking about the birth of your baby, was your labour induced?	Repositioned (question C8 in 2021)	18
C4.	Were you given enough information on induction before you were induced?	Repositioned (question C9 in 2021)	18
C5.	And before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?	New for 2022	16
C6.	Were you involved in the decision to be induced?	Repositioned (question C10 in 2021)	18
C7.	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 C3 in 2021)	N/A
C8.	During your labour, what type of pain relief did you use?	No change (question C5 in 2021)	N/A
C9.	Did the pain relief you used change from what you had originally wanted (before you went into labour)?	No change (question C6 in 2021)	N/A
C10.	Why did you not use the pain relief that you had originally wanted (before you went into labour)?	No change (question C7 in 2021)	N/A
C11.	What position were you in when your baby was born?	No change (question C12 in 2021)	N/A
C12.	If your partner or someone else close to you was involved in your care during labour and	No change (question C14 in 2021)	N/A

	birth, were they able to be involved as much as they wanted?		
C13.	During labour and birth, were there any coronavirus restrictions in place that affected how involved your partner, or someone else close to you, could be?	Question wording amended (question C15 in 2021)	18
C14.	Did the staff treating and examining you introduce themselves?	No change (question C16 in 2021)	N/A
C15.	Had any of the midwives who cared for you been involved in your antenatal care?	No change (question C17 in 2021)	N/A
C16.	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 C18 in 2021)	N/A
C17.	If you raised a concern during labour and birth, did you feel that it was taken seriously?	No change (question C19 in 2021)	N/A
C18.	During labour and birth, were you able to get a member of staff to help you when you needed it?	No change (question C20 in 2021)	N/A
C19.	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	No change (question C21 in 2021)	N/A
C20.	Thinking about your care during labour and birth, were you involved in decisions about your care?	No change (question C22 in 2021)	N/A
C21.	Thinking about your care during labour and birth, were you treated with respect and dignity?	No change (question C23 in 2021)	N/A
C22.	Did you have confidence and trust in the staff caring for you during your labour and birth?	No change (question C24 in 2021)	N/A

C23.	After your baby was born, did you have the opportunity to ask questions about your labour and the birth?	No change (question C25 in 2021)	N/A
C24.	During your labour and birth, did your midwives or doctor appear to be aware of your medical history?	New for 2022	16-17
C25.	Did you have a home birth?	No change (question C26 in 2021)	N/A
C26.	Did you require hospital care immediately after your home birth?	No change (question C27 in 2021)	N/A
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?	No change	N/A

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.	Thinking about your postnatal care, were you involved in decisions about your care?	New for 2022	17
F2.	If you contacted a midwifery or health visiting team, were you given the help you needed?	No change (question F3 in 2021)	N/A
F3.	Since your baby's birth have you been visited at home by a midwife?	No change (question F4 in 2021)	N/A
F4.	Did you see or speak to the same midwife every time?	No change (question F5 in 2021)	N/A
F5.	Would you have liked to have seen or spoken to a midwife...	No change (question F6 in 2021)	N/A
F6.	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?	No change (question F7 in 2021)	N/A
F7.	Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?	No change (question F8 in 2021)	N/A
F8.	Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?	No change (question F9 in 2021)	N/A

F9.	Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?	No change (question F10 in 2021)	N/A
F10.	Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?	No change (question F11 in 2021)	N/A
F11.	Did a midwife or health visitor ask you about your mental health?	No change (question F12 in 2021)	N/A
F12.	Were you given information about any changes you might experience to your mental health after having your baby?	No change (question F13 in 2021)	N/A
F13.	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 (question F14 in 2021)	N/A
F14.	Were you given information about your own physical recovery after the birth?	No change (question F15 in 2021)	N/A
F15.	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 (question F16 in 2021)	N/A
F16.	If, during evenings, nights, or weekends, you needed support or advice about feeding your baby, were you able to get this?	No change (question F17 in 2021)	N/A
F17.	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 (question F18 in 2021)	N/A
F18.	After the birth of your baby, how did your check-ups with the midwife or midwifery team take place?	No change (question F19 in 2021)	N/A

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?	No change (question F20 in 2021)	N/A
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?	No change (question F21 in 2021)	N/A
G1.	In what year were you born?	No change	N/A
G2.	Have you had a previous pregnancy?	New response code added	18
G3.	How many babies have you given birth to before this pregnancy?	New response code added	18
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?	No change	N/A
G5.	Do any of these conditions reduce your ability to carry out day-to-day activities?	New response code added	18
G6.	What is your religion?	No change	N/A
G7.	Which of the following best describes how you think of yourself?	No change	N/A
G8.	Is your gender the same as the sex you were registered as at birth?	No change	N/A
G9.	What is your ethnic group?	No change	N/A
	Other comments	No change	N/A

