­­

A green and blue circle

Description automatically generated

Survey Development Report:

2025 NHS Maternity Survey

July 2025

Survey Development Report:

2025 NHS Maternity Survey

Type summary information here…

Date: December 2024

Author

Survey Development Report:

2025 NHS Maternity Survey

Type summary information here…

Date: December 2024

Author

Picker

Picker is a leading international health and social care charity. We carry out research to understand individuals’ needs and their experiences of care. We are here to:

* Influence policy and practice so that health and social care systems are always centred around people’s needs and preferences.
* Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
* Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people’s feedback.

© Picker 2025

Published by and available from:

Picker Institute Europe

Suite 6, Fountain House,

1200 Parkway Court,

John Smith Drive,

Oxford OX4 2JY

Tel: 01865 208100

Email: [Info@PickerEurope.ac.uk](mailto:Info@PickerEurope.ac.uk)

Website: [picker.org](http://www.picker.org)

Registered Charity in England and Wales: 1081688

Registered Charity in Scotland: SC045048

Company Limited by Registered Guarantee No 3908160

Picker Institute Europe has UKAS accredited certification for ISO20252:2019 (GB08/74322) via SGS and ISO27001:2013 (GB10/80275) via Alcumus ISOQAR. We comply with Data Protection Laws including the General Data Protection Regulation, the Data Protection Act 2018 and the Market Research Society's (MRS) Code of Conduct.

Updates

Before using this document, please check that you have the latest version, as small amendments are made from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will email all trust contacts and contractors directly to inform them of the change.

This document is available from the [NHS surveys website](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/).

Questions and comments

If you have any questions regarding this document, or if you have any specific queries regarding the submission of data, please [contact the Survey Coordination Centre (SCC)](https://nhssurveys.org/contact-us/) using the details provided at the top of this page.

Contents

[1 Introduction 6](#_Toc204345560)

[1.1 Background 6](#_Toc204345561)

[1.2 Summary of changes 6](#_Toc204345562)

[2 Survey development activities: Scoping work 8](#_Toc204345563)

[2.1 Policy research 8](#_Toc204345564)

[2.2 Priority areas for MAT25 10](#_Toc204345565)

[2.3 Performance analysis on the MAT24 Survey 11](#_Toc204345566)

[2.3.1 Floor / ceiling effects 11](#_Toc204345567)

[2.3.2 Missing or inapplicable responses 12](#_Toc204345568)

[2.3.3 High correlation between questions: 12](#_Toc204345569)

[3 Survey development activities: Consultation phase 14](#_Toc204345570)

[3.1 Objective of consultations 14](#_Toc204345571)

[3.2 Stakeholder interviews 14](#_Toc204345572)

[3.2.1 Priority area: Triage 14](#_Toc204345573)

[3.2.2 Priority area: Induction 15](#_Toc204345574)

[3.2.3 Priority area: Safety 16](#_Toc204345575)

[3.2.4 Priority area: Accessibility 16](#_Toc204345576)

[3.2.5 Priority area: Multidisciplinary teamworking 16](#_Toc204345577)

[3.2.6 Priority area: Information sharing between services 17](#_Toc204345578)

[3.2.7 Priority area: Neonatal care 17](#_Toc204345579)

[3.3 Individual interviews with maternity service users 17](#_Toc204345580)

[3.3.1 Priority area: Triage 17](#_Toc204345581)

[3.3.2 Priority area: Experience of induction 17](#_Toc204345582)

[3.3.3 Priority area: Safety 18](#_Toc204345583)

[3.3.4 Priority area: Multi-disciplinary teamworking 18](#_Toc204345584)

[3.3.5 Additional areas for consideration 18](#_Toc204345585)

[3.4 Advisory group 20](#_Toc204345586)

[3.4.1 Priority area: Triage 20](#_Toc204345587)

[3.4.2 Priority area: Induction 20](#_Toc204345588)

[3.4.3 Priority area: Safety 21](#_Toc204345589)

[3.4.4 Priority area: Accessibility 21](#_Toc204345590)

[3.4.5 Priority area: Multidisciplinary teamworking 21](#_Toc204345591)

[3.4.6 Priority area: Neonatal care 22](#_Toc204345592)

[3.4.7 Priority area: Information sharing between services 22](#_Toc204345593)

[3.4.8 Additional areas for consideration 22](#_Toc204345594)

[3.5 Trust webinar 23](#_Toc204345595)

[4 Survey development activities: Cognitive interviews with maternity service users 24](#_Toc204345596)

[4.1 Recruitment 24](#_Toc204345597)

[4.2 Interviews 25](#_Toc204345598)

[5 Changes to the questionnaire 27](#_Toc204345599)

[5.1 Summary of changes 27](#_Toc204345600)

[5.1.1 New questions 27](#_Toc204345601)

[5.1.2 Amended questions 29](#_Toc204345602)

[5.1.3 Removed questions 35](#_Toc204345603)

[6 Methodological approach 37](#_Toc204345604)

[6.1 Sampling period 37](#_Toc204345605)

[6.2 Changes to sampling 37](#_Toc204345606)

[6.2.1 New sample variables 37](#_Toc204345607)

[6.2.2 Use of QR codes 37](#_Toc204345608)

[6.2.3 Mailing protocol 37](#_Toc204345609)

[6.2.4 Materials 38](#_Toc204345610)

[6.3 Engagement 39](#_Toc204345611)

[6.3.1 Trust engagement webinar 39](#_Toc204345612)

[6.3.2 Trust press release template 39](#_Toc204345613)

[6.3.3 Social media cards 39](#_Toc204345614)

[6.4 Accessibility 40](#_Toc204345615)

[6.4.1 Multilanguage sheet 40](#_Toc204345616)

[6.4.2 Accessible formats available via online survey 41](#_Toc204345617)

[6.4.3 Additional versions of the survey materials 41](#_Toc204345618)

[6.4.4 Easy Read questions 41](#_Toc204345619)

[7 Appendix 1: Questionnaire changes 42](#_Toc204345620)

Introduction

Background

The NHS Maternity Survey (MAT) has been conducted in all eligible NHS trusts providing maternity services in England in 2007, 2010, 2013, 2015, 2017, 2018, 2019, 2021, 2022, 2023 and 2024. The survey has been carried out again in 2025 as part of the NHS Patient Survey Programme (NPSP), coordinated by the Survey Coordination Centre (SCC) at Picker on behalf of the Care Quality Commission (CQC).

The survey provides an opportunity for maternity service users to give feedback on their recent experiences of NHS maternity services. The data collected are used by CQC in its assessment of maternity care in England. NHS maternity services use the survey data to understand how they are performing with regards to the quality and experience of services they provide to their users, and to pinpoint improvement. Moreover, national stakeholders such as NHS England (NHSE) and the Department of Health and Social Care, use the data to understand how services across England are performing.

Following the successful pilot in 2020, the 2021 NHS Maternity Survey transitioned to a push-to-web method, using online methods alongside a postal approach. This provides participants with the opportunity to complete an online or a paper questionnaire. Changes to the 2025 survey have been limited to maintain trend data and measure change. Changes include making sure that its content is in line with current policy and practice allowing trusts to use the results from the survey to address service specific improvements.

The purpose of this report is to provide full details of the survey development process for the 2025 NHS Maternity Survey (MAT25). This report outlines the methodology, materials, and results of this process.

Summary of changes

To update the survey, the SCC undertook activities to review the content and design of the survey. Based on desk research and wide consultation with stakeholders, which included maternity service providers, and maternity service users, several changes were implemented. This report sets out the phases of development work and provides a detailed account of the results of the consultation process.

In summary, the main changes to the methodology, survey materials and questionnaire content for the 2025 survey are:

* **Minor amends to the wording and formatting of the cover letters.** Minor grammatical changes were made to improve flow, and minor formatting changes (including alignment of boxes and images) were made to improve the overall appearance.
* **Social media cards were updated to include wording about Section 251 (S251) approval and to include greater diversity of images.** The Confidentiality Advisory Group (CAG) requested that across the NPSP, wording be added to the social media cards to show that the survey had received S251 approval. Additionally, the image on social media card one was updated to represent greater diversity across the cards. This was based on feedback received from the 2024 NHS Maternity Survey (MAT24).
* **The multilanguage sheet was slightly amended.** Minor formatting updates were made for improved appearance.
* **SMS wording updated.** Opt-out wording was added: ‘…or wish to opt out’, to make it clearer to maternity service users how they could opt out of the survey.
* **Amendments were implemented to the questionnaire.** Four new questions were added, five removed, and eight were amended.
* **Three sampling variables have been amended for 2025.** The 2024 survey allowed for up to seven babies to be recorded per maternity service user for the following variables:
  + Babies who received neonatal care
  + Baby’s full date of birth
  + Baby’s NHS number

For 2025, this has been reduced to up to five babies given that no multiple births exceeded four in 2024.

Survey development activities: Scoping work

Policy research

Over the past decade, several key reports and recommendations have been published to evaluate the quality of maternity services across England and to identify key areas for improvement. These include the 2016[[1]](#footnote-2) and 2020[[2]](#footnote-3) Better Births Maternity Reviews, NHS England’s implementation of the Neonatal Critical Care Transformation Review[[3]](#footnote-4), the 2022 Kirkup[[4]](#footnote-5) and Ockenden[[5]](#footnote-6) inquiries, the Black Maternal Health report[[6]](#footnote-7) and NHS England’s Three-Year Delivery Plan for Maternity and Neonatal Services[[7]](#footnote-8). CQC’s National Maternity Inspection Programme (NMIP) report[[8]](#footnote-9), the Maternity Triage Good Practice Paper[[9]](#footnote-10) and the 2024 ‘Listen to Mums: Ending the Postcode Lottery on Perinatal Care’ report[[10]](#footnote-11) are the more recent publications informing the development of the 2025 NHS Maternity Survey.

CQC launched NMIP to assess the quality and safety of maternity care in England between 2022 - 2024. The programme was designed to evaluate how maternity services respond to current challenges and determine whether trusts require any additional support. It provided maternity service users and their families with evidence on local maternity care quality, offered trusts feedback to support improvement, and helped identify and share best practices. The programme also highlighted areas where national action was required to address ongoing challenges faced by maternity services. The key areas explored by the NMIP include Safety, Triage, Inequalities and racism, Estates, Communication, Staffing and Leadership, and Culture. The key findings from the above areas identified as priority themes for the 2025 survey are explored in this section, with additional findings provided from previous reports for further context.

Safety

A key finding from the NMIP was that while there were examples of excellence in care, the safety of maternity service users remains a significant concern. Key areas for improvement included inconsistent reporting of safety incidents, poor leadership, and limited support for maternity service users, particularly those whose first language is not English. Recommendations focused on improving consistent incident reporting and monitoring, increased learning from safety incidents, and improved consideration of inequalities around discussing safety.

Additionally, the ‘Listen to Mums: Ending the Postcode Lottery on Perinatal Care’ report, which explores more than 1300 experiences of people who had experienced birth trauma, outlined multiple areas for improvement of safety in maternity care. These included safer staffing levels and better training, improved access to maternal mental and physical health support postnatally, better information provision and education for maternity service users during their antenatal care to support birth choices, with these choices being respected. The report also called for greater support for birthing partners and improved continuity of care and commitment to tackling inequalities in maternity care among ethnic minorities.

Safety concerns have also been highlighted in previous reports and guidance. NHS England's Three-Year Delivery Plan for Maternity and Neonatal Services emphasised developing and sustaining a culture of openness around safety, including the appointment of maternity safety champions. The NHS Long Term plan prioritised the improvement of safety and effectiveness of services, while the Better Births reports highlighted the importance of a woman-centred approach with improved accountability, multidisciplinary collaboration, and access to the right care in the right place. Furthermore, the Ockenden report identified specific areas of suboptimal care and called for increased accountability to improve safety and quality of care across maternity services.

Triage

The NMIP report identified maternity triage as an important first step for maternity service users who are concerned during their pregnancy or post-birth. Triage services should ensure timely assessment by a midwife to determine the urgency of care needed and action required. Findings from the NMIP showed significant variation in maternity triage due to the absence of national targets or standards. There were delays in triage assessments, staffing shortages, inconsistent guidance and inadequate (cramped, crowed, without privacy) environments. The report recommended that NHSE should oversee the performance of maternity triage services to enable trusts to benchmark and improve. As outlined by RCOG metrics should include “staffing requirements, agreed audit standards reported nationally, and frameworks for improvement”. Additionally, the NHS Long-Term[[11]](#footnote-12) plan outlined the need for improving triage within expert maternity and neonatal centres to improve safety, survival and outcomes for babies.

Inequalities and Racism

The NMIP highlighted poor usage of demographic data and significant disparities in maternal outcomes due to racial biases/discrimination. It found that existing national guidelines have not been sufficient to address these issues. The report recommended improving the collection of demographic data (particularly around ethnicity and deprivation levels), to allow for better understanding of the safety incidents and take targeted action. There should also be clear policies around the collection of demographic data and enhanced staff understanding of how this data can be used to improve outcomes for maternity service users.

Furthermore, the Black Maternal Health report described the need for maternity workforces to be properly equipped to understand and acknowledge disparities, and to deliver personalised, effective and respectful care. The Birth Trauma report by the APPG also outlined that each trust should maintain appropriately trained interpreters with expertise in maternity, with training provided to healthcare staff on how to work with interpreters. NHS England’s Three-Year Delivery Plan for Maternity and Neonatal Services, NHS Long-Term Plan and Better Births reports also highlighted the need to address and reduce health inequalities in maternity care and outcomes.

Communication, Staffing and Leadership

The NMIP report identified workforce issues around the recruitment and retention of maternity staff, affecting quality of care. Environmental issues were also identified in terms of inadequate space, facilities and equipment. Communication was also identified as a key area for improvement. Particularly, communication with maternity service users from protected groups and their families during labour and birth, when clear and timely information is essential in shaping their experience. Ockenden review also stressed that maternity service users should receive a full clinical review prior to commencement, if admitted for induction of labour (except for post-dates). The need for workforce improvement, including investment in skills and increased recruitment has also been highlighted in The NHS Three-Year Delivery Plan for Maternity and Neonatal Services, NHS Long-Term Plan, Better Births reports and NHSE’s implementation of the neonatal critical care transformation review.

Culture

The NMIP highlighted variations in work cultures across trusts, with evidence of poor working relationships between different teams and lack of leadership. NHS England’s Three-Year Delivery Plan for Maternity and Neonatal Services highlighted the development of positive safety cultures and increasing learning, improvement and support. Similarly, the Better Births report also recommended collaborative working across healthcare professionals to provide integrated maternity service for comprehensive care.

Priority areas for MAT25

In the early development stages of MAT25, desk research was undertaken to identify priority areas and potential new questionnaire themes. This desk research informed discussions with stakeholders and maternity service users in 2025. The areas were prioritised based on existing knowledge from MAT24 (which incorporated knowledge of Better Birth’s recommendations, broader changes in NHSE maternity care policies and findings from the Ockenden and Kirkup reviews), the Black Maternal Health report, recent findings from CQC’s NMIP, the Good Practice Paper for Maternity Triage and the ‘Listen to Mums: Ending the Postcode Lottery on Perinatal Care’ report as outlined above. Findings have been referenced against the themes to ensure that priorities have been considered. The priority areas identified during the consultation phase for the 2025 NHS Maternity Survey (MAT25), several of which were also prioritised in 2024 due to their continued relevance and importance, are:

* **Triage**, including appropriate assessments and information provision across telephone and face-to-face pathways, and waiting time to admission when attending triage in person.
* **Induction**, focusing on information provision to enable informed decision-making.
* Questions that could indicate **safety** concerns, including confidence and trust in care, feeling listened to and information provision.
* **Accessibility**, focusing on communication needs and support, including access to verbal and written communication support, such as translation/interpreter, sign language/Braille materials, Easy Read materials and Large print materials.
* **Multi-disciplinary teamworking**, focusing on perceptions of team-working between midwives and doctors as a proxy for safety.
* Whether maternity service users can differentiate between different **neonatal care** units.
* Whether **information is shared** effectively between maternity services and primary care.

Performance analysis on the MAT24 Survey

As part of the development process for MAT25, analysis was conducted on the performance of the MAT24 questionnaire. This analysis aimed to identify areas for improvement and refinement for the survey.

The 2024 questionnaire performance analysis focused on:

* Floor and ceiling effects, which occur when a high percentage of responses cluster at the lowest or highest ends of the response scale.
* Rates of missing or inapplicable responses, indicating potential issues with question relevance or skip logic.
* Correlation between questions, which may suggest overlap between questions in the survey.

The key findings from the analysis are as follows.

Floor / ceiling effects

For the ceiling effect analysis, any questions where the most positive response options had > 80% agreement were flagged. These included (single coded questions):

* During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy? (80.5%)
* During your antenatal check-ups, did your midwives listen to you? (83.1%)
* Were you given enough support for your mental health during your pregnancy? (88.7%)
* Thinking about your antenatal care, were you spoken to in a way you could understand? (88.2%)
* Thinking about your antenatal care, were you treated with respect and dignity? (87.4%)
* If you raised a concern during your antenatal care, did you feel that it was taken seriously? (87.9%)
* 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? (84%)
* 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? (94%)
* Did the staff treating and examining you introduce themselves? (83.3%)
* If you raised a concern during labour and birth, did you feel that it was taken seriously? (81.2%)
* Thinking about your care during labour and birth, were you spoken to in a way you could understand? (85.8%)
* Thinking about your care during labour and birth, were you treated with respect and dignity? (85.7%)
* Thinking about your care during labour and birth, were you treated with kindness and compassion? (82.2%)
* Were your decisions about how you wanted to feed your baby respected by midwives? (82.6%)
* Did a midwife ask you about your mental health? (93.2%)
* Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth? (81.1%)
* While you were in the maternity unit, did staff help you with your communication needs? (82.4%)

For item non-response, all questions were explored which had a higher proportion of item non-response compared to the average. For non-specific response, > 5% was flagged. Based on this, no questions suggested non-performance. Where questions had > 80% top box response, these items still warranted inclusion in the survey given their importance within maternity care.

Missing or inapplicable responses

There is one question (G12: While you were in the maternity unit, did staff help you with your communication needs?) which had all data supressed. One other question (F15, support for feeding during night/ at weekends) had ~54% of respondents indicating that they did not need this. However, this question is a long-standing item and has been in the survey since 2015.

High correlation between questions:

Bi-variate correlations were also run and correlations of > .5 were flagged for review. This value indicates a moderate correlation but was used as the threshold to ensure that no items/ correlating pairs were missed. There was nothing within the correlations analysis that suggested questions should be removed (based on this analysis alone). Where questions were correlated with each other (predominantly clustered within the labour and birth questions, with smaller clusters around postnatal care in the ward, and care after birth), these were to be expected. With this type of analysis, the existence of a correlation does not infer causality or suggest that question items are not valuable. Items measuring an overall element of the maternity pathway were expected to be correlated (as is the case with the labour and birth questions).

Based on the analysis, no recommendations for amendments were made for any specific items.

Survey development activities: Consultation phase

The consultation phase consisted of a series of individual interviews with stakeholders and maternity service users, an advisory group with stakeholders, and trust webinars to inform survey teams of the questionnaire changes.

Objective of consultations

The core aims of these consultations were to ensure that the survey remains relevant to the service that people are receiving (which also helps to protect trend data for years to come) and that the outputs are useful in identifying areas for improvement. Topic guides were tailored for each group of audiences interviewed. These were developed by the core research team from the SCC, with input from additional NHSE stakeholders provided by the CQC team. The priority areas identified during development of MAT24 were explored during the consultations to determine if they were still considered to be priorities for 2025. The interviews and advisory group findings are summarised below.

Stakeholder interviews

Two in-depth discussion groups were held with stakeholders from NHSE and CQC Regulatory Leadership during October 2024. The stakeholders included representatives from NHSE’s Maternity and Neonatal Programme, and Maternity and Neonatal Voice Partnerships, and from CQC, the Deputy Director for Secondary and Specialist Healthcare and Senior Specialists.

The main findings from the discussions are outlined below.

Priority area: Triage

Both CQC and NHSE stakeholders felt that triage, namely taking concerns seriously, remains a priority area. NHSE described that trusts already have information on waiting times for triage, so this is less important to ask about. Concerns being taken seriously, although more complex, is more important to understand. They felt that triage pathways (face-to-face compared to telephone) should be differentiated, as each likely provides a different experience for maternity service users. This could also be more difficult for maternity service users whose first language is not English, or who are deaf. Suggested questions included: "Did you get invited in when you wanted to go in" or "was the advice you received helpful?". Overall, NHSE stakeholders felt that there should be a question around information provision/signposting specific to triage, and perhaps whether a service user rang triage due to labour, or due to concerns.

In summary, the areas to consider for developing the triage questions were to understand whether there is appropriate assessment and information provision across telephone and face-to-face pathways, waiting time to admission when using telephone triage, and changes in service user’s condition while waiting to be triaged.

Priority area: Induction

Both CQC and NHSE stakeholders felt that induction remains a priority area. However, NHSE outlined that it is important to understand what information is provided to maternity service users to help them make informed decisions, and whether maternity service users felt that they were provided information about what was happening throughout the induction process. They suggested a question to explore whether alternatives to induction were provided, and whether maternity service users were aware that they could change their mind or stop induction at any point. CQC stakeholders suggested removing or amending questions C4 (Before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?) and C5 (Were you involved in the decision to be induced?) and replacing them with more important questions about delays and additional interventions, or about communication regarding induction. Potential new questions suggested covered whether maternity service users felt it was okay that they had to wait, were there any determinants for having to wait and did it become an emergency because the service user had to wait (where it would not have become an emergency if dealt with appropriately).

When further discussing questions regarding delays to induction, NHSE stakeholders suggested that the question could be around whether maternity service users were kept informed during delays and whether they knew what their choices were. They felt it would be important to differentiate between delays by choice of the service user compared to delays from a clinical perspective. Additionally, experience of induction could be compounded by whether maternity service users know what induction involves. So, it was suggested that there should be an initial question about whether maternity service users knew what the process was.

CQC agreed that delays to induction, namely, information provision around delays, is a priority area. Suggested questions included asking maternity service users what happened after the decision to induce labour was made, and whether they felt the induction process was timely. However, it was decided not to include a question specifically about delays, for several reasons. First, there were concerns regarding how service users interpret what constitutes a delay. For example, a period of time which could be perceived as a delay could have actually been an appropriate length of time to wait due to clinical reasons. Second, while delays around induction are known to be a growing problem across maternity services, they are complex and influenced by various factors. Poor communication is a key part of this and is known to contribute significantly to the experience of delays particularly, for some trusts in which planned caesarean sections are sometimes used before induction. Therefore, a question about communication was seen as a better indicator to explore induction. A suggested question focused on whether in case of a delay, maternity service users felt informed about was happening and what their choices were.

The final decision was to focus on whether maternity service users were provided with appropriate information surrounding their induction process and choices, rather than asking directly about the delays, which could be difficult to interpret. It would also be difficult to differentiate between a delay due to choice by the maternity service user, compared to a delay in clinical care which could lead to poor quality care and safety issues.

NHSE also highlighted that questions need to be clear about whether they refer to both inpatient and outpatient inductions, or just one, as outpatient inductions are becoming more common and involve a different process. In summary, the areas identified for development for MAT25 were around exploring whether maternity service users are involved in decisions around induction and whether they are given enough information to be able to make an informed decision.

Priority area: Safety

Overall, NHSE stakeholders felt that, within the constraints of the number of questions in the survey, that the questions from MAT24 identified by SCC as related to safety remain fit for purpose for MAT25. There was suggestion to regard the questions about being listened to and question B7 (During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?) as related to safety. CQC stakeholders noted that in relation to question C20 (During your labour and birth, did your midwives or doctor appear to be aware of your medical history?), midwives may not always be fully aware of a maternity service user’s medical history. They also felt that question C11 (Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?) could be a candidate for removal from MAT26. This information is already monitored by the trusts. CQC stakeholders suggested adding a question relating to haemorrhaging and delays to being stitched after birth, birth trauma and its long-term effects on maternity service users years later and health inequalities. Overall, the priority for MAT25 was considered to be to include questions that could indicate higher risk to safety.

Priority area: Accessibility

NHSE stakeholders felt that clarity was needed for questions G11 (Do you have any of the following communication needs?) and G12 (While you were in the maternity unit, did staff help you with your communication needs?) to avoid confusion over whether they are asking if maternity service users received support, or if they *needed* it. CQC stakeholders suggested using English as ‘preferred’ rather than ‘main’ language in question G4 (Is English your main language?). Regarding accessibility, there was discussion around understanding whether maternity service users with different communication needs find services accessible and suitable. However, CQC stakeholders outlined that accessibility of care (e.g., maternity service users getting to their appointments i.e. transportation) is outside the remit of the hospital. Overall, the areas to consider for development for MAT25 included whether communication needs and support, including access to verbal and written communication support, such as translation / interpreter, sign language / Braille materials, Easy Read materials and Large print materials are available for maternity service users. A further priority for accessibility was whether English is the main language for maternity service users.

Priority area: Multidisciplinary teamworking

For multi-disciplinary teamworking, stakeholders discussed re-framing question C14 (Thinking about your care during labour and birth, did you feel that the midwives and / or doctors looking after you worked well together?) to ask about professionalism as opposed to working well together, and to also consider asking about delays to interventions while waiting for a doctor e.g. doctor availability. Overall, for MAT25, the priority was to explore perceptions of team-working between midwives and doctors as a proxy for safety.

Priority area: Information sharing between services

In relation to sharing of information between services (e.g. GPs and maternity services), stakeholders agreed that it’s not useful to add question on this area as it's known to be poor and is potentially outside the remit of a trust's immediate control.

Priority area: Neonatal care

CQC stakeholders were unsure whether maternity service users would understand the different types of units listed as response options for question G1 (Did your baby have any neonatal care?). Consensus was to keep G1 as a filter question, as it remains useful for exploring the maternity care experiences for maternity service users whose babies had neonatal care. For MAT25, the priority is to explore whether maternity service users can differentiate between different unit types.

Individual interviews with maternity service users

Fifteen in-depth interviews with people who had used maternity services within the last 12 months were conducted in November 2024. The purpose of the interviews was to understand experiences of maternity care and perspectives on care priorities to support development of the questionnaire updates and make sure that the included questions would assess the most important areas of maternity care for maternity service users.

The main findings from the consultation phase are outlined below and are categorised based on areas identified as priorities in the scoping work phase (Triage, Induction, Safety, and Multi-disciplinary teamworking), with additional areas raised during the interviews under the heading ‘Additional areas for consideration’.

Priority area: Triage

When maternity service users contacted triage, they wanted reassurance. This took the form of verbal information provided over the phone (e.g. health advice, or who to contact) and/or being told to come for checks (e.g. monitoring, blood pressure). Some maternity service users knew who to contact for concerns, while others did not. It was important for concerns to be taken seriously, and to be addressed effectively. Maternity service users preferred to be seen quickly, but this was impacted by how busy triage was. When maternity service users experienced delays, it was important for them to be kept informed and to be cared for while they waited (e.g. pain management).

Priority area: Experience of induction

Maternity service users were not typically given a choice about whether they wanted to be induced, nor given options around which type of induction they would receive unless they specifically asked. If induction happened quickly, it made it difficult for maternity service users to process the information they were given and to make choices. Maternity service users wanted to be kept informed of what was going on during their induction, and what to expect. It was also important that they felt able to ask questions.

Priority area: Safety

Maternity service users described that feeling listened to and supported by their midwifery team was important in making them feel safe. This included the way in which staff communicated with them, such as their tone and providing reassurance. Good communication from the midwifery team was also important. This included information provision from knowledgeable staff, information about warning signs and information being available to the service user if they had questions. Having the information they wanted supported maternity service users to feel like they could make informed decisions about their care.

To support feelings of safety, concerns should be listened to, acknowledged and acted upon quickly. Regular checks were also outlined as being important for feelings of safety, particularly for maternity service users who had previous serious pregnancy issues, including stillbirth. Pain management should be available as needed and in a timely manner. Lack of continuity of care did not help maternity service users to feel safe (e.g. having different midwives measuring their baby bump and saying different things, being provided with conflicting information, having to repeat themselves and different midwives feeling like ‘strangers’). Feelings of safe care should also continue after the baby is born, including when maternity service users are in the postnatal ward and when they have gone home with their baby.

Priority area: Multi-disciplinary teamworking

Maternity service users described that communication was key to a multi-disciplinary team working well together during labour. This included the team sharing information amongst themselves and with the service user, communicating clearly, and planning. This supported service user decision making. Teams looked like they knew what they were doing, with everyone knowing their role and why they were there. The quality of multi-disciplinary teamworking was also evident where maternity service users experienced a handover of staff. Good teamwork would result in staff knowing the situation without the service user having to repeat themselves, as information had been shared effectively.

Not working well together would be evident if staff were not communicating with each other or with the service user, if they seemed nervous, were arguing or if the service user had to repeat themselves. This would make the situation feel disjointed, chaotic and stressful.

Additional areas for consideration

Complaints

Where maternity service users considered making a complaint, they either felt too overwhelmed, busy, were just happy to have a healthy baby or were in recovery after giving birth, so did not actually make the complaint. Some described how they would have felt able and comfortable to make a complaint if needed. Reasons for this included having rapport with their midwives and wanting to prevent mistakes from happening again. However, there were some concerns that making a complaint could have impacted care, particularly where maternity service users saw the same midwife all the time or had frequent trips to the hospital. It would have been off-putting to make a complaint about a midwife if they were a midwife they saw all the time. No maternity service users reported being contacted to provide feedback.

Information provision

Maternity service users wanted to receive as much information as possible about what to expect during their pregnancy, labour and postnatally. They were given information about warning signs, but some mentioned not discussing their birthing plan fully or not being given all their birthing options. Generally, maternity service users felt like the amount of information they received helped them to make informed decisions about their care.

Continuity of care / carer

Lack of continuity of care during their antenatal care made maternity service users feel like healthcare professionals were not aware of their medical history. This meant they had to repeat themselves. Seeing different midwives each time sometimes impacted ability to build a rapport or relationship with the midwifery team. Conversely, having the same midwife all the time or seeing the same midwife on multiple occasions helped maternity service users to build relationships with them and enhanced a sense of continuity and consistency of care, which was preferred.

Mental health

Maternity service users had mixed experiences around the amount and format of information they received about what to expect for their mental health after giving birth. Some were given no information, some were given only reading materials or signposted to support options, whereas others received varying levels of verbal communication with or without additional materials for reference. Perceptions of whether they had received enough information varied across maternity service users, but they tended to prefer a proactive approach from their midwives e.g. verbal communication about current mental health and what to expect after birth, with additional materials for reference later.

Birth experience

Maternity service users had more positive birth experiences when they had supportive and informative midwifery teams, when they received advice and information on pain management, and when they were kept up to date with what was happening. It was also important for their needs to be taken into account, and to be involved in decisions. More negative experiences were linked to labours that began and progressed quickly, where maternity service users felt rushed, not listened to or not cared for, where there were delays/errors in pain management, where they did not know what was happening, where there was lack of communication and where they did not have enough information about what was going on to be able to make informed decisions.

Care in hospital after the birth

While in hospital after the birth, it was important to maternity service users to be able to discuss and receive pain relief based on their preferences. However, issues with staff availability affected timely pain relief along with provision of food, drink and general support for the service user and baby, including breastfeeding advice. Care was perceived as being good when there was communication between healthcare professionals and to the service user. This included what to expect and provision of information. It was important for maternity service users to feel listened to, able to get attention when they needed it, and like their baby was being checked on/cared for by staff.

Care at home after the birth

Maternity service users wanted access to support after giving birth, including wanting multiple home visits from healthcare professionals when they returned home. It was important that they received advice and information about themself and their baby, additional care/support if needed and that they were able to ask questions. Knowing who to contact was also important so that they could access support whenever they needed it. There was a sense that home visitors filled gaps in information not provided while the service user was in hospital e.g. about breastfeeding.

Advisory group

Following completion of the desk research, scoping work, and stakeholder and maternity service users interviews as detailed above, an advisory group session was held in the early development phase of MAT25 to gather feedback from key stakeholders representing the views of the eligible population. These included national bodies such as CQC, NHSE, the Department of Health and Social Care, representatives from the Maternity and Neonatal Voice Partnership, Patient Experience Managers and a Director of Midwifery. These members were consulted throughout the survey development phase to ensure that the questionnaire aligned with current procedures and that the data would be able to be used effectively by NHS maternity services to implement improvements to maternity service user experience.

The advisory group, held on the 11th November 2024, focused on the priority areas for consideration for the 2025 survey, and further themes and questions to consider. Priority areas were identified and brought forward for discussion at the advisory group for the development of the MAT25 questionnaire. The following topics were highlighted during the discussion with advisory group members (stakeholders) and a summary of their feedback, and recommendations are below.

Priority area: Triage

Given the importance of triage, stakeholders felt there was a need to separate out telephone and face-to-face triage, including waiting times. This is because one route may work well, and the other may not. What's important to understand is whether maternity service users got the advice they needed and whether concerns were taken seriously for both routes. There was also a suggestion to replace ‘assessment’ with ‘triage’ in B21 (Thinking about your last face-to-face assessment, how long did you have to wait before you were seen by a midwife?).

Priority area: Induction

Stakeholders outlined that if maternity service users are not given options around induction, it means they were not given appropriate information. Subsequently, maternity service users might think they have received information, but they did not actually receive appropriate information. Due to this, stakeholders suggested that there should be a question to determine what choices maternity service users were given around options for induction. There was discussion around whether there should be a question about delays, but stakeholders felt this would only be useful if we could understand if something happens around those delays – otherwise this would not provide any more information than already known.

Priority area: Safety

Stakeholders discussed the possibility of adding a question about culturally sensitive care to help trusts to know how they are doing in relation to their action plans. There was also discussion about adding a question regarding birth trauma, mainly around maternity service users feeling safe and emotionally supported. There was suggestion to not use the wording of ‘birth trauma’ for this, but that this area is important based on what maternity service users are saying and based on the All-Party Parliamentary Group (APPG) reports into birth trauma[[12]](#footnote-13). However, it was highlighted by stakeholders that maternity service users receive the questionnaire 3-5 months after giving birth, which is not long enough to know about long-term pelvic damage or emotional trauma. Consensus was that nothing should change in relation to this for MAT25 but ask the APPG for the trauma report to consider for MAT26. There was also consideration that a follow-up question is needed to see whether maternity service users get help with pelvic health.

There was discussion about how useful the questions about GPs are (e.g. question F17 - 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?), as there is no specification for which practice maternity service users received care from. Consensus was that these questions could be removed, if agreed by NHSE.

Priority area: Accessibility

In relation to question G4 (Is English your main language?), stakeholders reached consensus that ‘preferred’ should be used instead of ‘main’ language. This was because many people may not have English as their first language but are fluent in English. For question G11 (Do you have any of the following communication needs?), one stakeholder felt that neuro-diverse people are not captured (e.g., a service user being given more time to understand or where different language is needed to be able to communicate effectively and understand what is being said). For question G12 (While you were in the maternity unit, did staff help you with your communication needs?), there was discussion that staff could have tried to make sure that a service user understood what was being communicated to them, but that we need to know whether the support was actually appropriate for them. However, this question would not capture community support. Trusts should be providing support throughout the whole journey, but how they do this, and the quality differs. It should be available for every interaction. Stakeholders described seeing a big focus on inequality and this is important to pick up on as it extends beyond language needs. Overall, they felt that question G12 should be looked at to make it more fit for purpose in terms of policy.

Priority area: Multidisciplinary teamworking

Stakeholders felt that asking about multi-disciplinary working through question C14 (Thinking about your care during labour and birth, did you feel that the midwives and / or doctors looking after you worked well together?) is important for safety. However, it was highlighted that some staff members may feel that the results are not relevant to them because their profession is not mentioned in the question. So, stakeholders felt it was about the wider multi-disciplinary team and not just midwives and doctors. It was suggested to use language around working as a team and whether staff worked as a team to make the service user feel safe. These ideas were taken into consideration; however, the Kirkup report provides clear rationale to focus on communication between midwives and doctors. Additionally, stakeholders suggested that 'staff' was replaced with specific staff groups for MAT25.

Priority area: Neonatal care

In relation to question G1 (Did your baby have any neonatal care?), stakeholders raised questions about whether parents who have accessed neonatal care would be clear on which type of care their baby/babies had experienced. However, the main point of the question is to allow comparison of experience between maternity service users whose baby/babies had and had not experienced neonatal care. There was discussion around adding ‘transitional care’ as a response option for clarity. Stakeholders also felt that the text provided with the question explaining and defining neonatal care in the blue box (Your baby may have spent time in a neonatal unit (NICU, SCBU or LNU) where they had care from a specialist team of healthcare professionals. Or your baby may have had additional care with you in the postnatal ward or at home. Additional care could be giving antibiotics, light therapy for jaundice and feeding support) could be clearer i.e. it’s not for people who have only had feeding support to complete.

The decision was to keep the question and revise the text in the blue box for clarity. Regarding adding ‘transitional care’ as a response option, this was not possible due to question format requirements and feedback from MAT24 that this would make the response options too complicated.

Priority area: Information sharing between services

The group discussed how this area had been flagged for development in 2024. However, a more important issue was considered to be information sharing between maternity services.

Additional areas for consideration

Continuity of carer

Stakeholders felt that question B5 (At your antenatal check-ups, how often did you see or speak to the same midwife?) was really important due to needing to know if maternity service users are not receiving continuity through the pathway. For question F3 (At your postnatal check-ups, how often did you see or speak to the same midwife?), stakeholders outlined that postnatally, there are fewer midwife interactions. This makes the response options for question F3 (All of the time; Most of the time; Some of the time; Never, it was a different midwife every time; I did not see or speak to a midwife; Don’t know / can’t remember) more difficult to drill down into if a service user is only meant to see a midwife a couple of times. Additionally, stakeholders were unsure how useful the information gained from question F9 (Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?) would be, as it is known that continuity of care is still not being achieved widespread by trusts.

Additional questions to consider for removal

Stakeholders felt that question A2 (Roughly how many weeks pregnant were you when your baby was born?) would only be useful if sub-analysis was being done of experience before/after 37 weeks. They questioned why ‘40 or more weeks’ was a response option and felt that the boundary seems ‘a bit random’. Stakeholders outlined that question B2 (Roughly how many weeks pregnant were you when you first saw or spoke to this health professional about your pregnancy care?) relates to booking and whether maternity service users are tagged as ‘late-bookers’. They queried the utility of this question if no sub-analysis is being done of differences across experiences. For question B1 (Who was the first health professional you saw or spoke to when you thought you were pregnant?), stakeholders were not sure whether it was providing any value as a lot of services now have a self-referral process. Question B1 was discussed for removal last year, but there was not enough feedback to justify its removal. Overall, stakeholders agreed that all three of these questions could be removed due to not being particularly useful/having other ways of collecting the data.

Trust webinar

Following the advisory group, two webinars were held with NHS Trusts participating in the survey. These provided opportunities for Trusts to share feedback on the proposed changes to the questionnaire and sampling process, as well as highlight any concerns or challenges.

The first Trust webinar was held in November 2024 and outlined the publicity materials, and key dates for the survey, providing a comprehensive overview of the survey. The second webinar was held in February 2025 and included a more detailed overview of the survey, sampling and contact approach, potential sampling errors, service user-facing materials, questionnaire development, data protection and section 251 requirements, DBS checks, instruction manuals, entering fieldwork and further key dates.

Survey development activities: Cognitive interviews with maternity service users

Following the completion of the consultation phase with key stakeholders and trusts, the questionnaire was revised for testing with maternity service users. Cognitive testing involved 24 interviews, over three rounds, with recent NHS maternity service users. This first involved asking them to read the social media cards, covering letters and SMS guidance and asking them to comment on the tone, language, appearance and purpose of each. Maternity service users whose first language was not English were also asked about the Multilanguage sheet. All maternity service users were then asked to answer the questionnaire, explaining the reasoning behind their answers.

The process of cognitive interviewing ensures that as far as possible, the instructions, questions and response options are clear, relevant, easy for respondents to answer and are understood as intended. Both the paper and online versions of the questionnaire were tested among the participants. Following each round of testing, revisions were made to the survey materials (see [section 1.2](#_Summary_of_changes) for a summary of changes) in accordance with feedback from the interviews.

Recruitment

Maternity service users were recruited using a fieldwork recruitment agency. Potential respondents were screened upon registering their interest to participate, using a detailed screening questionnaire to identify:

* the maternity service they had used (which hospital they had their baby at)
* their demographic characteristics
* their location
* whether they had given birth previously
* type of delivery (birth)
* whether labour was induced or spontaneous
* whether labour was early or full-term
* whether maternity triage services were used
* whether their baby received neonatal care
* whether English was their preferred language
* whether they had any language support needs
* whether they required an accessible version of the questionnaire and
* the nature of any long-term conditions (including accessibility needs).

Maternity service users were recruited on the basis that they have given birth in the past 12 months, had used NHS maternity services and were aged 16 or over.

Interviews

Cognitive testing was conducted between 16th December 2024 and 7th February 2025. The approach involved a total of 24 interviews, spread across three waves of interviewing. A £50 ‘Love to shop’ or ‘Amazon’ voucher, or bank transfer, was given as a thank-you for taking part. Participants were offered the option of face-to-face and over the phone interviews, but all participants registering their interest chose video conferencing as their preferred method for interview, with interviews lasting around 90 minutes.

Across the three rounds of interviewing, the following demographic profile of respondents was achieved:

Table 1: Cognitive interviews – demographic profile of respondents

|  |  |  |
| --- | --- | --- |
| **Demographics** | **Variable** | **Number of respondents** |
| Age groups | 25 years or younger | 1 |
| 26 - 30-year-olds | 7 |
| 31 - 35-year-olds | 9 |
| 36 years or older | 7 |
| Gender | Male | 0 |
| Female | 24 |
| Non-binary (or other gender) | 0 |
| Gestation | Full-term labour | 19 |
| Early labour | 5 |
| Region | Greater London | 6 |
| North East | 0 |
| South East | 2 |
| West Midlands | 2 |
| East Midlands | 0 |
| East of England | 3 |
| North West | 1 |
| South West | 5 |
| Yorkshire and the Humber | 5 |
| Religious background | Christian | 11 |
| Hindu | 1 |
| Jewish | 1 |
| Muslim | 2 |
| Sikh | 1 |
| No religion | 8 |
| Social deprivation level (IMD) | Non-deprived area | 16 |
| Deprived area | 6 |
| Ethnicity | White / White British | 11 |
| Mixed / multiple ethnic groups | 4 |
| Asian / Asian British | 4 |
| Black / African / Caribbean | 5 |
| Other ethnic group | 0 |
| Long-term conditions  (note: participants may have selected >1 option) | Physical or mental health-related conditions that will last 12 months or more | 6 |
| No physical or mental health-related conditions that will last 12 months or more | 18 |
| Neonatal care | Baby did not receive neonatal care | 17 |
| Neonatal care through outreach service | 2 |
| Neonatal care through any other unit | 5 |
| Parity | Previously given birth | 13 |
| Not previously given birth | 11 |
| Survey type | Online questionnaire | 18 |
| Paper questionnaire | 6 |
| Triage | Used triage services | 18 |
| Did not use triage services | 6 |
| Type of delivery | Assisted vaginal birth | 9 |
| Unassisted vaginal birth | 7 |
| Emergency caesarean section | 6 |
| Planned caesarean section | 2 |
| Type of labour | Spontaneous labour | 12 |
| Induced labour | 12 |
| Language | English as first language | 2 |
| English not first language | 22 |

At the start of each interview, participants were made aware that the interview was voluntary and that there was no requirement for them to answer all the questions if they did not wish to or, disclose information that they were not comfortable discussing. They were all made aware that they could finish the interview at any point if they did not feel comfortable and this would not affect their health or social care.

Following the completion of each round of interviews, a debrief session was held between the SCC and CQC to discuss feedback and agree on amends. The questionnaire was refined after each round of testing. The same process was followed for the social media cards, which were the only other materials which required amendments between rounds (see [section 1.2](#Summary_of_changes) for a summary of changes).

Changes to the questionnaire

The final version of the questionnaire, which included new and/or amended questions, was created following consultation with key stakeholders from the advisory group, trust feedback and cognitive interviews with maternity service users. Cognitive interviews were used to test the clarity, comprehension and relevance of the questions. Stakeholders were invited to provide their views on the proposed changes.

The questionnaire was reviewed with the aims of:

* Ensuring the content is in line with current policy and practice.
* Ensuring that the questions capture experiences of the priority areas identified by stakeholder and service users.
* Enabling trusts to use questions to pinpoint areas for improvement.

Summary of changes

In total, four new questions were added (see [Table 2](#Table_2)), eight were amended (see [Table 3](#Table_3)) and five questions were removed (see [Table 4](#Table_4)). Instructions for some sections were also altered to correspond to the new topic areas and the tone of the questions.

New questions

Table 2 provides an overview of the four new questions added for MAT25, and reasoning for their inclusion.

Table 2: MAT25 New questions

|  |  |  |
| --- | --- | --- |
| **MAT25 Question number** | **Question wording** | **Rationale** |
| [C5](#C5) | Were you given information about all the options available to you?  Please cross ✗ in all the boxes that apply to you.  ☐ Induction of labour  ☐ Increased monitoring without an induction  ☐ Planned caesarean birth  ☐ No, I was not given this information  ☐ Don’t know / can’t remember | C5 from MAT24 about being involved in the decision to be induced has been replaced based on stakeholder feedback that maternity service users would not know their options if they were not told. This is based on stakeholder feedback that maternity service users ‘don’t know what they don’t know’ in decision making. This means that they may answer ‘Yes’ if asked about informed decision making or being involved in the decision to be induced, when they may not have actually been given the information. By being explicit about what the alternatives are, it can be determined whether their options were explicitly discussed with them. |
| [F2](#F2) | Thinking about the last time you contacted the telephone triage line, did you feel that you got the advice you needed?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I tried to call but I was not able to speak to someone  ☐ I did not contact the telephone triage line  ☐ Don’t know / can’t remember | F2 (replaced B20 from MAT24) now asks maternity service users whether they got the advice they needed when they contacted a telephone triage line, instead of asking whether concerns were taken seriously. This is based on stakeholder feedback that maternity service users often interpret receiving the ‘advice they needed’ as receiving information that addresses their concerns and reassures them. While concerns and advice are conceptually linked, stakeholders noted that the focus on advice helps capture the service users experience in a more relevant and easier way for service users to answer. Getting the advice they needed was therefore seen as most important.  ‘Telephone’ triage is specified, as stakeholders felt it was important to differentiate between telephone and face-to-face triage, given that experiences could have been different for each type. |
| [F3](#F3) | Thinking about the last time you attended triage face-to-face, did the midwife or doctor you spoke to listen to you?  ☐ Yes, definitely àGo to F4  ☐ Yes, to some extent à Go to F4  ☐ No àGo to F4  ☐ I did not attend triage face-to-face à Go to G1  ☐ Don’t know / can’t remember àGo to G1 | F3 (new question) asks maternity service users who attended face-to-face triage about whether the midwife or doctor they spoke to listened to them, with being listened to a priority area for stakeholders. Face-to-face’ triage is specified as stakeholders felt it was important to differentiate between telephone and face-to-face triage, given that experiences could have been different for each type. |
| [F4](#F4)\* | Thinking about the last time you attended triage in person, how did you feel about the length of time you waited before you were seen by a midwife?  ☐ I did not have to wait  ☐ I had to wait, but not for too long  ☐ I had to wait a bit too long  ☐ I had to wait far too long  ☐ Don’t know / can’t remember | F4 (replaced B21 from MAT24) asks how maternity service users *felt* about the length of time they waited before being seen by a midwife, as opposed to the amount of time they waited in minutes. This is to better capture service user perceptions of their experience. |

Amended questions

The following table provides a summary of the eight MAT24 questions and three instructional texts / definitions that were amended for use in MAT25, and the rationale that led to the amendments. Amendments are shown in green.

Table 3: MAT25 Amended questions

|  |  |  |  |
| --- | --- | --- | --- |
| **MAT25 Question number** | **MAT24 question wording** | **MAT25 question wording** | **Rationale** |
| [B1](#B1) | B3: Were you offered a choice about where to have your baby?  Please cross ✗ in all the boxes that apply to you.  ☐ Yes – a choice of hospitals  ☐ Yes – a choice of birth centres  ☐ Yes – at home  ☐ Yes – other  ☐ No – I was not offered any choices  ☐ No – I had no choices due to medical reasons  ☐ Don’t know / can’t remember | Were you offered a choice about where to have your baby?  Please cross ✗ in all the boxes that apply to you.  ☐ Yes – a choice of hospitals  ☐ Yes – a choice of birth centres  e.g. midwife-led units for low-risk pregnancies in a homely environment. Can be in the same building or separate from a hospital labour ward.  ☐ Yes – at home  ☐ Yes – other  ☐ No – I was not offered any choices  ☐ No – I had no choices due to medical reasons  ☐ Don’t know / can’t remember | The response options have been updated to include a definition of ‘birth centres’: ‘e.g. midwife-led units for low-risk pregnancies in a homely environment. Can be in the same building or separate from a hospital labour ward’. This is to provide clarity to maternity service users about what a birth centre is to help with the accuracy of answers. To note, this makes the question non-comparable to previous years, as evidence from cognitive testing shows that reading the definition impacts on which answer/s maternity service users choose. |
| [B3: descriptive text](#B3) | 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.  Do not include more specific appointments such as a visit to the hospital for a scan or a blood test only. | A ‘check-up’ is any contact with a midwife or doctor 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.  Do not include more specific appointments such as a visit to the hospital for a scan or a blood test only. | Wording updated to have ‘midwife or doctor’ instead of ‘doctor or midwife’ for consistency throughout the questionnaire. |
| [B12](#B12) | B14: During your pregnancy did midwives provide relevant information about feeding your baby?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | During your pregnancy, did midwives provide relevant information about feeding your baby?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | Comma added after ‘pregnancy’. |
| [Section F: header and descriptive text](#f1_header) | **Triage: Assessment and evaluation**  Maternity ‘Triage’ occurs when doctors or midwives assess medical concerns arising during pregnancy. When a concern is being ‘triaged,’ maternity care providers decide the next steps on how the concern should be handled. Concerns could include increased blood pressure, concerns about baby's movements, bleeding, or preterm labour.  You may have been referred to ‘Triage’ or an Assessment Unit by your GP, community midwife, or have contacted/attended the Maternity Triage Unit directly. | **TRIAGE: ASSESSMENT AND EVALUATION**  Maternity Triage occurs when midwives or doctors assess and prioritise the urgency of concerns arising during pregnancy or postnatal care. When a concern is being ‘triaged,’ a decision is made on the next steps for how the concern should be handled. Concerns could include pain, bleeding or concerns about baby’s movements.  You may have been referred to ‘Triage’ by your GP, community midwife, or have contacted / attended the Maternity Triage Unit directly. | The Triage section has been moved. This is because Maternity Triage is also available to maternity service users postnatally, so the questions have been added to sit after the ‘care in the ward after birth’ postnatal questions. The wording of the descriptive text has also been amended for flow and clarity, and for consistency with the Maternity Triage Good Practice Paper No. 17 that provides recommendations for maternity triage. |
| [F1](#F1) | **B19:** At any point during your pregnancy, did you go through triage to have your symptoms assessed?  *This could have been by telephone or face-to-face.*  ☐ Yes àGo to B20  ☐ No àGo to C1  ☐ Don’t know / can’t remember àGo to C1 | At any point during your pregnancy or postnatal care, did you go through triage to have your symptoms assessed?  This could have been by telephone or face-to-face.  ☐ Yes àGo to F2  ☐ No àGo to G1  ☐ Don’t know / can’t remember àGo to G1 | F1 asks about whether maternity service users went through triage during their pregnancy or postnatal care and has an updated question stem to reflect the new definition. This is to provide routing either to or past the triage questions. Italic formatting removed from instructional text. To note, F1 is no longer historically comparable as it now refers to both antenatal and postnatal care. |
| [G14](#G14) | **F14:** In the four weeks after the birth of your baby did you receive help and advice from a midwife about feeding your baby?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not need any  ☐ Don’t know / can’t remember | In the four weeks after the birth of your baby, did you receive help and advice from a midwife about feeding your baby?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not need any  ☐ Don’t know / can’t remember | Comma added after ‘baby’. |
| [G15](#G15) | **F15:** If, during evenings, nights or weekends, you needed support or advice, about feeding your baby, were you able to get this?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not need this  ☐ Don’t know / can’t remember | If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not need this  ☐ Don’t know / can’t remember | Erroneous comma removed from after ‘advice’. |
| [G16](#G16) | **F16:** In the four weeks after the birth of your baby did you receive help and advice from midwives about your baby’s health and progress?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not need any  ☐ Don’t know / can’t remember | In the four weeks after the birth of your baby, did you receive help and advice from midwives about your baby’s health and progress?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not need any  ☐ Don’t know / can’t remember | Comma added after ‘baby’. |
| [Section H: header and descriptive text (for neonatal care)](#H_HEADER) | **YOU AND YOUR HOUSEHOLD**  Your baby may have spent time in a neonatal unit (NICU, SCBU or LNU) where they had care from a specialist team of healthcare professionals.  Or your baby may have had additional care with you in the postnatal ward or at home.  Additional care could be giving antibiotics, light therapy for jaundice and feeding support. | **ABOUT YOU**  Your baby may have spent time in a neonatal unit (NICU, SCBU or LNU) where they had care from a specialist team of healthcare professionals.  Or your baby may have had additional care with you in the postnatal ward or at home.  Additional care could be giving antibiotics, light therapy for jaundice and further observation. | Header updated to be ‘ABOUT YOU’ from ‘YOU AND YOUR HOUSEHOLD’ based on stakeholder feedback as to why the heading mentions ‘household’ when questions are about ‘you’, and to match other surveys on the programme e.g. IP24.  The neonatal description text has been updated to reference ‘further observation’ as opposed to ‘feeding support’, as feeding support should be offered to all maternity service users after birth. |
| [H1](#H1) | **G1:** Did your baby have any neonatal care? Please cross ✗ in all the boxes that apply to you.  ☐ Yes, in a Neonatal Intensive Care Unit (NICU)  ☐ Yes, in a Special Care Baby Unit (SCBU)  ☐ Yes, in the Local Neonatal Unit (LNU)  ☐ Yes, in the post-natal ward  ☐ Yes, at home (neonatal outreach service)  ☐ Yes, but I don’t know what type of neonatal care  ☐ No, my baby did not have neonatal care  ☐ I don’t know if my baby had neonatal care  ☐ Can’t remember | Did your baby or babies have any neonatal care? Please cross ✗ in all the boxes that apply to you.  ☐ Yes, in a Neonatal Intensive Care Unit (NICU)  ☐ Yes, in a Special Care Baby Unit (SCBU)  ☐ Yes, in the Local Neonatal Unit (LNU)  ☐ Yes, in the post-natal ward  ☐ Yes, at home (neonatal outreach service)  ☐ Yes, but I don’t know what type of neonatal care  ☐ No, my baby did not have neonatal care  ☐ I don’t know if my baby had neonatal care  ☐ Can’t remember | H1 (G1 in 2024) now asks about whether a service user’s ‘baby or babies’ received neonatal care, as opposed to their ‘baby’. This is to better reflect multiple births. |
| [H14](#H14) | **G14:** What is your ethnic group?  Please cross ✗ in ONE box only.  **a. WHITE**  ☐ English / Welsh / Scottish / Northern Irish / British  ☐ Irish  ☐ Gypsy or Irish Traveller  ☐ Roma  ☐ Any other White background, please write in    **b. MIXED / MULTIPLE ETHNIC GROUPS**  ☐ White and Black Caribbean  ☐ White and Black African  ☐ White and Asian  ☐ Any other Mixed / multiple ethnic background, please write in    **c. ASIAN / ASIAN BRITISH**  ☐ Indian  ☐ Pakistani  ☐ Bangladeshi  ☐ Chinese  ☐ Any other Asian background, please write in    **d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH**  ☐ Caribbean  ☐ African background, please write in  ☐ Any other Black / Black British / Caribbean background, please write in    **e. OTHER ETHNIC GROUP**  ☐ Arab  ☐ Any other ethnic group, please write in    ☐ I would prefer not to say | What is your ethnic group?  Please cross ✗ in ONE box only.  **a. WHITE**  ☐ English / Welsh / Scottish / Northern Irish / British  ☐ Irish  ☐ Gypsy or Irish Traveller  ☐ Roma  ☐ Any other White background, please write in    **b. MIXED / MULTIPLE ETHNIC GROUPS**  ☐ White and Black Caribbean  ☐ White and Black African  ☐ White and Asian  ☐ Any other Mixed / multiple ethnic background, please write in    **c. ASIAN / ASIAN BRITISH**  ☐ Indian  ☐ Pakistani  ☐ Bangladeshi  ☐ Chinese  ☐ Any other Asian background, please write in    **d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH**  ☐ African  ☐ Caribbean  ☐ Any other Black / African / Caribbean background, please write in    **e. OTHER ETHNIC GROUP**  ☐ Arab  ☐ Any other ethnic group, please write in    ☐ I would prefer not to say | H14 (G14 in 2024) response option d ‘d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH: African, Caribbean, Any other Black / African / Caribbean background, please write in’ has been updated to match other surveys on the National Patient Survey Programme (NPSP). |

Removed questions

The following table provides a summary of the five MAT24 questions that were removed for MAT25 and the rationale that led to the decision to remove them.

Table 4: MAT24 vs MAT25 Questions removed

|  |  |  |
| --- | --- | --- |
| **MAT24 Question number** | **2024 Question wording and section** | **Reasoning** |
| B1 | **CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)**  **The start of your care in pregnancy**  Who was the first health professional you saw or spoke to when you thought you were pregnant?  Please cross ✗ in one box only.  ☐ GP / family doctor  ☐ Midwife  ☐ Other | B1 was removed from MAT25 following feedback from stakeholders indicating that trusts already have access to the information collected by this question from another data source. |
| B2 | **CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)**  **The start of your care in pregnancy**  Roughly how many weeks pregnant were you when you first saw or spoke to this health professional about your pregnancy care?  ☐ When I was 0 to 6 weeks pregnant  ☐ When I was 7 to 10 weeks pregnant  ☐ When I was 11 to 14 weeks pregnant  ☐ When I was 15 or more weeks pregnant  ☐ Don’t know / can’t remember | B2 was removed from MAT25 following feedback from stakeholders indicating that trusts already have access to the information collected by this question from another data source. |
| B20 | **CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)**  **Triage: Assessment and evaluation**  Thinking about the last time you were triaged, did you feel that your concerns were taken seriously by the midwife or doctor you spoke to?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | B20 has been removed and replaced with F2 (see Table 2). F2 asks maternity service users whether they got the advice they needed when they contacted a telephone triage line, instead of asking whether concerns were taken seriously. |
| B21 | **CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)**  **Triage: Assessment and evaluation**  Thinking about your last face-to-face assessment, how long did you have to wait before you were seen by a midwife?  ☐ Less than 15 minutes  ☐ 16 to 30 minutes  ☐ 31 to 60 minutes  ☐ More than 60 minutes  ☐ I did not have a face-to-face assessment  ☐ Don’t know / can’t remember | B21 has been removed and replaced with F4 (see Table 2). F4 asks how maternity service users felt about the length of time they waited before being seen by a midwife, as opposed to the amount of time they waited in minutes. This is to better capture service user perceptions of their experience. |
| C5 | **YOUR LABOUR AND THE BIRTH OF YOUR BABY**  Were you involved in the decision to be induced?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not want / need to be involved  ☐ Don’t know / can’t remember | C5 has been removed and replaced with a new question that asks maternity service users whether they were given information about all the options available to them (see Table 2). This is based on stakeholder feedback that maternity service users ‘don’t know what they don’t know’ in decision making. This means that they may answer ‘Yes’ if asked about informed decision making or being involved in the decision to be induced, when they may not have actually been given the information. By being explicit about what the alternatives are, it can be determined whether their options were explicitly discussed with them. |

Methodological approach

Sampling period

The core sampling eligibility criteria is consistent with previous years of the survey, with the main sampling month being February 2025. The exception is trusts with lower birth rates who already sample back to January – their core months will be January and February.

Changes to sampling

New sample variables

Three sampling variables have been amended for 2025. The variables are:

* Babies who received neonatal care
* Baby’s full date of birth
* Baby’s NHS number

In 2024, we provided for up to seven babies to be recorded per maternity service user for each of the above variables. For 2025, this has been reduced to up to five babies given that no multiple births exceeded four in 2024.

Use of QR codes

The QR codes added to the covering letters and multilanguage sheet in 2024 have been kept for 2025. The unique QR codes, when scanned, direct maternity service users to their personalised online survey link. This eliminates the need for maternity service users to manually input the web address, survey number, and password, streamlining the survey participation process. Additionally, QR codes on the multilanguage sheet provide convenient access to the survey in the available languages, further improving accessibility.

As in 2024, feedback was consistently positive throughout cognitive testing about the inclusion of the QR codes. Participants said they would use the QR codes due to mitigating the need to type in their survey number and password.

Mailing protocol

As with previous Maternity surveys, MAT25 has a mixed-mode survey design where maternity service users are able to complete either an online or paper version of the questionnaire. The contact approach begins with an invitation letter, followed by a text message (SMS) reminder (which includes a unique link to the survey) for those with mobile numbers recorded. Subsequent reminder letters, along with SMS reminders, maintain engagement and are sent to non-respondents only. The next contact to non-respondents is a reminder letter and SMS. A paper questionnaire is sent with the third letter (including a freepost return envelope then a final reminder letter and SMS is sent. There are three days between letters and SMS reminders.[[13]](#footnote-14)

Materials

Alongside the online and paper survey, the covering letters, multilanguage sheet, SMS guidance, and social media cards were cognitively tested with respondents and updated accordingly. Wording to show that MAT25 has Section 251 approval was added to the dissent poster, and 16–17-year-olds leaflet. The briefing note was not amended for MAT25.

Dissent poster

As with previous iterations of the Maternity Survey, a dissent poster was displayed during the sampling month. This made individuals aware of the survey and provided an opportunity for them to ask questions or give dissent if they wished to be excluded from taking part. The poster was made available in English and 22 other commonly spoken languages[[14]](#footnote-15). An additional two translations (Hindi, Punjabi (Indian)) were produced at the request of trusts based on their population.

16–17-year-olds leaflet and briefing note

To meet Section 251 requirements, it was necessary for midwives or other staff to provide all 16-and 17-year-olds who gave birth in the sampling period with a leaflet and to discuss the survey with them. Any requests to opt out of the survey were logged at the trust and referred to when drawing the sample to ensure they are excluded from selection. Trusts also received a briefing note with guidance on how and when to use the leaflet. No amendments were made to the leaflet or briefing note for MAT25.

Covering letters

The covering letters were slightly amended for MAT25 to improve grammar and flow. Slight formatting tweaks were also made to make the appearance more uniform.

SMS guidance

The content of the text message (SMS) reminders tested well during cognitive interviews, with participants having positive comments about the wording and tone of the messages. For 2025, opt out text was added to the SMS wording: ‘Any questions *or wish to opt out*?’. This was based on feedback collected during MAT24 that maternity service users would prefer an option to opt out. As standard NPSP procedure, the text message (SMS) reminders should come from a named sender ‘NHS Survey’, as this provides legitimacy to the contact and reassures respondents.

Online survey

The online questionnaire is the same as the paper version, with the exception of the instructions for how to complete the questionnaire. For example, the paper survey asks respondents to ‘Please cross ✗ in one box only’, whereas the online survey only allows one response option to be selected.

Online survey translations

As outlined in [section 6.4](#_Accessibility), the survey has been translated into nine non-English languages.

Engagement

For MAT25, a publicity activities plan has been implemented to publicise the survey and increase engagement at national and local level. Trusts have been asked to promote MAT25 on their communication networks via a series of press releases and social media cards. There is also a website banner.

Trust engagement webinar

In November 2024, an engagement webinar was held to inform trusts about the publicity toolkit (press release, social media cards and website banner) and how the materials should be used. The toolkit was explained, and trusts were offered the opportunity to ask questions and provide feedback.

Trust press release template

A press release template was designed and shared with trusts. The template enables trusts to add their own text and data, explaining how they use feedback, what actions were taken and positive outcomes. This was not changed for 2025 and so was not cognitively tested for this survey iteration.

Social media cards

In addition to the press release, four social media cards have been made available to trusts, promoting engagement prior to and during fieldwork. The cards provide basic information about the survey including the purpose, value, when maternity service users will be invited and how to participate. They were designed for easy use across a number of platforms including X (formerly Twitter), LinkedIn, Facebook, and Instagram.

The main change for the cards since 2024 has been an updated image for social media card 1 (based on feedback from MAT24 and to increase inclusivity) and addition of text highlighting that S251 approval has been received for the survey, which is a Confidentiality Advisory Group (CAG) requirement.

The social media cards were cognitively tested with participants. As they had already been shared with trusts for MAT25 at the point of cognitive testing, feedback collected will be used in the development of the 2026 social media cards.

Accessibility

The online survey has been built to meet accessibility guidelines, and the survey is available in nine non-English languages, while the paper version is also available in braille, large print and Easy Read formats.

Multilanguage sheet

As in MAT24, the multilanguage sheet for MAT25 includes a QR code for the nine non-English languages for which there is a translated survey. These languages are:

* Arabic
* Bengali
* French
* Gujarati
* Polish
* Portuguese
* Punjabi
* Spanish
* 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 is offered:

* Cantonese (Traditional Chinese)
* Mandarin (Simplified Chinese)
* Turkish
* Italian
* Russian
* Kurdish
* Tamil
* Thai
* Farsi
* Somali

As shown in Figure 1, the multilanguage sheet also includes signposting to accessible formats. [Sections 6.4.2](#online_formats), [6.4.3](#additional_versions) and [6.4.4](#easy_read) provide further information on accessibility features of the survey.

A white sign with black text

Description automatically generated

Figure 1. Image contains a woman looking at an Easy Read booklet

Accessible formats available via online survey

The online survey is set up to be device-agnostic, meaning that it automatically adapts to the device the survey is opened on, such as mobile phones, tablets, and desktops. Participants are either able to click the link provided in the text message (SMS) reminders, or log in using the details provided in their letter. The online survey has been tested successfully with maternity service users to make sure it is easy for them to access and navigate. Respondents will be able to change the font size and background colour of the survey, and the survey is screen reader compatible. They can choose between three different font sizes and five different background colours: white, beige, blue, green, and grey.

Additional versions of the survey materials

The availability of large print, Easy Read (see [section 6.4.4](#_Easy_readEasy_Read)) and braille questionnaires has been signposted on the letters and will be available at the request of the maternity service user. The Easy Read and braille cover letters were amended based on the updates for the main covering letters.

Easy Read questions

The Easy Read survey was developed ahead of MAT24 to produce a cross programme Easy Read Survey. The decision to create a cross programme Easy Read survey was to enable insight to be drawn from this crucial population. In previous surveys, the Easy Read data volumes received for each individual survey in the NPSP has been low, which has resulted in lack of useable data.

For 2024, CQC designed a cross programme Easy Read survey, which covered topics highlighted as priorities across the programme, including help provided, being treated with respect, ability to understand the information about their care and being listened to. This cross-programme version was used for 2025 to provide an opportunity to build a set of useable data to allow for analysis which will enable actionable insights to be drawn.

Appendix 1: Questionnaire changes

Below is Table 5, which briefly summarises all changes to the questionnaire between 2024 and 2025. Changes are highlighted in green font.

Table 5: Changes to the MAT25 since MAT24

| **MAT24 question** | **MAT25 question** | **Summary of changes** |
| --- | --- | --- |
| Covering page | Covering page | Covering page |
| **DATES AND YOUR BABY** | | |
| A1: Did you give birth to a single baby, twins or more in your most recent pregnancy?  ☐ A single baby  ☐ Twins  ☐ Triplets, quads or more | A1: Did you give birth to a single baby, twins or more in your most recent pregnancy?  ☐ A single baby  ☐ Twins  ☐ Triplets, quads or more | No changes. |
| A2: Roughly how many weeks pregnant were you when your baby was born?  ☐ Before I was 37 weeks pregnant  ☐ When I was 37 - 39 weeks pregnant  ☐ When I was 40 or more weeks pregnant | A2: Roughly how many weeks pregnant were you when your baby was born?  ☐ Before I was 37 weeks pregnant  ☐ When I was 37 - 39 weeks pregnant  ☐ When I was 40 or more weeks pregnant | No changes. |
| **CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)** | | |
| **The start of your care in pregnancy** | | |
| B1: Who was the first health professionalyou saw or spoke to when you thought you were pregnant?  Please cross ✗ in one box only.  ☐ GP / family doctor  ☐ Midwife  ☐ Other | - | Removed. |
| B2: Roughly how many weeks pregnant were you when you first saw or spoke to this health professional about your pregnancy care?  ☐ When I was 0 to 6 weeks pregnant  ☐ When I was 7 to 10 weeks pregnant  ☐ When I was 11 to 14 weeks pregnant  ☐ When I was 15 or more weeks pregnant  ☐ Don’t know / can’t remember | - | Removed. |
| B3: Were you offered a choice about where to have your baby?  Please cross ✗ in all the boxes that apply to you.  ☐ Yes – a choice of hospitals  ☐ Yes – a choice of birth centres  ☐ Yes – at home  ☐ Yes – other  ☐ No – I was not offered any choices  ☐ No – I had no choices due to medical reasons  ☐ Don’t know / can’t remember | B1: Were you offered a choice about where to have your baby?  Please cross ✗ in all the boxes that apply to you.  ☐ Yes – a choice of hospitals  ☐ Yes – a choice of birth centres  e.g. midwife-led units for low-risk pregnancies in a homely environment. Can be in the same building or separate from a hospital labour ward.  ☐ Yes – at home  ☐ Yes – other  ☐ No – I was not offered any choices  ☐ No – I had no choices due to medical reasons  ☐ Don’t know / can’t remember | Definition added to ‘Yes – a choice of birth centres’. |
| B4: Did you get enough information from either a midwife or doctor to help you decide where to have your baby?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | B2: Did you get enough information from either a midwife or doctor to help you decide where to have your baby?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| **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.  Do not include more specific appointments such as a visit to the hospital for a scan or a blood test only. | A ‘check-up’ is any contact with a midwife or doctor 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.  Do not include more specific appointments such as a visit to the hospital for a scan or a blood test only. | The ordering of ‘doctor or midwife’ has been updated to be ‘midwife or doctor’ for consistency with questions e.g. B2. |
| B5: At your antenatal check-ups, how often did you see or speak to the same midwife?  ☐ All of the time  ☐ Most of the time  ☐ Some of the time  ☐ Never, it was a different midwife every time  ☐ I did not see or speak to a midwife  ☐ Don’t know / can’t remember | B3: At your antenatal check-ups, how often did you see or speak to the same midwife?  ☐ All of the time  ☐ Most of the time  ☐ Some of the time  ☐ Never, it was a different midwife every time  ☐ I did not see or speak to a midwife  ☐ Don’t know / can’t remember | No changes. |
| B6: During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | B4: During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| B7: During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | B5: During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| B8: During your antenatal check-ups, did your midwives listen to you?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | B6: During your antenatal check-ups, did your midwives listen to you?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| B9: During your antenatal check-ups, did your midwives ask you about your mental health?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | B7: During your antenatal check-ups, did your midwives ask you about your mental health?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| **During your pregnancy** | | |
| B10: Were you given enough support for your mental health during your pregnancy?  ☐ Yes  ☐ No  ☐ I did not want / need support  ☐ Don’t know / can’t remember | B8: Were you given enough support for your mental health during your pregnancy?  ☐ Yes  ☐ No  ☐ I did not want / need support  ☐ Don’t know / can’t remember | No changes. |
| B11: During your pregnancy, if you contacted a midwifery team, were you given the help you needed?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ No, as I was not able to contact a midwifery team  ☐ I did not contact a midwifery team | B9: During your pregnancy, if you contacted a midwifery team, were you given the help you needed?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ No, as I was not able to contact a midwifery team  ☐ I did not contact a midwifery team | No changes. |
| B12: Thinking about your antenatal care, were you spoken to in a way you could understand?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | B10: Thinking about your antenatal care, were you spoken to in a way you could understand?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| B13: Thinking about your antenatal care, were you involved in decisions about your care?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not want / need to be involved  ☐ Don’t know / can’t remember | B11: Thinking about your antenatal care, were you involved in decisions about your care?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not want / need to be involved  ☐ Don’t know / can’t remember | No changes. |
| B14:During your pregnancy did midwives provide relevant information about feeding your baby?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | B12: During your pregnancy, did midwives provide relevant information about feeding your baby?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | Comma added after ‘pregnancy’. |
| B15: Did you have confidence and trust in the staff caring for you during your antenatal care?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | B13: Did you have confidence and trust in the staff caring for you during your antenatal care?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| B16: Thinking about your antenatal care, were you treated with respect and dignity?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | B14: Thinking about your antenatal care, were you treated with respect and dignity?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| B17: If you raised a concern during your antenatal care, did you feel that it was taken seriously?  ☐ Yes  ☐ No  ☐ I did not raise any concerns | B15: If you raised a concern during your antenatal care, did you feel that it was taken seriously?  ☐ Yes  ☐ No  ☐ I did not raise any concerns | No changes. |
| B18: Thinking about your antenatal care, were you given information about any warning signs to look out for during your pregnancy?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | B16: Thinking about your antenatal care, were you given information about any warning signs to look out for during your pregnancy?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| **Triage: Assessment and evaluation** | **TRIAGE: ASSESSMENT AND EVALUATION** | **Moved to be a separate section (section F)** |
| Maternity ‘Triage’ occurs when doctors or midwives assess medical concerns arising during pregnancy. When a concern is being ‘triaged,’ maternity care providers decide the next steps on how the concern should be handled. Concerns could include increased blood pressure, concerns about baby's movements, bleeding, or preterm labour.  You may have been referred to ‘Triage’ or an Assessment Unit by your GP, community midwife, or have contacted/attended the Maternity Triage Unit directly. | Maternity Triage occurs when midwives or doctors assess and prioritise the urgency of concerns arising during pregnancy or postnatal care. When a concern is being ‘triaged’, a decision is made on the next steps for how the concern should be handled. Concerns could include pain, bleeding or concerns about baby’s movements.  You may have been referred to ‘Triage’ by your GP, community midwife, or have contacted / attended the Maternity Triage Unit directly. | Punctuation updates, including removal of quotation marks from ‘Triage’ and addition of comma after ‘triaged’. Ordering of ‘midwives or doctors’ updated as per other questions/descriptions for consistency across the survey. Overall wording of definition updated for clarity. |
| B19: At any point during your pregnancy, did you go through triage to have your symptoms assessed?  This could have been by telephone or face-to-face.  ☐ Yes à Go to B20  ☐ No à Go to C1  ☐ Don’t know / can’t remember à Go to C1 | F1: At any point during your pregnancy or postnatal care, did you go through triage to have your symptoms assessed?  This could have been by telephone or face-to-face.  ☐ Yes à Go to F2  ☐ No à Go to G1  ☐ Don’t know / can’t remember à Go to G1 | ‘postnatal care’ added to clarify that triage services are available during postnatal care. |
| B20: Thinking about the last time you were triaged, did you feel that your concerns were taken seriously by the midwife or doctor you spoke to?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | F2: Thinking about the last time you contacted the telephone triage line, did you feel that you got the advice you needed?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I tried to call but I was not able to speak to someone  ☐ I did not contact the telephone triage line  ☐ Don’t know / can’t remember | Question has been replaced to now specify ‘telephone triage line’ to collect responses specifically about telephone triage, and to be about whether the service user felt they got the advice they needed over the telephone. |
| - | F3: Thinking about the last time you attended triage face-to-face, did the midwife or doctor you spoke to listen to you?  ☐ Yes, definitely à Go to F4  ☐ Yes, to some extent à Go to F4  ☐ No à Go to F4  ☐ I did not attend triage face-to-face à Go to G1  ☐ Don’t know / can’t remember à Go to G1 | New question added to explore face-to-face triage. |
| B21: Thinking about your last face-to-face assessment, how long did you have to wait before you were seen by a midwife?  ☐ Less than 15 minutes  ☐ 16 to 30 minutes  ☐ 31 to 60 minutes  ☐ More than 60 minutes  ☐ I did not have a face-to-face assessment  ☐ Don’t know / can’t remember | F4: Thinking about the last time you attended triage in person, how did you feel about the length of time you waited before you were seen by a midwife?  ☐ I did not have to wait  ☐ I had to wait, but not for too long  ☐ I had to wait a bit too long  ☐ I had to wait far too long  ☐ Don’t know / can’t remember | Question replaced to now explore service user feelings about length of time waited, as opposed to actual length of time waited. |
| **YOUR LABOUR AND THE BIRTH OF YOUR BABY** | | |
| C1: Thinking about the birth of your baby, what type of birth did you have?  If you had twins or more than two babies this time, please think about the baby who was born first.  ☐ A vaginal birth (no forceps or ventouse suction cup) à Go to C3  ☐ An assisted vaginal birth (e.g. with forceps or ventouse suction cup)  à Go to C3  ☐ A planned caesarean birth à Go to C2  ☐ An emergency caesarean birth à Go to C2 | C1: Thinking about the birth of your baby, what type of birth did you have?  If you had twins or more than two babies this time, please think about the baby who was born first.  ☐ A vaginal birth (no forceps or ventouse suction cup) à Go to C3  ☐ An assisted vaginal birth (e.g. with forceps or ventouse suction cup)  à Go to C3  ☐ A planned caesarean birth à Go to C2  ☐ An emergency caesarean birth à Go to C2 | No changes. |
| C2: Before your caesarean, did you go into labour?  A labour typically begins when you start to have contractions.  ☐ Yes à Go to C3  ☐ No à Go to C9  ☐ Don’t know / can’t remember à Go to C9 | C2: Before your caesarean, did you go into labour?  A labour typically begins when you start to have contractions.  ☐ Yes à Go to C3  ☐ No à Go to C9  ☐ Don’t know / can’t remember à Go to C9 | No changes. |
| C3: 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).  ☐ Yes à Go to C4  ☐ No à Go to C6  ☐ Don’t know / can’t remember à Go to C6 | C3: 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).  ☐ Yes à Go to C4  ☐ No à Go to C6  ☐ Don’t know / can’t remember à Go to C6 | No changes. |
| C4: Before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?  ☐ Yes  ☐ No  ☐ Don’t know / can’t remember | C4: Before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?  ☐ Yes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| C5: Were you involved in the decision to be induced?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not want / need to be involved  ☐ Don’t know / can’t remember | C5: Were you given information about all the options available to you?  Please cross ✗ in all the boxes that apply to you.  ☐ Induction of labour  ☐ Increased monitoring without an induction  ☐ Planned caesarean birth  ☐ No, I was not given this information  ☐ Don’t know / can’t remember | New question added as replacement. |
| C6: 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?  ☐ I did not contact a midwife / the hospital  ☐ Yes  ☐ No | C6: 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?  ☐ I did not contact a midwife / the hospital  ☐ Yes  ☐ No | No changes. |
| C7: During your labour, were you ever sent home when you were worried about yourself or your baby?  ☐ Yes, this happened once  ☐ Yes, this happened more than once  ☐ No  ☐ Don’t know / can’t remember | C7: During your labour, were you ever sent home when you were worried about yourself or your baby?  ☐ Yes, this happened once  ☐ Yes, this happened more than once  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| C8: Do you think your healthcare professionals did everything they could to help manage your pain during labour and birth?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not need any help with pain relief  ☐ Don’t know / can’t remember | C8: Do you think your healthcare professionals did everything they could to help manage your pain during labour and birth?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not need any help with pain relief  ☐ Don’t know / can’t remember | No changes. |
| **The birth of your baby** | | |
| C9: 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?  ☐ Yes  ☐ No  ☐ They did not want to / could not be involved  ☐ I did not want them to be involved  ☐ I did not have a partner / companion with me | C9: 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?  ☐ Yes  ☐ No  ☐ They did not want to / could not be involved  ☐ I did not want them to be involved  ☐ I did not have a partner / companion with me | No changes. |
| **The staff caring for you during labour and birth** | | |
| C10: Did the staff treating and examining you introduce themselves?  ☐ Yes, all of the staff introduced themselves  ☐ Some of the staff introduced themselves  ☐ Very few / none of the staff introduced themselves  ☐ Don’t know / can’t remember | C10: Did the staff treating and examining you introduce themselves?  ☐ Yes, all of the staff introduced themselves  ☐ Some of the staff introduced themselves  ☐ Very few / none of the staff introduced themselves  ☐ Don’t know / can’t remember | No changes. |
| C11: Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?  Please cross ✗ in all the boxes that apply to you.  ☐ Yes, during early labour  ☐ Yes, during the later stages of labour  ☐ Yes, during the birth  ☐ Yes, shortly after the birth  ☐ No, not at all | C11: Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?  Please cross ✗ in all the boxes that apply to you.  ☐ Yes, during early labour  ☐ Yes, during the later stages of labour  ☐ Yes, during the birth  ☐ Yes, shortly after the birth  ☐ No, not at all | No changes. |
| C12: If you raised a concern during labour and birth, did you feel that it was taken seriously?  ☐ Yes  ☐ No  ☐ I did not raise any concerns | C12: If you raised a concern during labour and birth, did you feel that it was taken seriously?  ☐ Yes  ☐ No  ☐ I did not raise any concerns | No changes. |
| C13: During labour and birth, were you able to get a member of staff to help you when you needed it?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ A member of staff was with me all the time  ☐ I did not want / need this  ☐ Don’t know / can’t remember | C13: During labour and birth, were you able to get a member of staff to help you when you needed it?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ A member of staff was with me all the time  ☐ I did not want / need this  ☐ Don’t know / can’t remember | No changes. |
| C14: Thinking about your care during labour and birth, did you feel that the midwives and / or doctors looking after you worked well together?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | C14: Thinking about your care during labour and birth, did you feel that the midwives and / or doctors looking after you worked well together?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| C15: Thinking about your care during labour and birth, were you spoken to in a way you could understand?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | C15: Thinking about your care during labour and birth, were you spoken to in a way you could understand?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| C16: Thinking about your care during labour and birth, were you involved in decisions about your care?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not want / need to be involved  ☐ Don’t know / can’t remember | C16: Thinking about your care during labour and birth, were you involved in decisions about your care?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not want / need to be involved  ☐ Don’t know / can’t remember | No changes. |
| C17: Thinking about your care during labour and birth, were you treated with respect and dignity?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | C17: Thinking about your care during labour and birth, were you treated with respect and dignity?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| C18: Did you have confidence and trust in the staff caring for you during your labour and birth?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | C18: Did you have confidence and trust in the staff caring for you during your labour and birth?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| C19: After your baby was born, did you have the opportunity to ask questions about your labour and the birth?  ☐ Yes, completely  ☐ Yes, to some extent  ☐ No  ☐ I did not want / need this  ☐ Don’t know / can’t remember | C19: After your baby was born, did you have the opportunity to ask questions about your labour and the birth?  ☐ Yes, completely  ☐ Yes, to some extent  ☐ No  ☐ I did not want / need this  ☐ Don’t know / can’t remember | No changes. |
| C20: During your labour and birth, did your midwives or doctor appear to be aware of your medical history?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | C20: During your labour and birth, did your midwives or doctor appear to be aware of your medical history?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| C21: Thinking about your care during labour and birth, were you treated with kindness and compassion?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | C21: Thinking about your care during labour and birth, were you treated with kindness and compassion?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| **Home births** | | |
| C22: Did you have a home birth?  Yes à Go to C23  No à Go to D1 | C22: Did you have a home birth?  Yes à Go to C23  No à Go to D1 | No changes. |
| C23: Did you require hospital care immediately after your home birth?  Yes à Go to D1  No à Go to E1 | C23: Did you require hospital care immediately after your home birth?  Yes à Go to D1  No à Go to E1 | No changes. |
| **CARE IN THE WARD AFTER BIRTH (POSTNATAL CARE)** | | |
| D1: How long did you stay in hospital after your baby was born?  ☐ Up to 12 hours  ☐ More than 12 hours but less than 24 hours  ☐ 1 to 2 days  ☐ 3 to 4 days  ☐ 5 or more days | D1: How long did you stay in hospital after your baby was born?  ☐ Up to 12 hours  ☐ More than 12 hours but less than 24 hours  ☐ 1 to 2 days  ☐ 3 to 4 days  ☐ 5 or more days | No changes. |
| D2: On the day you left hospital, was your discharge delayed for any reason?  ☐ Yes  ☐ No | D2: On the day you left hospital, was your discharge delayed for any reason?  ☐ Yes  ☐ No | No changes. |
| D3: 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?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not want / need this  ☐ Don’t know / can’t remember | D3: 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?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not want / need this  ☐ Don’t know / can’t remember | No changes. |
| D4: Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | D4: Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| D5: Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | D5: Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| D6: 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?  Please cross ✗ in all the boxes that apply to you.  ☐ Yes  ☐ No, as they were restricted to visiting hours  ☐ No, as there was no accommodation for them on the maternity ward  ☐ No, they were not able to stay for another reason  ☐ I did not have a partner / companion with me | D6: 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?  Please cross ✗ in all the boxes that apply to you.  ☐ Yes  ☐ No, as they were restricted to visiting hours  ☐ No, as there was no accommodation for them on the maternity ward  ☐ No, they were not able to stay for another reason  ☐ I did not have a partner / companion with me | No changes. |
| D7: Do you think your healthcare professionals did everything they could to help manage your pain inhospital after the birth?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not need any help with pain relief  ☐ Don’t know / can’t remember | D7: Do you think your healthcare professionals did everything they could to help manage your pain inhospital after the birth?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not need any help with pain relief  ☐ Don’t know / can’t remember | No changes. |
| **FEEDING YOUR BABY** | | |
| This section covers any advice or support given after the birth; this could be on the ward or at home. | This section covers any advice or support given after the birth; this could be on the ward or at home. | No changes. |
| E1: In the first few days after the birth how was your baby fed?  Please cross ✗ in one box only.  ☐ Breast milk (or expressed breast milk) only  ☐ Both breast and formula (bottle) milk  ☐ Formula (bottle) milk only  ☐ Don’t know / can’t remember | E1: In the first few days after the birth how was your baby fed?  Please cross ✗ in one box only.  ☐ Breast milk (or expressed breast milk) only  ☐ Both breast and formula (bottle) milk  ☐ Formula (bottle) milk only  ☐ Don’t know / can’t remember | No changes. |
| E2: Were your decisions about how you wanted to feed your baby respected by midwives?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | E2: Were your decisions about how you wanted to feed your baby respected by midwives?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| E3: Did you feel that midwives gave you enough support and advice to feed your baby?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not want / need this  ☐ Don’t know / can’t remember | E3: Did you feel that midwives gave you enough support and advice to feed your baby?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not want / need this  ☐ Don’t know / can’t remember | No changes. |
| **CARE AFTER BIRTH** | | |
| Postnatal care is any contact with a midwife or other healthcare professional after leaving hospital. | Postnatal care is any contact with a midwife or other healthcare professional after leaving hospital. | No changes. |
| F1: Thinking about your postnatal care, were you involved in decisions about your care?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not want / need to be involved  ☐ Don’t know / can’t remember | G1: Thinking about your postnatal care, were you involved in decisions about your care?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not want / need to be involved  ☐ Don’t know / can’t remember | No changes. |
| F2: If you contacted a midwife / midwifery team, were you given the help you needed?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not contact a midwife or midwifery team | G2: If you contacted a midwife / midwifery team, were you given the help you needed?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not contact a midwife or midwifery team | No changes. |
| F3: At your postnatal check-ups, how often did you see or speak to the same midwife?  ☐ All of the time  ☐ Most of the time  ☐ Some of the time  ☐ Never, it was a different midwife every time  ☐ I did not see or speak to a midwife  ☐ Don’t know / can’t remember | G3: At your postnatal check-ups, how often did you see or speak to the same midwife?  ☐ All of the time  ☐ Most of the time  ☐ Some of the time  ☐ Never, it was a different midwife every time  ☐ I did not see or speak to a midwife  ☐ Don’t know / can’t remember | No changes. |
| 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… | 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… | No changes. |
| F4: Would you have liked to have seen or spoken to a midwife…  ☐ More often  ☐ Less often  ☐ I saw or spoke to a midwife as much as I wanted | G4: Would you have liked to have seen or spoken to a midwife…  ☐ More often  ☐ Less often  ☐ I saw or spoke to a midwife as much as I wanted | No changes. |
| F5: 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?  ☐ Yes  ☐ No  ☐ Don’t know / can’t remember | G5: 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?  ☐ Yes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| F6: Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | G6: Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| F7: Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | G7: Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| F8: Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | G8: Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| F9: Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?  ☐ Yes, my labour and antenatal care  ☐ My antenatal care only  ☐ My labour only  ☐ No  ☐ Don’t know / can’t remember | G9: Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?  ☐ Yes, my labour and antenatal care  ☐ My antenatal care only  ☐ My labour only  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| F10: Did a midwife ask you about your mental health?  ☐ Yes  ☐ No  ☐ Don’t know / can’t remember | G10: Did a midwife ask you about your mental health?  ☐ Yes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| F11: Were you given information about any changes you might experience to your mental health after having your baby?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | G11: Were you given information about any changes you might experience to your mental health after having your baby?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| F12: Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?  ☐ Yes  ☐ No  ☐ Don’t know / can’t remember | G12: Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?  ☐ Yes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| F13: Were you given information about your own physicalrecovery after the birth?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ No, but I did not need this information  ☐ Don’t know / can’t remember | G13: Were you given information about your own physicalrecovery after the birth?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ No, but I did not need this information  ☐ Don’t know / can’t remember | No changes. |
| F14: In the four weeks after the birth of your baby did you receive help and advice from a midwife about feeding your baby?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not need any  ☐ Don’t know / can’t remember | G14: In the four weeks after the birth of your baby, did you receive help and advice from a midwife about feeding your baby?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not need any  ☐ Don’t know / can’t remember | Comma added after ‘baby’ in the question stem. |
| F15: If, during evenings, nights or weekends, you needed support or advice, about feeding your baby, were you able to get this?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not need this  ☐ Don’t know / can’t remember | G15: If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?  ☐ Yes, always  ☐ Yes, sometimes  ☐ No  ☐ I did not need this  ☐ Don’t know / can’t remember | Comma removed from after ‘advice’ in the question stem. |
| F16: In the four weeks after the birth of your baby did you receive help and advice from midwives about your baby’s health and progress?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not need any  ☐ Don’t know / can’t remember | G16: In the four weeks after the birth of your baby, did you receive help and advice from midwives about your baby’s health and progress?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I did not need any  ☐ Don’t know / can’t remember | Comma added after ‘baby’ in the question stem. |
| F17: 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?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I have not had a postnatal check-up with a GP  ☐ Don’t know / can’t remember | G17: 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?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I have not had a postnatal check-up with a GP  ☐ Don’t know / can’t remember | No changes. |
| F18: 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?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I have not had a postnatal check-up with a GP  ☐ Don’t know / can’t remember | G18: 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?  ☐ Yes, definitely  ☐ Yes, to some extent  ☐ No  ☐ I have not had a postnatal check-up with a GP  ☐ Don’t know / can’t remember | No changes. |
| F19: At any point during your maternity care journey, did you consider making a complaint about the care you received?  ☐ Yes  ☐ No  ☐ Don’t know / can’t remember | G19: At any point during your maternity care journey, did you consider making a complaint about the care you received?  ☐ Yes  ☐ No  ☐ Don’t know / can’t remember | No changes. |
| **YOU AND YOUR HOUSEHOLD** | **ABOUT YOU** | **Wording updated.** |
| Your baby may have spent time in a neonatal unit (NICU, SCBU or LNU) where they had care from a specialist team of healthcare professionals.  Or your baby may have had additional care with you in the postnatal ward or at home.  Additional care could be giving antibiotics, light therapy for jaundice and feeding support. | Your baby may have spent time in a neonatal unit (NICU, SCBU or LNU) where they had care from a specialist team of healthcare professionals.  Or your baby may have had additional care with you in the postnatal ward or at home.    Additional care could be giving antibiotics, light therapy for jaundice and further observation. | In the question stem, ‘feeding support’ has been replaced with ‘further observation’. |
| G1: Did your baby have any neonatal care? Please cross ✗ in all the boxes that apply to you.  ☐ Yes, in a Neonatal Intensive Care Unit (NICU)  ☐ Yes, in a Special Care Baby Unit (SCBU)  ☐ Yes, in the Local Neonatal Unit (LNU)  ☐ Yes, in the post-natal ward  ☐ Yes, at home (neonatal outreach service)  ☐ Yes, but I don’t know what type of neonatal care  ☐ No, my baby did not have neonatal care  ☐ I don’t know if my baby had neonatal care  ☐ Can’t remember | H1: Did your baby or babies have any neonatal care? Please cross ✗ in all the boxes that apply to you.  ☐ Yes, in a Neonatal Intensive Care Unit (NICU)  ☐ Yes, in a Special Care Baby Unit (SCBU)  ☐ Yes, in the Local Neonatal Unit (LNU)  ☐ Yes, in the post-natal ward  ☐ Yes, at home (neonatal outreach service)  ☐ Yes, but I don’t know what type of neonatal care  ☐ No, my baby did not have neonatal care  ☐ I don’t know if my baby had neonatal care  ☐ Can’t remember | In the question stem, ‘or babies’ has been added after ‘your baby’. |
| 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. | 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. | No changes. |
| G2: In what year were you born?  Please write in e.g. 1994 | H4: In what year were you born?  Please write in e.g. 1994 | Question order updated. |
| G3: How many babies have you given birth to before this pregnancy?  ☐ None  ☐ 1 or 2  ☐ 3 or more  ☐ I would prefer not to say | H2: How many babies have you given birth to before this pregnancy?  ☐ None  ☐ 1 or 2  ☐ 3 or more  ☐ I would prefer not to say | Question order updated. |
| G4: Is English your main language?  ☐ Yes  ☐ No  ☐ I would prefer not to say | H3: Is English your main language?  ☐ Yes  ☐ No  ☐ I would prefer not to say | Question order updated. |
| G5: 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 ✗ in all the boxes that apply to you.  ☐ Autism or autism spectrum condition  ☐ Breathing problem, such as asthma  ☐ Blindness or partial sight  ☐ Cancer in the last 5 years  ☐ Dementia or Alzheimer’s disease  ☐ Deafness or hearing loss  ☐ Diabetes  ☐ Heart problem, such as angina  ☐ Joint problem, such as arthritis  ☐ Kidney or liver disease  ☐ Learning disability  ☐ Mental health condition  ☐ Neurological condition  ☐ Physical mobility  ☐ Sickle cell anaemia  ☐ Thalassaemia  ☐ Stroke (which affects your day-to-day life)  ☐ Another long-term condition  ☐ None of the above à Go to G7  ☐ I would prefer not to say à Go to G7 | H5: 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 ✗ in all the boxes that apply to you.  ☐ Autism or autism spectrum condition  ☐ Breathing problem, such as asthma  ☐ Blindness or partial sight  ☐ Cancer in the last 5 years  ☐ Dementia or Alzheimer’s disease  ☐ Deafness or hearing loss  ☐ Diabetes  ☐ Heart problem, such as angina  ☐ Joint problem, such as arthritis  ☐ Kidney or liver disease  ☐ Learning disability  ☐ Mental health condition  ☐ Neurological condition  ☐ Physical mobility  ☐ Sickle cell anaemia  ☐ Thalassaemia  ☐ Stroke (which affects your day-to-day life)  ☐ Another long-term condition  ☐ None of the above à Go to H7  ☐ I would prefer not to say à Go to H7 | Routing updated due to section G now being section H. |
| G6: Do any of these conditions reduce your ability to carry out day-to-day activities?  ☐ Yes, a lot  ☐ Yes, a little  ☐ No, not at all  ☐ I would prefer not to say | H6: Do any of these conditions reduce your ability to carry out day-to-day activities?  ☐ Yes, a lot  ☐ Yes, a little  ☐ No, not at all  ☐ I would prefer not to say | No changes. |
| G7: Did you have any pregnancy-related health conditions during this pregnancy or after the birth of your baby?  Please cross ✗ in all the boxes that apply to you.  ☐ Pelvic health problems (such as, leakage of wee or poo, vaginal changes such as heaviness, or pelvic pain)  ☐ Another pregnancy-related health condition  ☐ None of the above  ☐ I would prefer not to say | H7: Did you have any pregnancy-related health conditions during this pregnancy or after the birth of your baby?  Please cross ✗ in all the boxes that apply to you.  ☐ Pelvic health problems (such as, leakage of wee or poo, vaginal changes such as heaviness, or pelvic pain)  ☐ Another pregnancy-related health condition  ☐ None of the above  ☐ I would prefer not to say | No changes. |
| G8: What is your religion?  ☐ No religion  ☐ Buddhist  ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)  ☐ Hindu  ☐ Jewish  ☐ Muslim  ☐ Sikh  ☐ Other  ☐ I would prefer not to say | H8: What is your religion?  ☐ No religion  ☐ Buddhist  ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)  ☐ Hindu  ☐ Jewish  ☐ Muslim  ☐ Sikh  ☐ Other  ☐ I would prefer not to say | No changes. |
| 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. | 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. | No changes. |
| G9: Is your gender different from the sex you were assigned at birth?  ☐ No  ☐ Yes, please specify your gender  ☐ I would prefer not to say | H9: Is your gender different from the sex you were assigned at birth?  ☐ No  ☐ Yes, please specify your gender  ☐ I would prefer not to say | No changes. |
| G10: Which of the following best describes your sexual orientation?  ☐ Heterosexual / straight  ☐ Gay / lesbian  ☐ Bisexual  ☐ Other  ☐ I would prefer not to say | H10: Which of the following best describes your sexual orientation?  ☐ Heterosexual / straight  ☐ Gay / lesbian  ☐ Bisexual  ☐ Other  ☐ I would prefer not to say | No changes. |
| The following two questions ask about your communication needs and the support or assistance your maternity team may have given you to help you access your maternity care. | The following two questions ask about your communication needs and the support or assistance your maternity team may have given you to help you access your maternity care. | No changes. |
| G11: Do you have any of the following communication needs?  This includes language needs related to translation support, a disability, sensory loss, or impairment.  Please cross ✗ in all the boxes that apply to you.  ☐ Translation / interpreter à Go to G12  ☐ Sign language / braille materials à Go to G12  ☐ Easy Read materials à Go to G12  ☐ Large print materials à Go to G12  ☐ Other à Go to G12  ☐ I do not have any communication needs à Go to G13 | H11: Do you have any of the following communication needs?  This includes language needs related to translation support, a disability, sensory loss, or impairment.  Please cross ✗ in all the boxes that apply to you.  Translation / interpreter à Go to H12  Sign language / Braille materials à Go to H12  Easy read materials à Go to H12  Large print materials à Go to H12  Other à Go to H12  I do not have any communication needs à Go to H13 | No changes. |
| G12: While you were in the maternity unit, did staff help you with your communication needs?  ☐ Yes  ☐ No | H12: While you were in the maternity unit, did staff help you with your communication needs?  ☐ Yes  ☐ No | No changes. |
| G13: Are you willing for your answers to be linked to your contact details and to be contacted by the Care Quality Commission or another organisation working on their behalf, for further research about your maternity experience?  This will not affect the care you receive in any way. The answers you have provided in this survey are still valuable regardless of whether you agree to be contacted about future research**.**  ☐ Yes, I am happy for my answers to be linked to my contact details and be contacted for further research. I understand this does not mean I have to take part in future research  ☐ No, I would not like to be contacted | H13: Are you willing for your answers to be linked to your contact details and to be contacted by the Care Quality Commission or another organisation working on their behalf, for further research about your maternity experience?  This will not affect the care you receive in any way. The answers you have provided in this survey are still valuable regardless of whether you agree to be contacted about future research**.**  ☐ Yes, I am happy for my answers to be linked to my contact details and be contacted for further research. I understand this does not mean I have to take part in future research  ☐ No, I would not like to be contacted | No changes. |
| G14: What is your ethnic group?  Please cross ✗ in ONE box only.  **a. WHITE**  ☐ English / Welsh / Scottish / Northern Irish / British  ☐ Irish  ☐ Gypsy or Irish Traveller  ☐ Roma  ☐ Any other White background, please write in    **b. MIXED / MULTIPLE ETHNIC GROUPS**  ☐ White and Black Caribbean  ☐ White and Black African  ☐ White and Asian  ☐ Any other Mixed / multiple ethnic background, please write in  **c. ASIAN / ASIAN BRITISH**  ☐ Indian  ☐ Pakistani  ☐ Bangladeshi  ☐ Chinese  ☐ Any other Asian background, please write in  **d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH**  ☐ Caribbean  ☐ African background, please write in  ☐ Any other Black / Black British / Caribbean background, please write in  **e. OTHER ETHNIC GROUP**  ☐ Arab  ☐ Any other ethnic group, please write in  ☐ I would prefer not to say | H14: What is your ethnic group?  Please cross ✗ in ONE box only.  **a. WHITE**  ☐ English / Welsh / Scottish / Northern Irish / British  ☐ Irish  ☐ Gypsy or Irish Traveller  ☐ Roma  ☐ Any other White background, please write in    **b. MIXED / MULTIPLE ETHNIC GROUPS**  ☐ White and Black Caribbean  ☐ White and Black African  ☐ White and Asian  ☐ Any other Mixed / multiple ethnic background, please write in  **c. ASIAN / ASIAN BRITISH**  ☐ Indian  ☐ Pakistani  ☐ Bangladeshi  ☐ Chinese  ☐ Any other Asian background, please write in  **d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH**  ☐ African  ☐ Caribbean  ☐ Any other Black / African / Caribbean background, please write in  **e. OTHER ETHNIC GROUP**  ☐ Arab  ☐ Any other ethnic group, please write in  ☐ I would prefer not to say | Response option d ‘d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH: African, Caribbean, Any other Black / African / Caribbean background, please write in’ has been updated to match other surveys on the National Patient Survey Programme (NPSP). |
| **OTHER COMMENTS** | | |
| If there is anything else you would like to tell us about your maternity care, please do so here.  Please note that the comments you provide will be looked at in full by the NHS Trust, Care Quality Commission and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. | If there is anything else you would like to tell us about your maternity care, please do so here.  Please note that the comments you provide will be looked at in full by the NHS Trust, Care Quality Commission and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your details will only be passed back to the NHS Trust if your comments in this section raise concerns for your own or others’ safety and wellbeing. | Additional sentence added to the end of the second paragraph for clarity. |
| **THANK YOU VERY MUCH FOR YOUR HELP.**  Please check that you answered all the questions that apply to you.  Please post this questionnaire back in the **FREEPOST** envelope provided. No stamp is needed.  If you have concerns about the care you or others have received, please contact Care Quality Commission on **03000 61 61 61**.  **Sources of support**  If the survey raises issues or questions of concern, you may wish to contact your GP or Health Visitor.  If you’d like to be involved in improvement to maternity services in your local area, you can find more information at [www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk) | **THANK YOU VERY MUCH FOR YOUR HELP.**  Please check that you answered all the questions that apply to you. Please post this questionnaire back in the **FREEPOST** envelope provided. No stamp is needed.  If you have concerns about the care you or others have received, please contact Care Quality Commission on **03000 61 61 61**.  **Sources of support**  If the survey raises issues or questions of concern, you may wish to contact your GP or Health Visitor.  If you’d like to be involved in improvement to maternity services in your local area, you can find more information at [www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk) | Spacing removed between first and second paragraph for spacing purposes. |

*Note: Changes are in green font.*

A green and blue circle

Description automatically generated

Picker Institute Europe  
Suite 6, Fountain House,

1200 Parkway Court,

John Smith Drive,

Oxford OX4 2JY

Tel: +44 (0) 1865 208100

info@pickereurope.ac.uk

picker.org

Charity registered in England and Wales: 1081688

Charity registered in Scotland: SC045048

Company limited by guarantee registered in England and Wales: 3908160

1. <https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/> [↑](#footnote-ref-2)
2. <https://www.england.nhs.uk/wp-content/uploads/2020/03/better-births-four-years-on-progress-report.pdf> [↑](#footnote-ref-3)
3. <https://www.england.nhs.uk/publication/implementing-the-recommendations-of-the-neonatal-critical-care-transformation-review/> [↑](#footnote-ref-4)
4. <https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report> [↑](#footnote-ref-5)
5. <https://www.gov.uk/government/publications/final-report-of-the-ockenden-review> [↑](#footnote-ref-6)
6. https://committees.parliament.uk/publications/38989/documents/191706/default/ [↑](#footnote-ref-7)
7. <https://www.england.nhs.uk/publication/three-year-delivery-plan-for-maternity-and-neonatal-services/> [↑](#footnote-ref-8)
8. <https://www.cqc.org.uk/publications/maternity-services-2022-2024> [↑](#footnote-ref-9)
9. https://www.rcog.org.uk/guidance/browse-all-guidance/good-practice-papers/maternity-triage-good-practice-paper-no-17/ [↑](#footnote-ref-10)
10. https://www.theo-clarke.org.uk/sites/www.theo-clarke.org.uk/files/2024-05/Birth%20Trauma%20Inquiry%20Report%20for%20Publication\_May13\_2024.pdf [↑](#footnote-ref-11)
11. <https://www.longtermplan.nhs.uk/online-version/> [↑](#footnote-ref-12)
12. <https://www.theo-clarke.org.uk/sites/www.theo-clarke.org.uk/files/2024-05/Birth%20Trauma%20Inquiry%20Report%20for%20Publication_May13_2024.pdf> [↑](#footnote-ref-13)
13. For one trust who entered fieldwork late, this mailing protocol was amended so that all mailing letters and SMS texts could be sent within the remaining timeframe. To achieve this, the paper questionnaire was sent with mailing 2 instead of mailing 3. Due to the trust entering fieldwork late, the trust’s data was explored to determine whether it was comparable to previous years. [↑](#footnote-ref-14)
14. Arabic, Bengali, Bulgarian, French, Gujarati, Hindi, Italian, Kurdish Sorani, Lithuanian, Nepali, Pakistani Punjabi, Polish, Portuguese, Indian Punjabi, Romanian, Russian, Somali, Spanish, Tamil, Tetum, Traditional Chinese, Turkish, Ukrainian, Urdu. [↑](#footnote-ref-15)