



Survey of Women's Experience of Maternity Care

What is the survey about?

This is a survey about your recent experience of pregnancy and childbirth. Your views are very important in helping us find out how good the services are and how they can be improved.

Completing the questionnaire

- Please only think about the maternity care you received in your **most recent** pregnancy and birth when answering these questions.
- For most questions, tick clearly inside one box ☒ or write clearly on the line or in the box provided. For some questions you may tick more than one box.
- Not all sections will apply to you. Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you. We estimate that the questionnaire will take around 30 minutes to complete.
- Please **do not** write your name or address anywhere on the questionnaire.

Taking part in this survey is voluntary. Your answers will be treated in confidence

If you prefer not to fill in the questionnaire, please return it in the prepaid envelope. This will ensure that we don't contact you again.

If the survey raises issues or questions of concern, you may wish to contact your family doctor (GP) or Health Visitor.

Questions or help?

If you have any queries about the questionnaire, or if you would like to complete the questionnaire over the telephone or with the help of an interpreter, please call the helpline number given in the letter enclosed with this questionnaire

Section A. Dates and your baby

A1. Please write in **today's** date:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

A2. Did you give birth to a single baby, twins or more in your most recent pregnancy?

¹ ☐ A single baby ² ☐ Twins ³ ☐ Triplets, quads or more

A3. When was this baby born? *(If you had more than one baby this time, please fill in this question about the baby who was born first)*

Day	Month	Year	Day time [6.00am-6.00pm]
<input type="text"/>	<input type="text"/>	<input type="text"/>	¹ <input type="checkbox"/>
or			
			Night time [6.01pm-5.59am] ² <input type="checkbox"/>

A4. Roughly how many weeks pregnant were you when your baby was born?

<input type="text"/>	<input type="text"/>	weeks
----------------------	----------------------	-------

A5. How much did your baby weigh at birth? *(If you had more than one baby this time, please fill in this question about the baby who was born first)*

What your baby weighed in grams	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OR	What your baby weighed in pounds	<input type="text"/>	<input type="text"/>	and ounces <input type="text"/>

Section B. Antenatal Care

The start of your care in pregnancy

B1. Which health professional did you go to **first** about your pregnancy care? *Please tick one box only*

¹ ☐ GP/family doctor ² ☐ Midwife ³ ☐ Other

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

<input type="text"/>	<input type="text"/>	weeks
----------------------	----------------------	-------

B3. Were you able to see this person as soon as you wanted?

¹ ☐ Yes ² ☐ No

B4. Roughly how many weeks pregnant were you when you had your 'booking' appointment (the appointment where you were given your pregnancy notes)?

<input type="text"/>	<input type="text"/>	weeks
----------------------	----------------------	-------

B5. At the start of your pregnancy did you have a choice about **where** you could have your baby?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ No, but this was not possible for medical reasons
- 4 ☐ Don't know / Can't remember

B6. Were you given a choice of having your baby at home?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ No, but this was not possible for medical reasons
- 4 ☐ Don't know / Can't remember

B7. Did you get enough information from a **midwife or doctor** to help you decide where to have your baby?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, but I would have liked some information
- 4 ☐ No, but I did not need this information
- 5 ☐ I wasn't given a choice about where to have my baby
- 6 ☐ For medical reasons there was no choice about where to have my baby
- 7 ☐ Don't know / Can't remember

B8. Were you given a copy of The Pregnancy Book?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ No, I already had one
- 4 ☐ Don't know / Can't remember

Antenatal check-ups

A 'check-up' is any contact with a doctor or midwife to check the progress of your pregnancy. It usually includes having your blood pressure and urine checked. *Please ignore other appointments that **did not** include these things, such as a visit to the hospital for a scan or a blood test only.*

B9. Roughly **how many** antenatal check-ups did you have in total? (**not** including appointments for blood tests or visits to the hospital for a scan)

- 1 ☐ None → **Go to B15**
- 2 ☐ 1-6 → **Go to B10**
- 3 ☐ 7-9 → **Go to B10**
- 4 ☐ 10-14 → **Go to B10**
- 5 ☐ 15-19 → **Go to B10**
- 6 ☐ 20 or more → **Go to B10**

B10. During your pregnancy were you given a **choice** about **where** your antenatal check-ups would take place?

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

B11. Did you see any of the following health professional(s) for your **antenatal check-ups**? *Please tick one box for each line*

- | | | |
|-----------------------|--------------------------------|-------------------------------|
| a) Midwife | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| b) GP (family doctor) | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| c) Hospital doctor | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| d) Other | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |

B12. Were you given a **choice** about **who** would carry out your antenatal check-ups?

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

B13. If you saw a midwife for your **antenatal check-ups**, did you see the same one every time?

- 1 ☐ Yes, every time
2 ☐ Yes, most of the time
3 ☐ No
4 ☐ I only saw a midwife **once**
5 ☐ I did not see a midwife
6 ☐ Don't know / Can't remember

B14. If you saw a hospital doctor for your **antenatal check-ups**, did you see the same one every time?

- 1 ☐ Yes, every time
2 ☐ Yes, most of the time
3 ☐ No
4 ☐ I only saw a hospital doctor **once**
5 ☐ I did not see a hospital doctor
6 ☐ Don't know / Can't remember

Tests and scans

B15. Did you have any screening tests (a blood test or nuchal scan) to check whether your baby might have Down's syndrome?

- 1 ☐ Yes, a blood test only
2 ☐ Yes, a nuchal scan only
3 ☐ Yes, a nuchal scan and a blood test
4 ☐ No, I didn't want a screening test for Down's syndrome
5 ☐ No, I wasn't offered any screening tests for Down's syndrome
6 ☐ Don't know / Can't remember

B16. Do you feel you had a **choice** about whether to have a screening test for Down's syndrome?

1 ☐ Yes 2 ☐ No 3 ☐ Don't know / Can't remember

B17. Were the **reasons** for having a screening test for Down's syndrome clearly explained to you?

1 ☐ Yes 2 ☐ No 3 ☐ Don't know / Can't remember

B18. a) Did you have a 'dating scan'? This takes place between 8-14 weeks of pregnancy.

1 ☐ Yes 2 ☐ No

b) Was the **reason** for this scan clearly explained to you? 1 ☐ Yes 2 ☐ No

c) Do you feel you had a **choice** about having this scan? 1 ☐ Yes 2 ☐ No

B19. a) Did you have a scan at around 20 weeks of pregnancy? This may have been called a '20 week' scan, or an 'anomaly' scan or a 'mid-trimester' scan.

1 ☐ Yes 2 ☐ No

b) Was the **reason** for this scan clearly explained to you? 1 ☐ Yes 2 ☐ No

c) Do you feel you had a **choice** about having this scan? 1 ☐ Yes 2 ☐ No

B20. Roughly how many ultrasound scans did you have in total during this pregnancy?

scans

During your pregnancy

B21. While you were **pregnant**, but before you went into labour, did you stay in hospital overnight because of a problem related to your pregnancy? (If your labour was induced and you had to stay overnight immediately before induction, please **do not** include that stay here)

1 ☐ Yes 2 ☐ No

B22. During your pregnancy did you have the name and telephone number of a midwife you could contact if you were worried?

1 ☐ Yes 2 ☐ No 3 ☐ Don't know / Can't remember

B23. During your pregnancy, did you attend any antenatal classes **provided by the NHS**?

1 ☐ Yes → **Go to B24**

2 ☐ No, I was not offered any classes → **Go to B25**

3 ☐ No, they were all booked up → **Go to B25**

4 ☐ No, I attended **private** antenatal classes (e.g. NCT) → **Go to B25**

5 ☐ No, I did not need to attend the classes → **Go to B25**

6 ☐ No, I did not attend for some other reasons → **Go to B25**

B24. If you did attend any antenatal classes **provided by the NHS ...**

- | | | |
|--|--------------------------------|-------------------------------|
| a) Were the classes at a convenient time of day? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| b) Were the classes at a convenient place? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| c) Was your partner or someone of your choice allowed to attend? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| d) Were there enough classes? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| e) Did the classes cover the topics you wanted? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |

B25. Overall, thinking about your **antenatal care**, were you ...

- | | Yes,
always | Yes,
sometimes | No | Don't know/
Can't remember |
|--|----------------------------|----------------------------|----------------------------|-------------------------------|
| a) Spoken to in a way you could understand? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b) Treated with respect and dignity? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c) Treated with kindness and understanding? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d) Given the information or explanations you needed? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e) Involved enough in decisions about your care? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Section C. Your labour and the birth of your baby

Note: If you did not have a labour please go to Question C9

C1. Roughly how long did your labour last?

Please write in hours minutes

C2. How did your labour start?

- 1 ☐ It started naturally → **Go to C5**
2 ☐ It was induced (started off) → **Go to C3**

C3. If your labour was induced, were any of the following used? *Please tick all that apply*

- 1 ☐ I was given a vaginal gel or pessary to induce (start) my labour
2 ☐ My waters were broken by a doctor or a midwife (amniotomy)
3 ☐ I was given a drip (in my hand or arm) to induce (start) my labour

C4. Do you feel you had a **choice** about whether your labour would be induced (started off)?

- 1 ☐ Yes 2 ☐ No 3 ☐ Not sure / Can't remember

C5. During your labour, were you able to move around and choose the position that made you most comfortable?

- 1 ☐ Yes, most of the time 2 ☐ Yes, some of the time 3 ☐ No, not at all

C6. For your labour and birth in the hospital, how clean were...

	Very clean	Fairly clean	Not very clean	Not at all clean	I did not use these
a) The labour or delivery room you were in?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b) The toilets and bathrooms you used at this time?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

C7. During your labour and birth, did you use any of the following to help relieve the pain?

Please tick all that apply

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

C8. During your labour and birth, did you feel you got the pain relief you wanted?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ No, but it was not possible to have any pain relief (e.g. there was not time)
- 5 ☐ I did not want any pain relief
- 6 ☐ Don't know / Can't remember

The birth of your baby

C9. Where was your baby born?

- 1 ☐ In hospital (*please write in hospital name*) _____
- 2 ☐ In a birth centre/maternity unit, separate from hospital
(*please write in unit name*) _____
- 3 ☐ At home
- 4 ☐ Other

C10. Were you transferred just before your birth or during your labour for medical reasons or concerns?

- 1 ☐ No, I was not transferred
- 2 ☐ Yes, from one part of the hospital to another
- 3 ☐ Yes, from a separate birth centre/maternity unit to hospital
- 4 ☐ Yes, from home to hospital
- 5 ☐ Yes, from one hospital to another

C11. Thinking about the birth of your baby, what kind of delivery did you have?
(If you had more than one baby this time, tell us about the baby that was born first.)

- 1 ☐ Normal (vaginal) birth → **Go to C13**
- 2 ☐ Delivery using forceps → **Go to C13**
- 3 ☐ Delivery using a vacuum cap (ventouse) on the baby's head → **Go to C13**
- 4 ☐ A caesarean (through a cut in the abdomen into the womb) → **Go to C12**

C12. If your baby was born by caesarean was this... *Please tick one box only*

- 1 ☐ Planned and carried out before you went into labour? → **Go to C19**
- 2 ☐ Planned, but carried out after you had gone into labour? → **Go to C19**
- 3 ☐ The result of an unforeseen problem before or during your labour? → **Go to C19**

C13. Where did you give birth? *Please tick one box only*

- 1 ☐ On a bed
- 2 ☐ On the floor
- 3 ☐ In water or in a birthing pool
- 4 ☐ Other

C14. What position were you in when your baby was born? *Please tick one box only*

- 1 ☐ Sitting / sitting supported by pillows
- 2 ☐ On my side
- 3 ☐ Standing, squatting or kneeling
- 4 ☐ Lying
- 5 ☐ Lying with my legs supported in stirrups
- 6 ☐ Other

C15. While your baby was being born were you given an **episiotomy (cut)**?

- 1 ☐ Yes
- 2 ☐ No

C16. While your baby was being born did you have a **tear**?

- 1 ☐ Yes → **Go to C17**
- 2 ☐ No → **Go to C18**

C17. Was this a **serious tear** which involved your back passage (third or fourth degree tear)?

- 1 ☐ Yes
- 2 ☐ No

C18. If you had an episiotomy (cut) or tear requiring stitches, how long after your baby was born were the stitches done?

- 1 ☐ Within 20 minutes
- 2 ☐ 20 minutes to 1 hour
- 3 ☐ More than 1 hour
- 4 ☐ Don't know / Can't remember
- 5 ☐ I did not have stitches
- 6 ☐ I did not have an episiotomy (cut) or a tear

The staff caring for you

Please answer the following section if you had a vaginal birth or a caesarean

C19. Altogether, how many different midwives looked after you during your labour and the birth of your baby?

- 1 ☐ One 2 ☐ Two 3 ☐ Three 4 ☐ Four 5 ☐ Five or more

C20. Had you met any of the staff who looked after you during your labour and birth **before** you went into labour?

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

C21. Did you have confidence and trust in the staff caring for you during your labour and birth?

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

C22. Did you have your husband, partner or a companion with you during labour and at the birth of your baby?

- 1 ☐ Yes, during labour only → **Go to C23**
2 ☐ Yes, during labour and birth → **Go to C23**
3 ☐ Yes, during birth only → **Go to C23**
4 ☐ No → **Go to C25**

C23. Was your husband, partner or companion with you for as much as you wanted?

- 1 ☐ Yes → **Go to C25**
2 ☐ No → **Go to C24**

C24. If your husband, partner or companion was not with you for as much as you wanted during labour and/or at the birth of your baby, what was the **main** reason for this? *Please tick one box only*

- 1 ☐ The staff did not allow them to be there when I wanted
2 ☐ They did not feel able to be there when I wanted them
3 ☐ It was difficult because of the layout / size of the room
4 ☐ It was not possible for medical reasons (e.g. I had a caesarean under general anaesthetic)
5 ☐ Other

C25. Were you (and/or your husband, partner or a companion) left alone by midwives or doctors at a time when it worried you?

- 1 ☐ Yes, during labour
2 ☐ Yes, shortly after the birth
3 ☐ Yes, during labour and shortly after the birth
4 ☐ No, not at all

C26. Overall, thinking about your care during **labour and birth**, were you ...

	Yes, always	Yes, sometimes	No	Don't know / Can't remember
a) Spoken to in a way you could understand?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Treated with respect and dignity?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Treated with kindness and understanding?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Given the information or explanations you needed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Involved enough in decisions about your care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Section D. Babies born at home

D1. Before your baby was born, did you plan to have your baby at home?

1 ☐ Yes 2 ☐ No

Note: If you did not have a home birth, please go to **Section E**

D2. Were you given enough information about the following things?

	Yes, definitely	Yes, to some extent	No	Don't know/ Can't remember
a) The sorts of pain relief that would be available	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) The monitoring of the baby that would be available	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) The distance and location of the nearest hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) The sorts of emergency back-up that would be available (e.g. ambulance facilities if you needed them)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

D3. After the birth, did you or your baby go to hospital? *Please tick one box only*

- 1 ☐ No, my baby and I both stayed at home → **Go to Section F**
- 2 ☐ Yes, my baby and I both went to hospital → **Go to E1**
- 3 ☐ I went to hospital, but my baby stayed at home → **Go to E1**
- 4 ☐ My baby went to hospital, but I stayed at home → **Go to Section F**

Section E. Care in hospital after the birth

E1. How long did you stay in hospital after your baby was born?

Please write in hours **OR** days

E2. Looking back, do you feel that the **length of your stay** in hospital was...

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

E3. Were you given enough information about your own recovery after the birth?

- 1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No, but I would have liked some information
4 ☐ No, but I did not need this information
5 ☐ Don't know / Can't remember

E4. Did your baby have a newborn examination or 'baby check' before you were discharged home?

- 1 ☐ Yes → **Go to E5**
2 ☐ No → **Go to E6**
3 ☐ Don't know / Can't remember → **Go to E6**

E5. Who carried out this examination or 'baby check'? *Please tick one box only*

- 1 ☐ Midwife 2 ☐ Doctor 3 ☐ Other 4 ☐ Don't know / Can't remember

E6. During your postnatal stay were you offered a choice of food?

- 1 ☐ Yes, always 2 ☐ Yes, sometimes 3 ☐ No

E7. How much food were you given?

- 1 ☐ Too much 2 ☐ The right amount 3 ☐ Too little 4 ☐ I did not have any hospital food

E8. Overall how would you rate the hospital food during your postnatal stay?

- 1 ☐ Very good 2 ☐ Good 3 ☐ Fair 4 ☐ Poor 5 ☐ I did not have any hospital food

E9. For your postnatal stay in the hospital, how clean were ...

		Very Clean	Fairly clean	Not very clean	Not at all clean	I did not use these
a) The hospital room or ward you were in?	1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b) The toilets and bathrooms that you used?	1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

E10. Overall, thinking about the postnatal care you received in hospital after the birth of your baby, were you...

		Yes, always	Yes, sometimes	No	Don't know / Can't remember
a) Spoken to in a way you could understand?	1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Treated with respect and dignity?	1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Treated with kindness and understanding?	1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Given the information or explanations you needed?	1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Section F. Feeding your baby

F1. During your pregnancy did your midwife discuss infant feeding with you?

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

F2. Did you ever put your baby to the breast (even if it was only once)?

- 1 ☐ Yes 2 ☐ No

F3. In the first few days after the birth how was your baby fed? *Please tick one box only*

- 1 ☐ Breast milk (or expressed breast milk) only
2 ☐ Both breast and formula (bottle) milk
3 ☐ Formula (bottle) milk only
4 ☐ Not sure

F4. Thinking about feeding your baby (breast or bottle) did you feel that midwives and other carers gave you ...

	Yes, always	Yes, generally	No	Don't know	Didn't want or need this
a) Consistent advice?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b) Practical help?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c) Active support and encouragement?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Section G. Babies needing special care

G1. Was your baby cared for in a neonatal unit (NNU, NICU, SCBU) at all?

- 1 ☐ Yes → **Go to G2**
2 ☐ No → **Go to H1**

G2. How long was your baby in neonatal care in total?

- 1 ☐ 1 day or less 2 ☐ 2-7 days 3 ☐ 8-14 days 4 ☐ 15-30 days 5 ☐ 31 days or more

G3. Were you and/or your partner given enough information about why your baby was admitted for neonatal care?

- 1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No, but I would have liked some information
4 ☐ No, but I did not need this information
5 ☐ Don't know / Can't remember

G4. Is your baby still in a neonatal unit now?

- 1 ☐ Yes 2 ☐ No

Section H. Care at home after the birth

H1. When you were at home after the birth of your baby did you have the name and telephone number of a midwife or health visitor you could contact if you were worried?

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

H2. Since your baby's birth have you been visited at home by a midwife?

- 1 ☐ Yes → **Go to H3**
 2 ☐ No, I visited the midwife or saw a midwife in a clinic → **Go to H3**
 3 ☐ No, I was not offered a visit → **Go to H5**
 4 ☐ No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU) → **Go to H5**
 5 ☐ No, I moved home → **Go to H5**
 6 ☐ No, I did not want a midwife to visit → **Go to H5**
 7 ☐ No, for another reason → **Go to H5**

H3. How many times in total did you see a midwife after you went home?

times

H4. How old was your baby when you had the **last visit or contact** with the midwife?

days

H5. Would you have liked to have seen a midwife ...

- 1 ☐ More often? 2 ☐ Less often? 3 ☐ I saw a midwife as much as I wanted

H6. In the six weeks after the birth of your baby did you receive help and advice from health professionals about each of the things listed below?

	Yes, definitely	Yes, to some extent	No	Did not need any
a) Your baby's crying	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Your baby's sleeping position	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Feeding your baby	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Your baby's skin care (e.g. nappy rash)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Your baby's health and progress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

H7. Did you have a postnatal check-up of your own health? (Around 4-6 weeks after the birth)

- 1 ☐ Yes 2 ☐ No

H8. Were you given information or offered advice from a health professional about contraception?

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

H9. Overall, how would you rate the care received during ...

	Excellent	Very good	Good	Fair	Poor
a) Your pregnancy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b) Your labour and birth?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c) Your care after the birth?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Section J. You and your household

Please complete as many of these questions as you can. Your answers will help us to describe the women taking part in the survey and to find out whether the care offered to women is the same regardless of their background or circumstances.

J1. Have you had a previous pregnancy?

- 1 ☐ Yes → **Go to J2**
 2 ☐ No → **Go to J3**

J2. How many babies have you given birth to before this pregnancy?

- 1 ☐ None 2 ☐ 1-2 3 ☐ 3 or more

J3. In what **year** were you born?

(Please write in) e.g.

1	9	7	4
---	---	---	---

Y	Y	Y	Y
---	---	---	---

J4. How old were you when you left full-time education?

- 1 ☐ 16 years or less 2 ☐ 17 or 18 years 3 ☐ 19 years or over 4 ☐ Still in full time education

J5. Which of the following people live with you? *Please tick all that apply*

- 1 ☐ Your baby/children 2 ☐ Husband or partner
 3 ☐ Other family members 4 ☐ Other people in your household

J6. What language do you speak **most** often at home? *Please tick one box only*

- 1 ☐ English
 2 ☐ Other European language
 3 ☐ Asian language (such as Hindi, Gujarati, Punjabi, Urdu, Sylheti, Bengali, Chinese, Thai)
 4 ☐ African language (such as Swahili, Hausa, Yoruba)
 5 ☐ Other, including British Sign Language. *Please write in* _____

J7. To which of these ethnic groups would you say you belong? *Please tick one box only*

WHITE

- 1 ☐ British
 2 ☐ Irish
 3 ☐ Any other White background
(Please write in box)

MIXED

- 4 ☐ White and Black Caribbean
 5 ☐ White and Black African
 6 ☐ White and Asian
 7 ☐ Any other Mixed background
(Please write in box)

ASIAN OR ASIAN BRITISH

- 8 ☐ Indian
 9 ☐ Pakistani
 10 ☐ Bangladeshi
 11 ☐ Any other Asian background
(Please write in box)

BLACK OR BLACK BRITISH

- 12 ☐ Caribbean
 13 ☐ African
 14 ☐ Any other Black background
(Please write in box)

CHINESE OR OTHER ETHNIC GROUP

- 15 ☐ Chinese
 16 ☐ Any other ethnic group
(Please write in box)

J8. Do you have a long-standing physical or mental health problem or disability?

- 1 ☐ Yes → **Go to J9**
 2 ☐ No → **Go to J10**
 3 ☐ Don't know / Not sure → **Go to J10**

J9. Does this problem or disability affect your day to day activities?

- 1 ☐ Yes, definitely
 2 ☐ Yes, to some extent
 3 ☐ No

J10. Overall, how would you rate your health over the past 4 weeks?

- 1 ☐ Excellent
 2 ☐ Very Good
 3 ☐ Good
 4 ☐ Fair
 5 ☐ Poor
 6 ☐ Very Poor

J11. Is there anything else you would like to tell us about your care while you were pregnant or since you have had the baby? *Please add your comments here.*

THANK YOU VERY MUCH FOR YOUR HELP

**Please check that you have answered all the questions that apply to you.
Please post this questionnaire back in the FREEPOST envelope provided. No stamp is needed.**