

# EXPERIENCE OF MATERNITY CARE

## What is the survey about?

This is a survey about your recent experience of maternity care. Your views are very important in helping us to understand what went well with your maternity care and how it could be improved in the future. Please remember, this questionnaire is about your **most recent** pregnancy and birth at the NHS Hospital trust named in the accompanying letter.

## Completing the questionnaire

If you agree to take part in the survey, please complete the questionnaire and send it back in the **FREEPOST** envelope provided.

For each question, please cross ☐ clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box. Sometimes you will find that the box you have crossed has an instruction to go to another question. By following the instructions carefully, you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply fill in the box ☐ and put a cross ☐ in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

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

## Questions or help?

If you have any queries about the questionnaire, please call our helpline number **[FREEPHONE] [HELPLINE NUMBER]** or email **[HELPLINE EMAIL]**.

## DATES AND YOUR BABY

**A1** 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

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

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

## CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)

The start of your care in pregnancy

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

Please cross **X** in one box only.

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

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

- 1 ☐ When I was 0 to 6 weeks pregnant
- 2 ☐ When I was 7 to 10 weeks pregnant
- 3 ☐ When I was 11 to 14 weeks pregnant
- 4 ☐ When I was 15 or more weeks pregnant
- 5 ☐ Don't know / can't remember

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

Please cross X in all the boxes that apply to you.

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

**B4** Did you get enough information from either a midwife or doctor to help you decide where to have your baby?

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

**B5** At your antenatal check-ups, how often did you see or speak to the same midwife?

- 1 ☐ All of the time
- 2 ☐ Most of the time
- 3 ☐ Some of the time
- 4 ☐ Never, it was a different midwife every time
- 5 ☐ I did not see or speak to a midwife
- 6 ☐ Don't know / can't remember

**B6** How did your antenatal check-ups take place?

Please cross X in all the boxes that apply to you.

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

**B7** During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?

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

**B8** During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?

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

**B9** During your antenatal check-ups, did your midwives listen to you?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Don't know / can't remember

**B10** 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

During your pregnancy

**B11** 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

**B12** 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

**B13** 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

**B14** 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

**B15** 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

**B16** 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

**B17** Thinking about your antenatal care, were you treated with respect and dignity?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Don't know / can't remember

**B18** 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

## 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.*

- <sup>1</sup> ☐ A vaginal birth (no forceps or ventouse suction cup)  
➔ Go to C3
- <sup>2</sup> ☐ An assisted vaginal birth (e.g. with forceps or ventouse suction cup)  
➔ Go to C3
- <sup>3</sup> ☐ A planned caesarean birth  
➔ Go to C2
- <sup>4</sup> ☐ An emergency caesarean birth  
➔ Go to C2

- C2** Before your caesarean, did you go into labour?

A labour typically begins when you start to have contractions.

- <sup>1</sup> ☐ Yes ➔ Go to C3
- <sup>2</sup> ☐ No ➔ Go to C9
- <sup>3</sup> ☐ Don't know / can't remember  
➔ Go to C9

- 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).

- <sup>1</sup> ☐ Yes ➔ Go to C4
- <sup>2</sup> ☐ No ➔ Go to C7
- <sup>3</sup> ☐ Don't know / can't remember  
➔ Go to C7

- C4** Before you were induced, were you given appropriate information and advice on the benefits associated with an induced labour?

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No
- <sup>3</sup> ☐ Don't know / can't remember

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

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No
- <sup>3</sup> ☐ Don't know / can't remember

- C6** Were you involved in the decision to be induced?

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No
- <sup>3</sup> ☐ I did not want / need to be involved
- <sup>4</sup> ☐ Don't know / can't remember

- C7** At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?

- <sup>1</sup> ☐ I did not contact a midwife / the hospital
- <sup>2</sup> ☐ Yes
- <sup>3</sup> ☐ No

- C8** Do you think your healthcare professionals did everything they could to help manage your pain during labour and birth?

- <sup>1</sup> ☐ Yes, definitely
- <sup>2</sup> ☐ Yes, to some extent
- <sup>3</sup> ☐ No
- <sup>4</sup> ☐ I did not need any help with pain relief
- <sup>5</sup> ☐ Don't know / can't remember

### 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?

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

### The staff caring for you during labour and birth

**C10** Did the staff treating and examining you introduce themselves?

- <sup>1</sup> ☐ Yes, all of the staff introduced themselves
- <sup>2</sup> ☐ Some of the staff introduced themselves
- <sup>3</sup> ☐ Very few / none of the staff introduced themselves
- <sup>4</sup> ☐ Don't know / can't remember

**C11** Had any of the midwives who cared for you been involved in your antenatal care?

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No
- <sup>3</sup> ☐ Don't know / can't remember

**C12** Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?

Please cross X in all the boxes that apply to you.

- <sup>1</sup> ☐ Yes, during early labour
- <sup>2</sup> ☐ Yes, during the later stages of labour
- <sup>3</sup> ☐ Yes, during the birth
- <sup>4</sup> ☐ Yes, shortly after the birth
- <sup>5</sup> ☐ No, not at all

**C13** If you raised a concern during labour and birth, did you feel that it was taken seriously?

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No
- <sup>3</sup> ☐ I did not raise any concerns

**C14** During labour and birth, were you able to get a member of staff to help you when you needed it?

- <sup>1</sup> ☐ Yes, always
- <sup>2</sup> ☐ Yes, sometimes
- <sup>3</sup> ☐ No
- <sup>4</sup> ☐ A member of staff was with me all the time
- <sup>5</sup> ☐ I did not want / need this
- <sup>6</sup> ☐ 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?

- <sup>1</sup> ☐ Yes, always
- <sup>2</sup> ☐ Yes, sometimes
- <sup>3</sup> ☐ No
- <sup>4</sup> ☐ Don't know / can't remember

**C16** Thinking about your care during labour and birth, were you involved in decisions about your care?

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

**C17** Thinking about your care during labour and birth, were you treated with respect and dignity?

- <sup>1</sup> ☐ Yes, always
- <sup>2</sup> ☐ Yes, sometimes
- <sup>3</sup> ☐ No
- <sup>4</sup> ☐ Don't know / can't remember

**C18** 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

**C19** After your baby was born, did you have the opportunity to ask questions about your labour and the birth?

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

**C20** During your labour and birth, did your midwives or doctor appear to be aware of your medical history?

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

**C21** Thinking about your care during labour and birth, were you treated with kindness and compassion?

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

#### Home births

**C22** Did you have a home birth?

- 1 ☐ Yes  
→ Go to C23
- 2 ☐ No  
→ Go to D1

**C23** Did you require hospital care immediately after your home birth?

- 1 ☐ Yes  
→ Go to D1
- 2 ☐ No  
→ Go to E1

## CARE IN THE WARD AFTER BIRTH (POSTNATAL CARE)

**D1** How long did you stay in hospital after your baby was born?

- 1 ☐ Up to 12 hours
- 2 ☐ More than 12 hours but less than 24 hours
- 3 ☐ 1 to 2 days
- 4 ☐ 3 to 4 days
- 5 ☐ 5 or more days

**D2** On the day you left hospital, was your discharge delayed for any reason?

- 1 ☐ Yes
- 2 ☐ No

**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?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not want / need this
- 5 ☐ 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?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ 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?

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



**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 X 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

**D7** Do you think your healthcare professionals did everything they could to help manage your pain in hospital 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

**D8** Thinking about your stay in hospital, how clean was the hospital room or ward you were in?

- ☐ Very clean
- ☐ Fairly clean
- ☐ Not very clean
- ☐ Not at all clean
- ☐ Don't know / can't remember

FEEDING YOUR BABY

This section covers any advice or support given after the birth; this could be on the ward or at home.

**E1** In the first few days after the birth how was your baby fed?

Please cross X 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

**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

**E3** Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ I did not want / need this
- ☐ Don't know / can't remember

CARE AFTER BIRTH

Postnatal care is any contact with a midwife or other health professional after leaving hospital.

**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

**F2** If you contacted a midwifery or health visiting team, were you given the help you needed?

- <sup>1</sup> ☐ Yes, always  
<sup>2</sup> ☐ Yes, sometimes  
<sup>3</sup> ☐ No  
<sup>4</sup> ☐ I did not contact a midwifery or health visiting team

**F3** Since your baby's birth have you been visited at home by a midwife?

- <sup>1</sup> ☐ Yes  
→ Go to F4  
<sup>2</sup> ☐ Yes, but I had to contact them to ask them to visit  
→ Go to F4  
<sup>3</sup> ☐ No, I visited the midwife / saw a midwife in clinic  
→ Go to F4  
<sup>4</sup> ☐ No, but I have had a phone / video call  
→ Go to F4  
<sup>5</sup> ☐ No, I was not offered a visit  
→ Go to F10  
<sup>6</sup> ☐ No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU)  
→ Go to F10  
<sup>7</sup> ☐ No, for another reason  
→ Go to F10

**F4** At your postnatal check-ups, how often did you see or speak to the same midwife?

- <sup>1</sup> ☐ All of the time  
<sup>2</sup> ☐ Most of the time  
<sup>3</sup> ☐ Some of the time  
<sup>4</sup> ☐ Never, it was a different midwife every time  
<sup>5</sup> ☐ I did not see or speak to a midwife  
<sup>6</sup> ☐ Don't know / can't remember

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

**F5** Would you have liked to have seen or spoken to a midwife...

- <sup>1</sup> ☐ More often  
<sup>2</sup> ☐ Less often  
<sup>3</sup> ☐ I saw or spoke to a midwife as much as I wanted

**F6** Did the midwife or midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No  
<sup>3</sup> ☐ Don't know / can't remember

**F7** Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?

- <sup>1</sup> ☐ Yes, always  
<sup>2</sup> ☐ Yes, sometimes  
<sup>3</sup> ☐ No  
<sup>4</sup> ☐ Don't know / can't remember

**F8** Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?

- <sup>1</sup> ☐ Yes, always  
<sup>2</sup> ☐ Yes, sometimes  
<sup>3</sup> ☐ No  
<sup>4</sup> ☐ Don't know / can't remember

**F9** Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?

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



**F10** Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?

- 1 ☐ Yes, my labour and antenatal care
- 2 ☐ My antenatal care only
- 3 ☐ My labour only
- 4 ☐ No
- 5 ☐ Don't know / can't remember

**F11** Did a midwife or health visitor ask you about your mental health?

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

**F12** Were you given information about any changes you might experience to your mental health after having your baby?

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

**F13** Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?

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

**F14** Were you given information about your own physical recovery after the birth?

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

**F15** In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need any
- 5 ☐ Don't know / can't remember

**F16** If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not need this
- 5 ☐ Don't know / can't remember

**F17** In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need any
- 5 ☐ Don't know / can't remember

**F18** After the birth of your baby, how did your check-ups with the midwife or midwifery team take place?

Please cross X in all the boxes that apply to you.

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

- F19** At the postnatal check-up (around 6-8 weeks after the birth), did the GP spend enough time talking to you about your own physical health?
- <sup>1</sup> ☐ Yes, definitely
  - <sup>2</sup> ☐ Yes, to some extent
  - <sup>3</sup> ☐ No
  - <sup>4</sup> ☐ I have not had a postnatal check-up with a GP
  - <sup>5</sup> ☐ Don't know / can't remember

- F20** At the postnatal check-up (around 6-8 weeks after the birth), did the GP spend enough time talking to you about your own mental health?
- <sup>1</sup> ☐ Yes, definitely
  - <sup>2</sup> ☐ Yes, to some extent
  - <sup>3</sup> ☐ No
  - <sup>4</sup> ☐ I have not had a postnatal check-up with a GP
  - <sup>5</sup> ☐ Don't know / can't remember

- F21** At any point during your maternity care journey, did you consider making a complaint about the care you received?
- <sup>1</sup> ☐ Yes
  - <sup>2</sup> ☐ No
  - <sup>3</sup> ☐ Don't know / can't remember

**YOU AND YOUR HOUSEHOLD**

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

- G1** In what year were you born?  
Please write in e.g.

1	9	9	4

- G2** Have you had a previous pregnancy?
- <sup>1</sup> ☐ Yes →  
Go to G3
  - <sup>2</sup> ☐ No →  
Go to G4
  - <sup>3</sup> ☐ I would prefer not to say →  
Go to G4

- G3** How many babies have you given birth to before this pregnancy?
- <sup>1</sup> ☐ None
  - <sup>2</sup> ☐ 1 or 2
  - <sup>3</sup> ☐ 3 or more
  - <sup>4</sup> ☐ I would prefer not to say

- G4** Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?
- Please cross X in all the boxes that apply to you.
- <sup>1</sup> ☐ Autism or autism spectrum condition
  - <sup>2</sup> ☐ Breathing problem, such as asthma
  - <sup>3</sup> ☐ Blindness or partial sight
  - <sup>4</sup> ☐ Cancer in the last 5 years
  - <sup>5</sup> ☐ Dementia or Alzheimer's disease
  - <sup>6</sup> ☐ Deafness or hearing loss
  - <sup>7</sup> ☐ Diabetes
  - <sup>8</sup> ☐ Heart problem, such as angina
  - <sup>9</sup> ☐ Joint problem, such as arthritis
  - <sup>10</sup> ☐ Kidney or liver disease
  - <sup>11</sup> ☐ Learning disability
  - <sup>12</sup> ☐ Mental health condition
  - <sup>13</sup> ☐ Neurological condition
  - <sup>14</sup> ☐ Physical mobility
  - <sup>15</sup> ☐ Stroke (which affects your day-to-day life)
  - <sup>16</sup> ☐ Another long-term condition
  - <sup>17</sup> ☐ None of the above  
→ Go to G6
  - <sup>18</sup> ☐ I would prefer not to say  
→ Go to G6

**G5 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

**G6 Did you have any of the following pregnancy-related health conditions during this pregnancy?**

Please cross X in all the boxes that apply to you.

- ☐ Deep vein thrombosis
- ☐ Gestational diabetes
- ☐ Group B Strep
- ☐ High blood pressure (hypertension)
- ☐ Hyperemesis gravidarum (severe nausea and vomiting during pregnancy)
- ☐ Intrahepatic cholestasis of pregnancy (ICP), also known as obstetric cholestasis (OC)
- ☐ Pre-eclampsia
- ☐ Pelvic health problems (such as, leakage of wee or poo, or vaginal changes such as heaviness)
- ☐ Vitamin or iron deficiency
- ☐ Another pregnancy-related health condition
- ☐ None of the above
- ☐ I would prefer not to say

**G7 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

**G8 Which of the following best describes how you think of yourself?**

- ☐ Heterosexual / straight
- ☐ Gay / lesbian
- ☐ Bisexual
- ☐ Other
- ☐ I would prefer not to say

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.

**G9 Is your gender the same as the sex you were registered as at birth?**

- ☐ Yes
- ☐ No, please write your gender below
- ☐ I would prefer not to say

**G10 Is English your main language?**

- ☐ Yes
- ☐ No
- ☐ I would prefer not to say

**G11 What is your ethnic group?**

**Please cross X 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 below**
- ☐ 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

**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.

**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)