

## **Women's experiences of maternity care in England: Key findings from the 2010 NHS trust survey**

This briefing provides key findings from the second national survey of women's experience of maternity care in England. Over 25,000 women from 144 trusts in England responded to the survey between April 2010 and August 2010, a response rate of 52%. Women were eligible for the survey if they had a live birth in February 2010 and were aged 16 or older. Women who gave birth in a hospital, birth centre, or maternity unit, or who had a home birth, were eligible. A similar survey of women using maternity services was carried out in 2007.

The results of the survey are primarily intended to be used by NHS trusts to help them identify areas where they need to improve performance. The Care Quality Commission (CQC) will also use the results to inform the public about the performance of each trust and the overall national performance. In addition, CQC will use the results in regulatory activities such as monitoring trusts' compliance with the essential standards of quality and safety.

This survey of women who have recently used maternity services is part of a wider programme of NHS patient surveys; covering a range of topics including mental health services, adult inpatient and outpatient services, and ambulance services. To find out more about the programme, please visit the Care Quality Commission website (see 'further information' section).

### **The significance of changes**

This briefing note provides the percentage results for England as a whole. The responses from women for each trust that took part in the survey are aggregated, and then the average across all trusts is calculated to form the national results for England. Doing this gives each trust an equal input in the overall result and reflects the experiences of women in the 'average' English NHS Trust<sup>1</sup>.

Scored results for individual NHS trusts can be found on the Care Quality Commission website (please see the 'further information' section).

This report also highlights aspects of care where there have been statistically significant changes since the 2007 survey. Some of the changes over time may appear small – often around one percentage point or less but all reported changes are statistically significant. This means that we have carried out tests to identify the changes that are unlikely to have occurred by chance.

Where there has been no statistically significant change, differences or comparisons are either not mentioned or we clearly state that there has been no change. For some questions, we are unable to present comparisons, either because questions are new to the survey in 2010, or because questions from the previous survey were not asked in 2010. The national results for all questions are also available on the CQC website in table form, displaying significant differences between the two survey years where appropriate.

<sup>1</sup> Using this method to calculate England (national) results, means the results from each trust can be given an equal 'weight'. Some trusts have a higher response rate than others and would therefore have a greater influence over the England average. To correct this we apply a weight to the data which means the responses from each trust have an equal influence over the England average, regardless of differences in response rates between trusts.

# Key findings summary

The key findings summarised here were selected for their importance to women and their relevance to key policy areas, where notable changes have occurred, or where further improvement is required. The findings are listed according to the three main stages of care – antenatal, labour and birth, and care received in the weeks following the birth of the baby. These follow the same structure as the remainder of the report which includes all national results from the survey, and follows the same layout as the questionnaire, which guided women through each stage in turn.

## Antenatal Care

Improvements since the 2007 survey were shown in the results for antenatal care. Positive findings centre on good communication, women's involvement in the care given and the quality of care provided.

Increasing proportions of women report that they:

- Saw a midwife first when they first thought they were pregnant (with a corresponding decrease in the percentage of women seeing a GP or family doctor first).
- Saw a health professional about their pregnancy care before they were seven full weeks pregnant.
- Had their 'booking' appointment before they were nine full weeks pregnant (with fewer having this appointment when they were more than twelve weeks pregnant).

A greater proportion of women also reported that they had a dating scan, had screening tests to check whether their baby might have Down's syndrome, and had a scan at around twenty weeks of pregnancy.

Improvements were also shown in the proportion of women who:

- Received a copy of 'The Pregnancy Book'.
- Were 'always' spoken to in a way they could understand during their antenatal care.
- Were 'always' involved enough in decisions about their antenatal care.
- Were given the name and telephone number of a midwife they could contact if they were worried during their pregnancy.

However, there has been a decline in the proportion of women who attended NHS antenatal classes, with more women reporting that they were not offered classes.

There is also scope to improve the proportion of women who are given enough information by a midwife or doctor to help them decide where to have their baby.

## Care and treatment during labour and birth

### Labour and birth

Care during labour and birth has improved to some degree since the 2007 survey, though results suggest more could be done, particularly in terms of birthing positions.

Compared with results from the 2007 survey, more women reported that they were treated with kindness and understanding whilst receiving care in hospital after the birth and a greater proportion felt they were 'always' or 'sometimes' involved enough in decisions about their care during labour and birth.

Improvements were also shown in the proportion that:

- 'Definitely' had confidence and trust in the staff caring for them during the labour and birth.
- 'Definitely' got the pain relief they wanted during labour and birth.
- Were *not* left alone by staff during labour or birth when it worried them.
- Had previously met any of the staff who cared for them during labour and birth before they went into labour.

The majority of women had skin to skin contact with their baby shortly after the birth.

However, women appear not to have been encouraged to take more active birthing positions, as overall the survey showed an increased proportion of women gave birth lying down, with a marked increase in the proportion of women being supported with stirrups. The NICE guidance discourages using these positions unless clinically necessary. When looking just at normal deliveries and excluding women who had assisted deliveries, 38% of women were lying down. A further 16% of women were supported with stirrups, which is an increase from 14% in 2007.

### **Stays in hospital**

An increase was shown in reports of being treated with kindness and understanding during women's stays in hospital. However, there are some areas where improvements could be made, notably in terms of the information provided to women.

No improvement was shown in the timescales that women had to wait for stitches to be done if they had an episiotomy (cut) or tear.

Fewer women reported that they were 'always' given the information or explanations they needed while in hospital after the baby's birth. There is also no improvement shown in the proportion reporting that they were never given the information and explanations they needed about the birth of their baby.

### **Feeding**

There have been improvements in rates of breastfeeding and the amount of support received, with increasing proportions of women saying that they:

- Had breastfed, or breast and bottle fed their baby (with a corresponding decrease in the proportion of women using only formula milk).
- Had ever put the baby to the breast even if it was only once (of those women who exclusively bottle fed their baby in the first few days).
- Were given consistent advice about feeding their baby in the first few days.
- 'Always' or 'generally' felt that midwives or carers gave them active support and encouragement about feeding their baby in the first few days.

However, a decrease was shown in the proportion of respondents who received help and advice from health professionals about feeding their baby in the first six weeks following the birth (i.e. after going home with their baby).

### **Care at home after the birth**

The findings from the survey suggest that information and support should be given more consistently to all women following the birth of the baby.

Compared with the results from the 2007 survey, a greater proportion of women reported they had 'definitely' received help and advice from health professionals about their baby's health and progress in the first six weeks. However, as mentioned above, a decrease was shown in the proportion of respondents who received help and advice from health professionals about feeding their baby in the first six weeks following the birth.

There has been no improvement in the proportion who were given the name and telephone number of a midwife or health visitor that they could contact if they were worried when at home after the birth of their baby. Nor was there any improvement in the proportion that received advice on contraception after the birth.

The findings also show that improvements are needed in the amount of information given to women about their own recovery after the birth, and about any emotional changes they might experience.

# Breakdown of the survey results

## Antenatal care

### The start of care in pregnancy

The majority of women (95%) who responded to the survey saw *either* a doctor or a midwife when they first found out they were pregnant. The remaining five percent of women saw another health professional first (compared with 3% in 2007).

Since the 2007 survey there has been an increase in the proportion of women seeing a midwife first (24% in 2010 compared with 19%) and a corresponding decrease in women seeing a doctor first (71% compared with 78% in 2007).

Evidence-based policy targets<sup>2</sup> introduced in 2008 encouraged women to go straight to a midwife to speed the booking process, and also that women should be “booked” which means have a full assessment and be given a set of notes, by 12 completed weeks of pregnancy.

A greater proportion of women saw a health professional about their pregnancy care earlier than in 2007; 54% of women saw a health professional before they were seven full weeks pregnant, which is an increase of two percentage points from 2007. Correspondingly, there has been a percentage point decline in women saying they were more than twelve weeks pregnant when they first saw a health professional (down from 6% in 2007 to 5% in 2010).

Over half of the women who responded (53%) had their ‘booking’ appointment (when a woman is assessed and given her pregnancy notes) before nine weeks of pregnancy, as recommended by NICE<sup>3</sup>, compared with a third (37%) in 2007. The proportion of women who had their ‘booking’ appointment when they were thirteen weeks pregnant or more has almost halved (down from 21% in 2007 to 11% in 2010).

## Choice

Depending on their circumstances all women are entitled to choose where to have their baby<sup>4</sup>. The proportion of women who reported that they had a choice at the start of their pregnancy about where they could have their baby has increased (83% compared with 81% in 2007). Of these women, almost three quarters (74%) said that they had a choice of having their baby at home<sup>5</sup>.

<sup>2</sup> ‘Maternity Matters’ stated that four national choice guarantees would be available for all women by the end of 2009 and women and their partners would have opportunities to make well informed decisions about their care throughout pregnancy, birth and postnatal care. One of these choices related to how women could access maternity care. (‘Maternity Matters: Choice, access and continuity of care in a safe service’. Department of Health, 2007).

<sup>3</sup> NICE guidance on antenatal care (2008, updated 2010) stated that the booking appointment should take place (ideally) [This is what the NICE guidance states on pg 10] before 10 weeks of pregnancy

<sup>4</sup> One of the four choices listed in ‘Maternity Matters’ concerned where women could give birth. For some women a particular option (e.g. home birth or midwife unit) may not be the safest option for her or the child, so the availability of this choice is dependant on circumstances. (‘Maternity Matters: Choice, access and continuity of care in a safe service’. Department of Health, 2007).

<sup>5</sup> This question cannot be compared with the same question in the 2007 survey as the questionnaire filtering is not comparable. The question was answered by all women in 2007, and then changed to only ask women who had been offered a choice of where to have their baby in 2010.

A quarter (25%) of women reported that they were given a choice about where to have their antenatal check-ups, a one percentage point increase from 2007.

### **Information for choice**

Of the women who were offered a choice of where to have their baby, more than half (57%) felt they 'definitely' received enough information from the doctor or midwife to help them decide. However, 11% reported that they did not get enough information to help them to decide.

Over three quarters of women (78%) who responded to the survey received a copy of 'The Pregnancy Book', which is given free to expectant women in England. Just over a quarter (27%) were given information about the NHS Choices website, which provides information that aims to help people to make choices about their health.

### **Antenatal checks-ups**

One per cent of women reported they did not have any antenatal checks during pregnancy. When asked who they saw for their antenatal check-ups (women were invited to tick more than one response category), the majority said that they saw a midwife (96%), a fifth (21%) saw a GP and just over a third (38%) saw a hospital doctor.

NICE Guidelines<sup>6</sup> state that "Antenatal care should be provided by a small group of healthcare professionals with whom the woman feels comfortable. There should be continuity of care throughout the antenatal period". Over half (57%) of women who responded to the survey said that they had seen the same midwife 'most' or 'every' time for their antenatal check-ups (this figure remains the same from 2007).

The majority of women (92%) were given the name and telephone number of a midwife they could contact during their pregnancy if they were worried (up from 90% in 2007). Of those women who did contact a midwife, 72% reported they 'always' received the help they needed, 23% said they 'sometimes' received the help they needed and six percent felt that they were not given the help that they needed.

### **Tests and scans**

There has been a significant increase in the proportion of women having a 'dating scan', as recommended by NICE, between eight and fourteen weeks of pregnancy: 95% of women who took part in the survey said that they had one in 2010, compared with 89% in 2007.

Almost all women (97%) had at least one screening test (a blood test and/or nuchal scan) to check whether their baby might have Down's syndrome in 2010 increasing from 94% in 2007<sup>7</sup>.

The proportion of women who had both a nuchal scan and blood test has increased from 22% in 2007 to 38% in 2010. The proportion of women who had just one of these

<sup>6</sup> NICE antenatal care – 2008 (amended 2010).

<sup>7</sup> This figure excludes those who did not want a screening test for Down's syndrome.

tests has decreased: 52% had only a blood test, down from 57%; 6% had a nuchal scan only, down from 15%.<sup>8</sup>

Almost all women (99%) had a scan at around twenty weeks, which is usually to check for fetal abnormalities - a percentage point increase from 2007.

**Table 1: The number of ultrasound scans that each woman had during their pregnancy**

	Proportion of women (%)		Significant change since 2007
	2007	2010	
None	<1	<1	↑
One	3	2	↓
Two to three	64	65	↑
Four or more	34	33	
<i>Number of respondents</i>	25718	25134	

### Explanation of scans

Women were asked if the reason for the various scans had been clearly explained to them. Clear reasons had 'definitely' been given to:

- Just over three quarters of women (76%) with regard to the 'dating' scan and the screening test for Down's syndrome (77%).
- Almost eight out of ten (79%) women with regard to the 'twenty week scan'.

### NHS Antenatal classes

There has been a decrease in the proportion of women who have attended NHS antenatal classes during pregnancy (58% compared with 61% in 2007).

Of all women who responded to the survey just over a third (38%) said that they had not been offered any classes, a two percentage point increase since 2007; and four percent reported that all classes were booked up (no significant change since 2007).

### Overall antenatal care

When asked to think about their antenatal care:

- Since 2007 there has been an increase in the proportion of women who felt that they were 'always' involved enough in decisions about their care (from 67% in 2007 to 74% in 2010). There has been a decrease in the proportion reporting they were not involved enough (8% in 2007 down to 4% in 2010).

<sup>8</sup> NICE guidance on antenatal care (2008, updated 2010) indicates that the test offered depends upon the gestation period.

- There has been an increase in the proportion of women who reported that they were 'always' spoken to in a way they could understand (from 81% in 2007 to 83% in 2010). However, the proportion of those who were not spoken to in a way they could understand has also increased by one percentage point (1% in 2007 to 2% in 2010).

Overall, women's booking appointments are now sooner than 2007, there is improved access to midwives overall and women are having the screening tests and scans recommended by NICE. Improvements could be made in the proportion of women who are offered choices about the birth of their baby; such as the choice of having a baby at home, as well as the proportion of women who are given information about NHS Choices. Continuity of care could also be improved, in terms of women seeing the same midwives or staff member, as there has been no improvement in this since 2007.

## Care and treatment during labour and birth

### The labour and birth

The majority of women (94%) who responded to the survey gave birth in a hospital (down from 95% in 2007). A further four per cent had their baby in a birth unit or midwife-led centre (which has increased by a percentage point since 2007).

Of all the respondents, seven per cent said they had planned to have their baby at home before they gave birth,<sup>9</sup> Three per cent of women actually gave birth at home (the same proportion as 2007). Less than one percent of women reported that they gave birth somewhere else.

Just under two thirds (62%) of women had a normal vaginal delivery, a further 14% of women had an assisted vaginal delivery and a quarter of women had a planned (10%) or emergency (15%) caesarean section.

The majority of women (91%) who did not have a planned caesarean were able to move around during labour and choose a position that made them feel most comfortable 'most' or 'some' of the time<sup>10</sup>.

Fewer women than in 2007 gave birth sitting or sitting supported by pillows (18% vs. 25%). While more women gave birth standing, squatting or kneeling (13% vs. 12%), lying down with or without pillows (32% vs. 30%) and lying down with legs supported by stirrups (30% vs. 27%). These figures include both normal and assisted vaginal deliveries (e.g. with forceps or ventouse suction cup). The NICE guidelines suggest that women should be encouraged to give birth in more active positions, rather than lying or being supported in stirrups, unless there is a clinical need for those positions. Table 2 below shows the results for women giving birth without assistance, whereby there is unlikely to be a clinical need for less active positions.

<sup>9</sup> This question cannot be compared with the same question in the 2007 survey as wording of the question has changed. There was a change in respondents included in the base.

<sup>10</sup> This question cannot be compared with the 2007 survey results as an additional response option was added in 2010 ('No, but it was not possible to move around').



**Table 2: The birth position of women who had a normal vaginal delivery (unassisted)**

	Proportion of women (%)		Significant change since 2007
	2007	2010	
Sitting, or sitting supported by pillows	29	21	↓
On their side	6	6	
Standing, squatting or kneeling	15	16	↑
Lying down with or without pillows	35	38	↑
Lying down with legs supported by stirrups	14	16	↑
Other	2	3	↑
<i>Number of respondents</i>	16014	15310	

The proportion of women giving birth in a bed has decreased from 2007 (from 91% to 88%), and the proportion of women who gave birth in a water or birthing pool in 2010 has increased (5% compared with 3% in 2007).

Of the women who had a vaginal delivery, and who required stitches following an episiotomy or tear, 60% had this done within twenty minutes and more than a quarter (28%) of women responding to the survey said that they waited between 20 minutes and an hour for the stitches to be done (both timings showed no significant change since 2007). Just over a tenth (12%) said they waited for more than an hour, which has also not changed from 2007.

Of all respondents, 85% of women had skin to skin contact with their baby shortly after the birth which is important to establish breastfeeding and the “bond” between mother and baby.

### **Pain relief**

A ‘national choice guarantee’ as proposed in Maternity Matters (Department of Health, 2007) is that all women should have the choice of what pain relief they use, depending on their circumstances. Almost two thirds (65%) of women said they ‘definitely’ got the pain relief they wanted (64% in 2007) and just over a quarter (26%) said that they did to ‘some’ extent, compared with 28% in 2007. While, there was no improvement since 2007 in the proportion of women who did not get the pain relief that they wanted (eight per cent)<sup>11</sup>.

<sup>11</sup> The results for this question exclude women who reported that it ‘was not possible to have any pain relief (e.g. there was not time)’.

**Table 3: Methods of pain relief used by women during labour (excluding those who had a planned caesarean)**

	Proportion of women (%)		Significant change since 2007
	2007	2010	
Natural methods (e.g. breathing, massage)	48	47	↓
Water or birthing pool	11	13	↑
TENS machine (with pads on your back)	20	19	↓
Gas and air (breathing through a mask)	81	81	
Injection of pethidine or a similar painkiller	34	31	↓
Epidural or similar (injection in your back, given by an anaesthetist)	30	29	↓
Other	3	2	↓
I did not use any pain relief	6	6	
<i>Number of respondents</i>	22523	22199	

Just under half (47%) of the women who took part in the survey used natural methods of pain relief (such as breathing or massage) at some point during labour and birth, (a decrease from 48% in 2007); while almost a third (31%) of women used pethidine or a similar painkiller (this was 34% in 2007).

The proportion of women who had epidurals decreased from 30% in 2007 to 29% (excluding those who had a planned caesarean). Fewer women used a TENS machine (19% compared with 20% in 2007) and two percent of women used 'other' methods of relieving pain (compared with 3% in 2007).

The same proportion of women used gas and air to relieve pain in 2007 and 2010 (81%). The proportion of women who did not use any pain relief remained the same for both years (6%).

Excluding those who had a planned caesarean, the proportion of women who used a water or birthing pool at some point during labour and birth to relieve their pain has increased since the 2007 survey (13% in 2010 compared with 11% in 2007). NICE guidance for intrapartum care published in September 2007 recommended that the opportunity to labour in water for pain relief should be offered.

### **Staff during labour and birth**

A quarter (25%) of women reported that they had met at least one of the staff caring for them during their labour and birth, before they went into labour (this was an increase from 22% in 2007). There has been an increase in the proportion of women reporting

that they ‘definitely’ had confidence and trust in the staff caring for them during their labour and birth (up five percentage points in 2010 to 73%). However, four percent reported they did not have confidence or trust in the staff (down from 5% in 2007).

**Table 4: The times that women were left alone during labour and the birth that worried them**

	Proportion of women (%)		Significant change since 2007
	2007	2010	
During labour	15	12	↓
Shortly after the birth	6	6	
During the labour and slightly after the birth	5	4	↓
Not at any time	74	78	↑
<i>Number of respondents</i>	25282	25018	

In 2010, at some point during labour 12% of women were left alone at a time when it worried them, down from 15% in 2007.

There has been an increase in the proportion of women stating that they were not left alone at any time that worried them (78% compared with 74% in 2007).

During labour and the birth 84% of the women who had a partner or companion with them reported that their partner or companion was ‘definitely’ made to feel welcome by staff. Two per cent of all respondents felt that their partner or companion was not made welcome.

### **Overall during labour and birth**

The percentage of women who reported they were ‘always’ spoken to in a way they could understand during the labour and birth has increased from 82% in 2007 to 84% in 2010. Although only two per cent of women reported that they were not spoken to in a way they could understand, this shows a significant increase compared with the same figure from 2007.

There has also been an increase since 2007 in the percentage of women that said they were ‘always’ or ‘sometimes’ involved enough in decisions about their care during labour and the birth (92% to 94% in 2010).

### **Care in hospital after the birth**

Women were asked about their length of stay in hospital following the birth: 36% stayed less than 24 hours, 35% stayed one or two days and 29% stayed three or more days.

Just under three quarters (72%) of women felt their length of stay in hospital was about right (no significant change from 2007). The stay in hospital was too long for 16% of women, an increase from 15% in 2007, and around a tenth (12%) felt that it was too short, down from 13% in 2007.

There has been an improvement since 2007 in the proportion of women feeling that they were 'always' treated with kindness and understanding during their stay in hospital, with (93%) reporting that this was the case 'always' or 'sometimes'. While seven percent said that they were 'never' treated with kindness and understanding (with a decrease from 9% in 2007).

There has been no improvement in the proportion of women leaving hospital with the information and explanations they needed about the birth and care of their baby. The figure remains unchanged from 2007 (89%).

## Feeding

Over half (55%) of women said their midwife had 'definitely' discussed infant feeding with them during their pregnancy. More than a quarter (28%) of women said that this had happened 'to some extent'; though a further 17% of women said this had not been discussed with them by their midwife.

Since 2007 there has been an increase in the proportion of women exclusively breastfeeding during the first few days after the birth (59% in 2010 compared with 57% in 2007). There has also been an increase in women combining breastfeeding and bottle feeding (18% to 19%). Consequently there has been a decrease in respondents who fed their babies with formula milk only during the first few days (from 24% in 2007 to 22% in 2010).

Of the women who replied that they only used formula milk, just under a quarter (24%) said that they had put the baby to the breast at least once. This percentage has increased from 20% in 2007.

When asked about feeding their baby in the first few days:

- There has been an increase in the overall proportion of women reporting that they were 'always' or 'generally' given consistent advice from midwives or carers about feeding (79% compared with 76% in 2007).
- Fewer women felt that midwives and other carers **did not** give them active support and encouragement to feed their baby compared with 2007 (22% down to 14% in 2010).

Overall, there have been improvements in the care provided during the birth and hospital stay. More women than in 2007 felt that they were treated with kindness and understanding during their stay in hospital, they felt more involved in decisions about their care and there was an improvement in the proportion of women who got the pain relief they wanted.

Further improvements could be made in the time taken for stitches to be given for those who required them following an episiotomy or tear, and in the information and explanations given about the care and health of their baby. The survey also showed that an increased proportion of women gave birth lying down, with an increase in the proportion of women being supported with stirrups.

## Care at home after the birth

Most respondents (95%) were given the name and telephone number of a midwife or health visitor they could contact if they were worried when they were at home after the birth of their baby. However, 5% report that they did not have contact details. These figures have not changed since 2007.

Three quarters (75%) of the women who did contact a midwife said they 'always' got the help they needed; whereas a fifth (21%) said that they 'sometimes' did. While four percent of women said that they did not receive the help they needed.

### Midwife visits

Almost all respondents (99%) were visited at home by a midwife after the birth, while one percent visited the midwife instead. These proportions have not altered since 2007.

**Table 6: The number of midwife visits per woman after the birth**

	Proportion of women (%)		Significant changes since 2007
	2007	2010	
1-2	15	22	↑
3-4	48	54	↑
5-6	23	18	↓
7 times or more	14	7	↓
<i>Number of respondents</i>	25185	24614	

There has been a decrease in the total number of midwife visits reported by women since 2007. There has been a decrease in the proportion of women who saw a midwife five times or more (37% in 2007 down to 25% in 2010). While over three quarters (76%) of the women who took part in the 2010 survey report seeing a midwife between one and four times, an increase from 63% in 2007.

Three quarters of women (75%) said they saw a midwife as much as they wanted (a decrease from 76% in 2007). There has been an increase in the proportion of women reporting that they would have liked to have seen a midwife less often (4% from 3% in 2007). Just over a fifth (21%) of women said that they would have liked to have seen a midwife more often, the same proportion as in 2007.

### Advice and care for the mother

There has been a rise in the proportion of women who said that they 'definitely' received help and advice from health professionals about their baby's health and progress (58% in 2007 compared with 60%).

However, more women reported that they did **not** receive help and advice from health professionals about feeding their baby in the six weeks after the birth (13% in 2010 compared with 11% in 2007).

Eleven per cent of women did not have a post-natal check-up of their *own* health, in the four to eight week period after the birth<sup>12</sup>, and when asked about information provision regarding their own recovery after the birth, almost a fifth of all women (18%) responded that they did not receive enough information.

Around one in five women (21%) said that they were not given enough information about emotional changes they might experience following the birth.

Eight percent of women were not given any advice about contraception (these figures have not changed since 2007).

Overall, the post natal care provided has improved in some ways since 2007. However, improvements could be made in the information and support given to women, particularly about emotional changes that women may experience after the birth. Greater coverage is needed in terms of providing information about contraception, and the availability of help and advice about feeding in the six weeks after the birth.

## **Overall ratings of care**

The majority (92%) of women rated the care they received during pregnancy as being 'excellent', 'very good' or 'good'. An even higher proportion (94%) said the same about the care they received during their labour and birth. Women rated their post natal care least positively, with 89% of women rating it as 'excellent', 'very good' or 'good'.

<sup>12</sup> This finding could not be compared with 2007 survey results due to a change to the question wording (referring to 4 to 6 weeks after the birth in 2007, increased to 4 to 8 weeks in the 2010 survey).

## Notes on the survey

During summer 2010, almost 45,000 women were asked about their recent experiences of maternity care received through one of 144 NHS trusts\* in England. More than 25,000 women took part in this self-completion postal survey, which, after taking account of undelivered questionnaires and those ineligible for inclusion, is a response rate of 52%. All women who had given birth in England in February 2010\*\* were invited to take part in the survey, except those who had a stillbirth or whose baby had died since delivery, and those aged 16 or under at the time of their baby's birth. Women were sent a questionnaire approximately three months after they had given birth.

As stated earlier, some trusts had higher response rates and/or larger sample sizes than others, and therefore would have a greater influence on the national average for England. To address this, we applied a 'weight' to the data so that responses from each trust have an equal influence over the average, regardless of differences in response rates and sample sizes between trusts. The percentages shown in this report represent the average for all NHS trusts in England that participated in the survey.<sup>13</sup>

## Further information

All NHS Trust and England results, questionnaire and scoring for the 2010 survey of women's experiences of maternity services can be found at:  
<http://www.cqc.org.uk/maternitysurvey2010.cfm>

To make the results more accessible to the general public, the results for each trust will also be available under the organisation search tool of the CQC website:  
<http://caredirectory.cqc.org.uk/caredirectory/searchthecaredirectory.cfm>  
(Enter a postcode or organisation name, then scroll down to 'What people said about this trust')

Full details of the methodology of the survey can be found at:  
<http://www.nhssurveys.org/>

More information on the programme of NHS patient surveys is available on the patient survey section of our website at:  
<http://www.cqc.org.uk/patientsurveys.cfm>

Results from the 2007 survey of maternity services can be found at:  
[www.cqc.org.uk/maternityservices2007](http://www.cqc.org.uk/maternityservices2007)

\* 142 were acute (hospital) trusts and two were primary care trusts. One PCT was included as it is responsible for providing acute maternity care services in addition to community midwifery services that other PCTs may also provide. The other is a combined trust providing acute, ambulance, PCT and mental health services.

\*\* If an NHS trust had fewer than 250 deliveries in February 2010, then women who gave birth in January 2010 were also invited to take part in the survey.

<sup>13</sup> The results from one trust were excluded for some of the questions in the survey due to them having a considerably smaller maternity unit and only a very small number of women in their sample. This has only been the case where they have less than 30 responses for a question.