

# Women's 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 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, please cross clearly inside one box ☐ using a black or blue pen. For some questions you may be asked to cross more than one box.

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

Not all sections will apply to you. Sometimes you will find 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.

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 blank in the freepost envelope provided.

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 questions, please call the helpline number given in the letter enclosed with this questionnaire.

## SECTION A. 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. What time was your baby born? *(If you had twins or more than two babies this time, please fill in this question about the baby who was born first)*

- 1 ☐ Early morning (12:01am - 6:00am)
- 2 ☐ Morning (6:01am - 12:00 noon)
- 3 ☐ Afternoon (12:01pm - 6:00pm)
- 4 ☐ Evening / Night (6:01pm - 12:00 midnight)

A3. Roughly how many weeks pregnant were you when your baby was born?

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

## SECTION B. CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)

### The start of your care in pregnancy

B1. Who was the **first** health professional you saw when you thought you were pregnant? **(Cross ONE 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?

- 1 ☐ When I was 0 to 6 weeks pregnant
- 2 ☐ When I was 7 to 12 weeks pregnant
- 3 ☐ When I was 13 or more weeks pregnant
- 4 ☐ Don't know / can't remember

B3. Roughly how many weeks pregnant were you when you had your 'booking' appointment (the appointment where you were given your pregnancy notes)?

- 1 ☐ When I was 0 to 7 weeks pregnant
- 2 ☐ When I was 8 or 9 weeks pregnant
- 3 ☐ When I was 10 or 11 weeks pregnant
- 4 ☐ When I was 12 weeks pregnant
- 5 ☐ When I was 13 or more weeks pregnant
- 6 ☐ Don't know / can't remember

B4. Were you **offered** any of the following choices about where to have your baby? **(Cross ALL that apply)**

- 2.5 1 ☐ I was offered a choice of hospitals
- 2.5 2 ☐ I was offered a choice of giving birth in a midwife led unit / birth centre
- 2.5 3 ☐ I was offered a choice of giving birth in a consultant led unit
- 2.5 4 ☐ I was offered a choice of giving birth at home
- 0 5 ☐ I was not offered any choices
- 6 ☐ I had no choices due to medical reasons
- 7 ☐ Don't know

**Note:** Question B4 multiple choice scoring is calculated by adding the scores from all responses (e.g. if three options are selected, the question score is 7.5). If respondents select any of the first four options *as well* as any of the final three, the first four responses are given priority.

B5. Before your baby was born, did you plan to have a home birth?

- 1 ☐ Yes
- 2 ☐ No

**B6.** Did you get enough information from either a **midwife or doctor** to help you decide where to have your baby?

- 10 <sup>1</sup> ☐ Yes, definitely  
5 <sup>2</sup> ☐ Yes, to some extent  
0 <sup>3</sup> ☐ No  
- 4 ☐ No, but I did not need this information  
- 5 ☐ 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.

**B7.** During your pregnancy were you given a **choice** about **where** your antenatal check-ups would take place?

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

**B8.** If you saw a midwife for your **antenatal check-ups**, did you see the same one every time?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ Yes, but would have preferred not to  
<sup>3</sup> ☐ No, but I wanted to  
<sup>4</sup> ☐ No, but I did not mind  
<sup>5</sup> ☐ I only saw a midwife once  
<sup>6</sup> ☐ I did not see a midwife  
<sup>7</sup> ☐ Don't know / can't remember

**B9.** During your antenatal check-ups, did the midwives appear to be aware of your medical history?

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

**B10.** During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?

- 10 <sup>1</sup> ☐ Yes, always  
5 <sup>2</sup> ☐ Yes, sometimes  
0 <sup>3</sup> ☐ No  
- 4 ☐ Don't know

**B11.** During your antenatal check-ups, did the midwives listen to you?

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

**B12.** During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?

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

### During your pregnancy

**B13.** During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?

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

**B14.** During your pregnancy, if you contacted a midwife, were you given the help you needed?

- 10 <sup>1</sup> ☐ Yes, always  
5 <sup>2</sup> ☐ Yes, sometimes  
0 <sup>3</sup> ☐ No  
0 <sup>4</sup> ☐ No, as I was not able to contact a midwife  
- 5 ☐ I did not contact a midwife

**B15.** Thinking about your **antenatal care**, were you spoken to in a way you could understand?

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

**B16.** Thinking about your **antenatal care**, were you involved enough in decisions about your care?

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

**B17.** During your pregnancy did midwives provide relevant information about feeding your baby?

- 10 <sup>1</sup> ☐ Yes, definitely  
5 <sup>2</sup> ☐ Yes, to some extent  
0 <sup>3</sup> ☐ No  
- 4 ☐ I did not want / need this information  
- 5 ☐ Don't know / can't remember

## SECTION C. YOUR LABOUR AND THE BIRTH OF YOUR BABY

If you had a planned caesarean, or did not have a labour, please go to Question C7.

**C1.** At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?

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

**C2.** Did you have a home birth?

- 1 ☐ Yes  
2 ☐ No

**C3.** During your labour, were you able to move around and choose the position that made you most comfortable?

- 10 <sup>1</sup> ☐ Yes, most of the time  
5 <sup>2</sup> ☐ Yes, sometimes  
0 <sup>3</sup> ☐ No  
- 4 ☐ No, but this was not possible due to medical reasons

**C4.** During your labour, what type of pain relief did you use? **(Cross ALL that apply)**

- 1 ☐ Natural methods (e.g. hypnosis, breathing, massage)  
2 ☐ Water / 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 (injection in your back, given by an anaesthetist)  
7 ☐ Other  
8 ☐ I did not use pain relief

**C5.** Did the pain relief you used change from what you had **originally planned (before you went into labour)**?

- 1 ☐ Yes → Go to C6  
2 ☐ No → Go to C7  
3 ☐ I did not use pain relief → Go to C7  
4 ☐ I did not have a plan → Go to C7

**C6.** Why did you not use the choice of pain relief that you had **originally planned (before you went into labour)?** (Cross ALL that apply)

- 1 ☐ For medical reasons
- 2 ☐ I changed my mind
- 3 ☐ I did not need to use the pain relief I had planned to use
- 4 ☐ There was not time to use my planned pain relief
- 5 ☐ The pain relief I had planned to use did not work
- 6 ☐ I was told there were not enough staff to provide my chosen pain relief
- 7 ☐ I was not told why I could not have my choice of pain relief
- 8 ☐ Other

### The birth of your baby

**C7.** Thinking about the birth of your baby, what **type of delivery** did you have? (If you had *twins or more than two babies this time, please fill in this question about the baby who was born first*)

- 1 ☐ A normal vaginal delivery → Go to C8
- 2 ☐ An assisted vaginal delivery (e.g. with forceps or ventouse suction cup)  
→ Go to C8
- 3 ☐ A planned caesarean delivery  
→ Go to C10
- 4 ☐ An emergency caesarean delivery  
→ Go to C10

**C8.** Where did you give birth? (Cross ONE only)

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

**C9.** What position were you in **when your baby was born?** (Cross ONE only)

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

**C10.** Did you have skin to skin contact (*baby naked, directly on your chest or tummy*) with your baby shortly after the birth?

- 10 1 ☐ Yes
- 0 2 ☐ Yes, but I did not want this
- 0 3 ☐ No
- 4 ☐ No, but this was not possible for medical reasons
- 5 ☐ I did not want skin to skin contact with my baby

**C11.** 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?

- 10 1 ☐ Yes
- 0 2 ☐ No
- 3 ☐ They did not want to / could not be involved
- 4 ☐ I did not want them to be involved
- 5 ☐ I did not have a partner / companion with me

### The staff caring for you

**C12.** Did the staff treating and examining you introduce themselves?

- 10 1 ☐ Yes, all of the staff introduced themselves
- 5 2 ☐ Some of the staff introduced themselves
- 0 3 ☐ Very few / none of the staff introduced themselves
- 4 ☐ Don't know / can't remember

**C13.** Had any of the midwives who cared for you been involved in your antenatal care?

- 1 ☐ Yes
- 2 ☐ Yes, but I did not want this
- 3 ☐ No, but I wanted this
- 4 ☐ No, but I did not mind
- 5 ☐ Don't know / can't remember

**C14.** Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you? **(Cross ALL that apply)**

- 0 1 ☐ Yes, during early labour
- 0 2 ☐ Yes, during the later stages of labour
- 0 3 ☐ Yes, during the birth
- 0 4 ☐ Yes, shortly after the birth
- 10 5 ☐ No, not at all

**C15.** If you raised a concern during labour and birth, did you feel that it was taken seriously?

- 10 1 ☐ Yes
- 0 2 ☐ No
- 3 ☐ I did not raise any concerns

**C16.** If you needed attention **during labour and birth**, were you able to get a member of staff to help you **within a reasonable time**?

- 10 1 ☐ Yes, always
- 5 2 ☐ Yes, sometimes
- 0 3 ☐ No
- 10 4 ☐ A member of staff was with me all the time
- 5 ☐ I did not want / need this
- 6 ☐ Don't know / can't remember

**C17.** Thinking about your **care during labour and birth**, were you spoken to in a way you could understand?

- 10 1 ☐ Yes, always
- 5 2 ☐ Yes, sometimes
- 0 3 ☐ No
- 4 ☐ Don't know / can't remember

**C18.** Thinking about your **care during labour and birth**, were you involved enough in decisions about your care?

- 10 1 ☐ Yes, always
- 5 2 ☐ Yes, sometimes
- 0 3 ☐ No
- 4 ☐ I did not want / need to be involved
- 5 ☐ Don't know / can't remember

**C19.** Thinking about your **care during labour and birth**, were you treated with respect and dignity?

- 10 1 ☐ Yes, always
- 5 2 ☐ Yes, sometimes
- 0 3 ☐ No
- 4 ☐ Don't know / can't remember

**C20.** Did you have confidence and trust in the staff caring for you during your **labour and birth**?

- 10 1 ☐ Yes, definitely
- 5 2 ☐ Yes, to some extent
- 0 3 ☐ No
- 4 ☐ Don't know / can't remember

## SECTION D. CARE IN HOSPITAL AFTER THE BIRTH (POSTNATAL CARE)

If you had a home birth and did not go to hospital, please go to Question E1.

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

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

D2. Looking back, do you feel that the length of your stay in hospital after the birth was...

- <sup>0</sup> <sup>1</sup> ☐ Too long
- <sup>0</sup> <sup>2</sup> ☐ Too short
- <sup>10</sup> <sup>3</sup> ☐ About right
- <sup>-4</sup> ☐ Not sure / don't know

D3. On the day you left hospital, was your discharge delayed for any reason?

- <sup>0</sup> <sup>1</sup> ☐ Yes → Go to D4
- <sup>10</sup> <sup>2</sup> ☐ No → Go to D5

D4. What was the **main** reason for the delay? (Cross **ONE** only)

- <sup>1</sup> ☐ I had to wait for **medicines**
- <sup>2</sup> ☐ I had to wait to **see the midwife / doctor**
- <sup>3</sup> ☐ I had to wait for **test results**
- <sup>4</sup> ☐ I had to wait for **a check to be done on my baby**
- <sup>5</sup> ☐ Something else

D5. If you needed attention while you were in **hospital after the birth**, were you able to get a member of staff to help you **within a reasonable time**?

- <sup>10</sup> <sup>1</sup> ☐ Yes, always
- <sup>5</sup> <sup>2</sup> ☐ Yes, sometimes
- <sup>0</sup> <sup>3</sup> ☐ No
- <sup>-4</sup> ☐ I did not want / need this
- <sup>-5</sup> ☐ Don't know / can't remember

D6. Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?

- <sup>10</sup> <sup>1</sup> ☐ Yes, always
- <sup>5</sup> <sup>2</sup> ☐ Yes, sometimes
- <sup>0</sup> <sup>3</sup> ☐ No
- <sup>-4</sup> ☐ Don't know / can't remember

D7. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?

- <sup>10</sup> <sup>1</sup> ☐ Yes, always
- <sup>5</sup> <sup>2</sup> ☐ Yes, sometimes
- <sup>0</sup> <sup>3</sup> ☐ No
- <sup>-4</sup> ☐ Don't know / can't remember

D8. 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? (Cross **ALL** that apply)

- <sup>10</sup> <sup>1</sup> ☐ Yes
- <sup>0</sup> <sup>2</sup> ☐ No, as they were restricted to visiting hours
- <sup>0</sup> <sup>3</sup> ☐ No, as there was no accommodation for them in the hospital
- <sup>-4</sup> ☐ No, they were not able to stay for another reason
- <sup>-5</sup> ☐ I did not have a partner / companion with me



D9. Thinking about your stay in hospital, how clean was the hospital room or ward you were in?

- 10 <sup>1</sup> ☐ Very clean  
6.7 <sup>2</sup> ☐ Fairly clean  
3.3 <sup>3</sup> ☐ Not very clean  
0 <sup>4</sup> ☐ Not at all clean  
- 5 ☐ Don't know / can't remember

## SECTION E. FEEDING YOUR BABY

This section covers any advice or support given after the birth, this could be at hospital or at home.

E1. In the first few days after the birth how was your baby fed? (**Cross ONE only**)

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

E2. Were your decisions about how you wanted to feed your baby respected by midwives?

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

E3. Did you feel that midwives and other health professionals gave you **consistent advice** about **feeding your baby**?

- 10 <sup>1</sup> ☐ Yes, always  
5 <sup>2</sup> ☐ Yes, sometimes  
0 <sup>3</sup> ☐ No  
- 4 ☐ I did not want / need any advice  
0 <sup>5</sup> ☐ I did not receive any advice  
- 6 ☐ Don't know / can't remember

E4. Did you feel that midwives and other health professionals gave you active **support and encouragement** about **feeding your baby**?

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

## SECTION F. CARE AT HOME AFTER THE BIRTH

F1. Were you given a choice about where your postnatal care would take place? (*Postnatal care is any contact with a midwife or other health professional after leaving hospital*)

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

F2. When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?

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

F3. If you contacted a midwife were you given the help you needed?

- 10 <sup>1</sup> ☐ Yes, always  
5 <sup>2</sup> ☐ Yes, sometimes  
0 <sup>3</sup> ☐ No  
0 <sup>4</sup> ☐ No, as I was not able to contact a midwife  
- 5 ☐ I did not contact a midwife



- F4. Since your baby's birth** have you been visited at home by a midwife?
- 1 ☐ Yes → **Go to F5**
  - 2 ☐ Yes, but I had to contact them to ask them to visit → **Go to F5**
  - 3 ☐ No, I visited the midwife / saw a midwife in clinic → **Go to F5**
  - 4 ☐ No, I was not offered a visit → **Go to F12**
  - 5 ☐ No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU) → **Go to F12**
  - 6 ☐ No, for another reason → **Go to F12**

**F5. Did you see the same midwife every time?**

- 1 ☐ Yes
- 2 ☐ Yes, but would have preferred not to
- 3 ☐ No, but I wanted to
- 4 ☐ No, but I did not mind
- 5 ☐ I only saw a midwife once
- 6 ☐ I did not see a midwife
- 7 ☐ Don't know / can't remember

**Thinking about all the times you were visited at home or seen in a clinic by a midwife after the birth...**

**F6. How many times in total did you see a midwife after you went home?**

- 1 ☐ 1 - 2
- 2 ☐ 3 - 4
- 3 ☐ 5 - 6
- 4 ☐ 7 times or more
- 5 ☐ Don't know / can't remember

**F7. Would you have liked to have seen a midwife...**

- 0 1 ☐ More often
- 0 2 ☐ Less often
- 10 3 ☐ I saw a midwife as much as I wanted

**F8. Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?**

- 10 1 ☐ Yes
- 0 2 ☐ No
- 3 ☐ Don't know / can't remember

**F9. Did you feel that the **midwife** or **midwives** that you saw always listened to you?**

- 10 1 ☐ Yes, always
- 5 2 ☐ Yes, sometimes
- 0 3 ☐ No
- 4 ☐ Don't know / can't remember

**F10. Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?**

- 10 1 ☐ Yes, always
- 5 2 ☐ Yes, sometimes
- 0 3 ☐ No
- 4 ☐ This was not necessary
- 5 ☐ Don't know / can't remember

**F11. Did you have confidence and trust in the midwives you saw after going home?**

- 10 1 ☐ Yes, definitely
- 5 2 ☐ Yes, to some extent
- 0 3 ☐ No
- 4 ☐ Don't know / can't remember

**F12.** 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, but I wanted this
- 5 ☐ No, but I did not mind
- 6 ☐ Don't know / can't remember

**F13.** Did a midwife or health visitor ask you how you were feeling emotionally?

- 10 1 ☐ Yes
- 0 2 ☐ No
- 3 ☐ Don't know / can't remember

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

- 10 1 ☐ Yes, definitely
- 5 2 ☐ Yes, to some extent
- 0 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**?

- 10 1 ☐ Yes, definitely
- 5 2 ☐ Yes, to some extent
- 0 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?

- 10 1 ☐ Yes, always
- 5 2 ☐ Yes, sometimes
- 0 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**?

- 10 1 ☐ Yes, definitely
- 5 2 ☐ Yes, to some extent
- 0 3 ☐ No
- 4 ☐ I did not need any
- 5 ☐ Don't know / can't remember

**F18.** Were you given enough information about any emotional changes you might experience after the birth?

- 10 1 ☐ Yes, definitely
- 5 2 ☐ Yes, to some extent
- 0 3 ☐ No
- 4 ☐ No, but I did not need this information
- 5 ☐ Don't know / can't remember

**F19.** Were you told who you could contact if you needed advice about any emotional changes you might experience after the birth?

- 10 1 ☐ Yes
- 0 2 ☐ No
- 3 ☐ Don't know / can't remember

**F20.** Were you given information or offered advice from a health professional about contraception?

- 10 ☐ Yes
- 0 ☐ No
- 3 ☐ I did not want / need any advice
- 4 ☐ Don't know / can't remember

**F21.** Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (Around 6-8 weeks after the birth)

- 10 ☐ Yes
- 0 ☐ No
- 3 ☐ Don't know / can't remember

## SECTION G. 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.

**G1.** In what year were **you** born?

(Please write in) e.g.

1	9	8	5
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**G2.** Have you had a previous pregnancy?

- 1 ☐ Yes → Go to **G3**
- 2 ☐ No → Go to **G4**

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

- 1 ☐ None
- 2 ☐ 1 - 2
- 3 ☐ 3 or more

**G4.** Do you have any of the following long-standing conditions? **(Cross ALL that apply)**

- 1 ☐ Deafness or severe hearing impairment
- 2 ☐ Blindness or partially sighted
- 3 ☐ A long-standing physical condition
- 4 ☐ A learning disability
- 5 ☐ A mental health condition
- 6 ☐ A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- 7 ☐ No, I do not have a long-standing condition

**G5.** What is your religion?

- 1 ☐ No religion
- 2 ☐ Buddhist
- 3 ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- 4 ☐ Hindu
- 5 ☐ Jewish
- 6 ☐ Muslim
- 7 ☐ Sikh
- 8 ☐ Other
- 9 ☐ I would prefer not to say

**G6.** Which of the following best describes how you think of yourself?

- 1 ☐ Heterosexual / straight
- 2 ☐ Gay / lesbian
- 3 ☐ Bisexual
- 4 ☐ Other
- 5 ☐ I would prefer not to say

G7. What is your ethnic group? **(Cross ONE box only)**

**a. WHITE**

- 1 ☐ English / Welsh / Scottish / Northern Irish / British
- 2 ☐ Irish
- 3 ☐ Gypsy or Irish Traveller
- 4 ☐ Any other White background, **write in...**

**b. MIXED / MULTIPLE ETHNIC GROUPS**

- 5 ☐ White and Black Caribbean
- 6 ☐ White and Black African
- 7 ☐ White and Asian
- 8 ☐ Any other Mixed / multiple ethnic background, **write in...**

**c. ASIAN / ASIAN BRITISH**

- 9 ☐ Indian
- 10 ☐ Pakistani
- 11 ☐ Bangladeshi
- 12 ☐ Chinese
- 13 ☐ Any other Asian background, **write in...**

**d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH**

- 14 ☐ African
- 15 ☐ Caribbean
- 16 ☐ Any other Black / African / Caribbean background, **write in...**

**e. OTHER ETHNIC GROUP**

- 17 ☐ Arab
- 18 ☐ Any other ethnic group, **write in...**

**H. 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, the 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 CQC on 03000 61 61 61.**