

Maternity Services Survey

This is a survey about your experience of the care you received from NHS maternity services. What you tell us is confidential and taking part is voluntary.

What to do

Please only think about the maternity care you received in your **most recent** pregnancy and birth when answering these questions.

Put a cross clearly inside one box using a black or blue pen.

If you make a mistake, just 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.

Please remember not to write your name or address anywhere on the questionnaire.

When you have filled in as much as you can, please return it in the Freepost envelope provided.

Thank you.

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

NEED MORE HELP?

For help completing this questionnaire, please call the survey helpline on <insert helpline number>.

If you have any concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

Want to be involved in maternity services in your local area?

If you'd like to give additional feedback or be involved in improvement to maternity services in your local area, you can find more information here: www.nationalmaternityvoices.org.uk.

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. 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

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

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.

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

- 1 When I was 0 to 10 weeks pregnant
- 2 When I was 11 to 12 weeks pregnant
- 3 When I was more than 12 weeks pregnant
- 4 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 A choice of hospitals
- 2.5 2 A midwife led unit / birth centre
- 2.5 3 A consultant led unit
- 2.5 4 At home
- 0 5 I was not offered any choices
- 6 I had no choices due to medical reasons
- 7 Don't know / can't remember

B5. Before your baby was born, where did you plan to have your baby?

- 1 A midwife led unit / birth centre
- 2 A consultant led unit
- 3 At home
- 4 I did not have a plan
- 5 Don't know / can't remember

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

- 10 1 Yes, definitely
- 5 2 Yes, to some extent
- 0 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. 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. At your antenatal checks-ups, did you see the same midwife every time?

- 1 Yes
- 2 No
- 3 I did not see a midwife
- 4 Don't know / can't remember

B8. During your antenatal check-ups, did your midwives appear to be aware of your medical history?

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

B9. During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?

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

B10. During your antenatal check-ups, did your midwives listen to you?

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

B11. During your antenatal check-ups, did your midwife ask you about your mental health?

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

During your pregnancy

B12. During your pregnancy were you **offered** any antenatal classes or courses **provided by the NHS**?

- 1 Yes, and I did them → Go to B13
- 2 Yes, but I did not do them → Go to B14
- 3 No → Go to B14
- 4 Don't know / can't remember → Go to B14

B13. Did you find these classes or courses useful?

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

B14. During your pregnancy, did you have a telephone number for a member of the midwifery team that you could contact?

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

B15. During your pregnancy, if you contacted a midwifery team, were you given the help you needed?

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

B16. Thinking about your **antenatal care**, were you spoken to in a way you could understand?

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

B17. Thinking about your **antenatal care**, were you involved in decisions about your care?

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

B18. During your pregnancy did midwives provide relevant information about feeding your baby?

- 10 Yes, definitely
5 Yes, to some extent
0 No
-4 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 C8.

C1. 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?

- 1 I did not contact a midwife / the hospital
10 Yes
0 No

C2. During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?

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

C3. 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 mouth piece or 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

C4. Did the pain relief you used change from what you had **originally wanted (before you went into labour)**?

- 1 Yes → Go to C5
2 No → Go to C6
3 I did not use pain relief → Go to C6
4 Don't know / can't remember → Go to C6

C5. Why did you not use the pain relief that you had **originally wanted (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 originally wanted
4 There was not time to use the pain relief I originally wanted
5 The original pain relief did not work
6 An anaesthetist was not available 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

C6. Where did you have your baby?

- 1 A midwife led unit / birth centre
- 2 A consultant led unit
- 3 At home
- 4 Don't know / can't remember

C7. Thinking about the birth of your baby, was your labour induced?

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

C8. What **type of birth** 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 vaginal birth (no forceps or ventouse suction cup) → **Go to C9**
- 2 An assisted vaginal birth (e.g. with forceps or ventouse suction cup) → **Go to C9**
- 3 A planned caesarean birth → **Go to C11**
- 4 An emergency caesarean birth → **Go to C11**

C9. Where did you give birth? **(Cross ONE only)**

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

C10. 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

C11. 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 No
- 3 No, but this was not possible for medical reasons
- 4 I did not want skin to skin contact with my baby

C12. 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

C13. 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

C14. Had any of the midwives who cared for you been involved in your antenatal care?

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

C15. 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

C16. 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

C17. During labour and birth, were you able to get a member of staff to help you **when you needed it?**

- 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

C18. 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

C19. Thinking about your **care during labour and birth**, were you involved 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

C20. 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

C21. 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

C22. After your baby was born, did you have the opportunity to ask questions about your labour and the birth?

- 10 1 Yes, completely
- 5 2 Yes, to some extent
- 0 3 No
- 4 I did not want / need this
- 5 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?

- 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?

- 0 1 Yes → Go to D3
10 2 No → Go to D4

D3. What was the **main** reason for the delay? (Cross **ONE** only)

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

D4. 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**?

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

D5. Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?

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

D6. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?

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

D7. 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)

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

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

- 10 1 Very clean
6.7 2 Fairly clean
3.3 3 Not very clean
0 4 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**)

- 1 Breast milk (or expressed breast milk) only
- 2 Both breast and formula (bottle) milk
- 3 Formula (bottle) milk only
- 4 Don't know / can't remember

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

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

E3. Did you feel that midwives and other health professionals took your personal circumstances into account when giving **advice** about **feeding your baby**?

- 10 1 Yes, always
- 5 2 Yes, sometimes
- 0 3 No
- 4 I did not want / need any advice
- 0 5 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 1 Yes, always
- 5 2 Yes, sometimes
- 0 3 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 1 Yes
- 0 2 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 midwifery or health visiting team that you could contact?

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

F3. If you contacted a midwifery or health visiting team were you given the help you needed?

- 10 1 Yes, always
- 5 2 Yes, sometimes
- 0 3 No
- 4 I did not contact a midwifery or health visiting team

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 F11**
- 5 No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU) → **Go to F11**
- 6 No, for another reason → **Go to F11**

F5. Did you see the same midwife every time?

- 1 Yes
2 No
3 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. 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

F7. Did the midwife or midwifery team 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

F8. Did you feel that the midwife or midwifery team 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

F9. Did the midwife or midwifery team 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 Don't know / can't remember

F10. Did you have confidence and trust in the midwife or midwifery team 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

F11. 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

F12. Did a midwife or health visitor ask you about your mental health?

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

F13. Were you given information about any changes you might experience to your mental health after having your baby?

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

F14. Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?

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

F15. Were you given information about your own **physical** recovery after the birth?

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

F16. 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 Yes, definitely
5 Yes, to some extent
0 No
-4 I did not need any
-5 Don't know / can't remember

F17. If, **during evenings, nights or weekends**, you needed support or advice about feeding your baby, were you able to get this?

- 10 Yes, always
5 Yes, sometimes
0 No
-4 I did not need this
-5 Don't know / can't remember

F18. 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 Yes, definitely
5 Yes, to some extent
0 No
-4 I did not need any
-5 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?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 I have not had a postnatal check-up
5 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?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 I have not had a postnatal check-up
5 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	8
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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 or 2
3 3 or more

G4. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

- 1 Yes → **Go to G5**
2 No → **Go to G7**

G5. Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

- 1 Breathing problem, such as asthma
2 Blindness or partial sight
3 Cancer in the last 5 years
4 Dementia or Alzheimer's Disease
5 Deafness or hearing loss
6 Diabetes
7 Heart problem, such as angina
8 Joint problem, such as arthritis
9 Kidney or liver disease
10 Learning disability
11 Mental health condition
12 Neurological condition
13 Another long-term condition

G6. Do any of these reduce your ability to carry out day-to-day activities?

- 1 Yes, a lot
2 Yes, a little
3 No, not at all

G7. 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

G8. 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

G9. 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.