

Maternity care pathway reports: postnatal care

Survey of women's experiences of maternity care 2019

North Cumbria University Hospitals NHS Trust

NHS Patient Survey Programme

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Maternity care pathway reports: POSTNATAL CARE BENCHMARK REPORT

The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage services to improve. Our role is to register care providers, and to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. We publish our findings, including performance ratings, to help people choose care.

Survey of women's experiences of maternity care 2019

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is to ask people who have recently used their local health services to tell us about their experiences.

The 2019 survey of women's experiences of maternity care involved 126 NHS acute trusts in England. We received responses from 17,151 women, a response rate of 36.5%. Women were eligible for the survey if they had a live birth during February 2019¹, were aged 16 years or older, and gave birth under the care of an NHS trust. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between April and August 2019.

Similar surveys of women's experience of maternity care were carried out in 2007, 2010, 2013, 2015, 2017 and 2018. Maternity care surveys are part of a wider programme of NHS patient surveys which cover a range of topics, including acute inpatient services, urgent and emergency care services, and community mental health services. To find out more about the programme and to see the results from previous surveys, please see the links in the 'Further information' section.

CQC will use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. Survey data will be used in CQC Insight, which provides inspectors with an assessment of performance in areas of care within an NHS trust that need to be followed up. Survey data will also be used to support CQC inspections.

NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health and Social Care will hold them to account for the outcomes they achieve. NHS Improvement will use the results to inform their oversight model for the NHS.

Antenatal and postnatal data

When answering survey questions about labour and birth, we can be confident that in all cases women are referring to the acute trust from which they were sampled. It is therefore possible to compare results for labour and birth across all 126 NHS trusts that took part in the survey. The survey also asked women about their experiences of antenatal and postnatal care. However, some women may not have received their antenatal and/or postnatal care from the trust at which they gave birth. This could be due to one of several reasons, such as moving home or having to travel for more specialist care, or due to variation in service provision across the country.

We asked trusts to identify which of the women in their sample were likely to have also received their antenatal and postnatal care from the trust, using either electronic records or residential

¹52 of 126 (41.3%) trusts also sampled births in January 2019 to produce a sufficient sample size. For further details on the sampling criteria, please see the survey sampling instructions at: <https://nhssurveys.org/wp-content/surveys/04-maternity/03-instructions-guidance/2019/Sampling%20instructions.pdf>

postcode information. This attribution exercise was completed for the first time in the 2013 survey. In 2019, 118 trusts that took part in the survey completed the attribution exercise. The aim of collecting this information was to improve the accuracy with which survey responses are attributed to the care provider to allow trusts to gain better insight into their services.

Responses from women who were identified as receiving their postnatal care from the same trust at which they gave birth were used to calculate scores for the postnatal survey data for each trust, and likewise for the antenatal data. **This report contains the benchmarked results for the postnatal care section of the questionnaire.** The scores for antenatal care are provided in a separate report. As for previous iterations of the Maternity Survey, antenatal and postnatal data cannot be considered as statistically robust as the data for labour and birth, for several reasons:

1. As the attribution data is provided voluntarily, it is not possible to consider it representative for all trusts in the survey – comparisons can only be drawn between trusts that completed the exercise. Trusts are only identified as being ‘better’ or ‘worse’ within the subset of trusts that completed the attribution exercise, therefore it is not a true benchmark for performance across England.
2. For trusts that do not keep electronic records of antenatal and postnatal care, attribution was based on the residential location of respondents. Therefore it was not possible to identify whether women had received care from a different provider for reasons such as requiring specialist care. This may mean that some respondents are included in the data despite having received care from another trust.
3. NHS trusts completed the attribution exercise themselves, and due to the limitations of this process, the Survey Coordination Centre and CQC were unable to verify the accuracy of the information. This means we cannot be certain about the reliability of the attribution data.

It is also important to note that not every trust who provided attribution data will be provided with an ante- or postnatal report. This is due to low response rates from women who received either ante- or postnatal care from the trust. It is the policy of the NHS Patient Survey Programme to remove responses from trusts with fewer than 30 responses per question because uncertainty around such results would be too great, and very low numbers would risk respondents being recognised from their responses. Of the 118 trusts who submitted attribution data in 2019, one trust did not receive a postnatal report because their attribution data indicated that no one in their sample received postnatal care from the trust.

The antenatal and postnatal survey data from the trusts that completed the attribution exercise and had sufficient respondent numbers will be shared with those trusts and the corresponding reports will be published on the NHS Patient Surveys website. However, the results should be interpreted with caution for the reasons described above, and the reports are therefore not published on CQC’s website.

Interpreting the report

This report shows how a trust scored for each question in the postnatal care section of the questionnaire, compared with the range of results from 116 other trusts that completed the attribution exercise and had sufficient respondent numbers. It is designed to help understand the performance of individual trusts and to identify areas for improvement based on (1) comparisons with other participating trusts and (2) change in patient experience at the trust over time.

This benchmark report is made of two parts. The first part uses graphs to show how the trust is performing for each question and section in relation to all other trusts that completed the attribution exercise and had sufficient respondent numbers. The second part shows whether a score has significantly increased or decreased compared to the last survey.

Section scores are provided in both the first and the second part, as aggregates of the individual question scores.

The sections presented in this report are:

- S7. Feeding your baby;
- S8. Care at home after the birth

Part 1: Benchmarking graphs

The graphs included in the first part of the report show how the score for the trust compares to the range of scores achieved by all trusts that completed the attribution exercise and had sufficient respondent numbers. In each graph, the box represents the range of scores for the question across all trusts, and the score for the specific trust is shown by a black diamond. The box is divided into three areas:

- Orange area: If the black diamond lies in this section of the graph, the trust's score is 'worse' than would be expected when compared with most other trusts;
- Grey area: If the black diamond lies in this section of the graph, the trust's score is 'about the same' as most other trusts;
- Green area: If the black diamond lies in this section of the graph, the trust's score is 'better' than would be expected when compared with most other trusts.

The text to the right of the graph states whether the score for the trust is 'better' or 'worse'. If there is no text the score is 'about the same'.

Part 2: Historical comparison tables

The second part of the report consists of tables containing the data used to create the graphs, alongside comparisons with the trust score for 2018 (where applicable). Each row of the tables corresponds to a question and displays the 2019 score for the specific trust, and the lowest and the highest trust score in England (indicating the range of scores across trusts).

The tables also include the number of respondents to each question within the trust. A small number of respondents for a question might indicate a lower level of reliability of the score.

Finally, the tables display the score for the trust in 2018 where available. If the change between 2018 and 2019 is statistically significant, an up or down arrow is displayed in the last column of the tables. When the change is not statistically significant, this column is left blank. Significance is tested using a two-sample t-test.

Where a result for 2018 is not shown, this is because the question was either new in 2019, or the question wording and/or response options have been changed. Comparisons are also not shown if a trust has merged with another trust(s) since the 2018 survey, or if a trust committed a sampling error in 2018. Please also note that comparative data is not shown for the questionnaire sections as the questions contained in each section can change year on year.

Methodology

The following sections give an overview of the methodology used in this report. For further information, please refer to the technical document available on the CQC's website (see 'Further information' section).

Standardisation

Trusts have differing profiles of maternity service users. For example, one trust may have more first-time mothers than another. This can potentially affect the results because people tend to answer questions in different ways depending on certain characteristics. This could lead to a trust's results appearing better or worse than if they had a slightly different profile of maternity service users.

To account for this, we 'standardise' the data by parity (whether or not the mother has given birth previously) and age of respondents. This helps to ensure that each trust's age-parity profile reflects the national age-parity distribution (based on all of the respondents to the survey) and enables a fairer comparison of results from trusts with different profiles of maternity service users. In most cases this standardisation will not have a large impact on trust results.

Scoring

For each evaluative question in the survey, individual responses were converted into scores on a scale of 0 to 10. A score of 10 represents the best possible response; therefore, the higher the

score for each question, the better the trust is performing. It is not appropriate to score all questions within the questionnaire, since some questions do not assess the trust in any way.

Expected range

The 'about the same', 'better' and 'worse' categories used in the first part of the report are based on a statistic called the 'expected range' which determines the range within which the trust's score could fall without differing significantly from the average. It takes into account the number of respondents for each trust and the scores for all other trusts that submitted attribution data and had sufficient respondent numbers. If the trust's performance is outside of this range, it means that it performs significantly above or below what would be expected. If it is within this range, we say that its performance is 'about the same'. Where a trust is performing 'better' or 'worse' than the majority of other trusts, the result is very unlikely to have occurred by chance.

In some cases there will be no orange and/or green area in the graphs. This occurs when the expected range for the trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and/or a large amount of variation in their answers.

If fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section). This is because the uncertainty around the result is too great, and because of the need to protect anonymity.

Notes on specific questions

The following questions were not answered by women who had not seen a midwife since the birth of their baby: F6, F7, F8, F9 and F10.

Further information

The full England-level results for the 2019 survey are on the CQC website, together with an A to Z list to view the results for each trust's labour and birth questions, and the technical document outlining the methodology and the scoring applied to each question. You can access these documents through:

www.cqc.org.uk/maternitysurvey

All antenatal and postnatal care benchmark reports are available (for the trusts who submitted attribution data and had sufficient respondent numbers) on the NHS Patient Surveys website, along with the labour and birth reports for all trusts, at:

<http://nhssurveys.org/all-files/04-maternity/05-benchmarks-reports/2019/>

The results for the 2007, 2010, 2013, 2015, 2017 and 2018 maternity surveys can be found on the NHS Patient Surveys website. Please note that due to redevelopment work, results from the 2019 survey are only comparable with 2013, 2015, 2017 and 2018. Full details of the methodology for the survey, including questionnaires, supporting materials, sampling instructions and the survey development report are available at:

<https://nhssurveys.org/surveys/survey/04-maternity/>

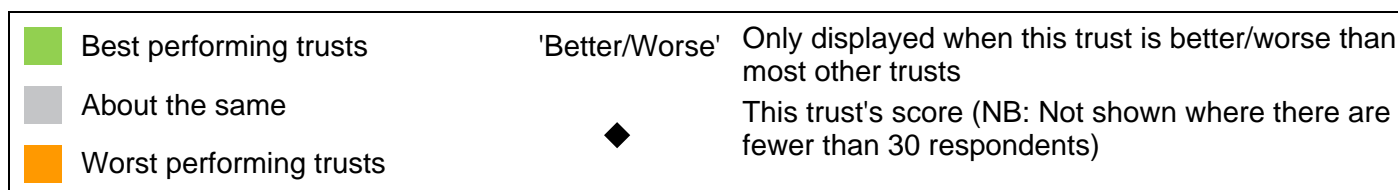
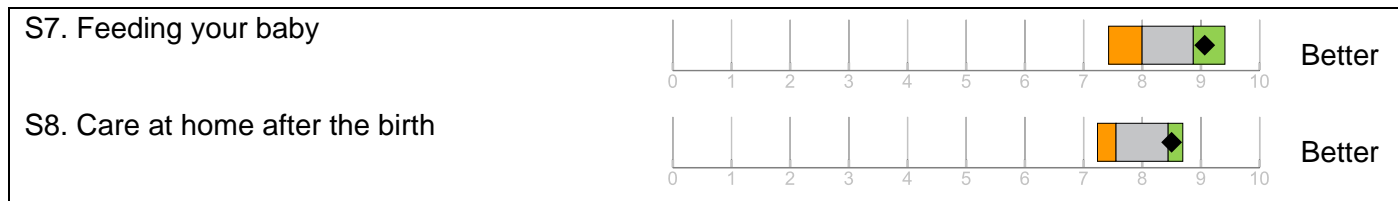
More information on the programme of NHS patient surveys is available at:

www.cqc.org.uk/surveys

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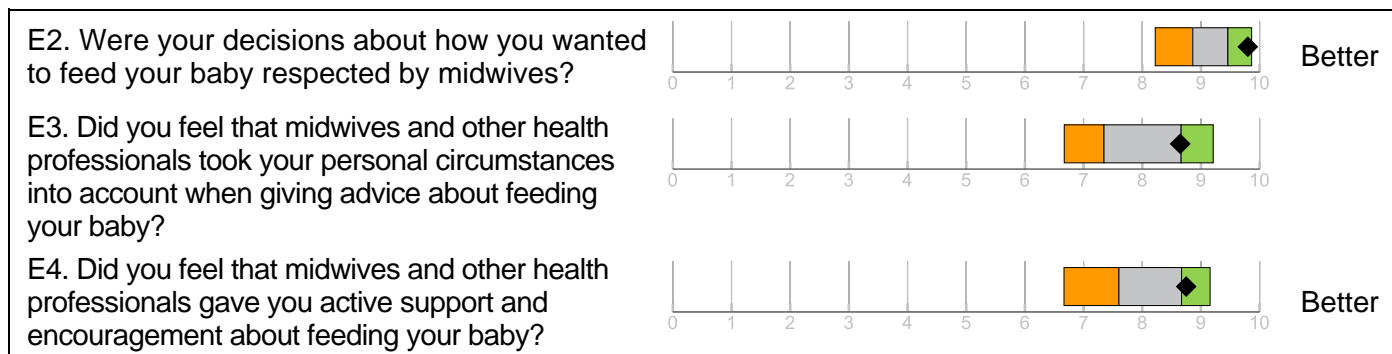
Section scores



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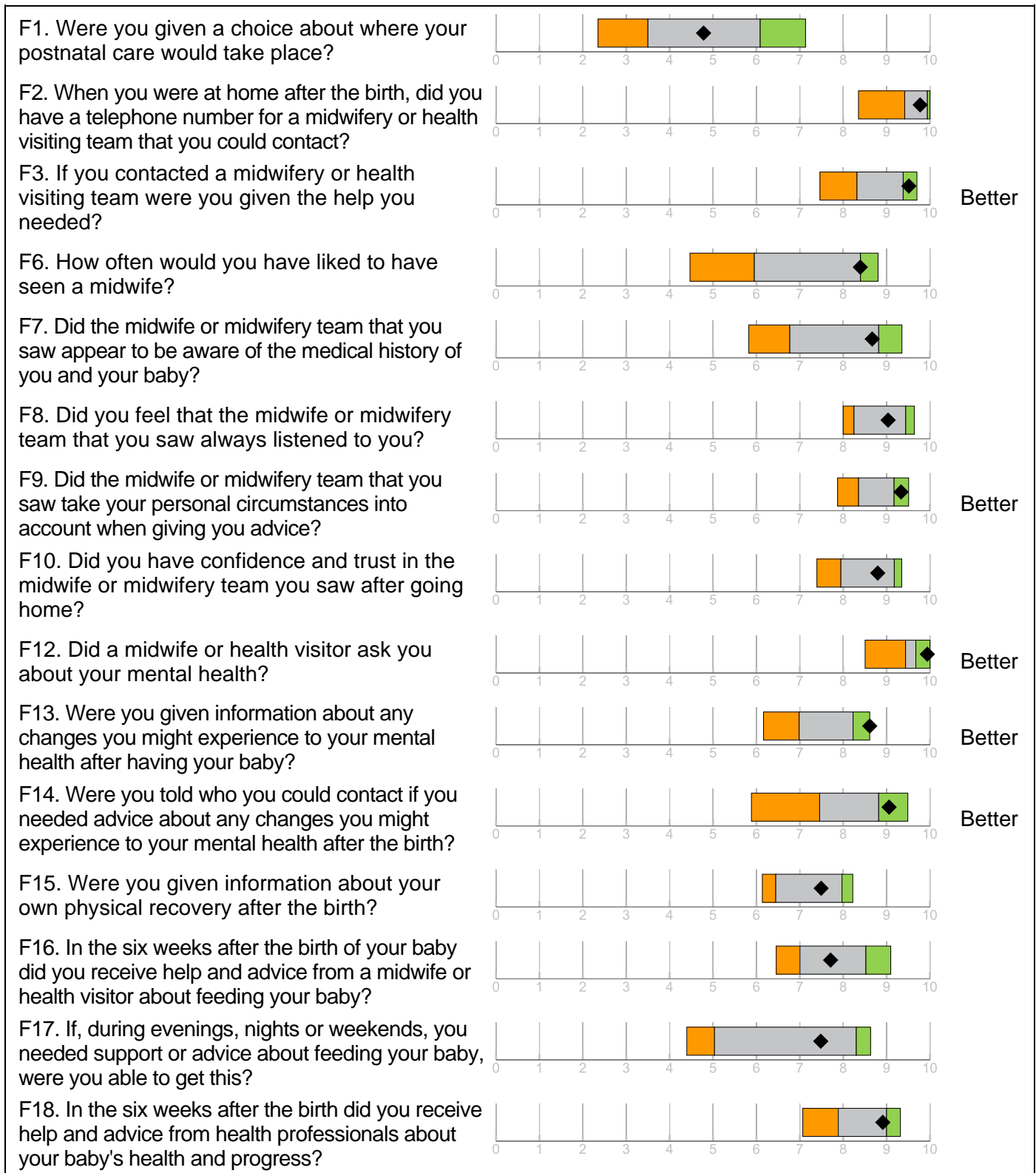
Feeding your baby



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Care at home after the birth



■ Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
■ About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
■ Worst performing trusts		

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	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Feeding your baby						
S7	Section score	9.1	7.4	9.4		
E2	Were your decisions about how you wanted to feed your baby respected by midwives?	9.8	8.2	9.9	120	9.6
E3	Did you feel that midwives and other health professionals took your personal circumstances into account when giving advice about feeding your baby?	8.6	6.7	9.2	110	
E4	Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?	8.7	6.7	9.2	111	8.3

↑ or ↓

Indicates where 2019 score is significantly higher or lower than 2018 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2018 data is available.

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		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Care at home after the birth							
S8	Section score	8.5	7.2	8.7			
F1	Were you given a choice about where your postnatal care would take place?	4.8	2.4	7.1	100	4.3	
F2	When you were at home after the birth, did you have a telephone number for a midwifery or health visiting team that you could contact?	9.8	8.4	10.0	120		
F3	If you contacted a midwifery or health visiting team were you given the help you needed?	9.5	7.5	9.7	91		
F6	How often would you have liked to have seen a midwife?	8.4	4.5	8.8	118	8.6	
F7	Did the midwife or midwifery team that you saw appear to be aware of the medical history of you and your baby?	8.7	5.8	9.4	108	8.1	
F8	Did you feel that the midwife or midwifery team that you saw always listened to you?	9.0	8.0	9.6	118	9.1	
F9	Did the midwife or midwifery team that you saw take your personal circumstances into account when giving you advice?	9.3	7.9	9.5	114		
F10	Did you have confidence and trust in the midwife or midwifery team you saw after going home?	8.8	7.4	9.3	118	9.1	
F12	Did a midwife or health visitor ask you about your mental health?	9.9	8.5	10.0	121		
F13	Were you given information about any changes you might experience to your mental health after having your baby?	8.6	6.2	8.6	118		
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?	9.1	5.9	9.5	108		
F15	Were you given information about your own physical recovery after the birth?	7.5	6.1	8.2	119		
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?	7.7	6.5	9.1	105	7.8	
F17	If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?	7.5	4.4	8.6	42	7.2	
F18	In the six weeks after the birth did you receive help and advice from health professionals about your baby's health and progress?	8.9	7.1	9.3	117	8.8	

↑ or ↓ Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2018 data is available.