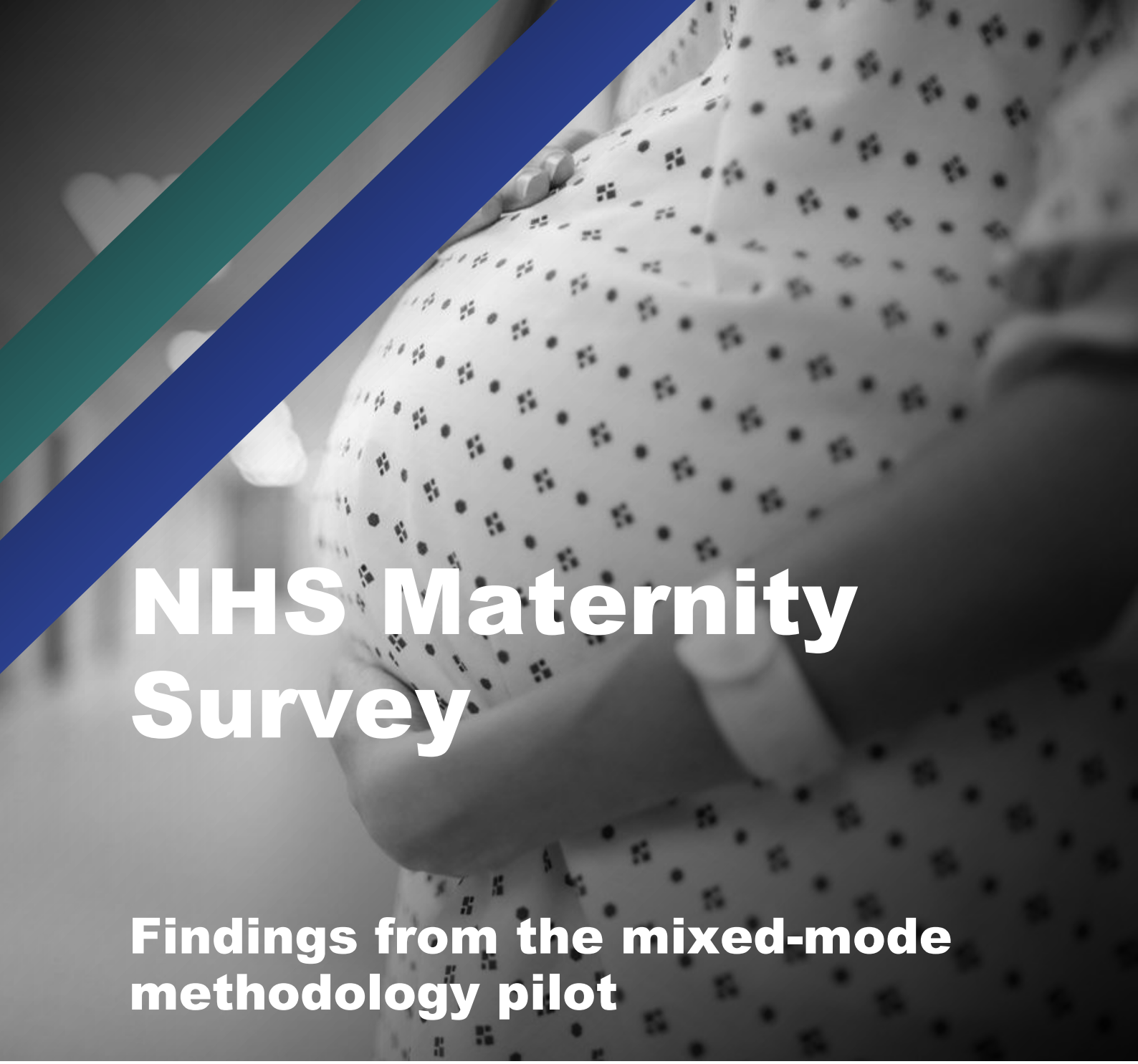

NHS Maternity Survey

Findings from the mixed-mode methodology pilot

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1.1 Background and methodology

The NHS Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC), allows patients and the public to feed back on their recent experiences of services. The programme currently comprises the Maternity Survey, Adult Inpatient Survey, Community Mental Health Survey, Children and Young People's Survey and Urgent and Emergency Care Survey.

The strategic direction for the NPSP sets out CQC's ambitions to create a digital method of survey delivery. The CQC commissioned Ipsos MORI to advise on and transform the existing programme from a paper-based method to a mixed-mode solution.

This pilot was conducted to analyse the feasibility of transitioning the NHS Maternity Survey to a mixed-mode methodology. All surveys in the NHS Patient Survey Programme are currently implemented as entirely paper-based surveys. The mainstage maternity survey currently includes three mailings containing paper questionnaires, and women do not have the option to complete the questionnaire online.

An experimental approach was taken to the pilot, in which two variants of the push-to-web approach (combining both online and paper methodologies) were tested. In addition, the pilot included a control group – which used the current mainstage protocol – to enable comparison of the experimental approaches with the current paper-based approach.

Figure 1.1: Methodology of Control and Experiment groups

Mailing	Control	Experiment 1	Experiment 2
M1 (Week 1)	Letter with paper questionnaire	Letter with URL	Letter with URL
SMS1 (+3 days)	N/A	SMS after M1	SMS after M1
M2 (Week 3)	Letter	Letter with URL	Letter with URL
SMS2 (+3 days)	N/A	SMS after M2	SMS after M2
M3 (Week 5)	Letter with paper questionnaire	Letter with URL and paper questionnaire	Letter no URL and paper questionnaire
M4 (Week 7)	N/A	Letter with URL	Letter with URL and paper questionnaire
SMS3 (+3 days)	N/A	SMS after M4	N/A

1.2 National level

In general, push-to-web surveys tend to deliver lower response rates than equivalent mail ones. However, the pilot findings at a national level are extremely promising as both experiment groups achieved a significantly higher overall response rate than the control group. This suggests that the target population of the Maternity Survey lends itself particularly well to an online methodology.

Experiment group 1 (push to web with a paper questionnaire included in the third mailing only), achieved the highest response rate. Within the experiment groups, experiment group 1 (with an additional SMS reminder) was more likely to respond online than experiment group 2 (with an additional paper questionnaire).

Higher response rates were achieved in the experiment group overall compared with the control group across all ages, ethnicity and IMD groups. The demographic profile of participants is also broadly consistent between the experiment groups and the control group (as well as between experiment group 1 and experiment group 2).

When considering responses received before the fourth mailing there was no significant difference in response rates between the experiment groups and the control group. In the two experiment groups between a fifth to a quarter of responses were received at the fourth mailing.

In terms of question responses, few significant differences were found across the key questions (both unweighted and weighted), suggesting that a move to an online approach would not have a detrimental impact on trend data.

1.3 Trust level

Differences at trust level are generally consistent with differences at the national level in terms of response rates and question responses. There is more variation in the demographic profile at the trust level due to the smaller sample sizes compared with the national level.

This corroborates the national level analysis and suggests that a move to mixed-mode methods would not lead to additional variation between trusts.

1.4 Para data

The para data from the online survey suggests that the women involved in the pilot seem to have found the survey straightforward to complete – it was generally completed in one sitting and drop-off rates were low. No questions appear to have a particularly high break-off rate.

The days the reminders arrived, particularly the SMS reminders, were associated with peaks in online survey completion rates. This suggests that the SMS reminders were a particularly effective way of encouraging women to take part online.

Mobile phones were the device most commonly used to access the online survey (around two-thirds for both experimental groups). Therefore, any future online survey will need to ensure it is designed using 'mobile-first' principles.

1.5 Next steps

Decisions need to be made on the potential of moving Maternity Survey 2021 to a mixed-mode methodology. However, the promising findings from the pilot suggest that transitioning the survey to mixed-mode methods would result in acceptable response rates and data quality.

2 Introduction

The NHS Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC), allows patients and the public to feed back on their recent experiences of services. The programme currently comprises the Maternity Survey, Adult Inpatient Survey, Community Mental Health Survey, Children and Young People's Survey and Urgent and Emergency Care Survey.

The NPSP is designed to capture the views of representative samples of patients in a systematic way from all eligible NHS trusts in England. The data feeds into CQC's regular monitoring tools and is also used by a range of other stakeholders such as NHS England, Department of Health and Social Care, Clinical Commissioning Groups and NHS trusts themselves. Other statistics users include local authorities, academics, researchers and third sector organisations.

The strategic direction for the NPSP sets out CQC's ambitions to create a digital method of survey delivery. To improve accessibility to the survey, address falling response rates and reduce non-response bias the CQC is exploring transitioning the NPSP to a mixed-mode methodology using online methods alongside the current postal approach. The CQC commissioned Ipsos MORI to advise on and transform the existing programme from a paper-based method to a mixed-mode solution.

This report presents findings from the NHS Maternity Survey mixed-mode methodology pilot. The pilot had two key aims:

1. to assess the feasibility of conducting the survey using a mixed-mode methodology designed to encourage online response (a "push-to-web" approach);

2. to compare findings obtained using this push-to-web methodology and the current postal method, to establish the impact of the change in methodology on trend data and overall data quality and non-response bias.

Specifically, the pilot tested the effectiveness of the following new interventions:

sending invitation and reminder letters asking participants to complete the survey online;

sending SMS invitations and reminders;

administering the questionnaire online (instead of by paper questionnaire).

There are several potential benefits and risks associated with the push-to-web approach, as outlined below. The aim of the pilot was to ensure any methodological changes make the most of these benefits and minimise the risks.

The key potential benefits of a push-to-web approach are outlined in the following section.

Making the survey more cost-effective: Push-to-web surveys require fewer paper questionnaires to be printed. Fewer postal responses also saves money on return postage, scanning and paper storage.

Better data quality: When setting up an online survey, it is possible to introduce validation rules to ensure participants follow routing correctly and do not select incompatible answer codes. In paper-based surveys, these responses must be cleaned manually. This means responses to online surveys tend to be better quality, as less data needs to be removed.

The key risks of moving to a push-to-web approach are as follows.

Impact on response rates: Push-to-web surveys tend to have lower response rates than traditional postal surveys. It has been suggested this may be because some participants would prefer not to participate online and are deterred from responding even when later mailings allow them to take part by paper. Although response rates do not necessarily correlate with non-response bias[1], a lower response rate may mean that a larger initial sample is required to get the same number of responses, which can impact on cost.

Impact on coverage and non-response bias: Surveys that use an online-only methodology introduce coverage bias (those who cannot complete a survey online will not take part) and non-response bias (those who are unwilling to complete a survey online will not take part). Overall, participants in online surveys tend to be younger and better educated than participants that respond by other survey methods. CQC analysis shows that age and ethnic group response biases exist in the Maternity Survey. Older mothers are more likely to respond compared with other age groups, and women who identify as white are more likely to respond than those from other ethnic groups. Therefore, when trying to achieve a representative sample, it is important to offer alternative completion methods (such as paper) in addition to online, i.e. to use a mixed-mode methodology.[2] Alternative methods normally mitigate increases in coverage bias, but it is important to monitor for any differences.

Impact on trends: With any change to survey methods, there is a risk of disruption in trend data. This is due to introduction of new mode effects and differences in the profile of participants. It is important to monitor this to ensure that any changes in the data across waves are due to a real change, and not simply the change in mode.

This pilot received Section 251 approval for the sharing of patient details for the purpose of the pilot and underwent review by an ethics panel comprising research ethics experts, patient representatives and survey experts from Ipsos MORI and Picker Institute.

[1] E.g. Groves, R. and Peytcheva, E. (2008), The impact of nonresponse rates on nonresponse bias: a meta-analysis. Public Opinion Quarterly 72, 167-189

[2] E.g. Messer, B. L. and Dillman, D. A. (2011). Surveying the general public over the Internet using address based sampling and mail contact procedures. Public Opinion Quarterly, 75, 429-457

3 Methodology

This pilot was conducted to analyse the feasibility of transitioning the NHS Maternity Survey to a mixed-mode methodology. All surveys in the NHS Patient Survey Programme are currently implemented as entirely paper-based surveys, except for the Adult Inpatient study which is in the process of transitioning. The mainstage Maternity survey currently includes three mailings, the first and third of which contain paper questionnaires, and women do not have the option to complete the questionnaire online.

An experimental approach was taken to the pilot, in which two variants of the push-to-web approach were tested. In addition, the pilot included a control group – which used the current mainstage protocol – to enable comparison of the experimental approaches with the current approach.

As a note, fieldwork for the survey is normally conducted using approved contractors and trusts themselves. However, for the purposes of the pilot, all fieldwork was conducted centrally by Ipsos MORI.

3.1 Sampling

3.1.1 Selection of trusts for pilot survey

The pilot was designed to achieve a sample size of c.8,000 to achieve 3,000 completes (across 20 trusts). This sample size was large enough to enable comparison between the old and new methodologies with reasonable statistical confidence.

Trusts were selected to participate based on trust size, trust response rate to previous maternity surveys, deprivation level (based on IMD of area), and previous CQC service ratings to ensure there was a good spread of trust types. It was also important to allocate the sample to new and old methodologies within trusts to control for variability in trust characteristics.

3.1.2 Drawing the pilot samples

Trusts drew patient samples using largely the same protocol as for the mainstage survey (the only deviation being the inclusion of mobile numbers where available). This meant all women aged 16 years or over at the time of delivery who had a live birth between 1st November and 30th November 2019. Trusts selected samples by including all eligible women from November 2019, no matter how large this number was. The minimum sample size was 300. If trusts had fewer than 300 eligible women who gave birth in November 2019, trusts needed to include October births in their sample. As is done for the mainstage, trusts displayed posters during the sampling month and information sheets were also given out by midwives to women aged 16 and 17 years old, to ensure women had the opportunity to opt-out of their details being shared for the purpose of the survey.

The Demographic Batch Service (DBS) and internal checks by trusts were used to ensure that all women and their babies were discharged from the trust alive and that the trust did not have a record of their death from a subsequent admission or visit to the hospital. Due to the sensitivity

of the Maternity Survey, trusts repeated internal and DBS checks before each of the four mailings.

The sample was stratified by trust, title, and postcode before being split into three groups – a control and two experiment groups. Based on conservative estimated response rates, to ensure large enough achieved sample sizes in each group, the groups were assigned so that 50% were in the control group, with the remaining 50% being assigned equally between the experiment groups (i.e. 25% of the selected sample per experimental group). The groups were then assessed across the sample variables provided, including age, ethnicity, and IMD quintiles, to ensure there was an equal split across the three groups.

3.2 Data collection methods

The pilot sample (n = 8,761) was randomly allocated to three groups, with the following contact protocols.

1. **A control group** (n = 4,381) that received three paper mailings with questionnaires included in the first and third mailing, as in the current mainstage survey.

2. **Experimental group 1** (n = 2,190) that received four mailings (with a paper questionnaire included only in the third mailing), and an SMS reminder after each mailing that did not include a paper questionnaire (the first, second and fourth mailings).

3. **Experimental group 2** (n = 2,190) that received four mailings (with a paper questionnaire included in both the third and fourth mailings), and an SMS reminder after each mailing that did not include a paper questionnaire (the first and second mailings).

Figure 3.1 Methodology of Control and Experiment groups

Mailing	Control	Experiment 1	Experiment 2
M1 (Week 1)	Letter with paper questionnaire	Letter with URL	Letter with URL
SMS1 (+3 days)	N/A	SMS after M1	SMS after M1
M2 (Week 3)	Letter	Letter with URL	Letter with URL
SMS2 (+3 days)	N/A	SMS after M2	SMS after M2
M3 (Week 5)	Letter with paper questionnaire	Letter with URL and paper questionnaire	Letter no URL[3] and paper questionnaire
M4 (Week 7)	N/A	Letter with URL	Letter with URL and paper questionnaire
SMS3 (+3 days)	N/A	SMS after M4	N/A

When designing the experimental contact protocols, there were several considerations.

[3] A decision was made not to include a URL with the paper questionnaire as part of contact 3 for experiment group 2. This was based on findings from a previous pilot conducted by CQC that suggested that patients may be less likely to respond when given a choice about how to respond.

Firstly, it was important to note that a secondary data collection mode, typically paper-based, is currently essential to increase response rates and reduce the forms of non-coverage and non-response bias typically observed in online surveys. However, to ensure a reasonably large proportion of the sample respond online rather than by post, the paper questionnaire is not included in early mailings.

SMS reminders were incorporated into the contact protocol for those who had a mobile number available (around 80%[4]). This has been demonstrated to improve response rates in the 2018 and 2019 Adult Inpatient Pilot Studies[5], and Dillman[6] - the world-leading authority on push-to-web survey methods - strongly recommends using additional contact modes where these are available. To maximise the effectiveness of the SMS reminders, they were carefully integrated with the postal reminders and include a direct link to the survey questionnaire, thereby bypassing the need for recipients to type in the URL.

Finally, research has demonstrated that, in general, web-led sequential mixed mode surveys deliver lower response rates than equivalent mail ones. Although on the basis of the 2018 and 2019 Adult Inpatient Pilot work the target population response rates were not expected to be unacceptably low, a second experimental group was created to test the impact of one countermeasure, which would be to include a second copy of the mail questionnaire with the fourth (and final) mailing.

Fieldwork ran for 11 weeks from 10th February 2020 to 4th May 2020 and fieldwork timings for each group are summarised in the following table.

Figure 3.2: Fieldwork timings for the Maternity Survey pilot

Mailing	Control	Experiment 1	Experiment 2
M1	10-Feb	10-Feb	10-Feb
SMS1	N/A	13-Feb	13-Feb
M2	24-Feb	24-Feb	24-Feb
SMS2	N/A	27-Feb	27-Feb
M3	9-Mar	9-Mar	9-Mar
M4	N/A	23-Mar	23-Mar
SMS3	N/A	26-Mar	N/A

[4] With a good spread across trusts in terms of trust size, trust response rate, deprivation level and previous trust rankings.

[5] Although the likely net impact that including SMS reminders would have on overall response rates is unclear from the write-up: it appears that the reported response rate increase of 5-6% applied only to sample members for who mobile phones were available.

[6] See, for example, Dillman, D.A., Smyth, J.D. & Christian, L.M. (2014). *Internet, Phone, Mail and Mixed-Mode Surveys: The Tailored Design Method, 4th Edition*. John Wiley & Sons Inc.

It is worth noting that during fieldwork, the coronavirus (COVID-19) pandemic intensified in Europe and the UK entered “lockdown” on 23rd March 2020. The UK remained in lockdown for the remainder of the fieldwork period.

3.3 Material design

In addition to piloting the mixed-mode methodology, the questionnaire and supporting materials were adapted to bring them in line with industry best practice and ensure they were appropriate for the pilot methodologies, as described below. The updated questionnaire and materials were used in both the pilot and the control sample groups to ensure that any difference in response rate could be attributed to the change in methodology rather than the materials.

3.3.1 Questionnaire

The 2019/20 Maternity Pilot questionnaire was kept as similar as possible to the 2018 Maternity questionnaire, for consistency (as timings did not allow for the 2019 questionnaire to be used). However, to ensure the questionnaire was more appropriate for those taking part online, some questions were added or altered slightly. Full details on the questionnaire changes can be found in the appendices.

The online survey was set-up to be device-agnostic, meaning that it could be used on a variety of devices, such as mobile phones, tablets and desktops. Women were able to either click the link provided in the SMS reminders, or log-in using the details provided in their letter.

3.3.2 Supporting materials

The survey materials needed to be designed to ensure they provided women with the relevant survey information in an easily accessible format. Furthermore, the materials needed to tap into different motivations for completing the survey, to encourage as many women to participate as possible. For the maternity pilot, the following materials were reviewed and refined, or developed:

- **Covering letters:** consisting of an initial invitation letter and three further reminder letters (these were designed to be similar to the current letters – e.g. still signed by the trust – but optimised for the push-to-web methodology)
- **Text for the SMS reminders:** three versions to be sent shortly after each letter (where mobile phone numbers were available)
- **Dissent poster**: to be displayed in hospitals prior to fieldwork, that included space for trusts to insert a contact telephone number for women to call should they wish to opt out.
- **Young mothers’ leaflet**: To meet Section 251 requirements, it was necessary that midwives or other staff provided all younger mothers (aged 16 and 17 years) who gave birth in the sampling period with an approved information sheet and discussed the requirements of the survey with them. Any requests from these women to opt out of the survey were logged at the trust and referred to when drawing the sample.

Copies of all materials are included in the appendices.

Our starting point to develop these materials was to review the documents used for the mainstage maternity survey. While many of the existing features of the materials were retained, it was necessary to adapt the content to reflect the mixed-mode methodology and to redesign them to make them more appealing to new mothers.

Following the re-development of the materials, they were cognitively tested with women to explore:

- The extent to which the messages used in the materials were engaging, persuasive, and ultimately likely to secure participation in the survey
- The extent to which the content of the materials was comprehensive, and whether there was any additional information required by participants
- Understanding of the language used, focusing in particular on the more complex elements (e.g. confidentiality)
- The layout of the materials to understand which elements participants were most drawn to/likely to read and to understand if any key information was being overlooked.

3.4 Analysis

3.4.1 Data cleaning

Before analysis commenced, data were cleaned according to the same rules as the mainstage survey. For more information on this please refer to the 2018 mainstage survey documentation[7]. However, where multiple completes for one individual were provided, the online survey was given priority, followed by the most complete paper survey. 21 completes were removed in this way.

Only minimal cleaning was necessary for the data from the online questionnaire. This is because routing was automated, and multi-coding was disabled at single-code questions and for incompatible responses at multi-code questions. Open-ended questions were reviewed according to a safeguarding protocol.

3.4.2 Weighting

Data was weighted according to current Co-ordination Centre specifications, as agreed with the CQC. In order to allow testing of the weighting strategy to happen prior to final data being available, the CQC provided historical data to identify any difference in weights supplied by Picker Institute Europe and weights calculated by Ipsos MORI on the same dataset. The weights were replicated exactly.

3.4.3 Regression analysis

Regression analysis was used to model the data to gain a better understanding of the relationship between a key outcome (e.g. response rate) and experimental variables. The models were used to:

[7] https://www.cqc.org.uk/sites/default/files/20190129_mat18_technicaldocument.pdf

- identify which characteristics have the strongest relationship with the outcome variable, once other factors have been accounted for: and
- take account of socio-demographic differences between the control and experimental groups (including year of birth, ethnicity and trust).

3.4.4 Fourth mailing analysis

To analyse the impact of the fourth mailing, categories for each mailing were created. These were assigned based on the date of online survey completion (for those who completed online) or date received by post (for those who completed on paper). The dates used to attribute online surveys to mailings are aligned to the mailing dates, whilst the dates used to attribute paper surveys to mailings are three days after the date of the relevant mailing to allow for postal delivery time. This is detailed below:

- **Mailing 1** consists of all online surveys completed between 10th February (date of first mailing) and 23rd February (day before second mailing), and all paper surveys received between 10th February (day of first mailing) and 27th February (three days after second mailing).
- **Mailing 2** consists of all online surveys completed between 24th February (date of second mailing) and 8th March (day before third mailing), and all paper surveys received between 28th February and 12th March (three days after third mailing).
- **Mailing 3** consists of all online surveys completed between 9th March (date of third mailing) and 22nd March (day before fourth mailing), all paper surveys from the experiment groups received between 13th March and 26th March (three days after fourth mailing), and all surveys from the control group received between 13th March and 4th May (end of fieldwork; the control group only had three mailings).
- **Mailing 4** consists of all online surveys completed between 23rd March (date of fourth mailing) and 4th May (end of fieldwork), and all paper surveys received between 27th March (three days after fourth mailing) and 4th May (end of fieldwork).

For experiment group 1, the fourth mailing acted as a prompt for participants to return an earlier paper questionnaire or complete online. Similarly, although for experiment group 2 the fourth mailing included a paper questionnaire, participants may have returned the questionnaire from mailing three.

When analysing response rates excluding the fourth mailing, questionnaires attributed to the fourth mailing have been treated as non-responses.

3.4.5 Significance testing

Throughout the report, where significant differences are shown in the tables, this is based on a z-test of proportion differences with 95% confidence. An asterisk (*) will be used to specify a significant difference compared to the control, and a circumflex (^) will be used to specify a significant difference between experiment groups compared to experiment group 2. For example, in the table below, for the 35+ age group, experiment group 1 is statistically significantly different compared to the control group and compared to experiment group 2 in a z-

test of proportion differences; but experiment group 2 is not statistically significantly different from the control group.

Age	Control (n=4,339)	Experiment 1 (n=2,055)	Experiment 2 (n=2,061)
16-18 (n=93)	12.2%	16.7%	25.0%
19-24 (n=1,108)	19.1%	**32.7%***	**27.1%***
25-29 (n=2,112)	29.7%	**44.7%***	**41.0%***
30-34 (n=2,840)	40.5%	**49.3%***	**52.0%***
35+ (n=2,302)	45.5%	**55.7%*^**	49.5%

* Indicates statistically significant difference compared to the control at 5% significance level.
^ Indicates statistically significant difference compared to experiment group 2 at 5% significance level.

3.4.6 COVID-19

On the 11th March 2020 the COVID-19/coronavirus pandemic was declared a global pandemic. The UK was placed in lockdown on 23rd March 2020, which coincided with the Maternity pilot fieldwork and the lockdown remained in place for the rest of fieldwork.

Responses were analysed according to whether they were received before lockdown or after lockdown. For online responses, the date used to analyse responses was 23rd March (i.e. online responses received on or after 23rd March were coded as 'after lockdown'). For paper responses, the date used to analyse responses was 26th March (to account for those who may have posted their response before lockdown). The 23rd March was also the date of the fourth mailing for the experiment groups (the control group only had three mailings). The analysis conducted indicates that the lockdown did not seem to have had a large impact on response rates, the profile of respondents or question responses. However, details have not been presented in this report as the impact of lockdown cannot be distinguished from the impact of the fourth mailing for the experiment groups.

4 National level analysis

4.1 Summary of national level analysis

The pilot results are extremely promising, especially given that previous research has demonstrated that, in general, push-to-web surveys deliver lower response rates than equivalent mail ones.

Both experiment groups achieved significantly higher overall response rates than the control group. Experiment group 1 (push to web with a paper questionnaire included in the third mailing only and an additional SMS reminder), achieved the highest response rate. Experiment group 2 (push to web with a paper questionnaire included in both the third and fourth mailings), achieved a response rate which was not significantly different from experiment group 1 (though slightly lower). The control group (receiving three mailings with the paper questionnaire only), achieved the lowest response rate, suggesting that a push to web design has the potential to increase rather than decrease response rates in this population.

Within the experiment groups, experiment group 1 (SMS reminder but no paper questionnaire in the fourth mailing) was more likely to respond online than experiment group 2 (paper questionnaire but no SMS reminder in the fourth mailing), suggesting that SMS reminders are more effective than providing an additional paper questionnaire at pushing this population online.

The demographic profile of participants is also broadly consistent between the two experiment groups combined and the control group when considering responses from all waves.

Before the fourth mailing overall response rates in the combined experiment groups were not significantly different from the control group, except for among the 35+ age group. However, after the fourth mailing, higher responses were achieved in the combined experiment groups compared with the control group across all ages, ethnic groups and IMD groups. This suggests that the fourth mailing boosts response rates among all demographics.

4.2 Overall response rate

An independent samples z-test of proportion differences to compare outcomes in the experiment groups and the control group demonstrates that experiment group 1 (47.3%) and experiment group 2 (45.2%) achieved significantly higher response rates on a base of eligible cases than the control (36.0%) (the response rate for the control group is very similar to the mainstage for MAT19 (35.6%). However, regression analysis showed no statistically significant differences in overall response rates between the experiment groups.

Figure 4.1: Response rates[8] (on a base of eligible cases) by experimental group

	Control		Experiment group 1		Experiment group 2	
Issued	**4381**	**100%**	**2190**	**100%**	**2190**	**100%**
Undeliverable[9]	34	0.8%	134	6.1%	125	5.7%
Other ineligible[10]	8	0.2%	1	0.0%	4	0.2%
Issued (eligible)	**4339**	**100%**	**2055**	**100%**	**2061**	**100%**
Opt-out	3	0.1%	4	0.2%	2	0.1%
Blanks (paper)	1	0.0%	1	0.0%	2	0.1%
No response	2773	64.0%	1077	**52.4%***	1126	**54.6%***
Complete (online + paper)	**1562**	**36.0%**	**973**	**47.3%***	**931**	**45.2%***
Completed (online)	-	-	815	**39.7%^**	674	32.7%
Completed (paper)	1562	36.0%	158	**7.7%*^**	257	**12.5%***

* Indicates statistically significant difference compared to the control at 5% significance level.

^ Indicates statistically significant difference compared to experiment group 2 at 5% significance level.

Response rates presented are adjusted. These are calculated on the base of eligible issued sample (i.e. the total issued sample minus the total number of 'undeliverable' and 'other ineligible' cases).

4.2.1. Impact of additional paper questionnaire or SMS reminder at the fourth mailing on overall response rate

The two experiment groups differ based on the inclusion of a paper questionnaire in the fourth mailing or an SMS reminder following the fourth mailing. This contrasts with the control group where there were just three mailings (containing a paper questionnaire in mailings 1 and 3). In experiment group 1, a paper questionnaire was included only in the third mailing, with an SMS reminder after the first, second and fourth mailing (the mailings which did not include a paper questionnaire). In experiment group 2, a paper questionnaire was included in both the third and fourth mailing, with an SMS reminder after the first and second mailing (the mailings which did not include a paper questionnaire).

8 Response rates calculated after removing ineligible cases (e.g. invitation undelivered or removal on death) from the base.

9'Undeliverable' includes mailings returned to sender or where SMS failed to send.

10 'Other ineligible' includes those who were removed following DBS or other local checks, or who were ineligible to take part.

Regression analysis found that there was no significant difference between the response rates for experiment group 1 (m = .47, SD = .5) and experiment group 2 (m = .45, SD = .5); $t(4114) = 1.40$, $p > 0.05$ (0.162).[11] This indicates that the use of a second questionnaire at the fourth mailing (Group 2) and the use of an SMS after the fourth mailing (with no questionnaire) (Group 1) had the same impact on overall response rates. A regression analysis which controlled for age, ethnicity and NHS Trust also found no significant differences between the two experimental groups.

The following tables show cumulative response rates and the proportion of completed questionnaires attributed to the different mailings. As previously mentioned, responses are attributed to one of the four mailings based on the date they were received. The impact of these mailings is easier to see for online responses than for paper responses due to the delay between posting and receiving a paper return. This is the likely reason for the lower response rate for the first mailing in the control group (which only had the paper questionnaire option), and means that it is harder to evaluate the impact of the mailings on the control group.[12]

Results are presented for the experiment groups combined in the following tables, as well as for the individual groups. It should be noted that at the third mailing, experiment group 1 included a URL link in the reminder letter with a paper questionnaire, whilst experiment group 2 did not include such as link.

Prior to the fourth mailing, cumulative response rates between experiment group 1 and experiment group 2 show no significant differences between each other, or compared to the control.

After the fourth mailing for experiment group 1 (which does not include a paper questionnaire) the response rate increased by 12.6% points (259 responses), and after the fourth mailing for experiment group 2 (which includes a paper questionnaire), the response rate increased by 9.5% points (195 responses). For experiment group 1, 26.6% of completes were received after the fourth mailing, and for experiment group 2 it was 20.9%. These figures demonstrate the importance of the fourth mailing in increasing response rates for both experiment groups.

Figure 4.2: Cumulative response rate by mailing

	Control (n=4,339)	Experiment 1 (n=2,055)	Experiment 2 (n=2,061)	Experiment groups overall (n=4,116)
M1	10.0%	18.5%	17.5%	18.0%
M2	20.0%	29.2%	30.3%	29.8%
M3	36.0%	34.7%	35.7%	35.2%
M4	N/A	**47.3%***	**45.2%***	**46.3%***
End of fieldwork	36.0%	**47.3%***	**45.2%***	**46.3%***

[11] The mean refers to the mean of response (1) and no response (0).

[12]The control group did not receive a fourth mailing. However, the date of the fourth mailing (23rd March) corresponded with the introduction of the coronavirus lockdown by the UK government, which may have had an impact on paper questionnaire returns.

* Indicates statistically significant difference compared to the control at 5% significance level (this test has only been applied to the final response rate).

Figure 4.3: Proportion of completes by mailing

	Control (n=1,562)	Experiment 1 (n=973)	Experiment 2 (n=931)
Between M1 and M2	27.8%	39.1%	38.7%
Between M2 and M3	27.8%	22.6%	28.5%
Between M3 and M4	44.4%	11.7%	11.9%
Following M4	N/A	26.6%	20.9%
Overall	100%	100%	100%

4.2.2 Impact of SMS reminders on overall response rate

SMS reminders were incorporated into the contact regime for both experiment groups 1 and 2, so that participants with a mobile number in the sample (78% of experiment group 1 and 79% of experiment group 2) received SMS reminders. Results show that for the experiment groups, which received an SMS reminder on mailings without paper questionnaires, those with a mobile number had a significantly higher response rate compared with those with a mobile number in the control group. Within both experiment group 1 and experiment group 2, participants with a mobile number in the sample have a significantly higher response rate than those without a mobile number, whilst the difference within the control group is not significant.

Figure 4.4: Overall adjusted response rate by availability of mobile number

	Control (n=4,339)	Experiment group 1 (n=2,055)	Experiment group 2 (n=2,061)	Experiment overall (n=4,116)
Mobile number in sample	36.5%	**52.1%***	**47.7%***	**49.9%***
No mobile number in sample	33.7%	30.9%	35.3%	33.0%

* Indicates statistically significant difference compared to the control at 5% significance level.

As shown in the following table, the higher response rate for those with a mobile number (in the experiment groups) remains across age groups, with larger differences generally seen for experiment group 1, who received an additional SMS reminder.

Figure 4.5: Overall adjusted response rate by availability of mobile number and age (within experiment groups)

		Overall adjusted RR		
Age		**Mobile number in sample**	**No mobile number in sample**	**Difference (percentage points)**
16-18 (n=93)	Experiment group 1	17.6%**	14.3%**	3.3%
	Experiment group 2	36.4%**	11.1%**	25.3%
	Control	15.4%	0.0%	15.4%
19-24 (n=1108)	Experiment group 1	39.2%	14.3%	24.9%
	Experiment group 2	31.5%	12.9%	18.6%
	Control	18.8%	20.0%	-1.2%
25-29 (n=2112)	Experiment group 1	50.0%	27.3%	22.7%
	Experiment group 2	42.5%	35.9%	6.6%
	Control	29.7%	29.6%	0.1%
30-34 (n=2840)	Experiment group 1	52.5%	36.6%	15.9%
	Experiment group 2	53.5%	45.2%	8.3%
	Control	40.4%	40.9%	-0.5%
35+ (n=2302)	Experiment group 1	60.8%	38.3%	22.5%
	Experiment group 2	52.4%	37.8%	14.6%
	Control	46.6%	40.4%	6.2%

** Indicates small base size (<30).

4.3 Online response rate

The mixed-mode methodology successfully pushed both experiment groups online, with 83.8% of experiment group 1 and 72.4% of experiment group 2 participants taking part online.

Regression analysis controlling for ethnicity, age and trust found a statistically significant difference in likelihood of responding online between experiment group 2 ($p < .005(0.000)$, Odds Ratio (OR) = 0.509) and experiment group 1. Those in experiment group 2 were less likely to respond online than those in experiment group 1.

Figure 4.6: Proportion of online and paper returns

	Experiment group 1 (n=973)	**Experiment group 2 (n=931)**
Paper	16.2%	27.6%
Online	83.8%	72.4%
Total	**100%**	**100%**

The following tables show that those with a mobile number were more likely to respond online than those without a mobile number. This suggests that the SMS reminders are effective at driving participants online. Participants in experiment group 1 were also more likely to respond online than those experiment group 2, whether or not they had a mobile number, suggesting that receiving a second paper questionnaire in the fourth mailing and/or not receiving a URL in the third mailing dissuades participants from responding online.

Figure 4.7: Proportion of online and paper returns by whether or not a mobile number was present

	Experiment 1 (n=973)	Experiment 2 (n=931)
Mobile number in sample – Proportion of returns completed online	86.3%	76.1%
No mobile number in sample - Proportion of returns completed online	69.0%	53.3%

4.3.1 Impact of additional paper questionnaire or SMS reminder at the fourth mailing on mode of response

Prior to the fourth mailing, the experiment groups only differed at the third mailing, in that experiment group 1 had a URL link included in the reminder letter accompanying a paper questionnaire, whilst experiment group 2 did not.

Regression analysis found that among those who completed a questionnaire prior to mailing four there was no significant difference in the proportion responding online between experiment group 2 and experiment group 1 after controlling for ethnicity, age and NHS Trust ($p > 0.05$(0.749) Odds Ratio (OR) = 0.948). Those who completed a questionnaire in experiment group 1 and 2 were therefore equally likely to respond online prior to mailing four.

Figure 4.8: Online and paper adjusted response rates excluding fourth mailing completes

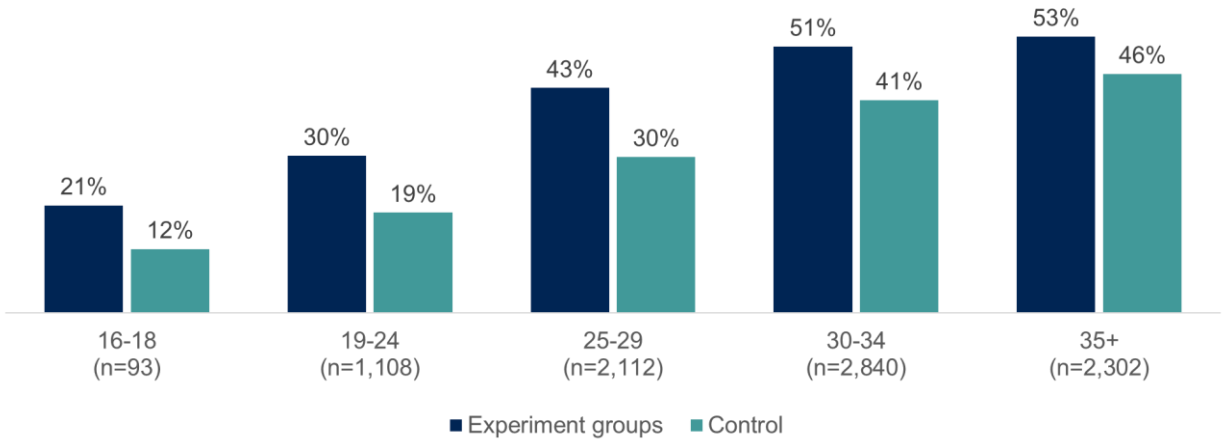
	Control (n=4,339)	Experiment group 1 (n=2,055)	Experiment group 2 (n=2,061)	Experiment groups overall (n=4,116)
Paper	36.0%	4.0%	4.4%	4.2%
Online	-	30.8%	31.3%	31.0%
Overall	36.0%	34.7%	35.7%	35.2%

4.4 Response rate by demographic groups

The experiment groups overall achieved significantly higher response rates across demographic groups including age, ethnicity and IMD quintile.

Positively, as shown in the figure below, the experiment group overall achieves higher response rates than the control among all age groups.

Figure 4.9: Overall adjusted response rate by age



* Indicates statistically significant difference to compared to the control at 5% significance level.

Higher response rates can be seen for all age groups in both experiment groups compared to the control. These differences are significant in all cases except for the 16-18 age group and for the 35+ age group in experiment group 2.

Figure 4.10: Overall adjusted response rate by age

Age	Control (n=4,339)	Experiment 1 (n=2,055)	Experiment 2 (n=2,061)
16-18 (n=93)	12.2%	16.7%	25.0%
19-24 (n=1,108)	19.1%	**32.7%***	**27.1%***
25-29 (n=2,112)	29.7%	**44.7%***	**41.0%***
30-34 (n=2,840)	40.5%	**49.3%***	**52.0%***
35+ (n=2,302)	45.5%	**55.7%*^**	49.5%

* Indicates statistically significant difference compared to the control at 5% significance level.
^ Indicates statistically significant difference compared to experiment group 2 at 5% significance level.

The experiment groups show a significantly higher response rate among all ethnic groups compared with the control group, as shown in the following table.

Figure 4.11: Overall adjusted response rate by ethnicity

	Control (n=4,339)	Experiment group 1 (n=2,055)	Experiment group 2 (n=2,061)	Experiment groups overall (n=4,116)
White British	37.6%	**48.8%***	**47.7%***	**48.3%***
BAME	32.2%	**42.2%***	**37.8%***	**40.0%***
White Irish	*55.8%*	*47.4%***	*52.9%**	*50.0%*
Any other White background	*43.0%*	*50.3%*	*47.7%*	*48.8%*
White and Black Caribbean	*20.8%**	*12.5%**	*33.3%**	*20.0%**
White and Black African	*28.6%**	*75.0%**	*0.0%**	*42.9%**
White and Asian	*13.3%**	*66.7%**	*28.6%**	*40.0%**
Any other mixed background	*37.1%*	*30.0%**	*23.1%**	*26.1%**
Indian	*36.6%*	*50.0%*	***57.1%****	***53.7%****
Pakistani	*22.6%*	*31.3%*	*22.2%*	*26.4%*
Bangladeshi	*14.8%**	*31.8%**	*20.0%**	*28.1%*
Any other Asian background	*24.5%*	*27.7%*	*38.6%*	*33.0%*
Caribbean	*16.7%*	*14.3%**	*25.0%**	*18.2%**
African	*26.3%*	*38.2%*	*26.4%*	*33.1%*
Any other Black background	*20.0%**	*25.0%**	*14.3%**	*20.0%**
Chinese	*30.3%*	*50.0%**	*44.4%**	*47.2%*
Any other ethnic group	*27.8%*	***54.9%****	*31.5%*	***42.7%****
Not stated	37.2%	**53.0%***	**50.9%***	**51.9%***

* Indicates statistically significant difference compared to the control at 5% significance level.
** Indicates small base size (<30).

Across IMD quintiles, response rates were significantly higher in the experiment group compared with the control group. The percentage point differences are greater among more deprived groups.

Figure 4.12: Overall adjusted response rate by IMD quintile

	Control (n=4,339)	Experiment overall (n=4,116)
1 - 20% most deprived	23.4%	**34.3%***
2	32.8%	**45.8%***
3	42.0%	**52.0%***
4	43.5%	**51.3%***
5 – 20% least deprived	48.1%	**55.4%***

* Indicates statistically significant difference compared to the control at 5% significance level.

4.5 The impact of the fourth mailing on response rate by demographic groups

Before the fourth mailing, response rates in experiment group 1 and experiment group 2 are not significantly different from the response rate in the control group across all ethnic groups and age groups, with the exception of those aged 35 or over, whose response rate is significantly higher in the control group. This suggests that the fourth mailing boosts response rates across all ethnic groups and age groups, since response rates are mostly significantly higher in both

experiment groups compared to the control group after the fourth mailing (see Figures 4.10 and 4.11).

Figure 4.13: Overall adjusted response rate by demographics excluding fourth mailing completes

		Control (n=4,339)	Experiment group 1 (n=2,055)	Experiment group 2 (n=2,061)	Experiment groups overall (n=4,116)
Age	16-18	12.2%	12.5%	20.0%	15.9%
	19-24	19.1%	22.7%	22.5%	22.6%
	25-29	29.7%	33.6%	32.4%	33.0%
	30-34	40.5%	37.1%	41.7%	39.4%
	35+	45.5%	**39.7%***	**37.9%***	**38.8%***
Ethnicity	White British	37.6%	37.1%	37.4%	37.2%
	BAME	32.2%	28.8%	29.2%	29.0%
	Not stated	37.2%	36.9%	43.8%	40.6%

* Indicates statistically significant difference compared to the control at 5% significance level.

4.6 Profile of participants

As noted, the experiment group response rates are consistently higher compared with the control after four mailings. However, it is also important to consider the profile of participants responding to the mixed-mode methodology pilot to understand the impact of a move to a mixed-mode methodology as this reflects levels of coverage and non-response bias. As shown in the following table, the demographic profile of participants is broadly similar across the control and experiment groups.[13] However, the control group includes a higher proportion of participants in the oldest age group (35+), and a higher proportion among those in the least deprived quintile than the experiment groups. Comparing the IMD quintile profile of the control group and the experiment groups suggests that the experiment groups overall are more representative on IMD than the control group.

[13] All comparisons made between demographic profiles that are reported here are based on unweighted data.

Figure 4.14: Profile of participants who responded to the pilot (after all mailings)

		Control (n=1,562)	Experiment overall (n=1,904)
Age	16-18	0.4%	0.5%
	19-24	7.0%	8.4%
	25-29	20.7%	23.1%
	30-34	37.3%	37.3%
	35+	**34.6%***	30.8%
Ethnicity	White British	62.4%	63.8%
	BAME	25.5%	24.7%
	Not stated	12.1%	11.6%
IMD quintile	1 - 20% most deprived	18.9%	20.9%
	2	18.2%	20.3%
	3	20.9%	20.4%
	4	19.0%	18.5%
	5 – 20% least deprived	**23.0%***	19.9%

* Indicates statistically significant difference compared to the control at 5% significance level.

4.6.1 The impact of the fourth mailing on the profile of participants

Excluding the fourth mailing does not appear to impact the demographic profile of participants with regards to age or ethnicity, with two exceptions. Prior to the fourth mailing:

- Participants in experiment group 1 are significantly more likely to describe themselves as White British compared to the control group (whereas after the fourth mailing there is no significant different in profile by ethnicity between the control and experimental groups);
- Participants in experiment group 2 and overall experiment groups are less likely to be in the 35+ age group compared to the control group (which is the same as after the fourth mailing). This is consistent with the finding that this age group had lower response rates among the experiment groups than the control group at this stage (see Figure 4.13).

Figure 4.15: Profile of participants who responded to the pilot excluding fourth mailing completes

		Control (n=1,562)	Experiment group 1 (n=714)	Experiment group 2 (n=736)	Experiment overall (n=1,450)
Age	16-18	0.4%	0.4%	0.5%	0.5%
	19-24	7.0%	8.5%	8.0%	8.3%
	25-29	20.7%	24.2%	22.4%	23.3%
	30-34	37.3%	35.6%	40.6%	38.1%
	35+	34.6%	31.2%	**28.4%***	**29.8%***
Ethnicity	White British	62.4%	**66.7%***	62.6%	64.6%
	BAME	25.5%	23.1%	23.9%	23.5%
	Not stated	12.1%	10.2%	13.5%	11.9%

4.7 Trend data

There is some variability in the question responses between the control group and the experiment groups overall when looking at *all* questions, excluding demographics, with 40 answer codes (across 24 questions) showing significant differences across the unweighted data (approximately 12% of all answer codes, excluding the demographic questions). Details can be found in Appendix K.

These 40 differences were analysed in terms of whether the control group provided more positive responses than the experiment groups combined or vice versa. The findings of which are as follows:

- 18 of these differences were neutral (i.e. the question did not require participants to provide an opinion (mean difference of 3.2 percentage points).
- Responses in the control group were more positive than the experiment groups combined in 13 cases (mean difference of 2.4 percentage points).
- Responses in the experiment groups combined were more positive than the control groups in nine cases (mean difference of 4.6 percentage points).

The 13 cases where the control group responses were more positive included nine on postnatal care, e.g. having enough information about physical and emotional recovery after birth and being able to contact and see a midwife. The nine cases where the experiment groups combined were more positive included having a choice about where antenatal check-ups and postnatal care would take place and delays to discharge.

This suggests that the control group may be slightly more positive overall than the experiment groups combined in terms of postnatal care (although the mean difference for these postnatal questions specifically is only 2.2 percentage points). At the same time, it also suggests that when the experiment groups combined are more positive than the control group, the experiment groups are more emphatically positive (the mean difference being 4.6 percentage points). Overall, however, these non-random effects seem to be quite small and suggest there is no clear bias towards more positive or more negative responses across the pilot groups. These results for the Maternity Pilot are more variable than those found in the Adult Inpatients Pilot, where the control group was quite consistently found to be more positive than the experiment groups.

The results therefore suggest that questions responses are quite consistent overall across the control group and the experiment groups combined, which indicate that the transition to a mixed-mode methodology will not have a large impact on trend data.

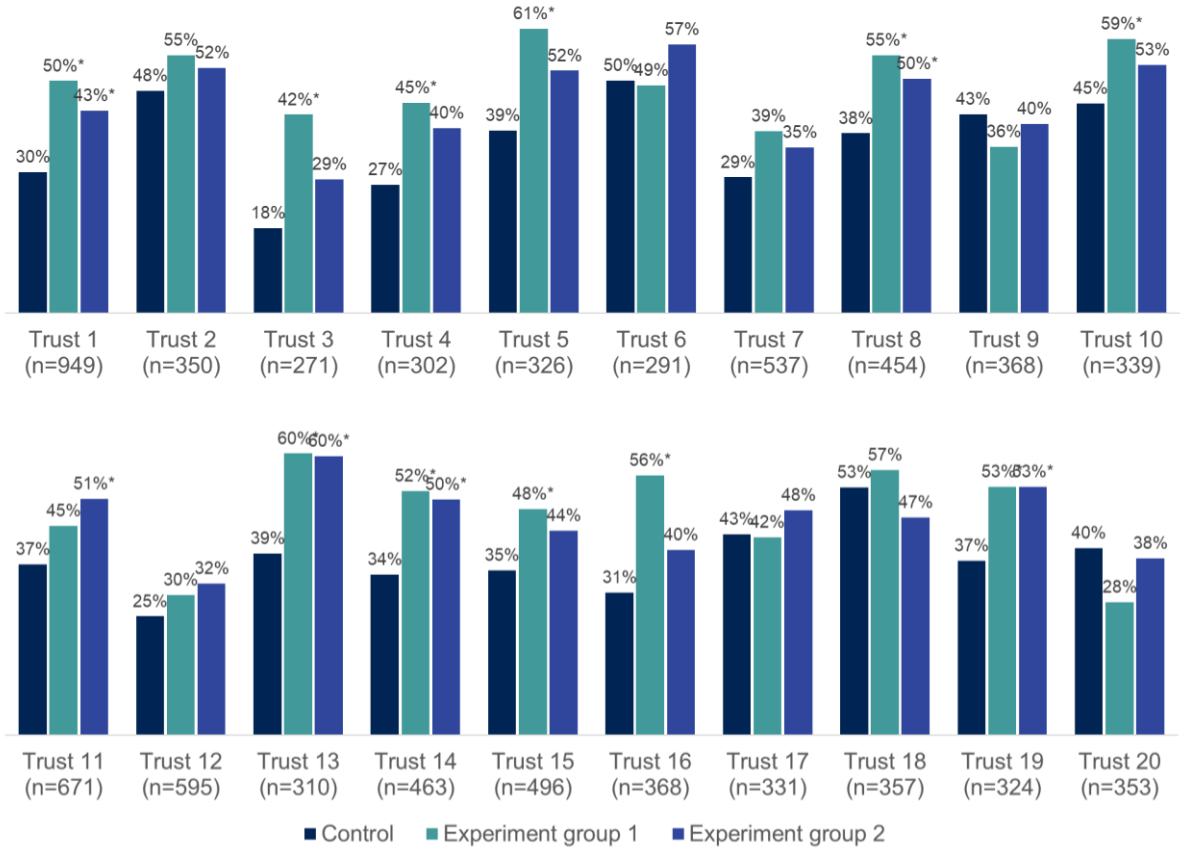
5 Trust level analysis

When reviewing the pilot results, it is important to check if the national findings are also visible at trust level, as this helps confirm that any changes present are as a result of the change of method and not due to chance. If certain types of trusts are exhibiting different results, this might suggest there is something about that type of trust that is causing a specific impact.

5.1 Response rates (after all mailings)

Looking at trust level data, adjusted response rates for experiment group 1 are significantly higher than the control group in 11 out of 20 trusts, whilst those for experiment group 2 are significantly higher than the control group in six out of 20 trusts. In no trust was the response rate for the control group significantly higher than either of the experiment groups at the five percent significance level, including Trusts 9 and 20 (where either none or very few from these trusts had a mobile number in the sample). This is consistent with the national level findings.

Figure 5.1: Response rates by trust (after all mailings)



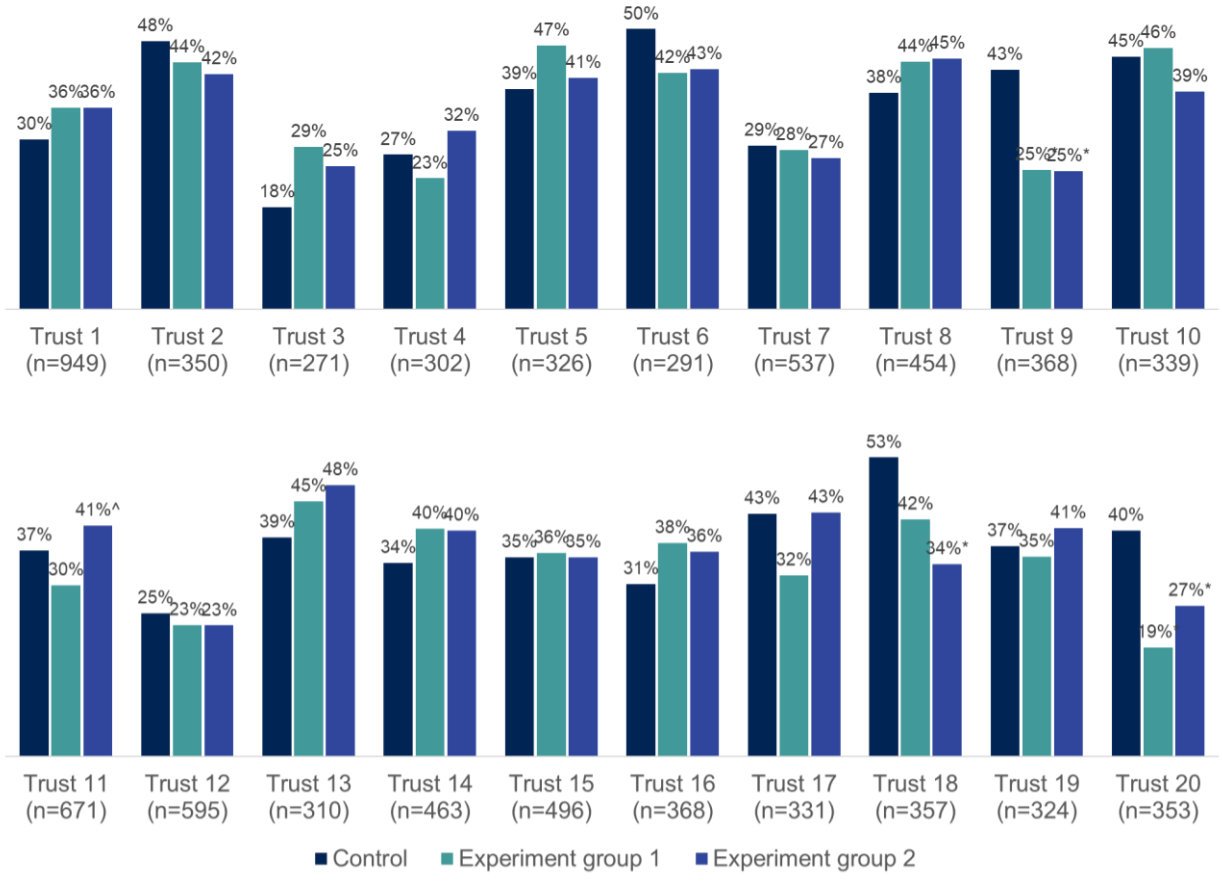
* Indicates statistically significant difference compared to the control at 5% significance level.

5.2 Response rates (excluding fourth mailing)

The figure below shows response rates by trust when the fourth mailing is excluded. In Trust 9 and Trust 20, the response rates in both experiment group 1 and experiment group 2 were

significantly lower than in the control group. These were the trusts whose samples contained no or very few mobile numbers. In Trust 18, the response rate in experiment group 2 was significantly lower than the control group, whilst in Trust 11, the response rate in experiment group 2 was significantly higher than in experiment group 1. In no trust was the control group significantly lower than either of the experiment groups when the fourth mailing was excluded. This suggests that the fourth mailing boosts response rates, particularly in those trusts with samples that contain no or very few mobile numbers.

Figure 5.2: Response rates by trust (excluding fourth mailing)



* Indicates statistically significant difference compared to the control at 5% significance level.

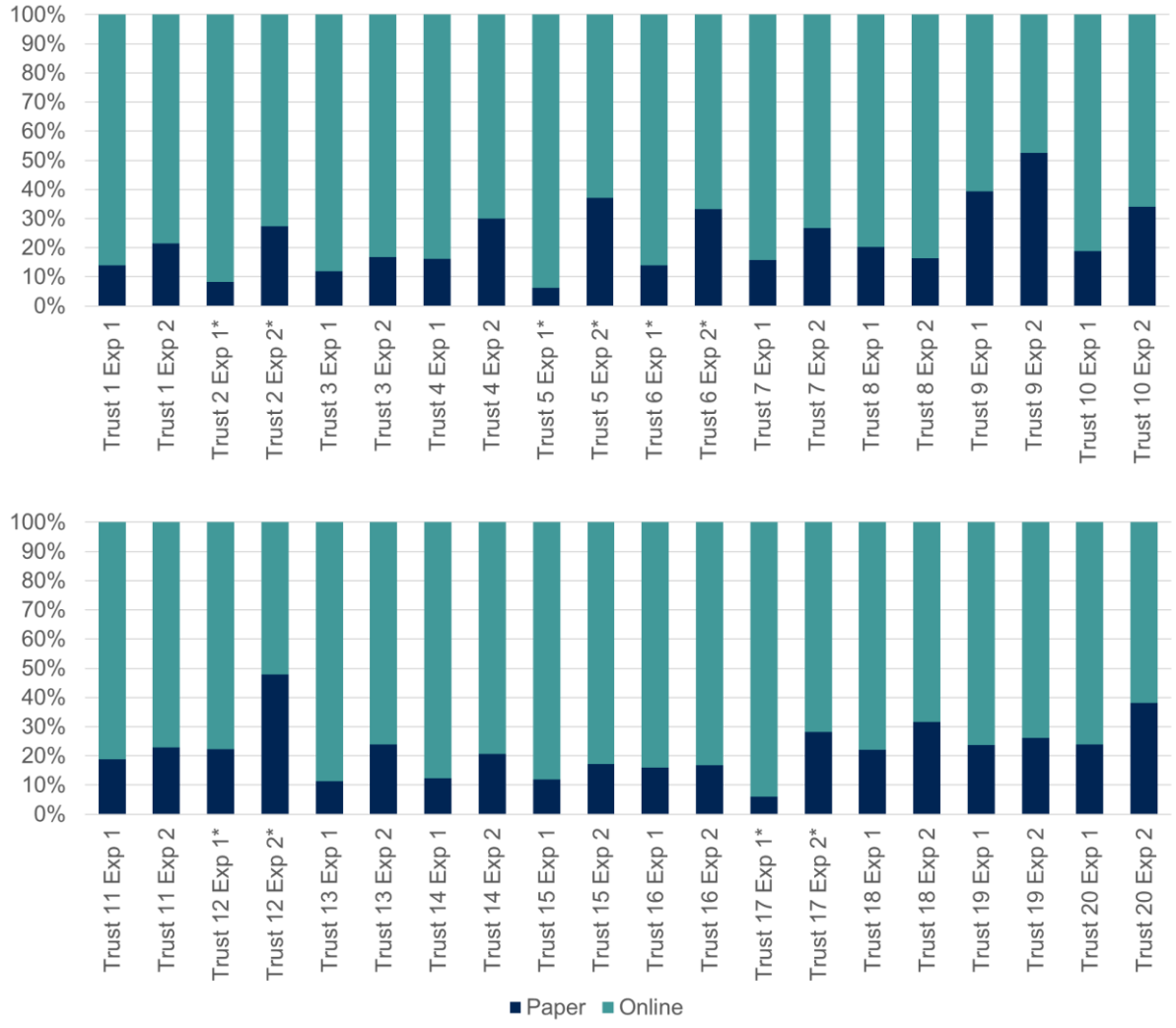
^ Indicates statistically significant difference compared to experiment group 1 at 5% significance level.

5.3 Online response rates

In no trust was the proportion of completes online significantly higher for experiment group 2 compared to experiment group 1. At a trust level, experiment 1 (with one paper questionnaire in the third mailing and an SMS reminder in the fourth mailing) was significantly more effective than experiment 2 (with a paper questionnaire in both the third and fourth mailings, and no SMS reminder in the fourth mailing) at driving participants online in five out of 20 trusts. These findings are consistent with the national level results.

Some trusts showed larger differences in the percentage taking part online between the two experimental groups than others. This suggests that in some trusts, the final mailing in experiment group 1 (which included an SMS reminder) secured more online participants than experiment group 2 (which included a questionnaire and URL) compared to other trusts. However, the bases for each experiment group in each of the trusts is quite low (mean base size 48) meaning such variation may be due to chance.

Figure 5.3: Online response by trust



* Indicates statistically significant difference between experiment group 1 and experiment group 2 at 5% significance level.

5.4 Response by demographic group

Demographic differences in profile at the trust level are also consistent with the national level. However, there is much more variation at the trust level due to the smaller sample sizes compared with the national level.

When analysing age and ethnicity, the proportion completing the survey was higher on average in the experiment groups compared to the control group for all age groups and ethnic groups, with an average difference between six and 13 percentage points among the age groups, and

between nine and ten percentage points among the ethnic groups. The results for age groups are perhaps not unexpected given the younger age of the target population.

Seven trusts show higher response rates across all IMD quintiles in the experiment groups compared to the control group, whilst only one trust shows higher response rates across all IMD quintiles in the control group compared to the experiment groups. Response rates for all IMD quintiles are generally higher in the experiment groups than in the control group, with an average difference between eight and 14 percentage points.

Whether or not participants had a mobile phone also has an impact on the likelihood to respond at a trust level. Participants with a mobile number make up a larger proportion of the responses in the experimental groups than the control group for 17 out of the 20 trusts. The average difference in response rates for those with a mobile number between the experimental groups overall and the control group is 15 percentage points, whilst the average difference for those without a mobile number is –5 percentage points. These findings suggest that the SMS reminders boost response rates at a trust level, in line with the national level results.

Figure 5.4: Adjusted response rate by availability of mobile number and trust

Trust	Mobile number in sample (n=6,749)			No mobile number in sample (n=1,706)		
	Control group	Experiment groups overall	Difference (percentage points)	Control group	Experiment groups overall	Difference (percentage points)
Trust 1	30.7%	48.6%	18.0%	26.5%	29.6%	3.2%
Trust 2	48.2%	55.5%	7.3%	36.4%	38.9%	2.5%
Trust 3	18.4%	35.2%	16.7%	12.5%	35.7%	23.2%
Trust 4	26.1%	42.6%	16.4%	75.0%	25.0%	-50.0%
Trust 5	39.1%	56.2%	17.0%	33.3%	0.0%	-33.3%
Trust 6	48.9%	53.4%	4.4%	62.5%	44.4%	-18.1%
Trust 7	26.5%	40.7%	14.2%	35.4%	30.8%	-4.7%
Trust 8	38.7%	52.8%	14.1%	0.0%	0.0%	0.0%
Trust 9	0.0%	0.0%	0.0%	42.5%	38.0%	-4.6%
Trust 10	45.0%	57.3%	12.3%	33.3%	25.0%	-8.3%
Trust 11	36.2%	48.7%	12.5%	40.7%	37.9%	-2.8%
Trust 12	35.0%	33.3%	-1.7%	22.0%	30.7%	8.8%
Trust 13	38.8%	59.4%	20.6%	37.5%	71.4%	33.9%
Trust 14	34.5%	54.8%	20.3%	30.8%	25.9%	-4.8%

Trust 15	36.3%	47.8%	11.4%	10.0%	23.5%	13.5%
Trust 16	30.6%	47.5%	16.9%	0.0%	0.0%	0.0%
Trust 17	42.7%	45.3%	2.6%	100.0%	0.0%	-100.0%
Trust 18	53.0%	51.7%	-1.3%	0.0%	50.0%	50.0%
Trust 19	37.3%	53.2%	15.8%	0.0%	0.0%	0.0%
Trust 20	0.0%	80.0%	80.0%	40.9%	31.8%	-9.1%

5.5 Trend data

As discussed in Section 4.7, there were few significant differences between the control group and the experiment groups at a national level. These significant differences were generally very small and went in both directions, i.e. sometimes the control was more positive than the experiment groups, and sometimes the experiment groups were more positive than the control group. These national level results are reflected at a trust level.

The questions that showed significant differences between the control group and the experiment groups at national level were analysed at trust level. Only 46 significant differences (3.7% of the total possible number of differences) were found across these questions across all 20 trusts. This suggests these differences are due to chance.

The control group was more positive than the experiment groups combined for 24 of the 46 differences, whilst the experiment groups combined were more positive than the control group in nine of the 46 differences. The remaining differences were neutral, i.e. neither the control group nor the experiment groups can be reasonably described as being more positive than the other. 22 of the 46 significant differences were found across three of the questions analysed:

- **During your pregnancy were you given a choice about where your antenatal check-ups would take place?** In two trusts, the control group was more positive than the experiment groups, and in two trusts, the experiment groups were more positive than the control group.
- **Did the staff treating and examining you introduce themselves?** In three trusts, the control group was more positive than the experiment groups, and in one trust the experiment groups were more positive than the control group. Two of the significant differences for this question were neutral.
- **Thinking about your stay in hospital, how clean was the hospital room or ward you were in?** In three trusts, the control group was more positive than the experiment groups, and in one trust the experiment groups were more positive than the control group.

These results seem to reflect what was found at the national level; significant differences tend to show that the control group was more positive than the experiment groups. However, the number of significant differences remains very small.

The figure below shows the number and proportion of answer codes where a significant difference was found by trust (based on only the questions where at least one answer code showed significant differences at national level). The mean number of answer codes found to be significant is 2.3.

Figure 5.5: Number of significant differences by trust (based on only the questions where *at least one* answer code showed significant differences were found at national level)

	Number answer codes found to be significant	Proportion of answer codes found to be significant (n = 62)
Trust 1	6	9.7%
Trust 2	0	0.0%
Trust 3	2	3.2%
Trust 4	0	0.0%
Trust 5	1	1.6%
Trust 6	1	1.6%
Trust 7	5	8.1%
Trust 8	3	4.8%
Trust 9	1	1.6%
Trust 10	2	3.2%
Trust 11	3	4.8%
Trust 12	0	0.0%
Trust 13	3	4.8%
Trust 14	4	6.5%
Trust 15	1	1.6%
Trust 16	2	3.2%
Trust 17	1	1.6%
Trust 18	5	8.1%
Trust 19	2	3.2%
Trust 20	4	6.5%

The very small number of significant differences found at trust level suggest that the variation seen in the question responses between the control group and the experiment groups combined are due to chance. There is potentially a very slight bias towards more positive responses among the control group, but no more than three trusts showed this for any given question. This suggests that such a bias (if it exists) is weak, which is consistent with the national level findings. Overall, the results of the analysis outlined above suggest that the transition to a mixed-mode methodology is unlikely to have a large impact on trend data (and reflecting findings found at a national level).

6 Para data analysis

When conducting an online survey, a large amount of para data is available which, when analysed, can offer additional insight into how participants engage with the survey and help identify any potential problems. Overall, the women involved in the pilot seem to have found the survey straightforward to complete – it was generally done in one sitting and drop-off rates were low.

6.1 Dates and times of accessing the survey online

For online completions, the average (median) length of time to complete the survey was 22 minutes in experiment group 1 and 23 minutes in experiment group 2. The survey was expected to take around 10 minutes to complete so this is significantly longer than assumed, however, it is worth noting that the survey completion times may be inflated by those completing the survey leaving the browser window open while completing other tasks. The response rate and break-off rate suggest the current length is reasonable for completion online.

Figure 6.1: Time taken to complete survey (online completes only, calculated from recorded start and end times)

Length	Number	%
0-10 mins	167	11.2%
11-20 mins	502	33.7%
21-30 mins	325	21.8%
31-40 mins	128	8.6%
41-50 mins	30	2.0%
51-60 mins	31	2.1%
61-80 mins	44	3.0%
81-120 mins	21	1.4%
More than 2 hours, up to 12 hours	74	5.0%
More than 12 hours, up to 24 hours	9	0.6%
More than 24 hours, up to 48 hours	14	0.9%
More than 2 days, up to 1 week	24	1.6%
More than 1 week	120	8.1%

Of those who completed the online survey, the majority of women did so in one go in both experimental group 1 (78.4%) and experimental group 2 (79.4%). In experimental group 1, a further 15.5% accessed the survey twice and 6.1% accessed it three times are more. In experimental group 2, 12.3% accessed the survey twice and 8.3% accessed it three times or more.

The days with most responses submitted seem to correspond with the SMS reminder dates; a third of online completes (502) were received on 13th February (the day of the first SMS

reminder) and a further fifth of online completes (283) were received on 27th February (the day of the SMS reminder). This includes completes via log-in details as well as SMS: on 13th February, 391 were completed via mobile and 111 were completed via desktop. On 27th February, 216 were completed via mobile and 67 were completed via desktop. There were also peaks in responses on dates when paper reminders were received. Specifically, the day the second invitations arrived (24th February) where 386 surveys were completed.[14]

6.2 Online break-offs

Overall, of the 1,928 women who accessed the online survey, 1,489 women completed the survey online (77%). 375 women who accessed the survey did not complete the survey using either the online or paper method (19%) and 64 women accessed it online but went on to complete it on paper (3%). Of these 439, the majority accessed no further than the introduction page (241 women).

No questions appear to have a particularly high break-off rate - the only questions where more than 10 individuals broke off were Question B3 (asking how many weeks pregnant they were when they had their 'booking' appointment - where 11 women dropped out) and the free text questions at the end (where 22 women dropped out). It is possible that participants closed the survey at B3 due to not being able to recall their 'booking' appointment and being put off. While not a significant number, this might be reduced by reviewing the wording and/or response options at B3. As this is so close to the end of the survey, it may be useful to review this page to make it easier for participants to submit without providing a free text response if they would prefer to. Overall, the low break off indicates that women are happy with both the content of the questionnaire and the length. Break off is typically found if participants consider content to be too sensitive or intrusive, or the survey too long or burdensome, and this does not appear to be an issue here.

6.3 Online survey access modes

The most popular device for accessing the online survey was via mobile phone. In experimental group 1, 74.8% of online survey completions were by mobile, while 76.3% of women used a mobile phone to complete the online survey in experimental group 2.

The popularity of the mobile phone was due – in part – to the success of the SMS invitations. In experimental group 1, six in ten (62.1%) of those who completed the online survey did so via the link in the SMS, while almost four in ten (37.9%) used the log-in details provided in the letter. This was also the case in experimental group 2, with almost six in ten (58.5%) completing the survey via the SMS link compared to just over four in ten (41.5%) using the log-in details provided in the letter.

This suggests that the SMS reminders were a particularly effective way of encouraging women to take part online, emphasising the importance of multi-mode contact. The high percentage of mobile responses also means it is important that any future survey be designed "mobile-first" to

[14] It is difficult to establish the true impact of this given time lapse between receiving and scanning returned paper questionnaires.

ensure women can easily and comfortably take part on their device of choice.[15] It should also be noted that a high proportion of women in the sample had a mobile number, which will have contributed to the higher incidence of completions via this mode.

Figure 6.2: Devices used of those who completed the online survey

Device used	Experimental group 1 (n=815)	Experimental group 2 (n=674)
Mobile	74.8%	76.3%
Other	12.8%	12.3%
Desktop	9.4%	9.1%
Tablet	2.9%	2.4%

[15] For more details on "mobile first" design, see here: https://www.ipsos.com/ipsos-mori/en-uk/mobile-first-best-practice-guide

7 Next steps

The findings from the pilot will help to inform key discussions around the future of the Maternity Survey.

This decision will be based on the following key elements; response rate and online response rate of the experimental groups, the cost [16]and sample size associated with the revised response rates, the impact on comparability of results between trusts, demographic profile differences, question response differences and impacts on trends.

7.1 Is moving the Maternity Survey 2021 to mixed-mode methodology feasible?

The pilot demonstrated that at a national level:

- **Both experiment groups achieved a significantly higher overall response rate than the control group after all mailings**, suggesting that the target population of the Maternity Survey lends itself particularly well to an online methodology.

- The **demographic profile of participants is also broadly consistent between the experiment groups and the control group** (as well as between experiment group 1 and experiment group 2) so the sample composition is not skewed by changing to a push-to-web method.

- In terms of question responses, **few significant differences were found across the all questions** (both unweighted and weighted), suggesting the possibility that results could be compared to previous paper-only maternity surveys and, as such, “trend data” could be maintained.

Based on the above, it would seem entirely feasible to move to a mixed-methodology for running the Maternity Survey 2021.

7.2 Which experiment methodology is most effective?

This analysis is based on the differences in response rate and percentage taking part online between the two experimental groups.

Experiment group 1 (which had paper questionnaire with a URL in the reminder letter at the third mailing and an SMS reminder at the fourth mailing) is the most effective methodology.

[16] Cost-benefit analysis to be conducted and reported on separately.

Experiment group 1 achieved a significantly higher response rate than the control group, and a significantly higher proportion of online responses compared with experiment group 2 (which had a paper questionnaire without a URL in the reminder letter at the third mailing and a further paper questionnaire with a URL in the reminder letter at the fourth mailing).

7.3 Is the fourth mailing necessary for a move to mixed-mode methodology?

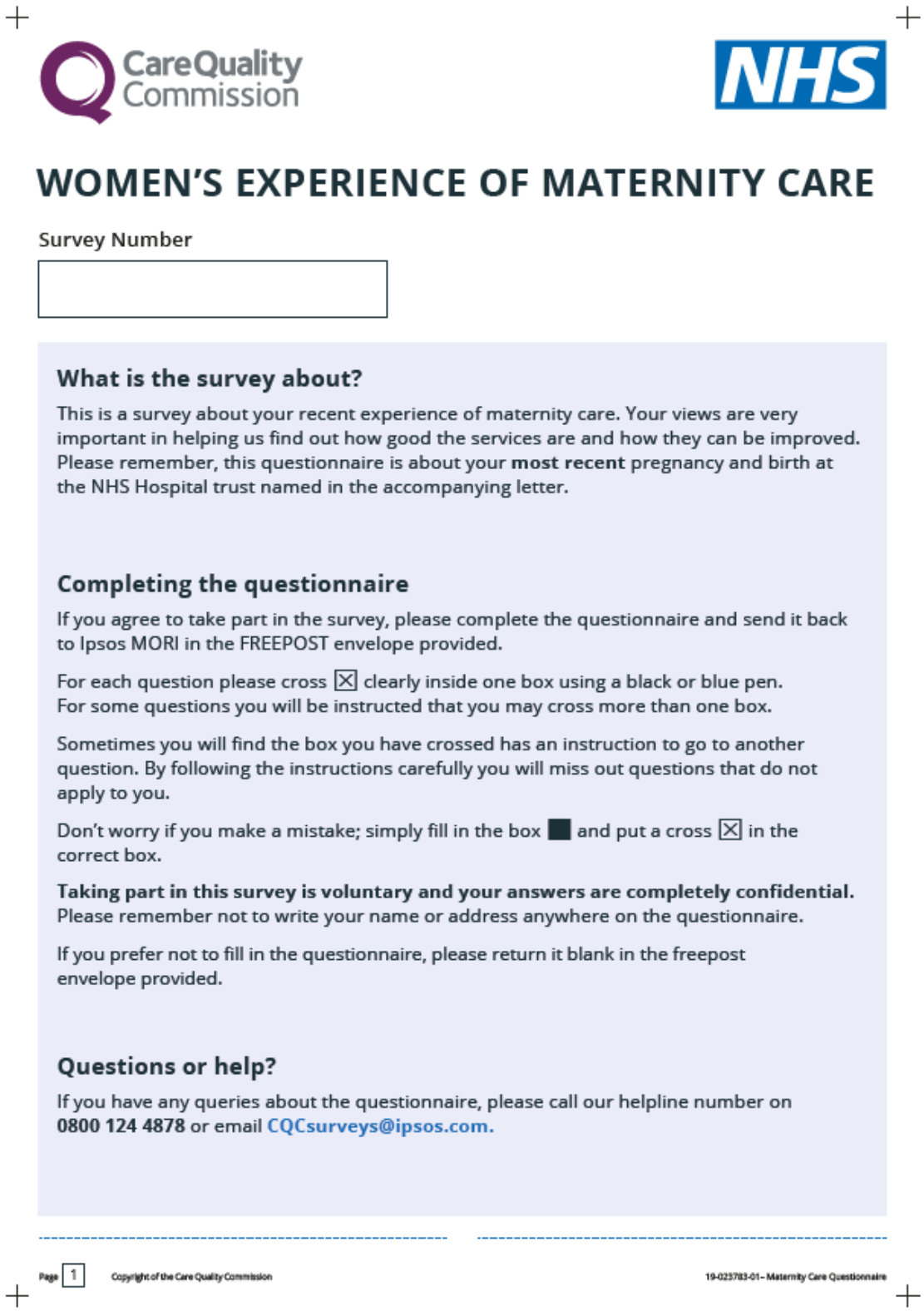
The fourth mailing in the experiment groups comprises of an additional postal invitation compared to the mainstage survey, which, if this approach is adopted, would have an impact on trust costs. To inform this decision it is important to consider the response rates and the associated demographic profile both before and after the fourth mailing.

The analysis shows that the fourth mailing boosted response rates across all age groups and ethnic groups. In experiment group 1 over a quarter of responses came after the fourth mailing, and in experiment group 2 a fifth of responses were received after mailing four. Positively, the demographic profile of those who completed the survey before and after the fourth mailing was broadly consistent, though there is evidence that before the fourth mailing, White British were over-represented in the experiment group 1 compared with the control sample. This suggests that providing a fourth mailing would be beneficial for boosting overall response rates, and potentially in BAME groups in particular. However, it is worth noting that although including a fourth mailing would be the optimal approach there would be cost implications associated with doing so.

Since the response rates after the fourth mailing were not significantly different between the experiment groups, this suggests that if a fourth mailing were used to boost response, a mailing without a questionnaire, followed by an SMS would be effective as it boosts response as much as a mailing with a questionnaire and results in a higher proportion of responses online.

Appendices

Appendix A: Questionnaire (paper version)



CareQuality Commission

NHS

WOMEN'S EXPERIENCE OF MATERNITY CARE

Survey Number

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. Please remember, this questionnaire is about your **most recent** pregnancy and birth at the NHS Hospital trust named in the accompanying letter.

Completing the questionnaire

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

For each question please cross ☒ clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box.

Sometimes you will find the box you have crossed has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

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

Taking part in this survey is voluntary and your answers are completely confidential. Please remember not to write your name or address anywhere on the questionnaire.

If you prefer not to fill in the questionnaire, please return it blank in the freepost envelope provided.

Questions or help?

If you have any queries about the questionnaire, please call our helpline number on **0800 124 4878** or email CQCsurveys@ipsos.com.

Page 1 Copyright of the Care Quality Commission 19-023783-01 – Maternity Care Questionnaire

DATES AND YOUR BABY

A1. Did you give birth to a single baby, twins or more in your most recent pregnancy?

- ☐ A single baby
- ☐ Twins
- ☐ Triplets, quads or more

A2. What time was your baby born?

(If you had two or more babies, think about the baby born first)

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

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

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

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?

- ☐ GP / family doctor
- ☐ Midwife
- ☐ Other

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

- ☐ When I was 0 to 6 weeks pregnant
- ☐ When I was 7 to 12 weeks pregnant
- ☐ When I was 13 or more weeks pregnant
- ☐ 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)?

- ☐ When I was 0 to 7 weeks pregnant
- ☐ When I was 8 or 9 weeks pregnant
- ☐ When I was 10 or 11 weeks pregnant
- ☐ When I was 12 weeks pregnant
- ☐ When I was 13 or more weeks pregnant
- ☐ 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

- ☐ I was offered a choice of hospitals
- ☐ I was offered a choice of giving birth in a midwife led unit / birth centre
- ☐ I was offered a choice of giving birth in a consultant led unit
- ☐ I was offered a choice of giving birth at home
- ☐ I was not offered any choices
- ☐ I had no choices due to medical reasons
- ☐ Don't know

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

- ☐ Yes
- ☐ No

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

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ No, but I did not need this information
- ☐ 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?

- ☐ Yes
- ☐ No
- ☐ 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?

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

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

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

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

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Don't know

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

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

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

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ 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?

- ☐ Yes
- ☐ No
- ☐ Don't know / can't remember

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

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ No, as I was not able to contact a midwife
- ☐ I did not contact a midwife

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

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

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

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

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

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I did not want / need this information
- ☐ Don't know / can't remember

YOUR LABOUR AND THE BIRTH OF YOUR BABY

C1. **Thinking about the birth of your baby, what type of delivery did you have?**

If you had two or more babies, think about the baby born first.

- ☐ A normal vaginal delivery → Go to C2
- ☐ An assisted vaginal delivery (e.g. with forceps or ventouse suction cup) → Go to C2
- ☐ A planned caesarean delivery → Go to C9
- ☐ An emergency caesarean delivery → Go to C9

C2. **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?**

- ☐ Yes
- ☐ No
- ☐ I did not contact a midwife / the hospital

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

- ☐ Yes, most of the time
- ☐ Yes, sometimes
- ☐ No
- ☐ 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

- ☐ Natural methods (e.g. hypnosis, breathing, massage)
- ☐ Water / birthing pool
- ☐ TENS machine (with pads on your back)
- ☐ Gas and air (breathing through a mask)
- ☐ Injection of pethidine or a similar painkiller
- ☐ Epidural (injection in your back, given by an anaesthetist)
- ☐ Other
- ☐ 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)?**

- ☐ Yes → Go to C6
- ☐ No → Go to C7
- ☐ I did not use pain relief → Go to C7
- ☐ 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

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

The birth of your baby

C7. **Where did you give birth?**

- ☐ On a bed
- ☐ On the floor
- ☐ In water / a birthing pool
- ☐ Other

C8. **What position were you in when your baby was born?**

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

C9. **Did you have skin to skin contact *(baby naked, directly on your chest or tummy)* with your baby shortly after the birth?**

- ☐ Yes
- ☐ Yes, but I did not want this
- ☐ No
- ☐ No, but this was not possible for medical reasons
- ☐ I did not want skin to skin contact with my baby

C10. **Was your partner or someone else close to you involved in your care during labour and birth as much as they wanted?**

- ☐ Yes
- ☐ No
- ☐ They did not want to / could not be involved
- ☐ I did not want them to be involved
- ☐ I did not have a partner / companion with me

The staff caring for you

C11. **Did the staff treating and examining you introduce themselves?**

- ☐ Yes, all of the staff introduced themselves
- ☐ Some of the staff introduced themselves
- ☐ Very few / none of the staff introduced themselves
- ☐ Don't know / can't remember

C12. **Had any of the midwives who cared for you been involved in your antenatal care?**

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

C13. 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

- ☐ Yes, during early labour
- ☐ Yes, during the later stages of labour
- ☐ Yes, during the birth
- ☐ Yes, shortly after the birth
- ☐ No, not at all

C14. If you raised a concern during labour and birth, did you feel that it was taken seriously?

- ☐ Yes
- ☐ No
- ☐ I did not raise any concerns

C15. If you needed attention **during labour and birth**, were you able to get a member of staff to help you **within a reasonable time**?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ A member of staff was with me all the time
- ☐ I did not want / need this
- ☐ Don't know / can't remember

C16. Thinking about your **care during labour and birth**, were you spoken to in a way you could understand?

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

C17. Thinking about your **care during labour and birth**, were you involved enough in decisions about your care?

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

C18. Thinking about your **care during labour and birth**, were you treated with respect and dignity?

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

C19. Did you have confidence and trust in the staff caring for you during your **labour and birth**?

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

C20. Did you have a home birth?

- ☐ Yes → Go to C21
- ☐ No → Go to D1

C21. Did you require hospital care immediately after your home birth?

- ☐ Yes → Go to D1
- ☐ No → Go to E1

CARE IN HOSPITAL AFTER THE BIRTH (POSTNATAL CARE)

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

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

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

- ☐ Too long
- ☐ Too short
- ☐ About right
- ☐ Not sure / don't know

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

- ☐ Yes → Go to D4
- ☐ No → Go to D5

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

- ☐ I had to wait for **medicines**
- ☐ I had to wait to **see the midwife / doctor**
- ☐ I had to wait for **test results**
- ☐ I had to wait for **a check to be done on my baby**
- ☐ Something else

D5. While you were **in hospital after birth**, were you able to get a member of staff to help you **within a reasonable time**?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ I did not want / need this
- ☐ 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?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ 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?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ 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

- ☐ Yes
- ☐ No, as they were restricted to visiting hours
- ☐ No, as there was no accommodation for them in the hospital
- ☐ No, they were not able to stay for another reason
- ☐ 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?

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

FEEDING YOUR BABY

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

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

- ☐ Breast milk (or expressed breast milk) **only**
- ☐ Both breast **and** formula (bottle) milk
- ☐ Formula (bottle) milk **only**
- ☐ Not sure

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

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

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

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ I did not want / need any advice
- ☐ I did not receive any advice
- ☐ 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?**

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

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)

- ☐ Yes
- ☐ No
- ☐ 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?

- ☐ Yes
- ☐ No
- ☐ Don't know / can't remember

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

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ No, as I was not able to contact a midwife
- ☐ I did not contact a midwife

F4. **Since your baby's birth** have you been visited at home by a midwife?

- ☐ Yes → Go to F5
- ☐ Yes, but I had to contact them to ask them to visit → Go to F5
- ☐ No, I visited the midwife / saw a midwife in clinic → Go to F5
- ☐ No, I was not offered a visit → Go to F12
- ☐ No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU) → Go to F12
- ☐ No, for another reason → Go to F12

F5. Did you see the same midwife every time?

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

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

- ☐ More often
- ☐ Less often
- ☐ 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?

- ☐ Yes
- ☐ No
- ☐ Don't know / can't remember

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

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ 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?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ This was not necessary
- ☐ Don't know / can't remember

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

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

F12. Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?

- ☐ Yes, my labour and antenatal care
- ☐ My antenatal care only
- ☐ My labour only
- ☐ No, but I wanted this
- ☐ No, but I did not mind
- ☐ Don't know / can't remember

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

- ☐ Yes
- ☐ No
- ☐ Don't know / can't remember

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

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ No, but I did not need this information
- ☐ 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**?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I did not need any
- ☐ 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?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ I did not need this
- ☐ 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**?

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

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

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ No, but I did not need this information
- ☐ 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?

- ☐ Yes
- ☐ No
- ☐ Don't know / can't remember

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

- ☐ Yes
- ☐ No
- ☐ I did not want / need any advice
- ☐ 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)*

- ☐ Yes
- ☐ No
- ☐ Don't know / can't remember

YOU AND YOUR HOUSEHOLD

Please complete as many of these questions as you can. Your answers will help us to describe 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

G2. **Have you had a previous pregnancy?**

- ☐ Yes → Go to G3
- ☐ No → Go to G4

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

- ☐ None
- ☐ 1 - 2
- ☐ 3 or more

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

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

G5. **What is your religion?**

- ☐ No religion
- ☐ Buddhist
- ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other
- ☐ I would prefer not to say

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

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

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

a. WHITE

- ☐ English / Welsh / Scottish / Northern Irish / British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background

write in...

b. MIXED / MULTIPLE ETHNIC GROUPS

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed / multiple ethnic background

write in...

c. ASIAN / ASIAN BRITISH

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

write in...

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean background

write in...

e. OTHER ETHNIC GROUP

- ☐ Arab
- ☐ Any other ethnic group

write in...

OTHER COMMENTS

Please note that anonymised data will be shared with the NHS Trust for analysis purposes. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on the questionnaire that requires us to follow up as part of our safeguarding duty. If comments suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

If there is anything else you would like to tell us about your maternity care, please do so here.

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 do not have your FREEPOST envelope, please return the questionnaire to:

FREEPOST CQC Maternity Survey
Ipsos MORI
Kings House
Kymberley Road
Harrow
HA1 1PT

If the survey raised issues or questions of concern, you may wish to contact your family doctor (GP) or Health Visitor.

If you have concerns about the care you or others have received please contact CQC on **03000 61 61 61.**

Appendix B: Control Invitation Letters

Appendix B.1: Mailing 1

PRINT ON TRUST HEADED PAPER

[TITLE][INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: XXXXXXXX

February 2020

Dear [TITLE] [LAST NAME],

Your chance to help the NHS

I am writing to ask you to take part in the NHS Maternity Survey about **your recent maternity experience at [TRUST NAME]**.

Improving [TRUST NAME]

The survey asks questions about your recent experience of giving birth, antenatal care, and the postnatal care you received at [TRUST NAME]. This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission in England with support from this trust.

It is only by hearing from as many mothers as possible that we can be sure that our results represent the views of everyone who has received maternity care at [TRUST NAME]. The findings will help us understand what was good about the maternity care provided and whether any improvements are needed, and will also help the Care Quality Commission understand the best ways of asking women about their maternity experiences. Taking part is voluntary but your views are really important to us.

Taking part is straightforward and will only take 10 minutes

The survey should take about 10 minutes and is straightforward to complete. **Please take part in the survey as soon as possible by filling in the enclosed questionnaire and returning it in the enclosed Freepost envelope.** You do not need a stamp.

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 014 9463** (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]

[SIGNATORY NAME],
[POSITION AT THE TRUST], [TRUST NAME]

C1

Please turn over

Why are you carrying out this survey and why have I been invited?

The NHS Maternity Survey will use the feedback you provide to help the trust improve maternity services so they better meet the needs of mothers and babies. The overall findings from this study will be published in the summer of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name has been chosen as you used the maternity services of [TRUST NAME] in October or November.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at **[privacy statement on Trust website]**. You can also find more information by visiting the frequently asked questions section of the survey website **www.nhssurveys.org/faq**.

The contact details you provided to the trust as part of your maternity care have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. **Ipsos MORI has not been given any information about your health**. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your trust and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your experience of the trust named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

C1

Appendix B.2: Mailing 2

PRINT ON TRUST HEADED PAPER

[TITLE][INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: XXXXXXXX

February 2020

Dear [TITLE] [LAST NAME],

Taking part will help [TRUST NAME]

I recently sent you a letter inviting you to take part in a survey about **your recent maternity experience** at [TRUST NAME]. If you have already filled in the survey, thank you for your time – you do not need to do anything else.

Please send us your feedback so your voice can be heard

The survey asks questions about you and the maternity care you recently received at [TRUST NAME]. If you have not taken part, please do so to give us your views. Taking part is voluntary but your answers are really important to us. It is only by hearing from as many mothers as possible that we can be sure that our results represent the views of everyone who has received maternity care at [TRUST NAME].

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission with support from this trust. The findings will help us understand what was good about maternity care and whether any improvements are needed, and will also help the Care Quality Commission understand the best ways of asking women about their maternity experiences.

Taking part is straightforward and will only take 10 minutes

Please fill in the questionnaire we sent previously and return it in the Freepost envelope that was provided. If you have misplaced the questionnaire, another one will be sent to you soon.

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 014 9463** (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]

[SIGNATORY NAME]
[POSITION AT THE TRUST], [TRUST NAME]

C2

Please turn over

Why are you carrying out this survey and why have I been invited?

The NHS Maternity Survey will use the feedback you provide to help the trust improve maternity services so they better meet the needs of mothers and babies. The overall findings from this study will be published in the summer of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name has been chosen as you used the maternity services of [TRUST NAME] in October or November.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at **[privacy statement on Trust website]**. You can also find more information by visiting the frequently asked questions section of the survey website **www.nhssurveys.org/faq**.

The contact details you provided to the trust as part of your maternity care have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. **Ipsos MORI has not been given any information about your health**. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your trust and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your experience of the trust named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

C2

Appendix B.3: Mailing 3

PRINT ON TRUST HEADED PAPER

[TITLE][INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: XXXXXXXX
March 2020

Dear [INITIAL] [LAST NAME],

This is your last chance to let us know your views

In February we invited you to take part in a survey about **your maternity experience** at [TRUST NAME]. As we don't seem to have heard from you yet, we have enclosed another copy of the questionnaire. If you have already filled in the survey, thank you for your time – you do not need to do anything else.

Please take part by 4th May

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission with support from this trust. The findings will help us understand what was good about maternity care and whether any improvements are needed, and will also help the Care Quality Commission understand the best ways of asking women about their maternity experiences. Taking part is voluntary but your views are really important to us.

Taking part is straightforward and will only take 10 minutes

The survey should take about 10 minutes and is straightforward to complete. Please fill in the questionnaire and return it in the enclosed Freepost envelope by **4th May** – you do not need a stamp.

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 014 9463** (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]

[SIGNATORY NAME]
[POSITION AT THE TRUST], [TRUST NAME]

C3

Please turn over

Why are you carrying out this survey and why have I been invited?

The NHS Maternity Survey will use the feedback you provide to help the trust improve maternity services so they better meet the needs of mothers and babies. This survey will also help the Care Quality Commission in England understand the best way of collecting information from women on their maternity experiences. The overall findings from this study will be published in the summer of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name has been chosen as you used the maternity services of [TRUST NAME] in October or November.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at **[privacy statement on Trust website]**. You can also find more information by visiting the frequently asked questions section of the survey website **www.nhssurveys.org/faq**.

The contact details you provided to the trust as part of your maternity care have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. **Ipsos MORI has not been given any information about your health**. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your trust and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your experience of the trust named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

C3

Appendix C: Pilot Invitation Letters

Appendix C.1: Mailing 1 (Experimental groups 1 and 2)

PRINT ON TRUST HEADED PAPER

[TITLE] [INITIAL][LAST] NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

February 2020

Dear [INITIAL] [LAST NAME],

Your chance to help the NHS

I am writing to ask you to take part in the NHS Maternity Survey about **your recent maternity experience at [TRUST NAME]**.

Improving [TRUST NAME]

The survey asks questions about your recent experience of giving birth, antenatal care, and the postnatal care you received at [TRUST NAME]. This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission in England with support from this trust.

It is only by hearing from as many mothers as possible that we can be sure that our results represent the views of everyone who has received maternity care at [TRUST NAME].The findings will help us understand what was good about the maternity care provided and whether any improvements are needed, and will also help the Care Quality Commission understand the best ways of asking women about their maternity experiences. Taking part is voluntary but your views are really important to us.

Taking part is straightforward and will only take 10 minutes

Please take part online as soon as possible – this can be done on a computer, tablet or a mobile phone. It should take about 10 minutes and is straightforward to complete. Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey.

www.ipsos.uk/maternity
Survey number: ABCD1234
Online password: ADFGH

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 014 9463** (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]
[SIGNATORY NAME],
[POSITION AT THE TRUST], [TRUST NAME]

T1

Please turn over

Why are you carrying out this survey and why have I been invited?

The NHS Maternity Survey will use the feedback you provide to help the trust improve maternity services so they better meet the needs of mothers and babies. This survey will also help the Care Quality Commission in England understand the best way of collecting information from women on their maternity experiences. The overall findings from this study will be published in the summer of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name has been chosen as you used the maternity services of [TRUST NAME] in October or November.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at **[privacy statement on Trust website]**. You can also find more information by visiting the frequently asked questions section of the survey website **www.nhssurveys.org/faq**.

The contact details you provided to the trust as part of your maternity care have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. **Ipsos MORI has not been given any information about your health**. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your trust and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences. If you would like a paper version of the questionnaire, please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your experience of the trust named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

T1

Appendix C.2: Mailing 2 (Experimental groups 1 and 2)

PRINT ON TRUST HEADED PAPER

[TITLE][INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

February 2020

Dear [INITIAL] [LAST NAME],

Taking part will help [TRUST NAME]

I recently sent you a letter inviting you to take part in a survey about **your recent maternity experience** at [TRUST NAME]. You may also have received a text message inviting you to take part. If you have already filled in the survey, thank you for your time – you do not need to do anything else.

Please send us your feedback so your voice can be heard

The survey asks questions about you and the maternity care you recently received at [TRUST NAME]. If you have not taken part, please do so to give us your views. Taking part is voluntary but your answers are really important to us. It is only by hearing from as many mothers as possible that we can be sure that our results represent the views of everyone who has received maternity care at [TRUST NAME].

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission with support from this trust. The findings will help us understand what was good about maternity care and whether any improvements are needed, and will also help the Care Quality Commission understand the best ways of asking women about their maternity experiences.

Taking part is straightforward and will only take 10 minutes

Please take part online– this can be done on a computer, tablet or a mobile phone. It should take about 10 minutes. Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey.

www.ipsos.uk/maternity
Survey number: ABCD1234
Online password: ADFGH

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 014 9463** (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]

[SIGNATORY NAME]
[POSITION AT THE TRUST], [TRUST NAME]

T2

Please turn over

Why are you carrying out this survey and why have I been invited?

The NHS Maternity Survey will use the feedback you provide to help the trust improve maternity services so they better meet the needs of mothers and babies. This survey will also help the Care Quality Commission in England understand the best way of collecting information from women on their maternity experiences. The overall findings from this study will be published in the summer of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name has been chosen as you used the maternity services of [TRUST NAME] in October or November.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at **[privacy statement on Trust website]**. You can also find more information by visiting the frequently asked questions section of the survey website **www.nhssurveys.org/faq**.

The contact details you provided to the trust as part of your maternity care have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. **Ipsos MORI has not been given any information about your health**. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your trust and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences. If you would like a paper version of the questionnaire, please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your experience of the trust named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

T2

Appendix C.3: Mailing 3 – Experimental group 1

PRINT ON TRUST HEADED PAPER

[TITLE][INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

March 2020

Dear [INITIAL] [LAST NAME],

We want to hear from you

In February you were invited to take part in a survey about **your maternity experience** at [TRUST NAME]. You may also have received a text message about the survey. Taking part is voluntary but we would really like to hear about your experience so we can understand the maternity experience of as many mothers as possible.

If you have already filled in the survey, thank you for your time – you do not need to do anything else.

You can complete the survey online or on paper

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission with support from this trust. The survey includes questions about your experience of maternity care at this trust. The findings will help the hospital and the Care Quality Commission to understand what was good about maternity care and whether any improvements are needed, and will also help the Care Quality Commission understand the best ways of asking women about their maternity experiences.

Taking part is straightforward and will only take 10 minutes

The survey should take about 10 minutes and is straightforward to complete. You can fill in the questionnaire and return it in the enclosed Freepost envelope. If you prefer, you can still take part online.
Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey. Or follow the link in the text message.

www.ipsos.uk/maternity
Survey number: ABCD1234
Online password: ADFGH

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 014 9463** (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [TRUST NAME].

Yours sincerely,

[INSERT SIGNATURE]

[SIGNATORY NAME]

[POSITION AT THE TRUST], [TRUST NAME]

T3OP

Please turn over

Why are you carrying out this survey and why have I been invited?

The NHS Maternity Survey will use the feedback you provide to help the trust improve maternity services so they better meet the needs of mothers and babies. This survey will also help the Care Quality Commission in England understand the best way of collecting information from women on their maternity experiences. The overall findings from this study will be published in the summer of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name has been chosen as you used the maternity services of [TRUST NAME] in October or November.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [RUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at **[privacy statement on Trust website]**. You can also find more information by visiting the frequently asked questions section of the survey website **www.nhssurveys.org/faq**.

The contact details you provided to the trust as part of your maternity care have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. **Ipsos MORI has not been given any information about your health**. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your trust and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your experience of the trust named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

T3OP

Appendix C.4: Mailing 3 – Experimental group 2

PRINT ON TRUST HEADED PAPER

[TITLE][INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

March 2020

Dear [INITIAL] [LAST NAME],

We want to hear from you

In February you were invited to take part in a survey about **your maternity experience** at [TRUST NAME]. You may also have received a text message about the survey. Taking part is voluntary but we would really like to hear about your experience so we can understand the maternity experience of as many mothers as possible.

If you have already filled in the survey, thank you for your time – you do not need to do anything else.

You can complete the survey on paper

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission with support from this trust. The survey includes questions about your experience of maternity care at this trust. The findings will help the trust and the Care Quality Commission to understand what was good about maternity care and whether any improvements are needed, and will also help the Care Quality Commission understand the best ways of asking women about their maternity experiences.

Taking part is straightforward and will only take 10 minutes

The survey should take about 10 minutes and is straightforward to complete. You can fill in the questionnaire included with this letter and return it in the enclosed Freepost envelope.

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 014 9463** (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]

[SIGNATORY NAME]
[POSITION AT THE TRUST], [TRUST NAME]

Please turn over

T3P

Why are you carrying out this survey and why have I been invited?

The NHS Maternity Survey will use the feedback you provide to help the trust improve maternity services so they better meet the needs of mothers and babies. This survey will also help the Care Quality Commission in England understand the best way of collecting information from women on their maternity experiences. The overall findings from this study will be published in the summer of 2020 and you will be able to see these results by visiting the website at **www.cqc.org.uk/surveys**.

Your name has been chosen as you used the maternity services of [TRUST NAME] in October or November.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at **[privacy statement on Trust website]**. You can also find more information by visiting the frequently asked questions section of the survey website **www.nhssurveys.org/faq**.

The contact details you provided to the trust as part of your maternity care have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. **Ipsos MORI has not been given any information about your health**. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your trust and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your experience of the trust named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

T3P

Appendix C.5: Mailing 4 – Experimental group 1

PRINT ON TRUST HEADED PAPER

[TITLE][INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

March 2020

Dear [INITIAL] [LAST NAME],

This is your last chance to let us know your views

In February I invited you to give us your feedback to help improve maternity services provided by [TRUST NAME]. You may also have received a text message inviting you to take part. If you have already filled in the survey, thank you for your time – you do not need to do anything else.

Please take part by 4th May

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission with support from this trust. The findings will help us understand what was good about maternity care and whether any improvements are needed, and will also help the Care Quality Commission understand the best ways of asking women about their maternity experiences. Taking part is voluntary but your views are really important to us.

Taking part is straightforward and will only take 10 minutes

Please take part online by 4th May. It should take about 10 minutes and is straightforward to complete. Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey. Or if you received a text, follow the link in the message.

www.ipsos.uk/maternity
Survey number: ABCD1234
Online password: ADFGH

If you prefer, you can fill in the paper questionnaire that we sent previously and return it in the Freepost envelope that was provided.

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 014 9463** (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]

[SIGNATORY NAME]

[POSITION AT THE TRUST], [TRUST NAME]

Please turn over

T4O

Why are you carrying out this survey and why have I been invited?

The NHS Maternity Survey will use the feedback you provide to help the trust improve maternity services so they better meet the needs of mothers and babies. This survey will also help the Care Quality Commission in England understand the best way of collecting information from women on their maternity experiences. The overall findings from this study will be published in the summer of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name has been chosen as you used the maternity services of [TRUST NAME] in October or November.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at **[privacy statement on Trust website]**. You can also find more information by visiting the frequently asked questions section of the survey website **www.nhssurveys.org/faq**.

The contact details you provided to the trust as part of your maternity have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. **Ipsos MORI has not been given any information about your health**. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your trust and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your experience of the trust named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

T4O

Appendix C.6: Mailing 4 – Experimental group 2

PRINT ON TRUST HEADED PAPER

[TITLE][INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

March 2020

Dear [INITIAL] [LAST NAME],

This is your last chance to let us know your views

In February, I invited you to give us your feedback to help improve the maternity services provided by [TRUST NAME]. You may also have received a text message inviting you to take part. If you have already filled in the survey, thank you for your time – you do not need to do anything else.

Please take part by 4th May

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission with support from this trust. The findings will help us understand what was good about maternity care and whether any improvements are needed, and will also help the Care Quality Commission understand the best ways of asking women about their maternity experiences. Taking part is voluntary but your views are really important to us.

Please fill in the questionnaire and return it in the enclosed Freepost envelope by 4th May – you do not need a stamp. It should take about 10 minutes and is straightforward to complete. If you prefer, you can complete the survey online. Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey. Or follow the link in the text message.

www.ipsos.uk/maternity
Survey number: ABCD1234
Online password: ADFGH

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 014 9463** (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]

[SIGNATORY NAME]
[POSITION AT THE TRUST], [TRUST NAME]

T4OP

Please turn over

Why are you carrying out this survey and why have I been invited?

The NHS Maternity Survey will use the feedback you provide to help the trust improve maternity services so they better meet the needs of mothers and babies. This survey will also help the Care Quality Commission in England understand the best way of collecting information from women on their maternity experiences. The overall findings from this study will be published in the summer of 2020 and you will be able to see these results by visiting the website at **www.cqc.org.uk/surveys**.

Your name has been chosen as you used the maternity services of [TRUST NAME] in October or November.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at **[privacy statement on Trust website]**. You can also find more information by visiting the frequently asked questions section of the survey website **www.nhssurveys.org/faq**.

The contact details you provided to the trust as part of your maternity care have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. **Ipsos MORI has not been given any information about your health**. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your experience of the trust named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 014 9463 or email CQCsurveys@ipsos.com**.

T4OP

Appendix D: SMS

Appendix D.1: SMS invitation

SMS invitation

From: NHS Survey

[From: NHS Survey] We recently sent you a letter about your Maternity experience of [TRUST NAME]. Please click on the link to give feedback: [unique link]. You don't need to enter your log-in details. Any questions? Please call [Freephone number].

Appendix D.2: SMS reminder 1

The first SMS reminder (nudge)

From: NHS Survey

[From: NHS Survey] [TRUST NAME] would welcome your feedback. Please tell us about your recent Maternity experience by completing the questionnaire: [unique link]. Any questions? Please call [Freephone number].

Appendix D.3: SMS reminder 2

The second SMS reminder (persuasion)

From: NHS Survey

[From: NHS Survey] Please help the NHS by telling us about your recent Maternity experience of [TRUST NAME]. Click on the link to complete the questionnaire before it closes: [unique link]. Any questions? Please call [Freephone number].

Appendix E: Dissent Poster

Appendix F: Young mothers leaflet

We will shortly be conducting a survey about women's recent experiences of **giving birth, antenatal care,** and postnatal care. This survey will be carried out by this trust, the Care Quality Commission (CQC) and Ipsos MORI. It is part of a national programme to improve patients' experiences of maternity care.

Your feedback is important to us

- If you are invited to take part, the trust will pass on your contact details (name, mobile telephone number and postal address) so researchers can get in touch about the survey.
- If you complete the survey, your name and address will never be linked to your responses.
- Taking part in the survey is **voluntary** and all answers are confidential.

Your views are important to us

It is very important for us to find out what women across England think of the maternity care they have received, so the NHS can make improvements for all new mothers and babies. If you fill out the questionnaire, your answers will be put together with the answers of other mothers to provide results for your trust. This will be kept confidential by the research team at Ipsos MORI. Nobody will be able to identify you in any results that are published and the trust will not know who has taken part.

Why are you asking me to take part?

You may be sent a letter inviting you to take part in this important survey in a few months' time because you recently had a baby. We are asking other mothers who gave birth during the same period to take part in the survey. Survey invitations will be sent out in January 2020.

Do I have to take part?

No. Taking part in this survey is voluntary but your views are really important to us. If you do not wish to take part it will **not** affect the care you receive from the NHS. You can decide not to take part, or if you do not want to answer some of the questions, at any time without giving a reason.

If I take part, will my answers be kept confidential?

Yes. The information you give us will be held securely and will be treated in strict confidence in accordance with the General Data Protection Regulation. **We will give you a unique number so that your name and address is not on the questionnaire, and your name and address will never be linked to your responses.** We will use your anonymous responses to provide information about the quality of the services the trust provides and to help us improve these services. All personal information you provide will be destroyed within six months of you taking part in the survey.

Appendix G: Overall adjusted response rate by demographic groups

Where significant differences are shown in the tables, this is based on a z-test of proportion differences with 95% confidence.

		Control (n=4,339)	Experiment 1 (n=2,055)	Experiment 2 (n=2,061)
Age	16-18	12.2%	16.7%	25.0%
	19-24	19.1%	**32.7%***	**27.1%***
	25-29	29.7%	**44.7%***	**41.0%***
	30-34	40.5%	**49.3%***	**52.0%***
	35+	45.5%	**55.7%*^**	49.5%
Ethnicity	White British	37.6%	**48.8%***	**47.7%***
	BAME	32.2%	**42.2%***	**37.8%***
	Not stated	37.2%	**53.0%***	**50.9%***
IMD quintile	1 - 20% most deprived	23.4%	**37.5%*^**	**31.0%***
	2	32.8%	**44.3%***	**47.2%***
	3	42.0%	**51.3%***	**52.7%***
	4	43.5%	**52.9%***	49.7%
	5 - 20% least deprived	48.1%	**56.7%***	54.1%
Mobile	Yes	36.5%	**52.1%*^**	**47.7%***
	No	33.7%	30.9%	35.3%

* Indicates statistically significant difference compared to the control at 5% significance level.
^ Indicates statistically significant difference compared to experiment group 2 at 5% significance level.

Appendix H: Overall adjusted response rate by demographic groups excluding fourth mailing completes

Where significant differences are shown in the tables, this is based on z-test of proportion differences with 95% confidence.

		Control (n=4,339)	Experiment 1 (n=2,055)	Experiment 2 (n=2,061)
Age	16-18	12.2%	12.5%	20.0%
	19-24	19.1%	22.7%	22.5%
	25-29	29.7%	33.6%	32.4%
	30-34	40.5%	37.1%	41.7%
	35+	45.5%	**39.7%***	**37.9%***
Ethnicity	White British	37.6%	37.1%	37.4%
	BAME	32.2%	28.8%	29.2%
	Not stated	37.2%	36.9%	43.8%
IMD quintile	1 - 20% most deprived	23.4%	25.8%	24.3%
	2	32.8%	32.0%	38.3%
	3	42.0%	38.2%	41.7%
	4	43.5%	41.5%	40.4%
	5 - 20% least deprived	48.1%	41.9%	**40.7%***
Mobile	Yes	36.5%	38.6%	39.1%
	No	33.7%	**21.5%***	**22.6%***

* Indicates statistically significant difference compared to the control at 5% significance level.

Appendix I: Profile of participants who responded to the pilot

Where significant differences are shown in the tables, this is based on z-test of proportion differences with 95% confidence.

		Control (n=1,562)	Experiment 1 (n=973)	Experiment 2 (n=931)
Age	16-18	0.4%	0.4%	0.5%
	19-24	7.0%	9.0%	7.6%
	25-29	20.7%	23.6%	22.4%
	30-34	37.3%	34.7%	40.1%
	35+	34.6%	32.2%	**29.3%***
Ethnicity	White British	62.4%	64.3%	63.2%
	BAME	25.5%	24.9%	24.5%
	Not stated	12.1%	10.8%	12.4%
IMD quintile	1 – 20% most deprived	18.9%	**22.3%***	19.3%
	2	18.2%	18.5%	**22.1%***
	3	20.9%	19.7%	21.1%
	4	19.0%	18.5%	18.4%
	5 – 20% least deprived	23.0%	20.6%	**19.0%***
Mobile	Yes	82.3%	**85.4%***	83.9%
	No	17.7%	**14.6%***	16.1%

* Indicates statistically significant difference compared to the control at 5% significance level.

Appendix J: Profile of participants who responded to the pilot excluding fourth mailing completes

Where significant differences are shown in the tables, this is based on z-test of proportion differences with 95% confidence.

		Control (n=1,562)	Experiment 1 (n=714)	Experiment 2 (n=736)
Age	16-18	0.4%	0.4%	0.5%
	19-24	7.0%	8.5%	8.0%
	25-29	20.7%	24.2%	22.4%
	30-34	37.3%	**35.6%^**	40.6%
	35+	34.6%	31.2%	**28.4%***
Ethnicity	White British	62.4%	**66.7%***	62.6%
	BAME	25.5%	23.1%	23.9%
	Not stated	12.1%	10.2%	13.5%
IMD quintile	1 - 20% most deprived	18.9%	20.9%	19.2%
	2	18.2%	**18.2%^**	**22.7%***
	3	20.9%	20.0%	21.1%
	4	19.0%	19.7%	18.9%
	5 - 20% least deprived	23.0%	20.7%	**18.1%***
Mobile	Yes	82.3%	**86.1%***	**87.0%***
	No	17.7%	**13.9%***	**13.0%***

* Indicates statistically significant difference compared to the control at 5% significance level.
^ Indicates statistically significant difference compared to experiment group 2 at 5% significance level.

Appendix K: Question responses (unweighted)

Where significant differences are shown in the tables, this is based on z-test of proportion differences with 95% confidence. An asterisk (*) will be used to specify a significant difference compared to the control, and a circumflex (^) will be used to specify a significant difference between experiment groups compared to experiment group 2.

		Control (n=1,560)	Experiment overall (n=1,903)
A1. Did you give birth to a single baby, twins or more in your most recent pregnancy?	A single baby	98.8%	98.3%
	Twins	1.2%	1.6%
	Triplets, quads or more	0.0%	0.1%

		Control (n=1,552)	Experiment overall (n=1,902)
A2. What time was your baby born?	Early morning (12:01am - 6:00am)	25.1%	24.1%
	Morning (6:01am - 12:00 noon)	28.0%	28.7%
	Afternoon (12:01pm - 6:00pm)	24.3%	25.0%
	Evening / Night (6:01pm - 12:00 midnight)	22.6%	22.2%

		Control (n=1,550)	Experiment overall (n=1,899)
A3. Roughly how many weeks pregnant were you when your baby was born?	Before I was 37 weeks pregnant	7.0%	7.7%
	When I was 37 weeks pregnant or more	93.0%	92.3%

		Control (n=1,548)	Experiment overall (n=1,902)
B1. Who was the first health professional you saw when you thought you were pregnant?	GP / family doctor	42.6%	40.0%
	Midwife	49.0%	52.0%
	Other	8.4%	8.0%

		Control (n=1,554)	Experiment overall (n=1,900)
B2. Roughly how many weeks pregnant were you when you first saw this health professional about your pregnancy care?	When I was 0 to 6 weeks pregnant	44.3%	44.7%
	When I was 7 to 12 weeks pregnant	49.7%	50.1%
	When I was 13 or more weeks pregnant	4.4%	4.0%
	Don't know / can't remember	1.6%	1.2%

		Control (n=1,543)	Experiment overall (n=1,898)
B3. Roughly how many weeks pregnant were you when you had your 'booking' appointment (the appointment where you were given your pregnancy notes)?	When I was 0 to 7 weeks pregnant	15.3%	16.4%
	When I was 8 or 9 weeks pregnant	42.1%	40.7%
	When I was 10 or 11 weeks pregnant	17.0%	18.7%
	When I was 12 weeks pregnant	9.6%	10.2%
	When I was 13 or more weeks pregnant	7.2%	6.8%
	Don't know / can't remember	8.7%	7.1%

		Control (n=1,546)	Experiment overall (n=1,900)
B4. Were you offered any of the following choices about where to have your baby?	I was offered a choice of hospitals	49.5%	48.2%
	I was offered a choice of giving birth in a midwife led unit / birth centre	45.6%	43.8%
	I was offered a choice of giving birth in a consultant led unit	25.7%	23.7%
	I was offered a choice of giving birth at home	36.3%	33.5%
	I was not offered any choices	12.8%	12.6%
	I had no choices due to medical reasons	10.1%	10.7%
	Don't know	3.9%	4.0%

		Control (n=1,555)	Experiment overall (n=1,901)
B5. Before your baby was born, did you plan to have a home birth?	Yes	4.4%	4.6%
	No	95.6%	95.4%

		Control (n=1,554)	Experiment overall (n=1,900)
B6. Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	Yes, definitely	46.3%	47.8%
	Yes, to some extent	22.2%	22.5%
	No	11.1%	10.4%
	No, but I did not need this information	19.1%	18.5%
	Don't know / can't remember	1.3%	0.8%

		Control (n=1,556)	Experiment overall (n=1,904)
B7. During your pregnancy were you given a choice about where your antenatal check-ups would take place?	Yes	30.7%	**34.9%***
	No	64.3%	**58.3%***
	Don't know / can't remember	5.0%	**6.8%***

		Control (n=1,555)	Experiment overall (n=1,903)
B8. If you saw a midwife for your antenatal check-ups, did you see the same one every time?	Yes	35.4%	36.4%
	Yes, but would have preferred not to	0.5%	0.5%
	No, but I wanted to	28.3%	28.5%
	No, but I did not mind	34.5%	33.1%
	I only saw a midwife once	0.6%	0.5%
	I did not see a midwife	0.4%	0.6%
	Don't know / can't remember	0.4%	0.3%

		Control (n=1,554)	Experiment overall (n=1,902)
B9. During your antenatal check-ups, did the midwives appear to be aware of your medical history?	Yes, always	46.9%	47.6%
	Yes, sometimes	35.4%	35.5%
	No	14.4%	13.6%
	Don't know / can't remember	3.3%	3.3%

		Control (n=1,558)	Experiment overall (n=1,903)
B10. During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	Yes, always	77.9%	79.1%
	Yes, sometimes	19.1%	18.0%
	No	2.8%	2.7%
	Don't know	0.2%	0.2%

		Control (n=1,558)	Experiment overall (n=1,904)
B11. During your antenatal check-ups, did the midwives listen to you?	Yes, always	83.5%	83.2%
	Yes, sometimes	15.0%	15.2%
	No	1.5%	1.4%
	Don't know / can't remember	0.1%	0.2%

		Control (n=1,558)	Experiment overall (n=1,903)
B12. During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?	Yes, definitely	69.8%	69.9%
	Yes, to some extent	23.5%	22.8%
	No	5.4%	5.9%
	Don't know / can't remember	1.3%	1.4%

		Control (n=1,558)	Experiment overall (n=1,903)
B13. During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?	Yes	95.9%	95.4%
	No	3.5%	3.9%
	Don't know / can't remember	0.6%	0.7%

		Control (n=1,557)	Experiment overall (n=1,903)
B14. During your pregnancy, if you contacted a midwife, were you given the help you needed?	Yes, always	64.1%	**60.8%***
	Yes, sometimes	15.0%	16.2%
	No	2.1%	2.9%
	No, as I was not able to contact a midwife	2.5%	3.3%
	I did not contact a midwife	16.3%	16.8%

		Control (n=1,558)	Experiment overall (n=1,903)
B15. Thinking about your antenatal care, were you spoken to in a way you could understand?	Yes, always	89.7%	88.9%
	Yes, sometimes	8.5%	9.8%
	No	1.5%	0.8%
	Don't know / can't remember	0.3%	0.4%

		Control (n=1,553)	Experiment overall (n=1,903)
B16. Thinking about your antenatal care, were you involved enough in decisions about your care?	Yes, always	76.0%	77.9%
	Yes, sometimes	18.7%	16.6%
	No	3.3%	3.7%
	I did not want / need to be involved	0.6%	0.9%
	Don't know / can't remember	1.4%	0.8%

		Control (n=1,551)	Experiment overall (n=1,899)
B17. During your pregnancy did midwives provide relevant information about feeding your baby?	Yes, definitely	47.2%	47.3%
	Yes, to some extent	27.4%	29.1%
	No	16.5%	15.0%
	I did not want / need this information	7.2%	7.2%
	Don't know / can't remember	1.7%	1.4%

		Control (n=1,554)	Experiment overall (n=1,900)
C1. (C7 online). Thinking about the birth of your baby, what type of delivery did you have?	A normal vaginal delivery	53.0%	53.3%
	An assisted vaginal delivery (e.g. with forceps or ventouse suction cup)	16.1%	14.9%
	A planned caesarean delivery	14.1%	15.5%
	An emergency caesarean delivery	16.8%	16.3%

		Control (n=1,063)	Experiment overall (n=1,296)
C2. (C1 online). 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?	Yes	80.5%	77.6%
	No	10.5%	12.9%
	I did not contact a midwife / the hospital	8.9%	9.5%

		Control (n=1,064)	Experiment overall (n=1,295)
C3. During your labour, were you able to move around and choose the position that made you most comfortable?	Yes, most of the time	64.5%	**60.3%***
	Yes, sometimes	16.7%	17.2%
	No	6.5%	**9.3%***
	No, but this was not possible due to medical reasons	12.3%	13.2%

		Control (n=1,054)	Experiment overall (n=1,289)
C4. During your labour, what type of pain relief did you use?	Natural methods (e.g. hypnosis, breathing, massage)	38.9%	**33.6%***
	Water / birthing pool	20.7%	18.5%
	TENS machine (with pads on your back)	15.7%	15.2%
	Gas and air (breathing through a mask)	82.4%	**76.0%***
	Injection of pethidine or a similar painkiller	24.0%	24.4%
	Epidural (injection in your back, given by an anaesthetist)	27.3%	27.4%
	Other	3.4%	2.6%
	I did not use pain relief	4.6%	**8.2%***

		Control (n=1,054)	Experiment overall (n=1,292)
C5. Did the pain relief you used change from what you had originally planned (before you went into labour)?	Yes	29.4%	28.3%
	No	46.9%	45.8%
	I did not use pain relief	4.1%	**7.9%***
	I did not have a plan	19.6%	18.0%

		Control (n=306)	Experiment overall (n=365)
C6. Why did you not use the choice of pain relief that you had originally planned (before you went into labour)?	For medical reasons	20.6%	21.9%
	I changed my mind	28.4%	26.6%
	I did not need to use the pain relief I had planned to use	7.2%	7.1%
	There was not time to use my planned pain relief	23.2%	20.5%
	The pain relief I had planned to use did not work	20.6%	21.1%
	I was told there were not enough staff to provide my chosen pain relief	5.6%	4.4%
	I was not told why I could not have my choice of pain relief	1.6%	2.5%
	Other	12.7%	14.5%

		Control (n=1,067)	Experiment overall (n=1,295)
C7. (C8 online). Where did you give birth?	On a bed	84.3%	83.2%
	On the floor	2.6%	3.6%
	In water / a birthing pool	11.2%	10.6%
	Other	1.8%	2.6%

		Control (n=1,053)	Experiment overall (n=1,293)
C8. (C9 online). What position were you in when your baby was born?	Sitting / sitting supported by pillows	15.1%	12.8%
	On my side	5.8%	4.1%
	Standing, squatting or kneeling	17.1%	15.2%
	Lying flat / lying supported by pillows	19.0%	21.7%
	Lying with legs in stirrups	39.4%	41.5%
	Other	3.6%	4.7%

		Control (n=1,554)	Experiment overall (n=1,902)
C9. (C10 online). Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?	Yes	86.3%	84.2%
	Yes, but I did not want this	0.3%	0.4%
	No	4.6%	5.8%
	No, but this was not possible for medical reasons	8.4%	9.2%
	I did not want skin to skin contact with my baby	0.4%	0.4%

		Control (n=1,549)	Experiment overall (n=1,901)
C10. (C11 online). Was your partner or someone else close to you involved in your care during labour and birth as much as they wanted?	Yes	97.4%	96.3%
	No	1.7%	1.5%
	They did not want to / could not be involved	0.6%	1.1%
	I did not want them to be involved	0.1%	0.3%
	I did not have a partner / companion with me	0.2%	**0.8%***

		Control (n=1,555)	Experiment overall (n=1,902)
C11. (C12 online). Did the staff treating and examining you introduce themselves?	Yes, all of the staff introduced themselves	84.2%	84.1%
	Some of the staff introduced themselves	13.3%	13.0%
	Very few / none of the staff introduced themselves	0.5%	**1.4%***
	Don't know / can't remember	2.0%	1.5%

		Control (n=1,548)	Experiment overall (n=1,902)
C12. (C13 online). Had any of the midwives who cared for you been involved in your antenatal care?	Yes	14.7%	15.5%
	Yes, but I did not want this	0.3%	0.1%
	No, but I wanted this	18.3%	16.5%
	No, but I did not mind	63.6%	63.6%
	Don't know / can't remember	3.0%	**4.3%***

		Control (n=1,523)	Experiment overall (n=1,892)
C13. (C14 online). Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?	Yes, during early labour	11.1%	9.2%
	Yes, during the later stages of labour	5.9%	6.8%
	Yes, during the birth	1.4%	1.7%
	Yes, shortly after the birth	7.1%	7.4%
	No, not at all	79.5%	79.1%

		Control (n=1,542)	Experiment overall (n=1,901)
C14. (C15 online). If you raised a concern during labour and birth, did you feel that it was taken seriously?	Yes	54.2%	52.7%
	No	10.0%	11.1%
	I did not raise any concerns	35.8%	36.2%

		Control (n=1,536)	Experiment overall (n=1,899)
C15. (C16 online). If you needed attention during labour and birth, were you able to get a member of staff to help you within a reasonable time?	Yes, always	63.2%	60.4%
	Yes, sometimes	14.8%	14.7%
	No	4.2%	4.4%
	A member of staff was with me all the time	10.6%	**13.7%***
	I did not want / need this	5.9%	5.6%
	Don't know / can't remember	1.2%	1.1%

		Control (n=1,550)	Experiment overall (n=1,902)
C16. (C17 online). Thinking about your care during labour and birth, were you spoken to in a way you could understand?	Yes, always	88.4%	88.6%
	Yes, sometimes	9.2%	9.2%
	No	1.5%	1.5%
	Don't know / can't remember	0.9%	0.6%

		Control (n=1,546)	Experiment overall (n=1,901)
C17. (C18 online). Thinking about your care during labour and birth, were you involved enough in decisions about your care?	Yes, always	74.8%	75.5%
	Yes, sometimes	17.2%	16.2%
	No	5.2%	5.8%
	I did not want / need to be involved	1.6%	1.3%
	Don't know / can't remember	1.1%	1.2%

		Control (n=1,550)	Experiment overall (n=1,902)
C18. (C19 online). Thinking about your care during labour and birth, were you treated with respect and dignity?	Yes, always	88.6%	88.1%
	Yes, sometimes	9.2%	8.9%
	No	1.8%	2.3%
	Don't know / can't remember	0.5%	0.7%

		Control (n=1,547)	Experiment overall (n=1,901)
C19. (C20 online). Did you have confidence and trust in the staff caring for you during your labour and birth?	Yes, definitely	82.1%	82.5%
	Yes, to some extent	14.6%	14.1%
	No	3.0%	3.1%
	Don't know / can't remember	0.3%	0.3%

		Control (n=1,058)	Experiment overall (n=1,422)
C20. (C2 online). Did you have a home birth?	Yes	3.6%	4.2%
	No	96.4%	95.8%

		Control (n=37)	Experiment overall (n=54)
C21. (C22 online). Did you require hospital care immediately after your home birth?	Yes	37.8%	38.9%
	No	62.2%	61.1%

		Control (n=1,526)	Experiment overall (n=1,869)
D1. How long did you stay in hospital after your baby was born?	Up to 12 hours	12.6%	12.4%
	More than 12 hours but less than 24 hours	19.6%	20.1%
	1 to 2 days	40.5%	38.3%
	3 to 4 days	15.6%	17.5%
	5 or more days	11.7%	11.7%

		Control (n=1,528)	Experiment overall (n=1,869)
D2. Looking back, do you feel that the length of your stay in hospital after the birth was…	Too long	14.0%	15.1%
	Too short	10.9%	10.6%
	About right	71.5%	70.2%
	Not sure / don't know	3.6%	4.1%

		Control (n=1,518)	Experiment overall (n=1,867)
D3. On the day you left hospital, was your discharge delayed for any reason?	Yes	44.3%	**37.7%***
	No	55.7%	**62.3%***

		Control (n=600)	Experiment overall (n=695)
D4. What was the main reason for the delay?	I had to wait for medicines	20.8%	23.3%
	I had to wait to see the midwife / doctor	27.0%	**21.2%***
	I had to wait for test results	12.8%	10.2%
	I had to wait for a check to be done on my baby	23.5%	23.0%
	Something else	15.8%	**22.3%***

		Control (n=1,524)	Experiment overall (n=1,871)
D5. While you were in hospital after birth, were you able to get a member of staff to help you within a reasonable time?	Yes, always	55.8%	54.1%
	Yes, sometimes	32.2%	33.9%
	No	9.4%	9.4%
	I did not want / need this	2.2%	2.2%
	Don't know / can't remember	0.4%	0.4%

		Control (n=1,529)	Experiment overall (n=1,869)
D6. Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	Yes, always	64.4%	63.5%
	Yes, sometimes	28.0%	27.4%
	No	7.2%	8.4%
	Don't know / can't remember	0.4%	0.6%

		Control (n=1,525)	Experiment overall (n=1,869)
D7. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	Yes, always	75.7%	75.1%
	Yes, sometimes	21.0%	21.6%
	No	3.1%	3.0%
	Don't know / can't remember	0.2%	0.2%

		Control (n=1,493)	Experiment overall (n=1,859)
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?	Yes	72.7%	70.3%
	No, as they were restricted to visiting hours	16.9%	17.5%
	No, as there was no accommodation for them in the hospital	11.9%	13.4%
	No, they were not able to stay for another reason	2.7%	3.0%
	I did not have a partner / companion with me	0.3%	0.6%

		Control (n=1,523)	Experiment overall (n=1,869)
D9. Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	Very clean	66.8%	64.0%
	Fairly clean	27.7%	**31.4%***
	Not very clean	3.2%	3.2%
	Not at all clean	1.3%	0.7%
	Don't know / can't remember	1.1%	0.6%

		Control (n=1,546)	Experiment overall (n=1,898)
E1. In the first few days after the birth how was your baby fed?	Breast milk (or expressed breast milk) only	58.0%	**54.0%***
	Both breast and formula (bottle) milk	25.1%	25.4%
	Formula (bottle) milk only	16.8%	**20.3%***
	Not sure	0.1%	0.3%

		Control (n=1,552)	Experiment overall (n=1,901)
E2. Were your decisions about how you wanted to feed your baby respected by midwives?	Yes, always	84.3%	83.5%
	Yes, sometimes	12.0%	12.7%
	No	3.2%	3.4%
	Don't know / can't remember	0.5%	0.3%

		Control (n=1,542)	Experiment overall (n=1,898)
E3. Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby?	Yes, always	51.8%	53.0%
	Yes, sometimes	22.6%	23.2%
	No	16.8%	15.7%
	I did not want / need any advice	5.6%	5.4%
	I did not receive any advice	2.9%	2.0%
	Don't know / can't remember	0.3%	0.7%

		Control (n=1,548)	Experiment overall (n=1,899)
E4. Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?	Yes, always	60.0%	60.6%
	Yes, sometimes	24.8%	24.2%
	No	9.7%	10.1%
	I did not want / need this	4.6%	4.5%
	Don't know / can't remember	0.9%	0.6%

		Control (n=1,547)	Experiment overall (n=1,898)
F1. Were you given a choice about where your postnatal care would take place?	Yes	33.6%	**39.0%***
	No	55.6%	**50.9%***
	Don't know / can't remember	10.8%	10.0%

		Control (n=1,543)	Experiment overall (n=1,901)
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?	Yes	95.3%	**92.8%***
	No	2.7%	**4.9%***
	Don't know / can't remember	2.0%	2.3%

		Control (n=1,541)	Experiment overall (n=1,900)
F3. If you contacted a midwife, were you given the help you needed?	Yes, always	49.8%	52.7%
	Yes, sometimes	10.6%	10.6%
	No	1.4%	**2.3%***
	No, as I was not able to contact a midwife	1.3%	2.1%
	I did not contact a midwife	36.9%	**32.4%***

		Control (n=1,548)	Experiment overall (n=1,901)
F4. Since your baby's birth have you been visited at home by a midwife?	Yes	96.8%	**94.3%***
	Yes, but I had to contact them to ask them to visit	1.3%	**2.2%***
	No, I visited the midwife / saw a midwife in clinic	0.6%	**1.5%***
	No, I was not offered a visit	0.5%	0.5%
	No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU)	0.7%	1.1%
	No, for another reason	0.1%	**0.5%***

		Control (n=1,524)	Experiment overall (n=1,862)
F5. Did you see the same midwife every time?	Yes	28.4%	29.6%
	Yes, but would have preferred not to	0.3%	0.3%
	No, but I wanted to	24.8%	23.9%
	No, but I did not mind	42.5%	42.2%
	I only saw a midwife once	3.1%	3.4%
	I did not see a midwife	0.1%	0.0%
	Don't know / can't remember	0.7%	0.6%

		Control (n=1,523)	Experiment overall (n=1,859)
F6. How many times in total did you see a midwife after you went home?	1 - 2	28.2%	29.2%
	3 - 4	51.1%	50.0%
	5 - 6	13.3%	12.5%
	7 times or more	4.7%	5.3%
	Don't know / can't remember	2.7%	3.0%

		Control (n=1,523)	Experiment overall (n=1,858)
F7. Would you have liked to have seen a midwife…	More often	20.8%	23.5%
	Less often	3.0%	3.5%
	I saw a midwife as much as I wanted	76.2%	**73.0%***

		Control (n=1,524)	Experiment overall (n=1,859)
F8. Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?	Yes	71.6%	72.4%
	No	21.3%	20.0%
	Don't know / can't remember	7.2%	7.6%

		Control (n=1,527)	Experiment overall (n=1,861)
F9. Did you feel that the midwife or midwives that you saw always listened to you?	Yes, always	81.9%	80.2%
	Yes, sometimes	15.8%	17.1%
	No	2.3%	2.4%
	Don't know / can't remember	0.1%	0.3%

		Control (n=1,522)	Experiment overall (n=1,863)
F10. Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?	Yes, always	66.5%	67.7%
	Yes, sometimes	16.8%	17.4%
	No	2.6%	2.8%
	This was not necessary	11.8%	**9.3%***
	Don't know / can't remember	2.3%	2.8%

		Control (n=1,527)	Experiment overall (n=1,862)
F11. Did you have confidence and trust in the midwives you saw after going home?	Yes, definitely	76.1%	76.5%
	Yes, to some extent	20.8%	20.5%
	No	2.7%	2.6%
	Don't know / can't remember	0.4%	0.4%

		Control (n=1,541)	Experiment overall (n=1,898)
F12. Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?	Yes, my labour and antenatal care	6.4%	6.6%
	My antenatal care only	34.0%	31.6%
	My labour only	0.9%	1.2%
	No, but I wanted this	17.1%	16.1%
	No, but I did not mind	38.4%	40.3%
	Don't know / can't remember	3.2%	4.3%

		Control (n=1,548)	Experiment overall (n=1,902)
F13. Did a midwife or health visitor ask you how you were feeling emotionally?	Yes	96.9%	**98.0%***
	No	1.7%	1.4%
	Don't know / can't remember	1.4%	**0.6%***

		Control (n=1,545)	Experiment overall (n=1,901)
F14. Were you given enough information about your own physical recovery after the birth?	Yes, definitely	48.7%	51.6%
	Yes, to some extent	36.6%	**33.0%***
	No	12.4%	14.3%
	No, but I did not need this information	1.6%	**0.7%***
	Don't know / can't remember	0.8%	0.5%

		Control (n=1,540)	Experiment overall (n=1,900)
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?	Yes, definitely	55.5%	56.8%
	Yes, to some extent	25.0%	24.2%
	No	7.5%	6.5%
	I did not need any	11.1%	11.6%
	Don't know / can't remember	0.8%	0.8%

		Control (n=1,541)	Experiment overall (n=1,899)
F16. If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?	Yes, always	19.7%	21.4%
	Yes, sometimes	9.0%	9.0%
	No	8.1%	9.9%
	I did not need this	60.0%	**55.9%***
	Don't know / can't remember	3.2%	3.8%

		Control (n=1,543)	Experiment overall (n=1,902)
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?	Yes, definitely	65.6%	63.6%
	Yes, to some extent	24.8%	23.8%
	No	3.2%	4.2%
	I did not need any	5.4%	**7.4%***
	Don't know / can't remember	1.0%	1.1%

		Control (n=1,546)	Experiment overall (n=1,899)
F18. Were you given enough information about any emotional changes you might experience after the birth?	Yes, definitely	51.9%	52.9%
	Yes, to some extent	32.2%	**28.9%***
	No	10.6%	12.5%
	No, but I did not need this information	4.3%	4.6%
	Don't know / can't remember	1.0%	1.2%

		Control (n=1,545)	Experiment overall (n=1,902)
F19. Were you told who you could contact if you needed advice about any emotional changes you might experience after the birth?	Yes	67.7%	68.5%
	No	18.4%	17.0%
	Don't know / can't remember	13.9%	14.5%

		Control (n=1,538)	Experiment overall (n=1,901)
F20. Were you given information or offered advice from a health professional about contraception?	Yes	81.3%	79.5%
	No	9.9%	10.7%
	I did not want / need any advice	6.1%	7.2%
	Don't know / can't remember	2.7%	2.6%

		Control (n=1,545)	Experiment overall (n=1,902)
F21. Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (6-8 weeks after the birth)	Yes	91.2%	89.7%
	No	6.5%	7.6%
	Don't know / can't remember	2.3%	2.7%

		Control (n=1,540)	Experiment overall (n=1,895)
G2. Have you had a previous pregnancy?	Yes	52.9%	55.5%
	No	47.1%	44.5%

		Control (n=822)	Experiment overall (n=1,058)
G3. How many babies have you given birth to before this pregnancy?	None	13.7%	15.0%
	1 - 2	78.0%	78.4%
	3 or more	8.3%	6.6%

		Control (n=1,513)	Experiment overall (n=1,889)
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?	Deafness or severe hearing impairment	0.4%	0.5%
	Blindness or partially sighted	0.2%	0.2%
	A long-standing physical condition	1.8%	2.3%
	A learning disability	0.6%	1.0%
	A mental health condition	5.8%	6.6%
	A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	2.9%	3.0%
	No, I do not have a long standing condition	89.5%	88.2%

		Control (n=1,546)	Experiment overall (n=1,897)
G5. What is your religion?	No religion	42.4%	44.4%
	Buddhist	0.8%	0.6%
	Christian (including Church of England, Catholic, Protestant, and other Christian denominations)	44.1%	41.9%
	Hindu	1.7%	1.8%
	Jewish	0.6%	0.6%
	Muslim	6.1%	7.1%
	Sikh	0.6%	0.7%
	Other	1.1%	0.9%
	I would prefer not to say	2.7%	2.1%

		Control (n=1,519)	Experiment overall (n=1,894)
G6. Which of the following best describes how you think of yourself?	Heterosexual / straight	95.8%	95.0%
	Gay / lesbian	0.4%	0.5%
	Bisexual	0.7%	1.3%
	Other	0.5%	0.5%
	I would prefer not to say	2.6%	2.8%

Appendix L: Overall adjusted response rate by trust

	Control (n=4,339)	Experiment 1 (n=2,055)	Experiment 2 (n=2,061)
Trust 1	30.1%	**49.6%***	**43.2%***
Trust 2	47.5%	55.1%	52.4%
Trust 3	18.1%	**42.4%***	28.6%
Trust 4	27.4%	**44.9%***	39.5%
Trust 5	39.0%	**60.8%***	51.8%
Trust 6	49.7%	48.6%	57.4%
Trust 7	29.0%	38.9%	35.4%
Trust 8	38.4%	**55.1%***	**50.0%***
Trust 9	42.5%	35.5%	40.4%
Trust 10	44.8%	**58.5%***	53.0%
Trust 11	36.5%	44.8%	**50.6%***
Trust 12	25.4%	30.0%	32.4%
Trust 13	38.8%	**60.3%***	**59.7%***
Trust 14	34.3%	**52.3%***	**50.4%***
Trust 15	35.3%	**48.4%***	43.7%
Trust 16	30.5%	**55.6%*^**	39.6%
Trust 17	43.0%	42.3%	48.1%
Trust 18	53.0%	56.8%	46.6%
Trust 19	37.3%	**53.2%***	**53.2%***
Trust 20	40.0%	28.4%	37.8%

* Indicates statistically significant difference compared to the control at 5% significance level.
^ Indicates statistically significant difference compared to experiment group 2 at 5% significance level.

Appendix M: Mode of completion by trust

	Experiment 1 (n=973)		Experiment 2 (n=931)	
	Paper	**Online**	**Paper**	**Online**
Trust 1	14.0%	86.0%	21.4%	78.6%
Trust 2	**8.2%***	**91.8%***	**27.3%***	**72.7%***
Trust 3	12.0%	88.0%	16.7%	83.3%
Trust 4	16.1%	83.9%	30.0%	70.0%
Trust 5	**6.3%***	**93.8%***	**37.2%***	**62.8%***
Trust 6	**13.9%***	**86.1%***	**33.3%***	**66.7%***
Trust 7	15.7%	84.3%	26.7%	73.3%
Trust 8	20.3%	79.7%	16.4%	83.6%
Trust 9	39.4%	60.6%	52.6%	47.4%
Trust 10	18.8%	81.3%	34.1%	65.9%
Trust 11	18.9%	81.1%	22.9%	77.1%
Trust 12	**22.2%***	**77.8%***	**47.8%***	**52.2%***
Trust 13	11.4%	88.6%	23.9%	76.1%
Trust 14	12.3%	87.7%	20.7%	79.3%
Trust 15	11.9%	88.1%	17.3%	82.7%
Trust 16	16.0%	84.0%	16.7%	83.3%
Trust 17	**6.1%***	**93.9%***	**28.2%***	**71.8%***
Trust 18	22.0%	78.0%	31.7%	68.3%
Trust 19	23.8%	76.2%	26.2%	73.8%
Trust 20	24.0%	76.0%	38.2%	61.8%

* Indicates statistically significant difference between experiment group 1 and experiment group 2 at 5% significance level.

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