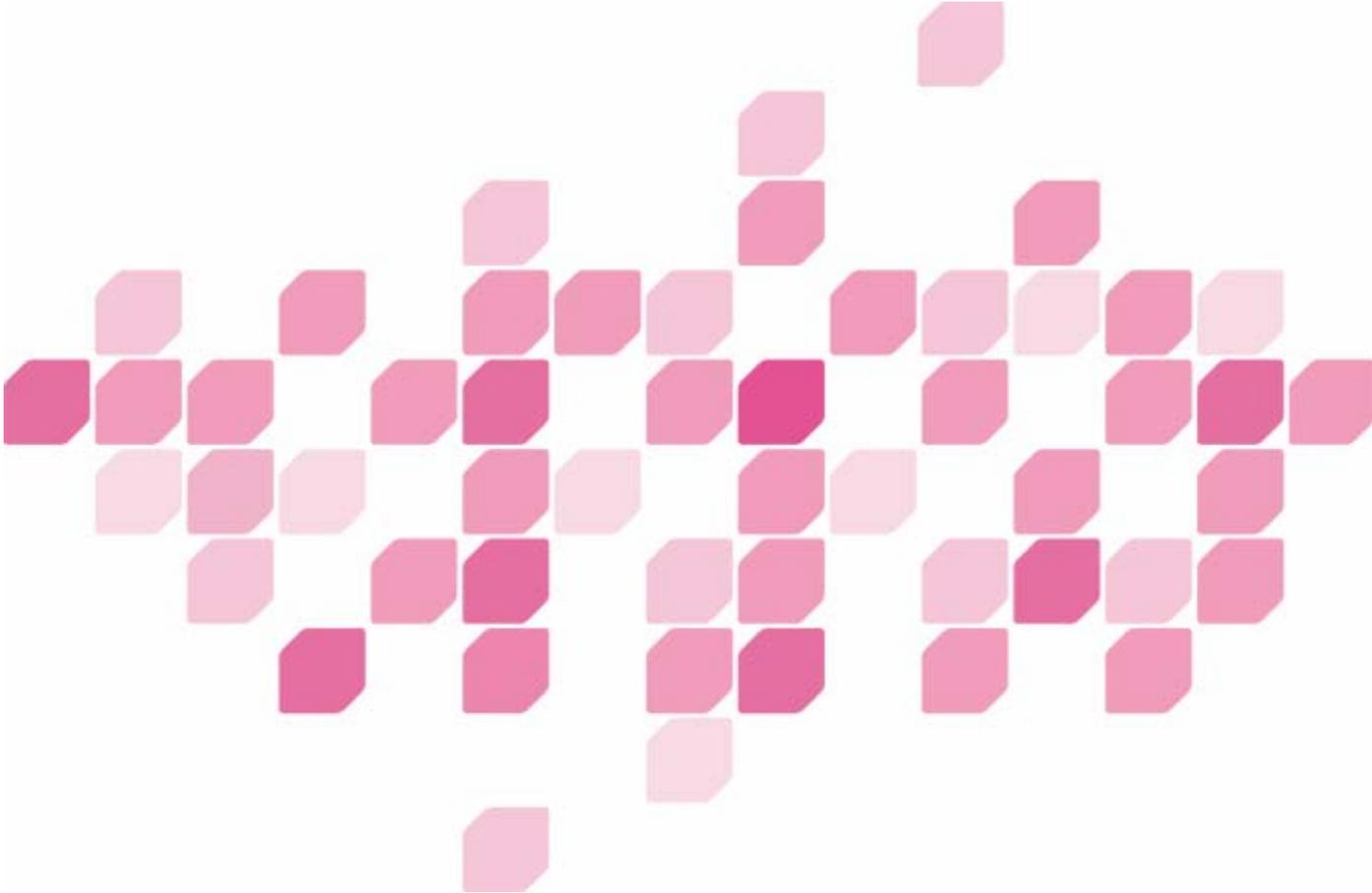


NHS Maternity Services Quantitative Research

October 2005



**NHS Maternity Services
Quantitative Research**

For Kate Hawkins, COI & Ann
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October 2005

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Management Summary

Audience

The primary audience was women (in England) who were 6-9 months pregnant or had a child up to 12 months old, with the following characteristics:

- resident in the UK for at least 2 years;
- representative of the universe in terms of age, region and social grade.

500 interviews were conducted with the primary target audience.

The secondary audience was men (in England) who had a child up to 12 months old, representative of the universe in terms of age, region and social grade. All had to be resident in the UK for at least 2 years, and had to live with the mother and baby or had have been in contact with them around the time of birth.

100 interviews were conducted with the secondary target audience.

Background

- The Government is committed to improvements in maternity services, illustrated through the National Service Framework (NSF) for children, young people and maternity services which was published in 2004 for implementation by 2014 and a manifesto pledge.
- Ultimately the aim is to deliver easy access to supportive, high quality maternity services, designed around the individual needs of women and their babies, to all women, regardless of wealth, creed or colour.
- Quantitative research was required to provide a snapshot of the current situation of maternity care services in England.

Objectives

- To provide a benchmark of what services are available across the country (services used and point of access);
- To gauge satisfaction with services;

- To gauge how much choice and information individuals are being given;
- To establish how much continuity of antenatal care there is currently;
- To determine opinions of the attitude of staff and support given;
- To establish how women want to receive information about maternity and related services, ie. how to communicate most effectively;
- As far as possible, to establish the ability to address specific client group needs (e.g. vulnerable women); and
- To measure support given to fathers/partners and attitude of staff towards them.

Methodology

- The research was conducted by TNS System Three, using a self-completion questionnaire online, interviewing eligible Access Panel members.

Fieldwork dates and locations

- Fieldwork took place from 7th - 26th September 2005.

Results

Women

- Virtually all respondents accessed some antenatal services and 97% postnatal services. Only 2% chose private healthcare for giving birth. Services least likely to be accessed were antenatal classes and visits to the hospital in advance of the birth. Perhaps lower than expected, only four fifths had had a scan at 10-13 weeks with some simply not aware this was an option.
- The vast majority of respondents (85%) had sought care by the 11th week of their pregnancy and 50% had seen a midwife by then.
- Most (83%) went to their GP for initial care and only 14% to a midwife: awareness of the possibility of going direct to a midwife was low.
- Overall satisfaction with maternity services was fairly high amongst women:

- the vast majority said they were satisfied at the antenatal, birth & postnatal care stages
- 79% rated maternity services generally as good or very good and only 7% rated them as poor.
- The *professionalism of staff* was consistently the best rated aspect of care while *flexibility to meet your needs* was consistently the worst performing aspect of maternity care of those measured in the survey.
- Levels of dissatisfaction were highest for services accessed whilst giving birth compared to those accessed ante- or postnatally.
- Generally, improvements suggested related to staff attitude/support, continuity in care, a more personalised service and the information provided.
- The majority of respondents experienced continuity in the staff they saw antenatally and postnatally
 - however this was not the case for giving birth, with very few having complete continuity across all three stages.
- The research also established some dissatisfaction with choices available at the antenatal stage, particularly those related to antenatal classes.
- There is evidence to suggest a need for more/better quality information generally:
 - ratings on these aspects that could be improved on;
 - comments were made on the need for more information when asked about improvements; and
 - around a fifth said they did not feel well enough informed to make decisions about the type of birth they wanted.
- Having said this, information sources for various subjects were not badly rated, with midwives being the key route for information delivery, although the Pregnancy book and leaflets also provide important back-up.

Men

- Men were also satisfied with their experiences overall – indeed more so than women.
- Men consistently rated aspects of maternity care more highly than women did;
 - as with women, professionalism of staff was the best rated aspect of care and the flexibility to meet your needs was the worst.
- There was a direct correlation between the amount of encouragement given by staff to fathers, and their levels of satisfaction with maternity services.
- The men interviewed were most happy with the amount of encouragement they were given around the birth and least happy with the amount they are given postnatally.
- There was a consistent desire for more information, with the midwife being the key information source also for men.

A. Background and introduction

The National Service Framework (NSF) for children, young people and maternity services was published by the Department of Health (DH) in September 2004, for implementation by 2014, setting standards for children's health. The Government's commitment to delivery of the specific maternity standard of the NSF was boosted by a manifesto commitment that:

“By 2009, all women will have choice over where and how they have their baby and what pain relief to use. We want every woman to be supported by the same midwife throughout her pregnancy.” Source: <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics>

Ultimately the aim is to deliver easy access to supportive, high quality maternity services, designed around the individual needs of women and their babies, to all women, regardless of wealth, creed or colour.

Research was required to provide a snapshot of the current situation of maternity care services in England. Both quantitative and qualitative stages were undertaken, however this report refers to the quantitative element of research in isolation.

There were several key objectives for the research, as follows;

- To provide a benchmark of what services are available across the country (services used and point of access);
- To gauge satisfaction with services;
- To gauge how much choice and information individuals are being given;
- To establish how much continuity of antenatal care there is currently;
- To determine opinions of the attitude of staff and support given;
- To establish how women want to receive information about maternity and related services, ie. how to communicate most effectively;
- As far as possible, to establish the ability to address specific client group needs (e.g. vulnerable women); and
- To measure support given to fathers/partners and attitude of staff towards them.

B. Method

The research was conducted via self-completion questionnaire online, from 7th - 26th September 2005. An online methodology was decided upon for several reasons: the main advantage was that the time necessary for fieldwork was less than alternative approaches, thus fitting in with the desired timescale. An online methodology is also respondent friendly, allowing individuals to complete the questionnaire at a time and a place that is convenient to them. Due to the emotive and at times sensitive nature of the subject matter not having an interviewer present was seen as an advantage. The level of detail captured in the 'open-ended' questions (see Appendix 1) shows that respondents felt comfortable when they were asked to comment on their experiences.

Primary audience

The primary audience was women who were 6-9 months pregnant or had a child up to 12 months old, with the following characteristics:

- resident in the UK for at least 2 years;
- representative of the universe in terms of age, region and social grade.

A sample size of 500 was set for the primary target audience.

Secondary audience

The secondary audience was men who had a child up to 12 months old, representative in terms of age, region and social grade. A sample size of 100 was set for the secondary target audience. Again, all had to be resident in the UK for at least 2 years, and they had to live with the mother and baby or had have been in contact with them around the time of birth.

Sample

The sample for study was supplied from Access Panels of household across England. For the purposes of this study this was the most efficient (and thus the most cost effective) method of contacting the target audience. TNS' Access Panel is a group of individuals who have agreed to be re-contacted by TNS for the purposes of research; a considerable amount of time and capital has been invested in building a substantial Panel of 60,000 households to help us access and research difficult to reach target audiences. Panel

members are recruited from a wide variety of sources, completing a double opt-in process to join, and are carefully managed so that members are not over or under contacted. The TNS Access Panel was used in conjunction with Ciao's Access Panel (a 3rd party supplier regularly used by TNS) to provide sample for the survey.

Questionnaire

The questionnaires were designed by TNS System Three in conjunction with COI & DH. The agreed questionnaires were then turned into computer scripts and placed onto TNS' secure server. Respondents were invited to take part in the survey via email. Email invitations gave a brief introduction to the research and contained a hyperlink to direct them to the survey online, allowing respondents to click on the link and complete the survey in their own time. Eligibility for the survey was checked before allowing respondents to proceed.

Sample profile

The samples were designed to be representative in terms of respondent age, region and social grade (based on the BARB Establishment survey, 2 years ending Dec 2003). The profiles of the achieved samples compared to the BARB profile are shown in Tables B1 and B2 below:

Table B1: Women's sample profile

	Achieved sample (%)	Profile from BARB (%)
Age		
	16-24	24
	25-34	54
	35-44	24
SEG		
	AB	21
	C1C2	46
	DE	33
Region		
	North	28
Midlands / East Anglia	32	28
South	36	44
TOTAL	100	100

As can be seen in the table, the achieved sample for women was fairly close to the desired profile, although the proportion of respondents in the 35-44 and South categories were slightly under-represented. It was decided, however, not to weight the data.

Table B2: Men's sample profile

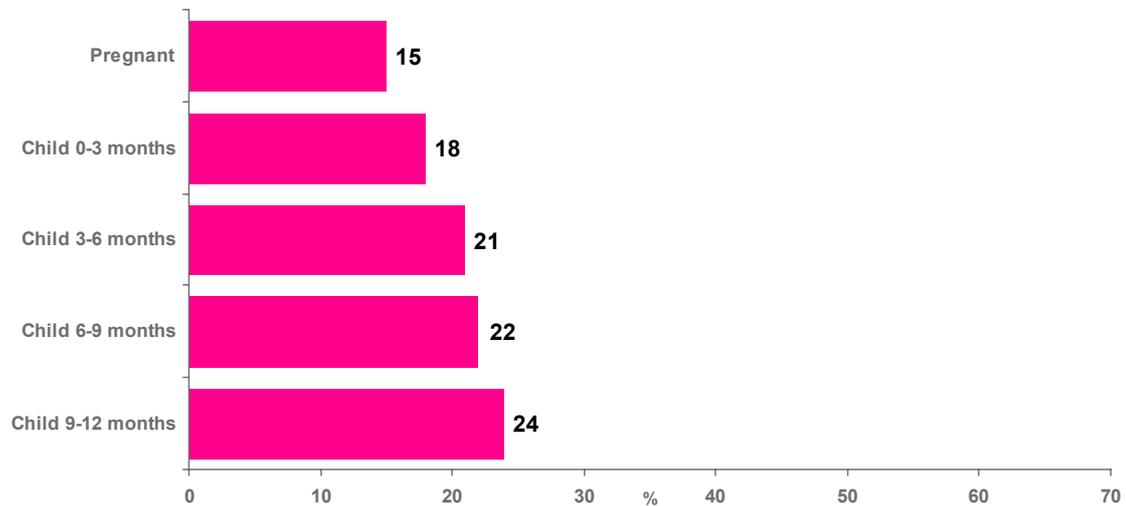
		Achieved sample (%)	Profile from BARB (%)
Age	16-24	13	11
	25-34	51	49
	35-44	36	40
SEG	AB	25	25
	C1C2	55	50
	DE	20	25
Region	North	30	28
	Midlands / East Anglia	30	28
	South	40	44
TOTAL		100	100

The achieved men's profile was very close to the BARB profile; the DE social grades (20% compared to 25%) and South (40% compared to 44%) were slightly under-represented, but not to a great extent.

Aside from respondent characteristics, quotas were also set on the age of the child with the aim for the women's sample of including an equal proportion of respondents who were 6 months+ pregnant, or had a child aged 0-3, 3-6, 6-9 or 9-12 months old. The child status of the achieved sample is shown in the figure overleaf:

Figure B1: Child status of women

Base: all respondents (500)

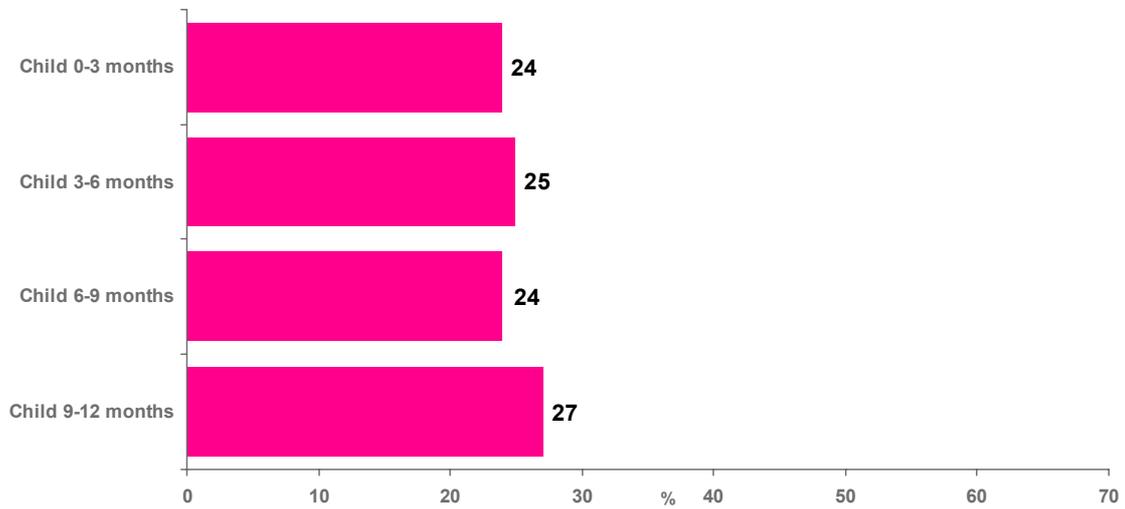


As can be seen, the proportions of respondents who were pregnant and who had a child in the youngest category (0-3 months) were slightly under-represented, reflecting the difficulty in reaching these target audiences. First time mothers or mothers-to-be represented 44% of the sample.

The men's sample was to contain an equal proportion of respondents who had a child aged 0-3, 3-6, 6-9 or 9-12 months old. The child status for the achieved sample is shown overleaf.

Figure B2: Child status of men

Base: all respondents (100)



The proportion of respondents with children in each age range was very well balanced, with older children aged 9-12 months being very slightly over-represented at 27%.

C. Main findings: women

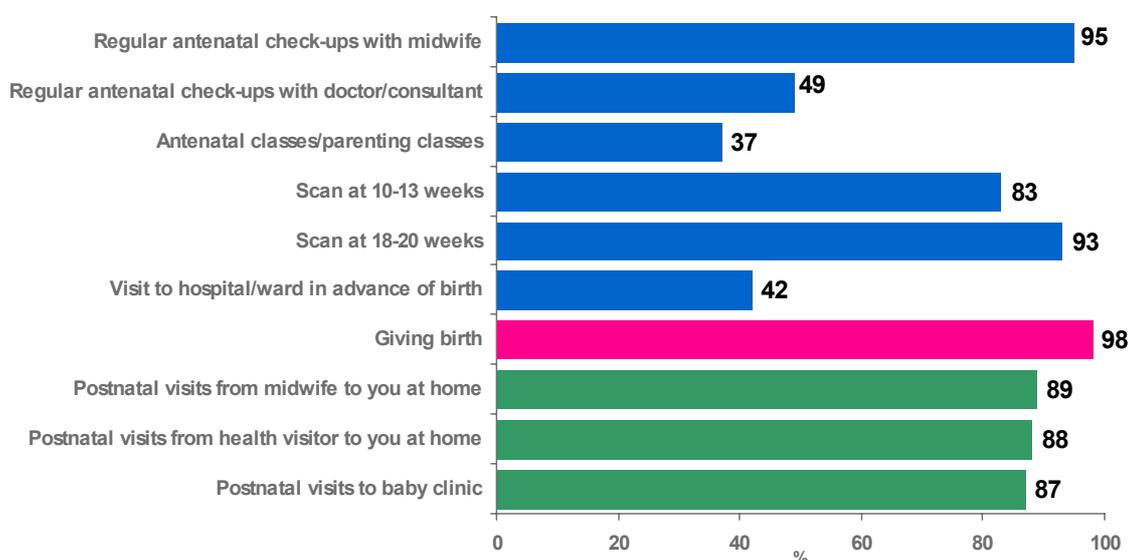
The survey's main findings are outlined below. Section 1 relates to respondents' overall access to maternity services, as well as their experiences of antenatal care; section 2 relates to giving birth; section 3 relates to postnatal care services; and section 4 relates to overall satisfaction and the information sources that respondents used.

1. Services accessed and antenatal care

All respondents were presented with a list of maternity care services and were asked which they had accessed. Their responses are shown in the figure below:

Figure C1: Services accessed

Base: all female respondents (500)



Although take-up of individual services varied, 100% of respondents accessed some form of antenatal care, 97%¹ accessed postnatal care overall, and only 2% had chosen private healthcare for giving birth. Antenatal care shows the greatest amount of variation in take-up. Almost all women had regular antenatal check-ups with a midwife (95%) and a scan at

¹ Postnatal services were NOT percentaged against pregnant women, just those who had given birth

18-20 weeks (93%) whilst a minority attended antenatal classes (37%) and made a visit to the hospital / ward in advance of the birth (42%). Although still at a fairly high level, the proportion having a scan at 10-13 weeks was perhaps lower than expected at 83%. Reasons for not accessing services are discussed below.

1.1 Reasons for not accessing services

In most cases only a minority had not accessed the service. For those least likely to be used, that is antenatal classes and a visit to hospital / ward before birth, the main reason given by those not accessing (71% and 57% respectively) was that they simply chose not to use them, and may reflect the importance placed on them, or perceptions of their usefulness. To some extent access is dependent on whether respondents are 1st time mothers (or mothers to-be) or not. Antenatal classes, for example were taken up by 58% of first-time mothers compared to 22% of those with other children; similarly visits to the hospital / ward before birth were taken up by 55% of 1st-time mothers compared to 30% of those with other children respectively.

The situation was slightly different for those not having a scan at 10-13 weeks: 2 in 5 of this group were told this was not available. This is clearly an issue which needs to be addressed as all women are entitled to this service.

Access levels to postnatal care (visits from a midwife, health visitor and to a baby clinic) all correlated with the age of the respondent's child. Take-up of visits from a midwife ranged from 80% amongst those with a child aged 0-3 months to 95% amongst those with a child aged 9-12 months. Similarly take-up of visits from a health visitor ranged from 74% to 93% for those with children aged 0-3 months and 9-12 months respectively; take-up for visits to a baby clinic also ranged from 58% to 81% respectively. Whilst it is not clear why this should be the case for midwife visits, the implication is that respondents with older children have more opportunity to access postnatal care services. .

1.2 Services accessed that would have liked to

Respondents were also asked whether there were any services that they hadn't accessed that they would have liked to. Reflecting the higher levels not accessing them, visits to the hospital before birth and antenatal classes were most likely to be mentioned (by 19% and 14%) respectively, followed by check-ups with the consultant and a scan at 10-13 weeks. This illustrates that certainly there is more demand for these than current up-take suggests.

1.3 Services accessed by sub group

As mentioned, one objective was, as far as possible within the scope of the research, to establish the ability to meet the needs of more vulnerable groups of women. Some such sub-groups can be identified within the sample although it should be noted that the base sizes are fairly small. Any major differences among the following sub-groups are highlighted for access to services and at any other appropriate points in the report. The sub-groups identified are:

- Those in the DE socio-economic groupings (181)
- Those aged 16-24 (136)
- Those who are single or divorced, widowed or separated (94)
- Those who have a long term illness or disability that limits activities in any way (45).

Among those in the lower socio-economic groupings, only access to antenatal classes is substantially lower than the average, with only 27% of DEs attending antenatal classes compared to 37% overall. This is also the group that is presumably least likely to access them privately.

Among single mothers, however, the levels accessing various services are slightly lower than average or indeed among their married counterparts: check-ups with midwife stand at 91%, check-ups with doctors at 41%, antenatal classes at 35%, scan at 18-20 weeks at 88% and visit to the hospital in advance of the birth at 39% compared to levels of 96%, 51%, 38%, 94% and 42% respectively among those who are married or living as married.

Among those with a long term illness or disability that limits activities, the main difference from the average is, not surprisingly, considerably higher levels of regular antenatal check-ups with doctors (73% vs 49% overall), and consequently lower levels of regular check-ups with midwives (91% versus 96% overall). The level attending antenatal classes is also slightly lower than average (33% versus 37% overall)

Again not surprisingly, there is also a higher level of regular antenatal check-ups with doctors among those aged 35-44 than among other age groups: 59% compared to 50% among 25-34 year olds and 43% among 16-24 year olds.

1.4 Initial care

The vast majority of respondents (85%) sought care by the 11th week of their pregnancy, whilst a large minority did so earlier - before the 8th week (47%). The vast majority (83%) also went to their GP for their initial care, whilst 14% went directly to a midwife. Amongst those who did **not** go directly to a midwife, only 14% realised they could have done so: amongst those who did go directly to a midwife or were aware they could have done so, almost half (48%) said that they knew to do so from a previous pregnancy.

Half of the respondents (50%) had seen a midwife by 11 weeks, 81% had done so by 15 weeks. This contrasts with the figure above of 85% who had initially sought care by 11 weeks, indicating a clear opportunity to start the dialogue with the midwife earlier.

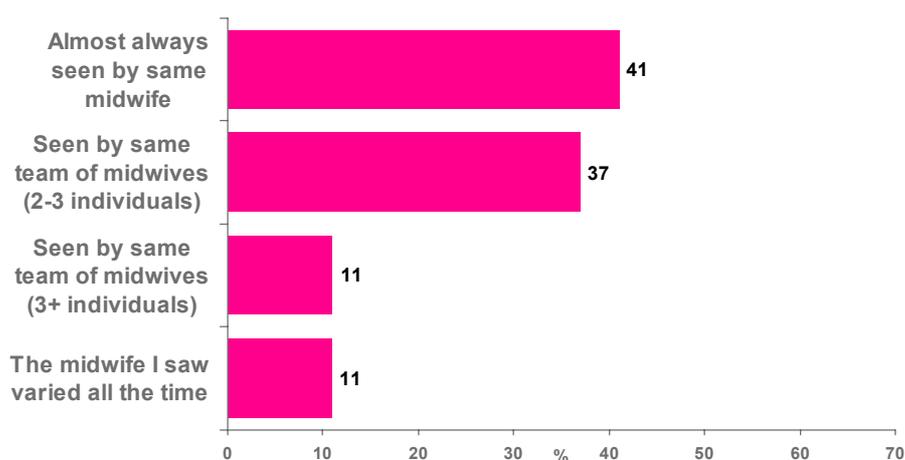
Amongst those who had regular check-ups with a doctor or consultant, 32% first saw one between 12 and 15 weeks and a further 32% saw one at 16 weeks+ (presumably referred as the pregnancy progressed).

1.5 Continuity of staff, choice and encouragement

All respondents who had regular antenatal check-ups were asked about the staff who provided that care. The results are shown in the figure below:

Figure C2: Continuity of staff during antenatal appointments / check-ups

Base: all respondents who had / have regular antenatal check-ups (474)



As can be seen just over 2 in 5 (41%) were almost always seen by the same midwife, and a further two fifths (37%) by the same small team of midwives indicating reasonable

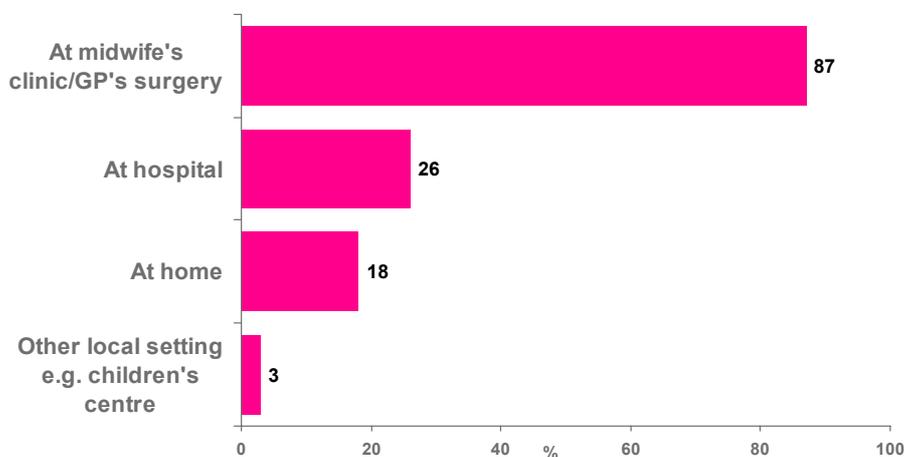
continuity for 78% of women. Over 1 in 5 had less continuity than this, saying either that they were seen by the same team of 3+ midwives (11%) or that the midwife they saw varied all the time (11%).

Respondents were then asked whether they thought they had enough choice about when to have antenatal appointments; the majority (66%) thought that they did. Those who did not (34%) were asked about what type of choice they would like: almost three quarters (72%) said they would like a choice of time, split into those saying a time of day or evening (48%) and those saying time of day only (31%). Almost two thirds (64%) said they would like a choice of day of week. Clearly a fairly large proportion would like both a choice of time and a choice of day.

Respondents were then asked where they had had antenatal appointments; the results are shown overleaf:

Figure C3: Where had antenatal appointments / check-ups

Base: all respondents who had / have regular antenatal check-ups (474)



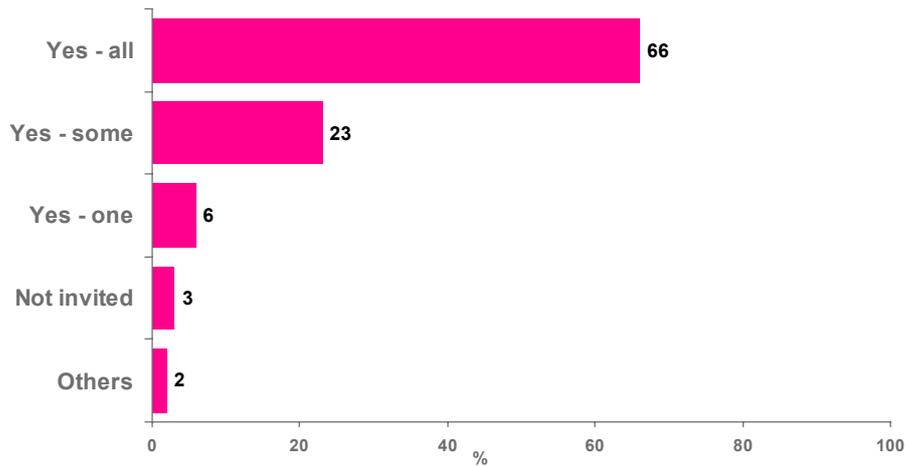
The vast majority had attended appointments at their midwife's clinic or GP surgery (87%), whilst a further quarter (26%) had attended appointments at a hospital. Just under a fifth had had appointments at home (18%). In fact all pregnant women should have at least one appointment at home, and this is not reflected in these findings: for some women this may be a case of forgetting especially if it was only one of many appointments that took place at home.

Respondents were then asked whether they thought there was enough choice of where to have antenatal appointments: again, the majority (67%) thought that there was enough choice. The remainder (33%) were asked what choice they would like: two thirds of this group (67%) said that they would like appointments at home, and over a third (37%) said they would like appointments at their midwife's clinic / GP's surgery; 16% suggested at hospital, and a further 14% suggested another local setting for example a children's centre. The findings of choice of when and where to have antenatal appointments indicate that there are certainly opportunities to improve the choices available currently.

Respondents who had attended antenatal classes were next asked whether they thought there was enough choice about when to have antenatal / parenting classes: just over half (53%) said that they did, whilst the remaining 47% said they did not have enough choice. Those that said there was not enough choice were asked what choice they would like: the majority suggested both a choice of time of day (71%) and of day of week (61%) would be beneficial. Other suggestions included a choice of start date for the classes (9%) and a choice of venue (7%). Take-up of antenatal classes was low (see figure C1) and a lack choice of when to have appointments may play a part in this, although those who did not attend antenatal classes were not asked about this.

Respondents were next asked if the father of their child was invited to attend the antenatal / parenting classes. The results are shown in the figure below:

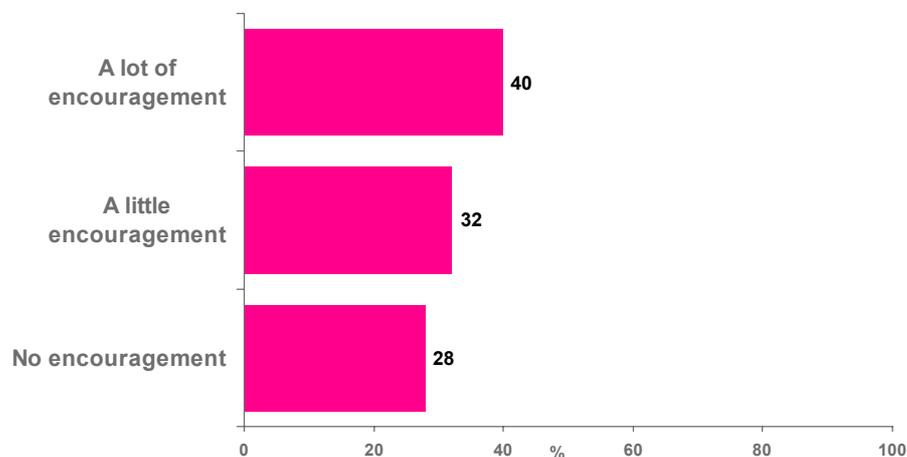
Figure C4: Whether father invited to attend antenatal / parenting classes
Base: all respondents who have accessed antenatal / parenting classes (187)



Amongst the sample who had attended antenatal classes, almost all (95%) of fathers were invited to attend antenatal / parenting classes; two thirds (66%) were invited to all, around a quarter (23%) just to some and 6% just to one. The percentage not invited was very small at 3%.

Although this gives a fairly positive picture, when respondents were asked how much encouragement was given to fathers by midwives involved in the antenatal care, the results are less clear-cut (shown in the figure overleaf).

Figure C5: Amount of encouragement given to fathers by midwives involved in antenatal care
Base: all respondents who have accessed antenatal care & father of child is present (496)



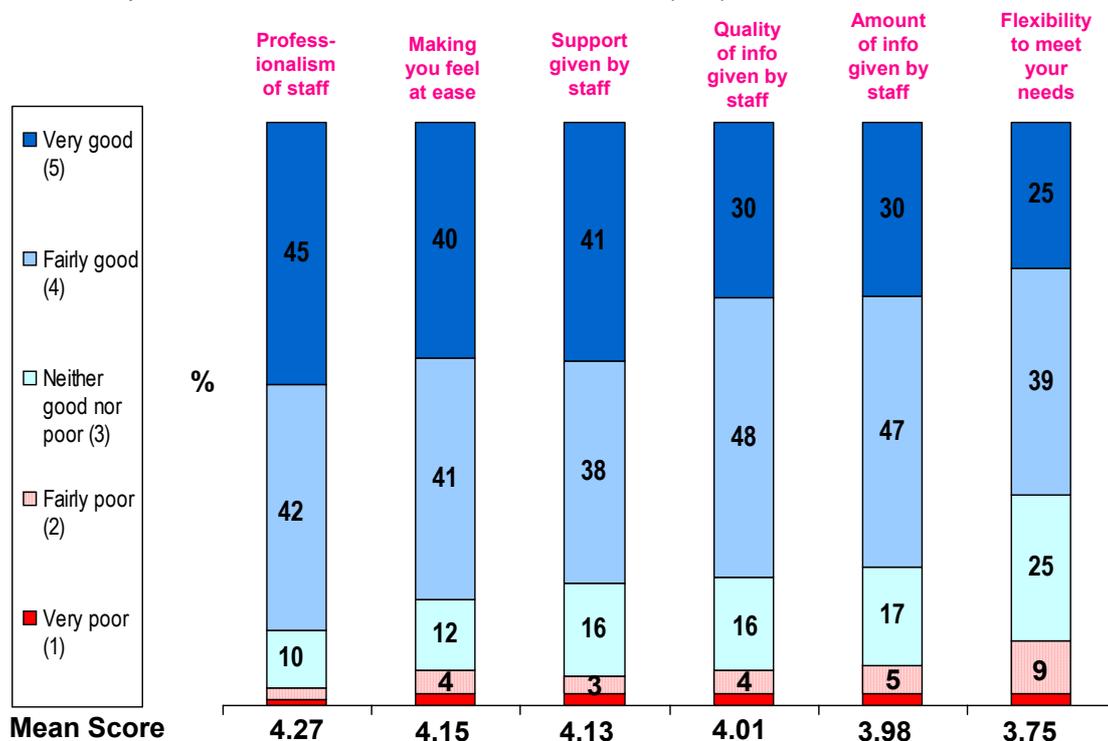
The majority of respondents (72%) said that the father of their child received encouragement from the midwives, split into 40% saying that they received a lot of encouragement, and 32% saying that they received a little encouragement. The remaining 28% of respondents said that the father received no encouragement. Looking at differences by SEG there is a relationship between SEG and the proportion of respondents stating that the father of the child received no encouragement: 37% of those in the DE social grades said that the father received no encouragement, compared to 24% of those in the C1C2 grades and 21% in the AB social grades.

1.6 Satisfaction with antenatal care

The last questions in the antenatal care section asked respondents to rate aspects of antenatal care, then to rate their overall satisfaction with antenatal care. The figure overleaf illustrates the results for the ratings of aspects of antenatal care.

Figure C6: Rating of aspects of antenatal care

Base: all respondents who have accessed antenatal care (499)



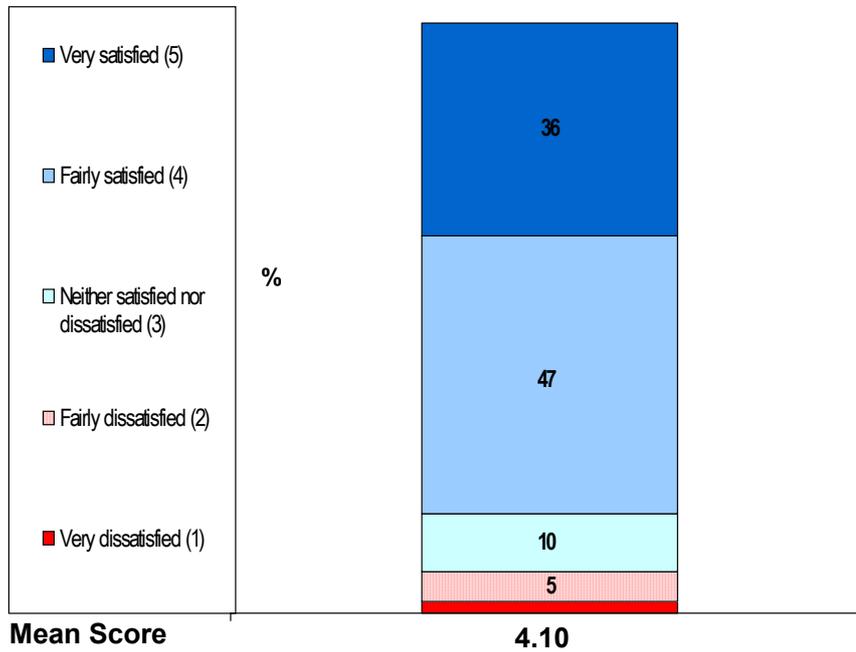
Results were positive for **all** aspects within this measure with mean scores ranging from a high of 4.27 out of a possible 5 for *professionalism of staff*, to a low of 3.75 for *flexibility to meet your needs*. Mean scores are calculated by assigning a value of between 5 and 1 to each point of the scale and calculating an average score for the sample or sub group within it. It is also interesting to examine the use of the ‘top box’ ratings - ratings of very good - and the bottom 2 boxes - ratings of fairly or very poor. Essentially the picture is fairly positive across the board apart from for *flexibility to meet your needs*; use of the bottom 2 boxes is low, less than 10%, and use of the top box is reasonably high, around 30% or more. Having said this, improvement in the top box measure could be sought.

On the whole staff were rated most highly for *making people feel at ease* and for giving them *support*, as well as for being professional, and **slightly** less well rated for the quality and amount of information provided, as well as being by far the least well rated on flexibility to meet your needs. Later findings shed further light on the need for information.

Respondents were next asked to give their overall satisfaction with antenatal care services. Results are shown in the figure overleaf.

Figure C7: Overall satisfaction with antenatal care

Base: all respondents who have accessed antenatal care (499)



Linking with the previous measures overall satisfaction with antenatal care services was high: over 8 in 10 (83%) were satisfied with the care services they received with just over a third (36%) opting for the 'top box' (most positive) rating. Conversely just 7% were dissatisfied, and 10% undecided. Although the top box measure could be higher, overall antenatal care services appear to be meeting the needs of respondents surveyed.

Those respondents who were dissatisfied were asked to provide information about their situation, what would have made them more satisfied. This was asked as an open ended question and respondents were asked to type in their responses. The results were then coded at the analysis stage, and the results are shown in the table below.

Table C1: What would have made you more satisfied with antenatal care services

Base: all respondents who were dissatisfied with antenatal care services (34)

Aspect	(%)
More understanding/closer bond/more support from midwife	56
To see the same midwife from start to finish	24
To be treated as an individual not an inconvenience	15
To have a longer appointment with midwife	9
Quicker response by staff to potential problems	9
To see the midwife more often	6
To attend a hospital nearer home	3
Better communication between staff	3
Others	3
TOTAL	100

The table shows that respondents who were dissatisfied most commonly mentioned that they would prefer to have had *more understanding or a closer bond or more support from the midwife* (56%), that they would have preferred *to have seen the same midwife from start to finish* (24%) or *to be treated as an individual not an inconvenience* (15%). Clearly responses related to continuity of staff, support and lack of personal service tie in to the areas being tackled through the NSF. A selection of the verbatim comments made at this question are included at appendix 1, and make interesting reading; although it should be borne in mind when reading these that only the small number who were dissatisfied with antenatal services were asked this question.

2. Giving birth

All respondents with a baby who answered the giving birth section of the questionnaire were asked where they had given birth. The vast majority (84%) had done so in a general hospital; 10% had done so in a midwifery-led birthing unit, and 5% had done so at home. Just 1% gave birth in another location, including in a car in one case!

Respondents were then asked if they felt sufficiently well informed to make decisions about the type of birth they wanted to have. The majority (79%) of respondents thought that they had, 17% thought that they hadn't and a further 4% were unsure, although it is encouraging that the majority felt sufficiently well informed, it is perhaps of concern that almost a fifth didn't. Subgroup analysis reveals that the 16-24 year old age group in particular that feels less well informed (21% compared to 16% of those aged 25-34 and 13% of those aged 35-44).

Respondents who did not feel sufficiently well informed were asked what they would like to have received more information about. The first five categories shown on the chart were listed as answer options, with the opportunity to type in any 'others' not covered by the code list. Results are shown in the figure below.

Figure C8: What would have liked to have been given more information about

Base: all respondents with baby who answered giving birth section and didn't feel informed enough to make decisions about type of birth (64)

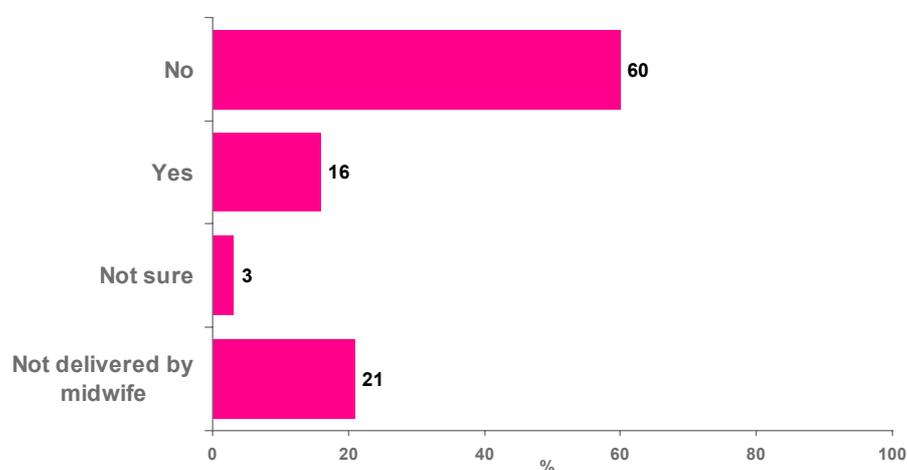


Pain relief tops the list of things people would like to have received more information about, with 53% of those asked mentioning it, followed closely by choices over where to give birth (52%). A little under half wanted more information on what to expect when giving birth (47%), over a third (36%) wanted information specifically about water birth, over a quarter mentioned how to recognise the early signs of labour (28%), and 8% mentioned caesarean section. The impression from this measure is that women who didn't feel well informed enough to make decisions about the type of birth they wanted feel quite badly informed about several areas rather than just one, with 2 mentioned on average by each respondent.

2.1 Continuity of staff and encouragement

To get a clearer idea of continuity of care, all respondents with a baby who answered the giving birth section of the questionnaire were then asked whether their baby was delivered by the same midwife/wives providing their antenatal care. Results are shown in the figure overleaf.

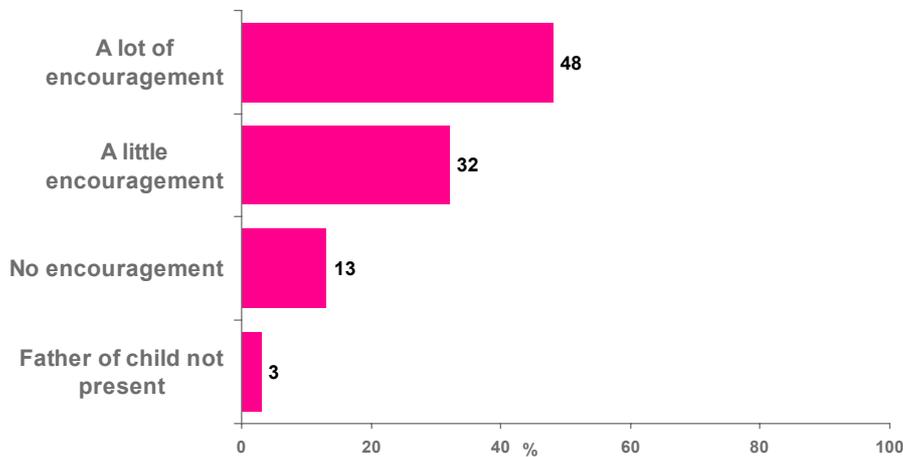
Figure C9: Whether baby was delivered by the same midwife/wives providing antenatal care
Base: all respondents with baby who answered giving birth section (379)



Continuity of care - whereby the same midwife who provided antenatal care delivered the baby - was experienced by just 16% of respondents on this measure. The majority (60%) of those asked stated that their baby was delivered by another midwife, 21% said their baby was not delivered by a midwife and 3% were unsure. The current situation 'on the ground' is therefore a long way away from the NSF target of every woman in England being supported by the same midwife throughout her pregnancy.

Respondents were next asked about the amount of encouragement given to the father during / immediately after the birth of the child. The results are shown in the figure below:

Figure C10: Amount of encouragement given to father during/immediately after birth
Base: all respondents with baby who answered giving birth section (379)

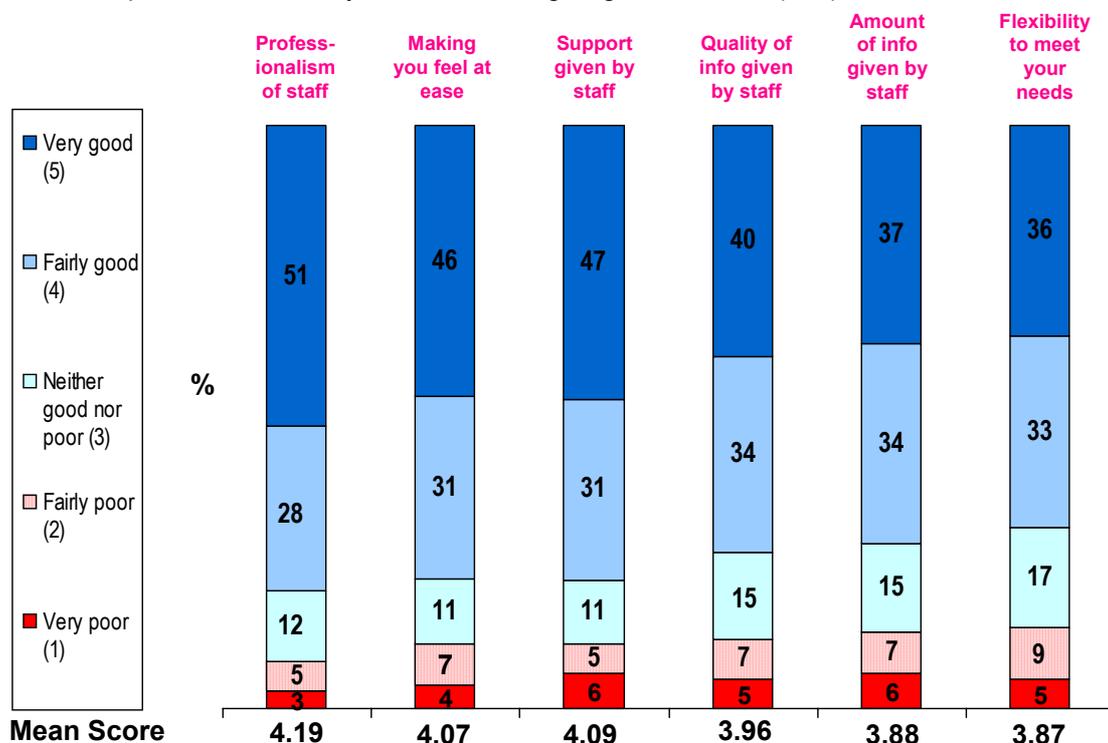


As can be seen almost half (48%) of all respondents thought that the father of their child received *a lot* of encouragement, and almost a third thought that he received *a little* encouragement (32%) giving a total figure of 80%, exceeding what was seen for antenatal care (72%). Only 13% stated they received no encouragement, giving a fairly positive picture overall. Information about the amount of encouragement given to fathers is made at the postnatal stage later in this section, and in the discussion of the men's findings in section D.

2.2 Satisfaction with services accessed whilst giving birth

The last questions in the birth section asked respondents to rate aspects of care services accessed whilst giving birth, then to rate their overall satisfaction. The figure overleaf illustrates the results for the ratings of aspects of care services accessed whilst giving birth.

Figure C11: Rating of aspects of care services accessed whilst giving birth,
 Base: all respondents with baby who answered giving birth section (379)

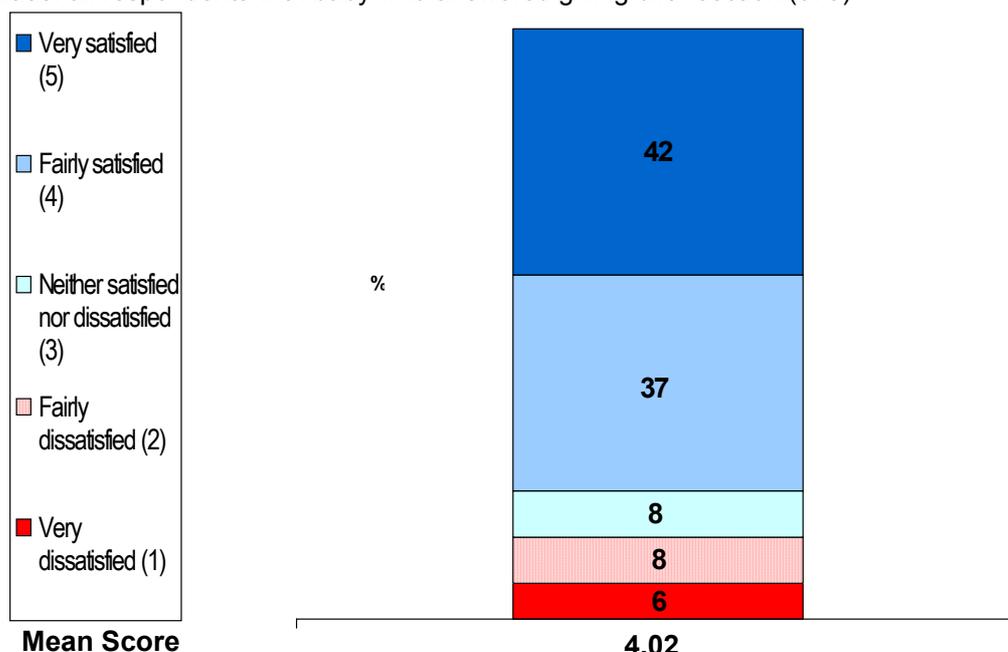


Reflecting the findings for antenatal care, results were positive on these measures with mean scores ranging from a high of 4.19 out of a possible 5 for *professionalism of staff*, to a low of 3.87 for *flexibility to meet your needs*. ‘Top box’ ratings of very good made up a more significant proportion of the responses than they did at the antenatal stage, ranging from 51% again for *professionalism of staff*, to 36% for *flexibility to meet your needs*. However there is also some evidence of higher dissatisfaction levels with fairly poor and very poor ratings accounting for between 8% and 14% of responses. The impression given by the results is that many are happy, indeed very happy with these aspects of birth care service; however those whose experiences of care do not meet with expectations are likely to give negative ratings. Birth is after all the most important and emotional part of pregnancy. Verbatim comments made in the following measures, shown in Appendix 1, illustrate how emotional the experience can be.

To summarise, the rating of aspects of care follows a similar pattern to that observed for antenatal care: staff are rated most highly for *making people feel at ease* and for giving them *support*, as well as for being professional, and **slightly** less well rated for the quality and amount of information provided and flexibility to meet your needs.

Respondents were next asked about their overall satisfaction with services accessed whilst giving birth. The results are shown in the figure below.

Figure C12: Overall satisfaction with care services accessed whilst giving birth,
 Base: all respondents with baby who answered giving birth section (379)



The majority (79%) of respondents were satisfied with the care they received whilst giving birth, including a significant proportion (42%) who were *very* satisfied. Dissatisfaction stood at 14%, including 6% who said they were *very* dissatisfied with the care they received. 8% did not feel strongly positive or negative. This finding links with the pattern of results found at the antenatal care stage where a similar proportion (83%) were satisfied overall: the present result is however more polarised with a greater proportion of respondents choosing the ‘top and bottom box’ ratings. For example, 37% and 7% chose the top and bottom 2 ratings for antenatal care compared to 42% and 14% here. The mean score at 4.02 is high, although a little lower than the 4.10 observed for antenatal care. The implication is that many are happy, indeed *very* happy with aspects of birth care services; however those whose experiences of care do not meet with expectations are likely to give negative ratings.

Results by age show that satisfaction is inversely correlated with age: those aged 16-24 had a mean score of 3.87, those aged 25-34 had a mean score of 4.06, and those aged 35-44 had a mean score of 4.13.

Looking at mean score satisfaction by sub group, we can see that there is a correlation between different areas of care and overall satisfaction. The figures below and overleaf illustrate this.

Figure C13a: Overall satisfaction with birth care services by sub group

Base: all respondents in sub group

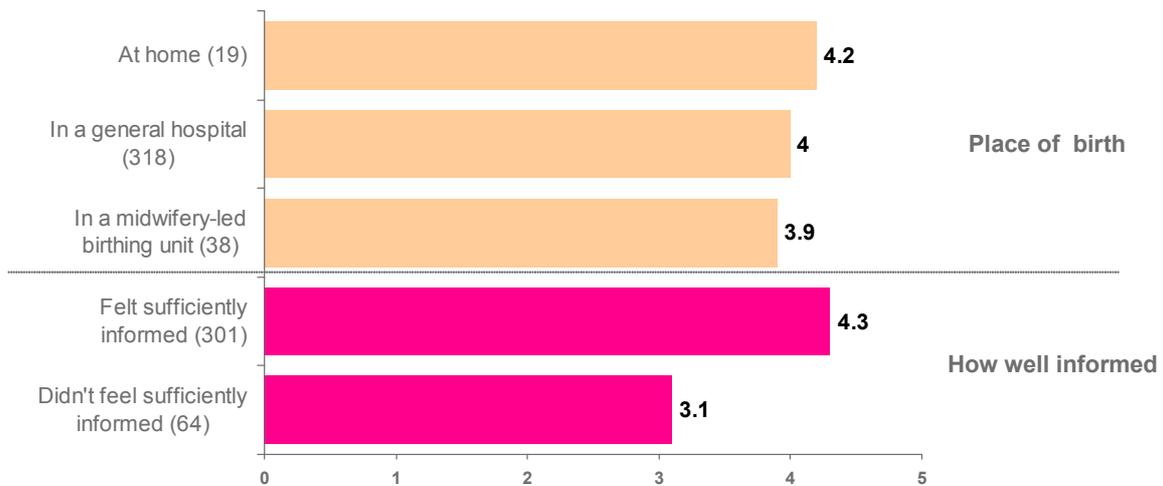
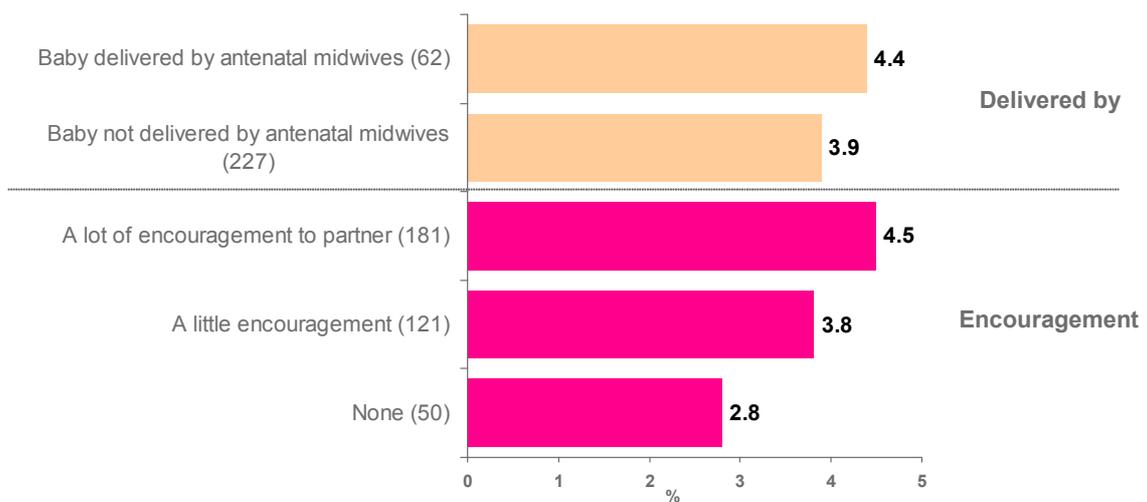


Figure C13b: Overall satisfaction with birth care services by sub group

Base: all respondents in sub group



There is a small difference in satisfaction according to where respondents gave birth: respondents who gave birth at home had marginally higher mean scores than those who

gave birth in a general hospital or a midwifery led birth unit (4.2 compared to 4.0 and 3.9 respectively).

Respondents who felt sufficiently well informed to make decisions about the type of birth they wanted to had **much higher** overall satisfaction mean scores than those who did not feel well informed (4.3 compared to 3.1).

Respondents who had experienced continuity of care, whereby the midwife/wives who had provided their antenatal care had delivered their baby, had higher overall satisfaction mean scores than those respondents whose baby was delivered by someone else (4.4 compared to 3.9).

Finally, overall satisfaction also correlates with the amount of encouragement given to the father of the child: those respondents who said the father received a lot of encouragement had a mean score of 4.5, falling to 3.8 for those stating a little encouragement, to 2.8 for those who said none.

Those respondents who were dissatisfied were asked to elaborate on their situation, specifically what would have made them more satisfied. The results are shown in the table overleaf.

Table C2: What would have made you more satisfied with services accessed whilst giving birth

Base: all respondents who were dissatisfied with services accessed whilst giving birth (51)

	(%)
Staff attitude/not supportive	33
More after-care	25
Being kept informed about what is happening	25
Not being left alone / staff shortages	24
Being treated as a person not just a number / wishes not considered	20
More help with pain relief	18
More monitoring	14
Support with breast-feeding	14
Partner to be more involved/ was sent home	10
Midwives/staff kept changing	10
Others	8
TOTAL	100

The table shows that respondents who are dissatisfied most commonly mention issues relating to how staff treat them. They would prefer to receive *more support from staff / a better staff attitude* (33%), *more after-care* (25%), not to be *left alone (staff shortages)* (24%) as well as *being treated as a person not just a number* (20%). The feel from the answers is that respondents would like a more personal service from the NHS.

Other answers mention issues such as being *kept informed about what is happening* (25%), having *more help with pain relief* (18%), and *support with breast-feeding* (14%).

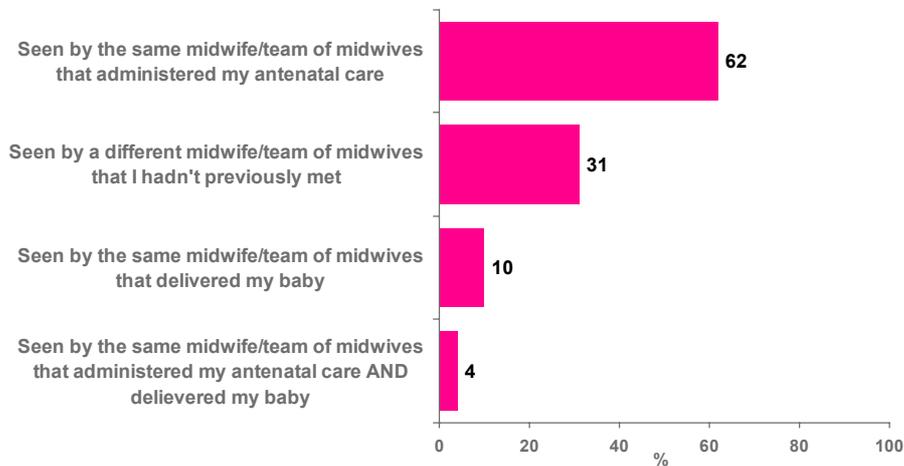
A selection of the verbatim comments made at this question is included at Appendix 1, and add a greater amount of insight the coded responses shown above.

3. Postnatal care services

All respondents who had accessed postnatal care services were asked about the midwife/wives that provided their postnatal care to get a further measure of continuity of care. The results are shown in the figure overleaf.

Figure C14: Continuity of staff for postnatal care services

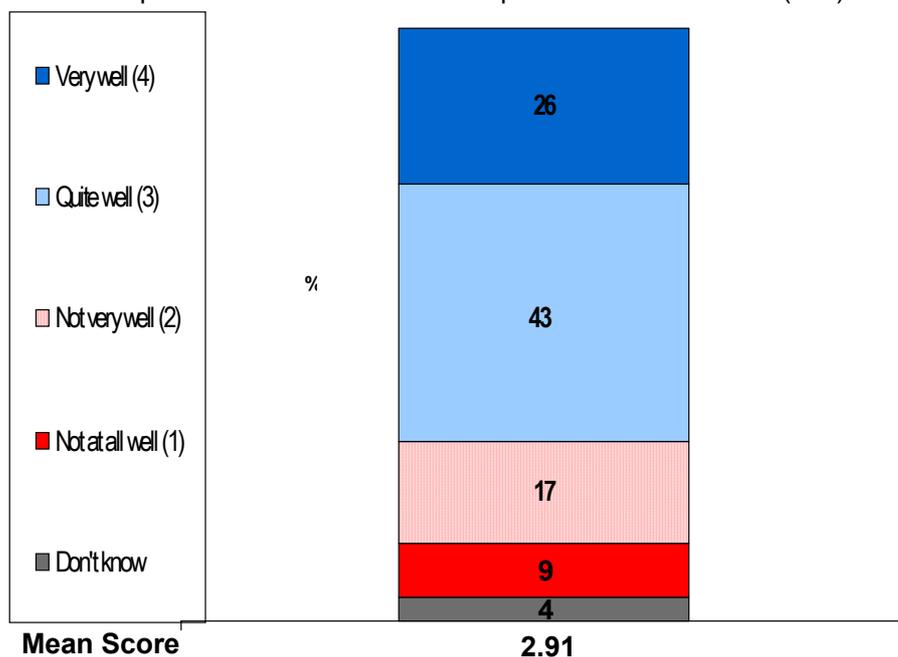
Base: all respondents who have accessed postnatal care services (414)



The majority of respondents experienced continuity of staff with their postnatal care, being seen by the same midwife or team of midwives that administered their antenatal care (60%), by the same midwife or team of midwives that delivered their baby (10%). Just under a third did not receive continuity of care at this stage (31%), and only 4% received complete continuity across all three stages.

Respondents were next asked about the degree to which the midwife and health visitor worked as a team / in partnership. The results are shown in the figure overleaf.

Figure C15: Degree to which midwife and health visitor worked as a team / in partnership
 Base: all respondents who have accessed postnatal care services (414)



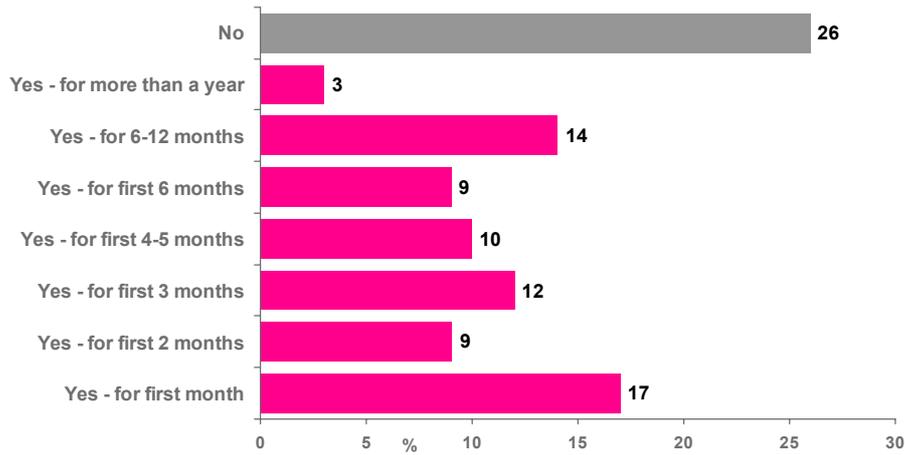
Responses at this measure indicate that two thirds of respondents (69%) thought that the midwife and health visitor worked well as a team, with just 26% of the total opting for the 'top box' option. Just over a quarter (26%) thought that their midwife and health visitor did not work as a team, including 9% who felt strongly about this, indicating there is room for improvement.

The questionnaire also established whether respondents with a baby had seen an infant feeding advisor whilst in hospital. Only a quarter said they had, although everyone should do so. Clearly some respondents may simply not remember seeing one but the results suggest that levels being seen by an infant feeding advisor are much lower than they should be. Of those who had seen an infant feeding advisor, just under half (47%) had some follow up to this.

It does appear to make some impact on whether breast-feeding takes place or not, with 80% of those who saw an infant feeding advisor breast-feeding compared to 71% of those who didn't see one. Overall 74% breast-fed their baby, as indicated by the figure overleaf.

Figure C16: Whether breast-fed baby

Base: all respondents who have accessed postnatal care services (414)



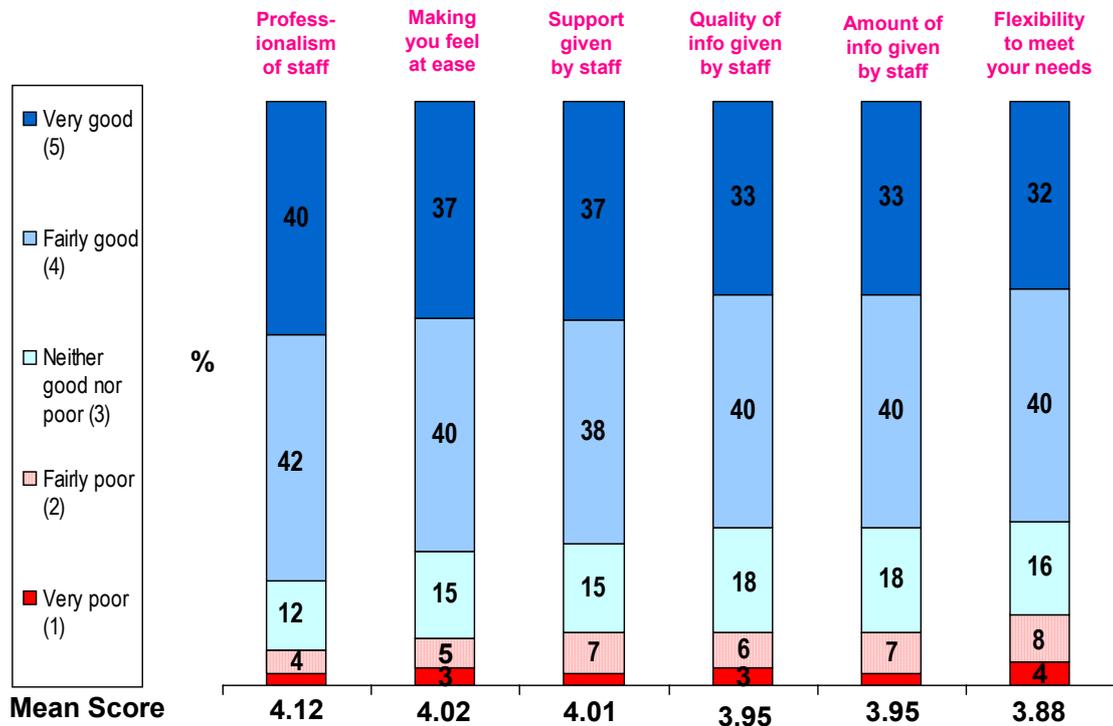
17% of respondents breast-fed their baby for just the first month, compared to around a quarter who kept it up for 6 months or more (26%).

3.1 Satisfaction with postnatal care services

Respondents were asked to rate aspects of postnatal care services, then to rate their overall satisfaction. The figure overleaf illustrates the results for the ratings of aspects of postnatal care services.

Figure C17: Ratings of aspects of postnatal care services

Base: all respondents who have accessed postnatal care services (414)

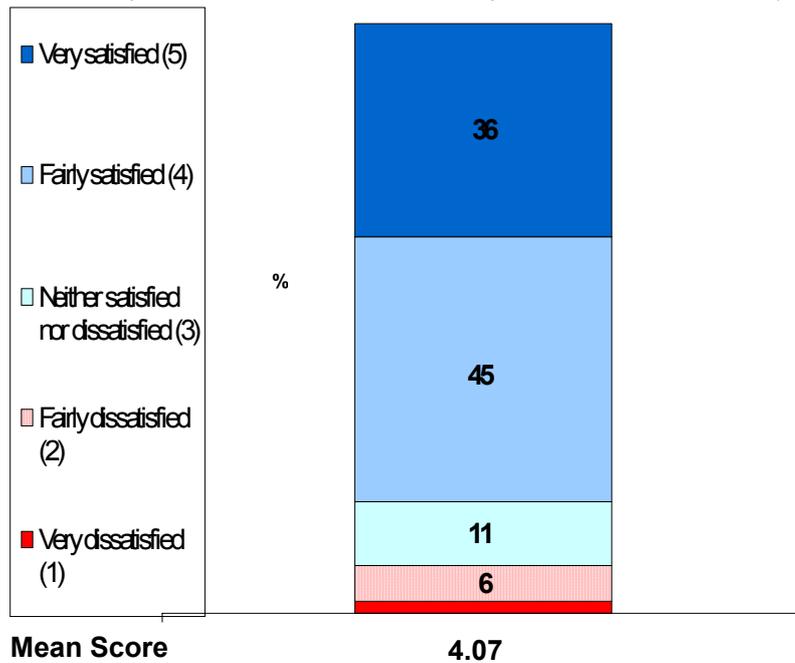


Similar to previous responses on this question respondents rated professionalism of staff most highly (with 82% rating it as good, giving it a mean score of 4.12), and flexibility to meet your needs least well (with 72% rating it as good giving it a mean score of 3.88). The range of mean scores was smaller than seen for aspects of care at both the antenatal and birth stages, though the ‘order’ of aspects was the same. Dissatisfaction was less marked than at birth, with poor ratings ranging from a high of 12% for *flexibility to meet you needs* to 6% for *professionalism of staff*. Again, the picture is fairly positive on the whole.

Respondents were next asked to rate their overall satisfaction with postnatal care services. Results are shown in the figure below.

Figure C17: Overall satisfaction with postnatal care services

Base: all respondents who have accessed postnatal care services (414)



Results show that as with previous satisfaction measures, around 8 in 10 (79%) were satisfied with the care they received, 8% were not, and 11% were undecided. The mean score of 4.07 just exceeds that recorded for the birth stage, and is slightly below that recorded for the antenatal stage. Respondents are satisfied overall, though those who are not have genuine reasons for their dissatisfaction. These are explored in more detail in the table overleaf.

Table C3: What would have made you more satisfied with postnatal care services

Base: all respondents who were dissatisfied with postnatal care services (32)

	(%)
Staff to be more supportive	41
Being treated as a person not just a number	31
Visiting staff did very little	25
To see the same midwife/health visitor	19
Midwife/health visitor did not turn up/keep appointment	16
Staff to spend more time	9
Different information from different people	9
Baby clinic check-ups not conducted properly	6
Help with breast-feeding	6
TOTAL	100

Linking with themes mentioned at the antenatal and birth stages, respondents often cite the need for *staff to be more supportive* (41%) and to be *treated as a person not just a number* (31%) as key issues which would have made them more satisfied overall. This feeling of **not** having a personalised service, just being a 'case' being processed through a system is obviously something which alienates mothers, though is probably an inevitable consequence of overwork at busy times. More detail is included about this issue in Appendix 1.

There is also a feeling of being let down at this stage, with 16% saying that *their midwife/health visitor did not keep their appointment*. A further quarter said that the *visiting staff did very little* (25%).

4. Information sources & overall performance

In the final section of the questionnaire respondents were presented with a list of topics relating to maternity services, and were asked which sources they had used to get information on each subject. Results are shown in the tables below and overleaf:

Table C4a: Sources of information used

Base: all respondents (500)

Source	Subject				
	Routine screening tests (%)	Pain relief during birth (%)	Breast feeding (%)	Care services you can expect (%)	What to expect when giving birth (%)
Doctor (verbally)	32	22	12	26	18
Midwife (verbally)	68	72	67	64	61
Health visitor (verbally)	16	7	33	27	9
Pregnancy book	25	41	37	33	45
Birth-Five book	8	11	17	13	13
Leaflets provided by doctor etc	25	23	38	24	21
Friends/family	13	32	33	23	46
Magazines	15	29	29	23	38
NICE guidance	1	1	1	1	1
None	11	7	12	13	9

The tables show that the midwife is the most important source of information for most subjects: around 60-70% of respondents cite the midwife as a source they used for routine screening tests, pain relief during birth, breast-feeding, care services you can expect, what to expect when giving birth, and how to look after your child. The Pregnancy Book is also used fairly consistently for most of the subjects, although at lower levels (33 - 45%). The main exception is for routine screening tests, where verbal information from doctors and leaflets are used as much as the pregnancy book. Leaflets are used by around a fifth to a quarter of respondents for all of these subjects but by a higher level for breast feeding. Apart from to find out routine screening tests, internal sources such as friends and family and magazines are also used by reasonably high and consistent levels.

Information is less likely to be accessed generally on the other three subjects: choice of where to give birth, lifestyle changes and maternity benefits and rights. This is particularly the case for lifestyle changes. The main sources used to find out about choices of where to give birth are doctors and midwives, by 26% and 30% respectively.

Table C4b: Sources of information used

Base: all respondents (500)

Source	Subject			
	How to look after you child (%)	Choice of where to give birth (%)	Lifestyle changes (%)	Maternity benefits and rights (%)
Doctor (verbally)	6	26	10	8
Midwife (verbally)	64	30	25	25
Health visitor (verbally)	33	6	14	12
Pregnancy book	38	17	21	27
Birth-Five book	27	4	11	10
Leaflets provided by doctor etc	20	11	14	26
Friends/family	45	17	27	27
Magazines	33	14	24	20
NICE guidance	1	1	-	1
None	12	19	35	17

Respondents were next asked to rate the quality of the information given about each subject. Results are shown in the two figures overleaf.

Figure C18a: Rating of information sources

Base: all respondents who have accessed information from sources (326 - 464)

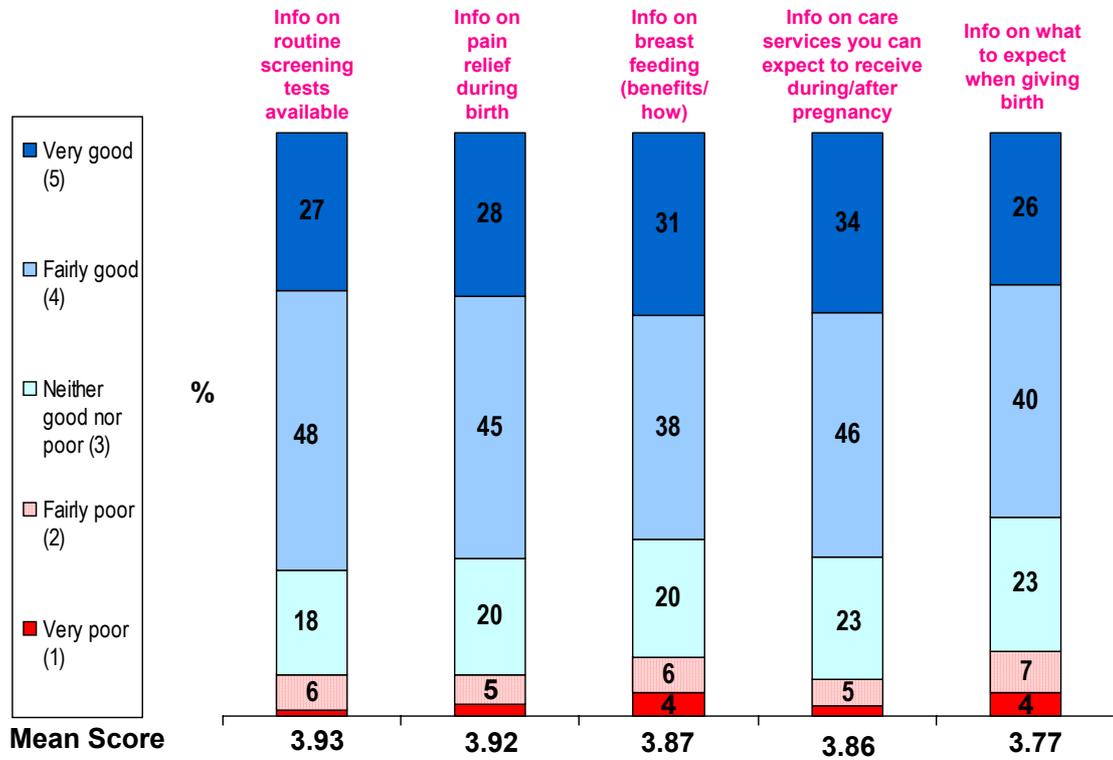
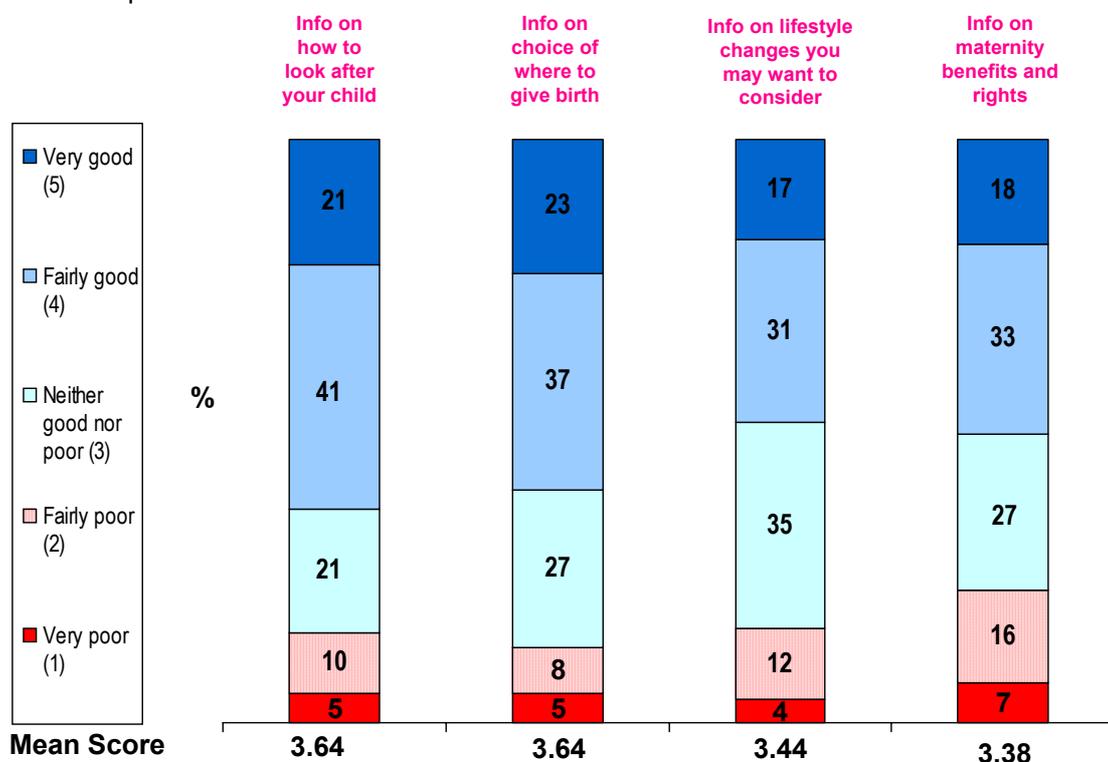


Figure C18b: Rating of information sources

Base: all respondents who have accessed information from sources

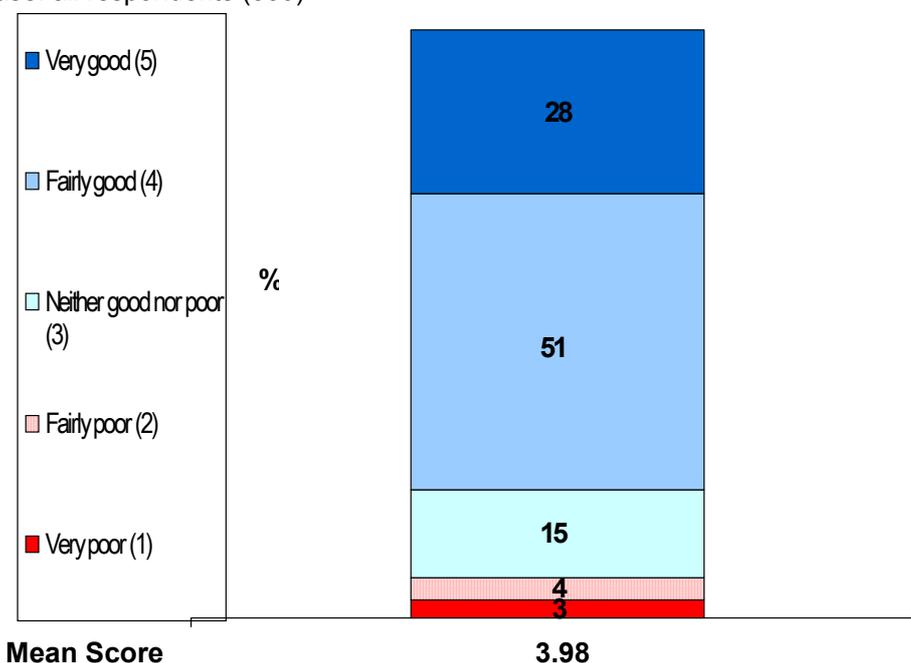


Results show that information on all subjects is rated quite highly by respondents, with mean scores ranging from 3.93 for information on routine screening tests available, to 3.38 for information on maternity benefits and rights. Scores for routine screening tests available, pain relief during birth, breast-feeding, and care services you can expect to receive are particularly positive. On the whole ratings are mildly positive rather than strongly so, with 'top box' scores around 20-30%. Dissatisfaction is generally under 10%, though becomes more apparent for certain sources: 23% are dissatisfied with information on maternity benefits and rights, 16% are dissatisfied with information on lifestyle changes you may want to consider, and 15% with information on how to look after your child.

Respondents were next asked about their overall satisfaction with all maternity services. Results are shown overleaf.

Figure C19: Overall rating of maternity services

Base: all respondents (500)

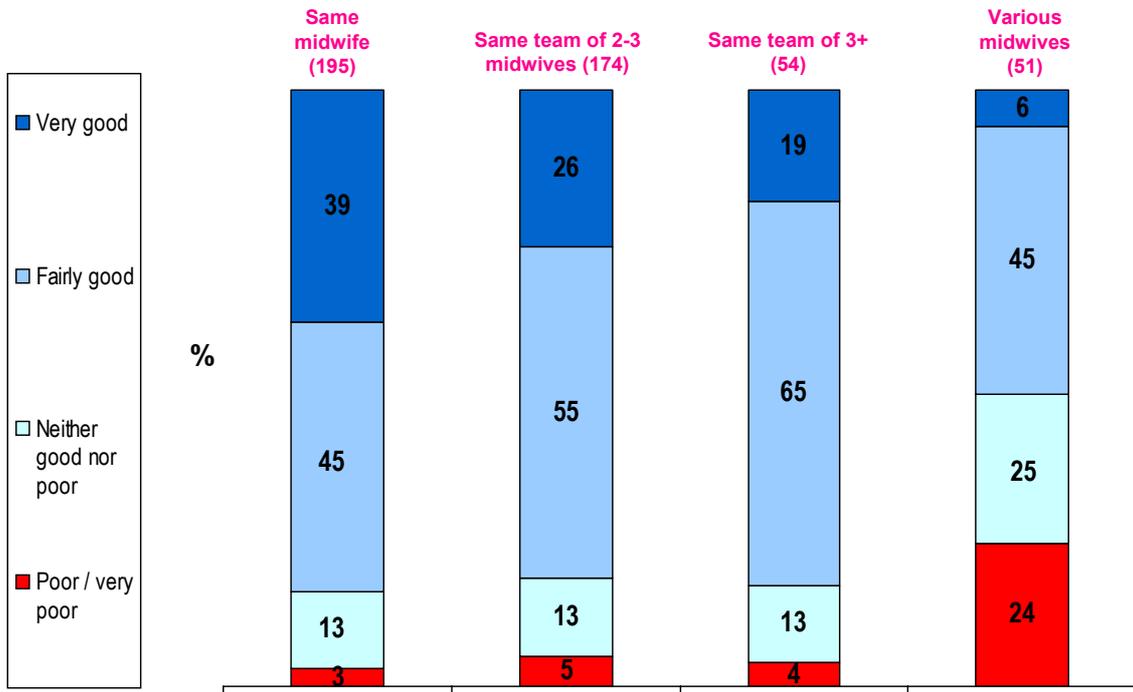


Just under 8 in 10 respondents (79%) rated the maternity services they received before, during and after the birth of their child as good; 28% rated them as *very good*. Most of the remaining respondents were undecided (15%), saying the service was neither good nor poor, and 7% were dissatisfied including 3% who were *very* dissatisfied. The mean score was 3.98 out of a maximum score of 5. Whilst room for improvement certainly exists - the 'top box' ratings could be higher, and a small minority are **very** dissatisfied - the situation regarding overall satisfaction is healthy, and most respondents are satisfied.

Looking at the different subgroups, we can see that the overall rating varies by continuity in antenatal staff (figure 20a), by continuity in postnatal staff (figure 20b), and by the amount of choice perceived by respondents (figure 20c). This gives clear evidence that the issues being addressed by the NSF, such as continuity, choice and support, will impact on overall ratings if they can be improved individually.

Figure C20a: Overall rating of maternity services by continuity in antenatal staff

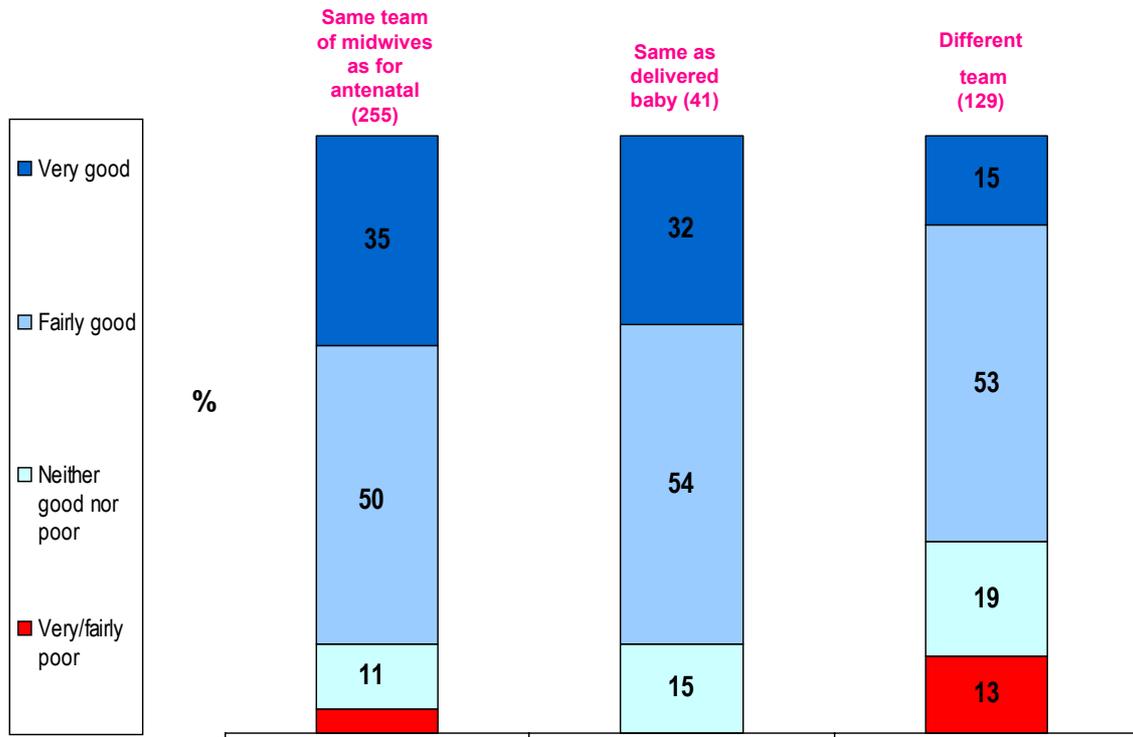
Base: all respondents in subgroup



The above figure shows overall satisfaction with maternity services correlates with continuity of antenatal care: ‘top box’ satisfaction levels decrease from 39%, to 26%, to 19%, to 6% according to continuity of antenatal care.

Figure C20b: Overall rating of maternity services by continuity in postnatal staff

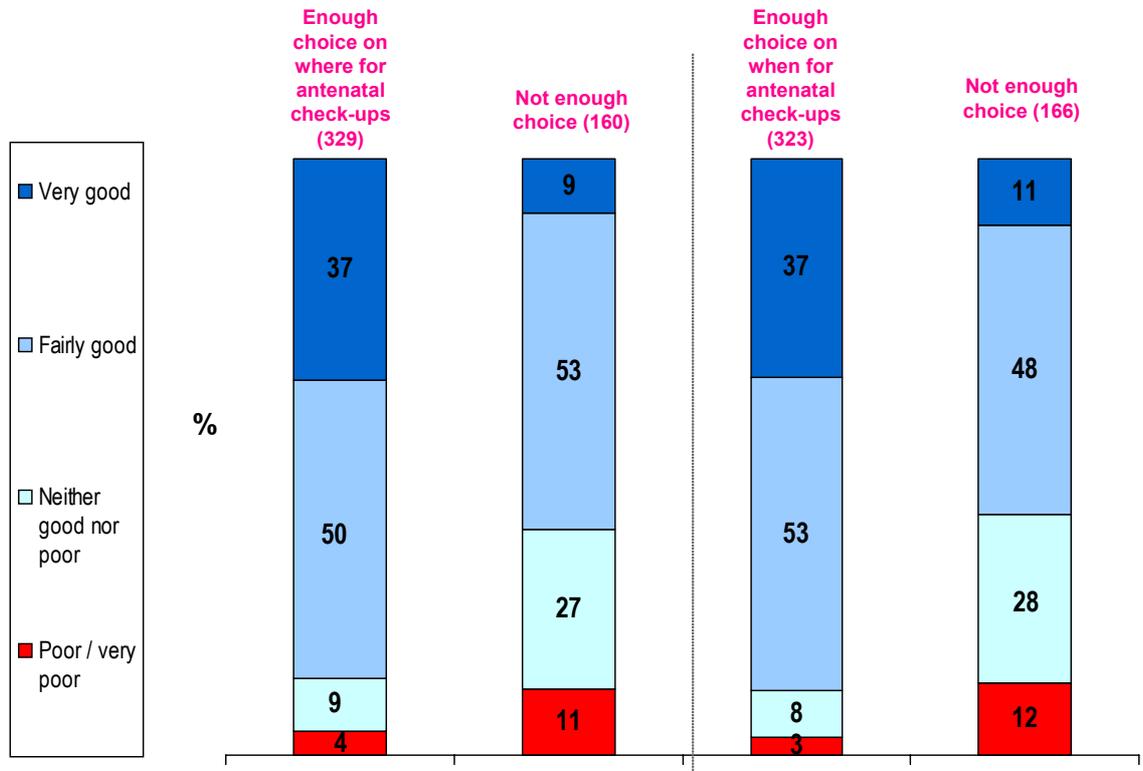
Base: all respondents in subgroup



The above figure shows overall satisfaction with maternity services correlates with continuity of postnatal care: ‘top box’ satisfaction levels decrease from 35%, to 32%, to 15% according to continuity of postnatal care.

Figure C20c: Overall rating of maternity services by amount of choice given

Base: all respondents in subgroup



The above figure shows overall satisfaction with maternity services correlates with the amount of choice perceived by respondents: satisfaction levels decrease from 87% for those who thought they were given enough choice on **where** to go for antenatal check-ups to 62% for those who thought that they were not given enough choice. Similarly, satisfaction levels decrease from 90% for those who felt that they were given enough choice about **when** to go to antenatal check-ups to 59% for those who did not.

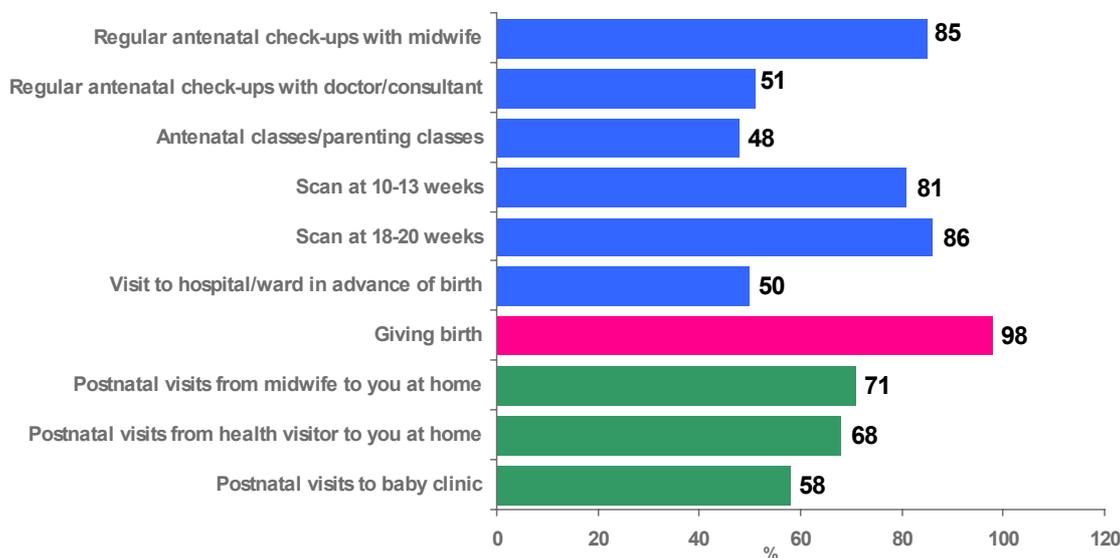
D. Main findings: men

The main findings for the men's survey are outlined below. Section 1 relates to the maternity services accessed by respondents' partners, as well as their experiences of antenatal care; section 2 relates to respondents' partners' experiences of giving birth; section 3 relates to postnatal care services; and section 4 relates to overall satisfaction and information sources used.

1. Services accessed and antenatal care

All respondents were presented with a list of maternity care services and were asked which their partner had accessed. Their responses are shown in the figure below:

Figure D1: Services accessed
Base: all male respondents (100)



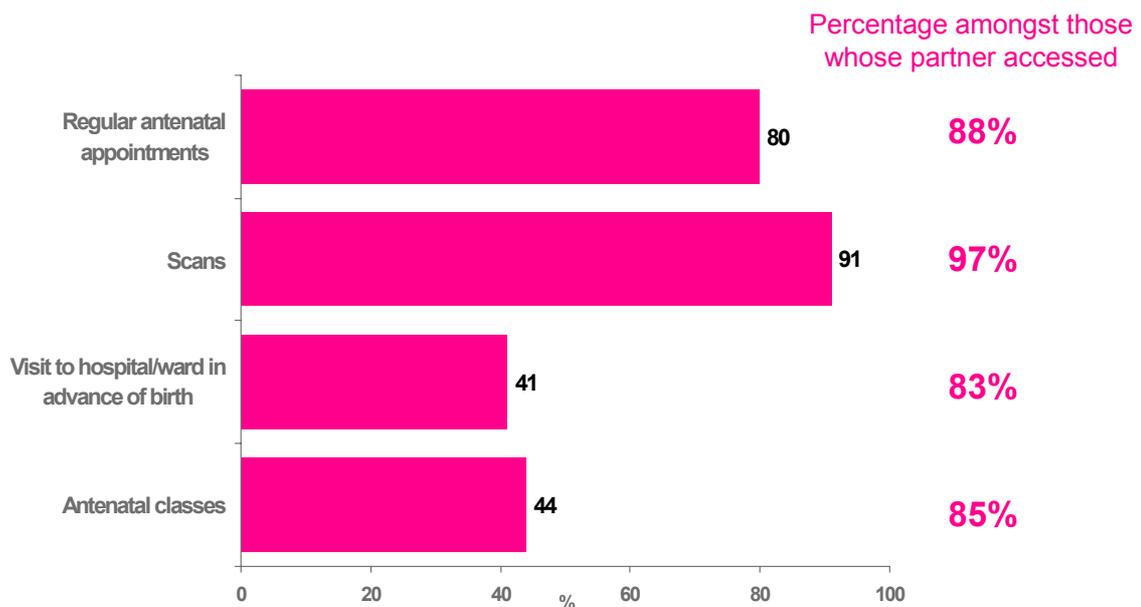
Although take-up of individual services varied, 99% of respondents' partners accessed antenatal care, and only 2% chose private healthcare for giving birth. Reported postnatal care access at 89% was lower than was found for the women's sample (97%), but this was presumably due to the men simply being less aware of services accessed when they were back at work after paternity leave (this is particularly noticeable for the level of 58% recorded for postnatal visits to the baby clinic). Reflecting the women's findings antenatal

care shows the greatest amount of variation in take-up. The vast majority of respondents' partners had regular antenatal check-ups with a midwife (85%) and a scan at 18-20 weeks (86%) whilst fewer attended antenatal classes (48%) or made a visit to the hospital / ward in advance of the birth (50%).

1.1 Involvement in antenatal care

Respondents were asked a number of questions about their involvement in their partner's antenatal care. The results are shown below.

Figure D2: Involvement in antenatal care
 Base: all male respondents (100)

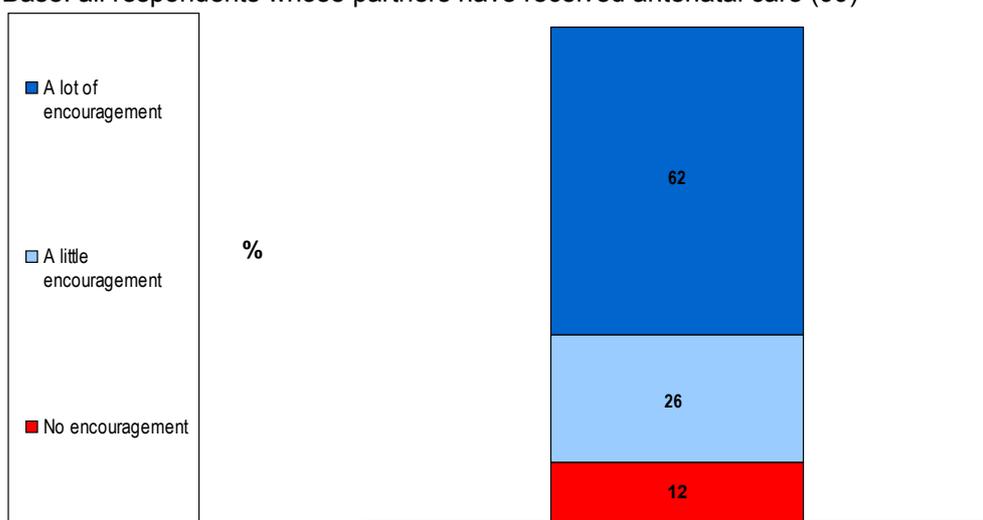


The majority of respondents attended their partner's scans (91%) and regular antenatal appointments (80%) compared to a minority who attended either a visit to the hospital / ward in advance of birth or antenatal classes (both 41%), reflecting overall access levels. When the figures are re-calculated on a base of those respondents whose partner accessed the service in question, we can see that this difference no longer exists: the vast majority of respondents in all cases accompanied their partners to the antenatal care service in question. The implication is that men **are** keen to be part of the antenatal experience.

Respondents were asked about the amount of encouragement given to them by midwives to be involved in their partner's antenatal care. The results are shown in the figure below.

Figure D3: Amount of encouragement given

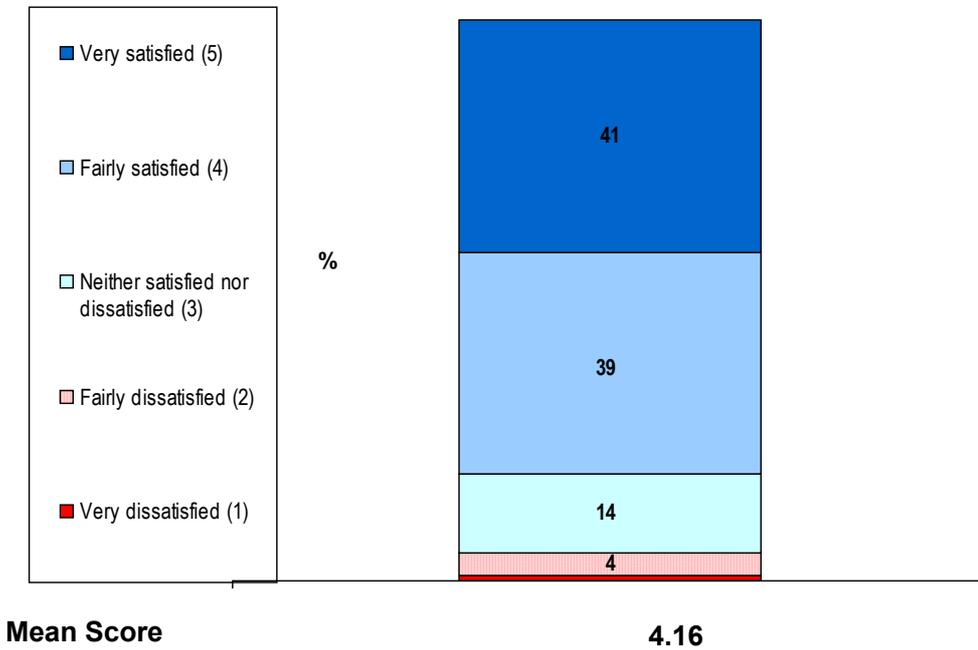
Base: all respondents whose partners have received antenatal care (99)



Results indicate that the majority of men thought that they received a lot of encouragement (62%) at this stage, which is positive. A little over a quarter (26%) thought that they received a little encouragement bringing the total stating they received encouragement to 88%. Just 12% thought that they received no encouragement at all. Comparing this result to the findings from the women's survey suggests that men perceive far more encouragement than their partners, as just 40% of women said that the father received a lot of encouragement, with the total figure at just 72%.

Men were next asked how satisfied they were with this amount of encouragement. The results are shown in the figure overleaf.

Figure D4: Satisfaction with amount of encouragement given
 Base: all respondents whose partners have received antenatal care (99)

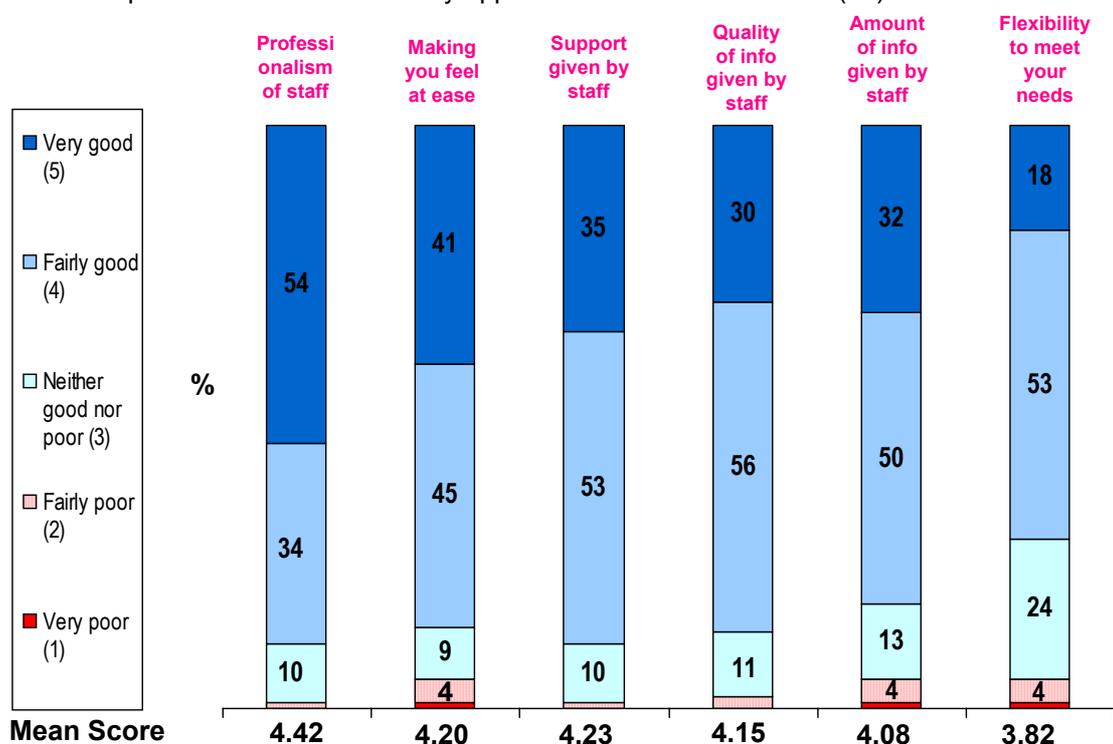


The majority of respondents (80%) were satisfied with the amount of encouragement given to them by midwives; just 5% were dissatisfied, and a further 14% were unsure how they felt. The mean score was 4.16 out of a possible score of 5. Looking at the correlation between satisfaction and the amount of encouragement given, it is clear that the more encouragement that was given, the more satisfied respondents were: mean satisfaction scores ranged from 4.62 for those who had received a lot of encouragement, to 3.69 for those who had received a little encouragement, to just 2.83 for those who received no encouragement at all.

The last question in the antenatal care section asked respondents to rate aspects of antenatal care received. The figure overleaf illustrates the results for the ratings of aspects of antenatal care.

Figure D5: Rating of aspects of antenatal care

Base: all respondents who attended any appointments / classes / scans (96)



Responses on this measure were similar to those found for women: the scores were **good** with mean score ratings even more positive for men than they were for women. A similar order in the aspects' performance was observed: professionalism of staff was again the most highly rated aspect (with a mean score of 4.42, and 88% of respondents rating it as good) and flexibility to meet your needs was still the least well rated aspect (with a mean score of 3.82 and 71% rating it as good). The mean score for flexibility to meet your needs is significantly lower than the other aspects. Support given by staff receives a slightly better rating than making you feel at ease, with a mean score of 4.23 and a total positive rating of 88% compared to 4.20 and 86%, although the top box score is actually higher for staff making you feel at ease.

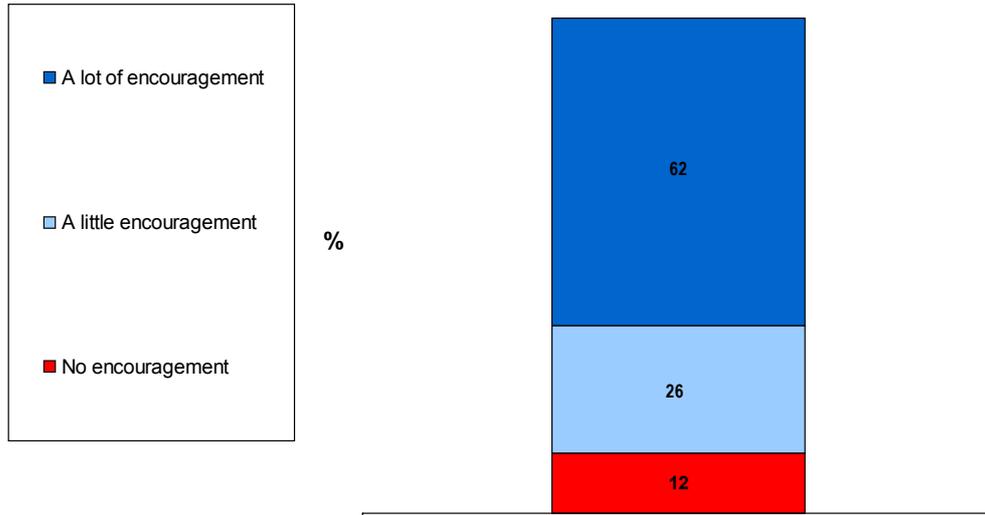
2. Giving birth

Respondents were asked where their partner had given birth, and the vast majority (81%) said that their partner had done so in a general hospital, compared to 15% who said a midwifery-led birth unit, and 4% who said at home.

96% of men said that they were present at the birth of their child when they were asked.

Respondents went on to be asked how much encouragement they were given to be involved during and immediately after the birth of their child. The results are shown below.

Figure D6: Amount of encouragement given to be involved during/immediately after birth
Base: all men who were present at birth (82)

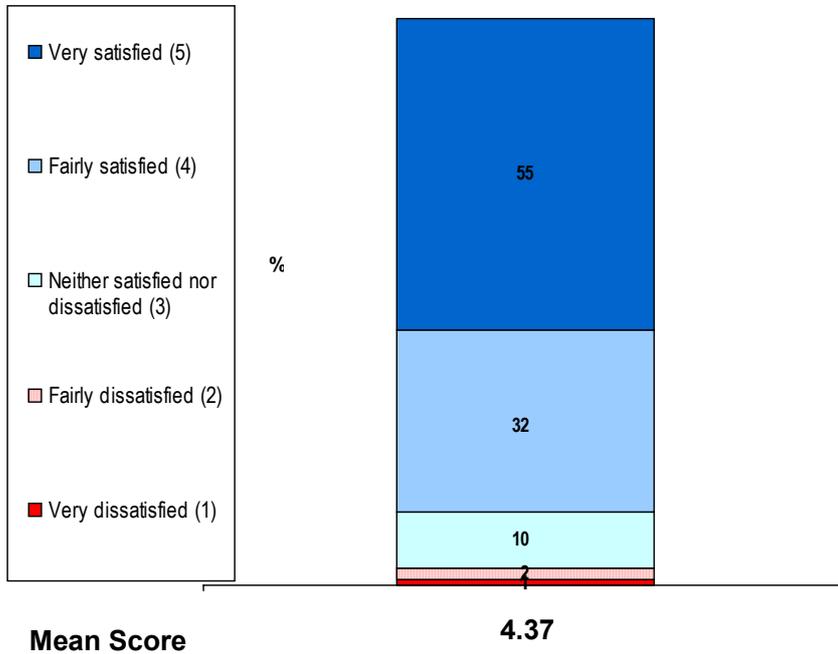


Results on this measure are particularly positive, with 96% saying that they received encouragement from the midwives, including 69% who said they received a lot of encouragement. This exceeds the level of encouragement recorded for the men at the antenatal stage. Comparing this with the amount of encouragement women perceived was given (see figure C10 where 80% thought that their partner had been encouraged), we can see that men again perceive more encouragement at this time than their partners.

Respondents' satisfaction with the amount of encouragement given is shown in the figure overleaf.

Figure D7: Satisfaction with the amount of encouragement given to be involved during/immediately after birth

Base: all men who were present at birth (82)

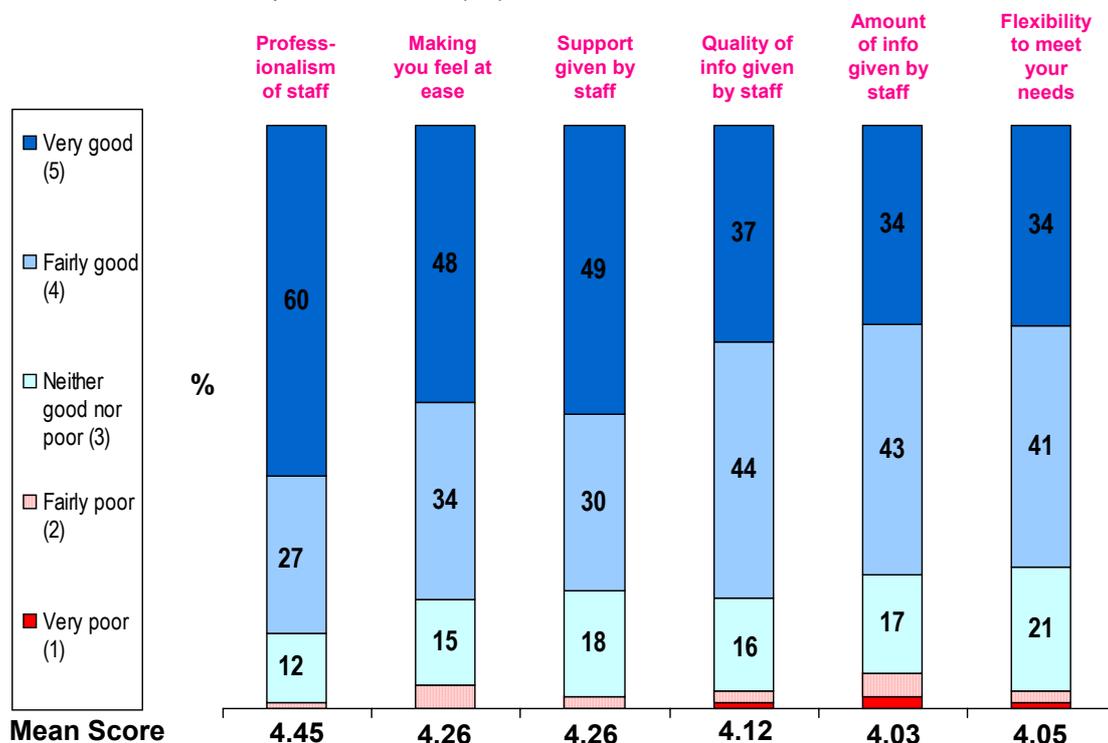


The majority of respondents were **very** satisfied on this measure (55%), and 87% in total said they were satisfied overall. The mean score was 4.37. Again, the mean scores were highly correlated with the amount of encouragement felt to be given: those who perceived a lot of encouragement had a mean satisfaction score of 4.72, those who perceived a little encouragement had a mean score of 3.73, and those who perceived none had a mean score of 2.33.

Respondents were next asked to rate aspects of care services accessed whilst giving birth. Results are shown in the figure overleaf.

Figure D8: Rating of aspects of care services accessed whilst giving birth

Base: all men who were present at birth (82)



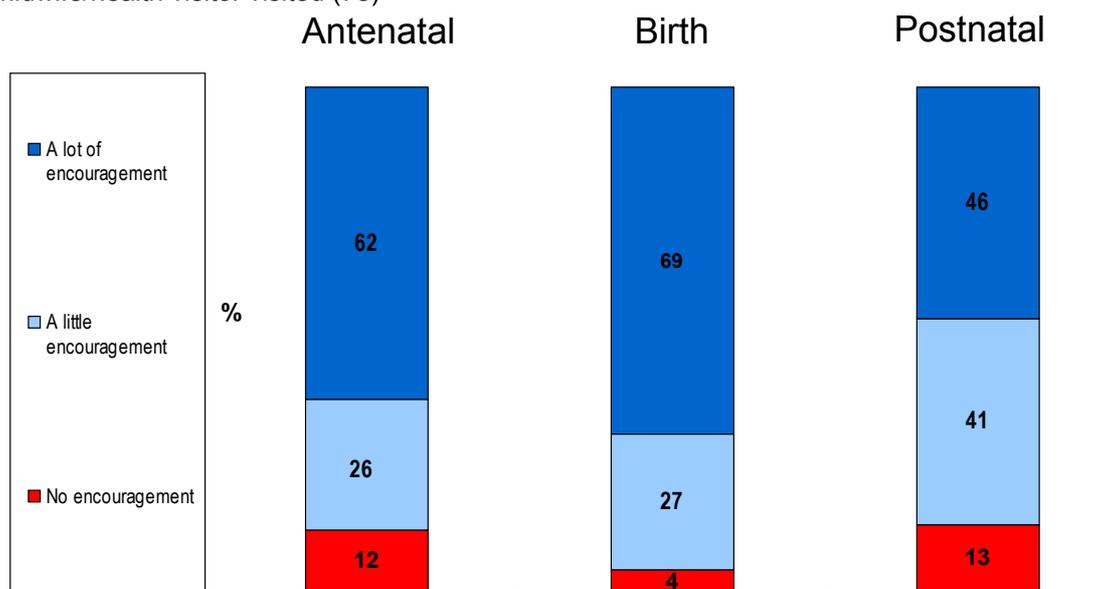
Perhaps reflecting the perceived encouragement and satisfaction with this, responses on this measure were **very good**, with mean score ratings that were even more positive than seen for the aspects of antenatal care. A similar order in the different aspects' performance was observed: *professionalism of staff* was the most highly rated aspect with a mean score of 4.45, and 87% of respondents rating it as good; *flexibility to meet your needs* was still the least well rated aspect with a mean score of 4.05 and 75% rating it as good but this time on par with *the amount of information given* (4.03). With mean scores not dipping below 4 out of a possible 5, one cannot draw any other conclusion other than that respondents were happy with the care received whilst their partner gave birth. Clearly this contrasts with the situation seen among women and is likely to be due in part to the greater involvement in the experience for women, and perhaps also to being constantly exposed to the care during the stay in hospital, without a break at home.

3. Postnatal care services

Respondents were asked whether they were present when the midwives and/or health visitor visited the mother post birth. The majority (88%) were present for at least some visits, with a quarter (24%) present at all visits. Respondents were then asked about the

amount of encouragement given to them by midwives to be involved at the postnatal stage. The results are shown below, with the results for antenatal and birth shown for comparison.

Figure D9: Amount of encouragement given at different stages of maternity care
 Base: all men who have accessed antenatal care (99) / were present at birth (82) / present when midwife/health visitor visited (78)

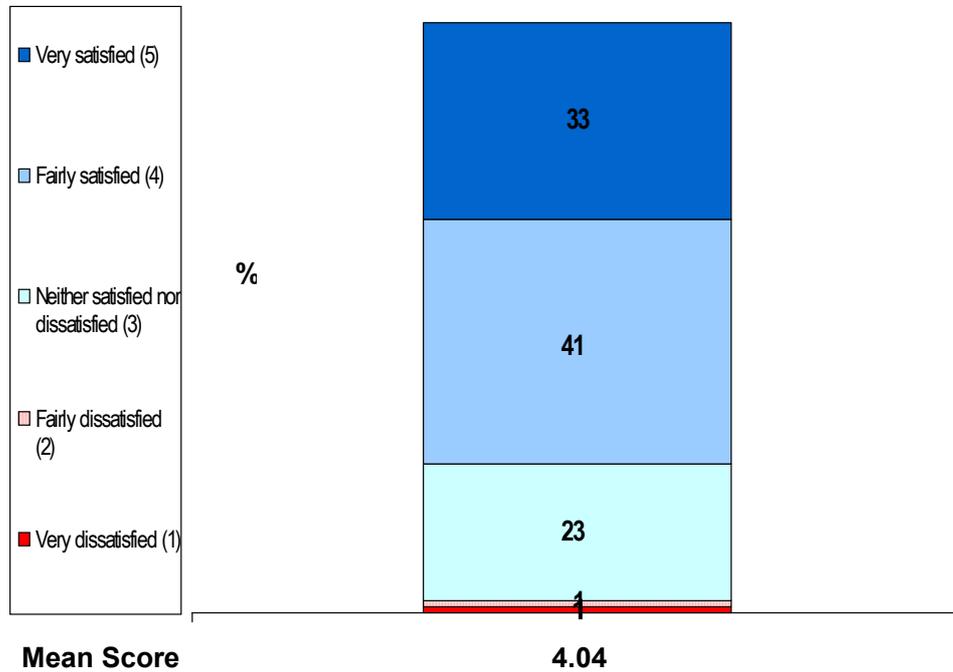


The results show that less encouragement was perceived at the postnatal stage than the previous 2 stages, with a minority (46%) citing *a lot* of encouragement, 41% *a little* encouragement, and 13% no encouragement. It is the ‘top box’ rating at the postnatal stage that contrasts most strongly with the birth and antenatal stages, at 46% it is significantly smaller than the 69% observed at birth, and the 62% observed at the antenatal stage. In some ways this result is intuitive in that men may only have 2 weeks paid paternity leave, and may not be around to receive encouragement from the health professionals in question. However, they are still likely to be more satisfied with the level of encouragement, if greater encouragement has been given.

Results for satisfaction with the amount of encouragement given are shown in the figure overleaf.

Figure D10: Satisfaction with amount of encouragement given to be involved at postnatal stage

Base: all men who were present when midwife / health visitor visited (78)

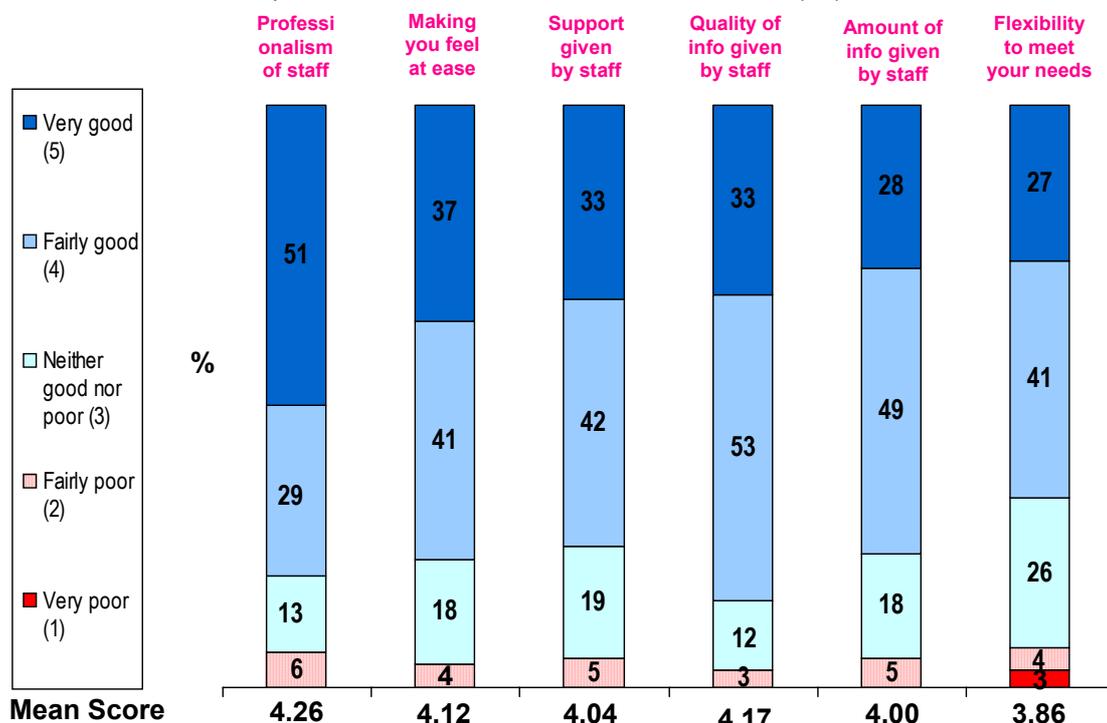


Three quarters of respondents (74%) were satisfied with the amount of encouragement they received at the postnatal stage in comparison with 80% at the antenatal stage and 87% at the birth stage. This reflects the lower levels of perceived encouragement observed at the previous measure. As found for satisfaction mean scores previously, satisfaction correlates with the amount of encouragement given here at the postnatal stage.

Respondents were next asked to rate several aspects of their child's postnatal care. Results are shown in the figure overleaf.

Figure D11: Rating of aspects of postnatal care services

Base: all men who were present when midwife / health visitor visited (78)



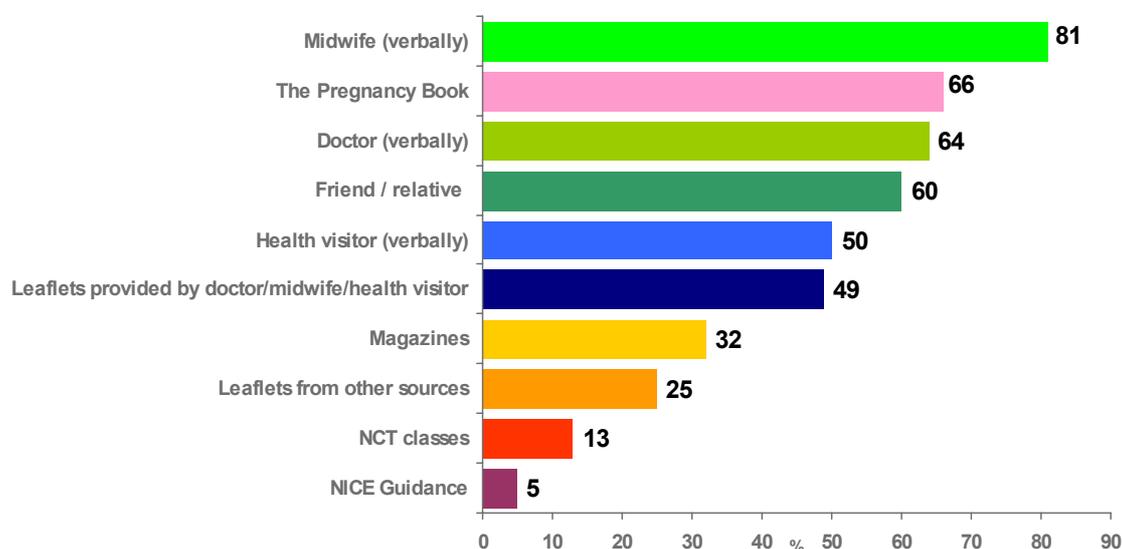
Results are similar to the previous questions asking respondents to rate aspects of care: ratings were again very good, though mean scores were slightly lower than were seen for aspects of care at the stage of giving birth. A similar order in the different aspects' performance was observed. Professionalism of staff was the most highly rated aspect with a mean score of 4.26, and 80% of respondents rating it as good; flexibility to meet your needs was still the least well rated aspect with a mean score of 3.86 and 68% rating it as good. Mean scores were on the whole around 4 out of a possible 5, indicating that respondents thought that good postnatal care was given overall.

4. Information sources & overall performance

Respondents were next asked about the information sources they had personally used to find out about what to expect during pregnancy and the birth of their child. The results are shown below.

Figure D12: Sources of information personally used to find out about what to expect during pregnancy / birth of child

Base: all respondents (100)



Reflecting the women's findings, the midwife was the main information source for men, cited by 81% of respondents. The pregnancy book (66%), the doctor (64%), and a friend / relative (60%) were all mentioned by a majority of respondents. Respondents were then asked which information source was most useful to them: again it was the midwife that was most widely cited (by 41% of respondents), followed by the pregnancy book (18%) and the doctor and the health visitor (both 10%).

Respondents were then asked how well equipped they felt to support their partner during pregnancy and birth. Here only 2% of respondents admitted to feeling unequipped, with 63% of respondents saying they felt fairly well equipped, and 35% saying they felt very well equipped. Respondents were then asked what the NHS could have done to make them better equipped to support their partner. Results are shown in the table overleaf.

Table D1: What NHS could have done to make respondents feel better equipped

Base: all respondents (100)

Aspect	(%)
Involve partners more / with classes / information	17
More information / suggest sources of info	12
More support in general	7
More support during labour	4
Being made to feel like a person / not just a number	3
Hospital cleanliness	3
Spend more time with patients	3
More staff	2
Flexible appointment times	2
Hospital parking problems / cost	2
Nothing / don't know	41
TOTAL	100

A significant minority of respondents (41%) suggested that the NHS could have done nothing to make them feel better equipped to support their partner. Of those that made a suggestion, 17% said that the NHS could *involve partners more / with classes / information*, and 12% said *more information / suggest sources of info*. A selection of verbatim comments from this question is shown in Appendix 1.

Respondents were then asked how well equipped they felt to become a parent. Here only 6% of respondents admitted to feeling unequipped, with 57% of respondents saying they felt fairly well equipped, and 37% saying they felt **very** well equipped. Respondents were then asked what the NHS could have done to make them better equipped to become a parent. Results are shown in the table overleaf.

Table D2: What NHS could have done to make feel better equipped to become a parent
Base: all respondents (100)

Aspect	(%)
Involve partners more / with classes / information	12
More information / suggest sources of info	12
More support in general	4
Being made to feel like a person / not just a number	2
Consistent advice on baby care	2
Flexible appointment times	1
PND information	1
Hospital cleanliness	1
More doctors	1
Hospital parking problems / cost	1
More support during labour	1
More money	1
Nothing / don't know	64
TOTAL	100

A clear majority here (64%) stated that there was nothing that the NHS could have done to make them feel better equipped, or that they couldn't think of anything. The most common suggestions were to *involve partners more / with classes / information* (12%), to have *more information / suggest sources of info* (12%), and to have *more support in general* (4%). Verbatim responses giving a flavour of the respondents' feelings are contained in Appendix 1.

E. Conclusions

This research provides evidence that satisfaction with and perceptions of performance of maternity services are higher if individuals:

- receive greater continuity in the staff who care for them;
- are happy with choices offered to them;
- feel sufficiently informed to make decisions about type of birth they would like;
- have greater support given to the father of the child.

However, there appears to be scope for improvement in all of these areas. This therefore reinforces the need for the type of changes the NSF/Government manifesto will bring about, and highlights particularly:

- low levels of staff continuity throughout the whole process;
- low levels of access to (and further demand for) antenatal classes and pre-birth hospital visits;
- a lack of awareness of antenatal classes, pre-birth hospital visits and the scan at 10-13 weeks;
- some dissatisfaction with choices available;
- almost 1 in 5 not feeling well enough informed to make decisions about the type of birth they wanted;
- the midwife being central to information delivery, but with room for improvement particularly in the quality and quantity of information given;
- a lack of flexibility to meet your needs across all antenatal, birth and postnatal care stages.

Having said this, overall performance of maternity services was good:

- less than 1 in 10 rate services as poor but also less than a third use the top box rating of very good;

- dissatisfaction was more likely to be with the giving birth stage than any other stage; it should be remembered however that this is an emotional time, and those who have had a less positive experience are likely to be quite vociferous;
- the professionalism of staff is consistently praised however situational influences (e.g. overwork) may take precedence over this.

Improvements mentioned spontaneously to improve satisfaction reflect those that the NSF will bring, such as:

- better support/staff attitude;
- continuity in staff;
- more personal treatment;
- and at the stage of giving birth: more aftercare, being kept informed, better staffing levels and more help with pain relief.

F. Recommendations

Some improvements will be restricted in the short-term because of resources but it may be possible to identify areas where improvements can be more easily implemented, for example:

- promotion to midwives of the need to offer encouragement to fathers at **all** stages of maternity services but particularly postnatally where they are less likely to be offered encouragement currently;
- promotion of the need to be supportive and offer a more personalised service;
- team-working between midwife and health visitor at postnatal stage.

Midwives are critical to information delivery but could arguably be better supported by Pregnancy Book (if a greater proportion read this), and by better attendance at antenatal classes.

Steps to encourage attendance at antenatal classes might include:

- a review of when these are available and how more choice could be offered;
- promoting the benefits of attending.

A review of the Pregnancy Book may also be useful.

It should also be possible to promote awareness that you can go straight to a midwife without first seeing a GP, so that a dialogue with the midwife starts *earlier rather than later*.

Longer term actions might include:

- greater continuity in midwives, with most work to do in ensuring that birth is attended by same team of midwives;
- greater choice in when and where to hold antenatal check-ups, with consideration given to carrying out more at home if thought to be practical;
- training on the quality and quantity of information given;
- support options specifically for men, for example a male antenatal class.

G. Appendix 1 - verbatim comments

The following are a selection of verbatim comments from the open-ended questions. Please note that the comments have not been edited and appear as respondents typed them into the questionnaire.

WOMEN

Q14b

7009: The midwives have seen it all before therefore if you are worried about something I felt that they could be quite patronising

7097: The midwife was unhelpful & unfriendly. We were not seen by the same doctor twice, so there was no consistency in care. We had to go up to King's College Hospital for regular scans, as we were expecting MCDA twins and had VERY long waiting times to be seen and when we were seen were made to feel a) like part of a teaching experiment for the students, b) were talked over, ignored and patronised by at least one of the consultants and c) found the whole experience exhausting, stressful and both physically & emotionally draining.

2076: Well I was gonna be a 1st time mum and it seemed that I got treated like I wasn't even there I'm 21 and I look a lot younger but even so they shouldn't of treated me like that no matter how old I looked or was and whenever I told a midwife I was scared or something they just told me to stop being stupid you would think they would be a bit more supportive especially to a 1st time mum like me and I had the same thing at the hospital when I went in to have my bubba, also I wasn't impressed with when I got put on my ante natal classes as I missed 2 of the 4 classes because my midwife put me on them to close to my due date and I had my baby girl 2 weeks early everyone else in my class weren't due for 2 months or more I was due in 4 weeks so even if I had here on my due date I would have still missed the last week.

1729: More support. Never saw the same person twice and was always made to feel like I was wasting their time. I know they are busy but they made the birth of my child a nightmare that even eight months later it makes me want to cry when thinking about it.

1142:Midwives were always running late, I didn't feel there was enough time to discuss everything. Husband always came with me but was never spoken to or involved, & midwives did little to reassure me.

Q20b

1471:Again to be treated as an individual. To be asked rather than told how I was. To be more informed about what had just happened.

1618:After a 42 hour labour I was left alone with the baby completely exhausted and just left on the ward with no support or encouragement. I feel that if a midwife had stayed and supported me through the first hours I would have felt much happier.

1729:They sent my husband home and then refused to call him when I said the baby was coming as they didn't believe me. Twenty minutes later my son arrived and I was on my own and my husband missed the birth of my child. They then just left me and the baby for seven hours with no food or drink and sent us home. The baby had not been bathed and had not seen a doctor and we were just told there was no room for us in the ward. By then I just wanted to be as far away from there as possible so agreed to leave

1791:I felt as if we were on a conveyer belt, and left to it pretty much once my son had been born

1830:I was told all through pregnancy that at the specific hospital I could have a water birth but when I got there I was asked about pain relief, I told them gas and air and a water birth. They then told me that the pool was not plumbed in and on the ward I was taken to there was only 2 gas and air machines, one of which was broken and the other was being used. I was then left and only when I asked for pain relief (hours later) did someone come to check on me at which time I was 8 centimetres dilated and given a pethadine and taken to delivery suite. During giving birth I was not helped with the when to push and when to pant which I had gone to parenting classes to learn. Therefore I tore, and the midwife just told me to do what I want. Then when being stitched up she was very rough and seemed to not consider how I was feeling.

2202:I was induced and was in labour for almost a full day , I had about five different midwives because of shift changes , so I didn't know who I was supposed to be speaking to. also I told the staff which pain relief I wanted but I received none at all not even gas and air even though I insisted upon something. I would have liked to have had a maximum of two midwives helping me then communication would be much better.

226:Shortage of midwives was very apparent. We were advised to go home at one point but decided to stay as I was in so much pain. No support or information given as to how I was progressing. No monitoring of me or my baby. Left alone until I shouted for a midwife that the baby was coming and was then rushed to the delivery suite where I delivered my baby within 30 minutes.

6816:I seemed to be completely abandoned after the birth of my baby. I was wheeled down to the baby ward and left there with no introduction by staff. I was offered no food, the bed was left in a high position and I wasn't shown the buzzer or told I could buzz. The side-car cot was not set-up for me. So I was left alone in the dark in the middle of the night with no support. It was terrifying.

7097:My waters broke at 33 weeks, I had to stay in hospital for 2 days to receive steroid injections to help mature the lungs of my twin boys. They were born by emergency c-section on the 3rd day in hospital. They were immediately taken to the SCBU, I wasn't encouraged to put them to the breast until they were 3 days old, we didn't have skin to skin contact until we were all home 2 weeks later and as the SCBU at our local hospital was full they transferred the boys to another hospital when they were 3 days old - this caused a lot of transport problems for my husband. I was ill after the birth (high BP, racing pulse & high temp) I had an allergic reaction to the blood transfusion and an infection due to the catheter. I HATED being in hospital - my medication was often forgotten, the food was awful and usually cold, the bed was uncomfortable and because of my fever I had to lie in sweat-drenched sheets, as the NHS now do not pay staff to change them until the patient is discharged. This awful experience has totally soured what should have been a joyous time and I feel has directly led to the postnatal depressions I have suffered and the feeling of not bonding with my sons until at least 2-3 months after their birth. If we had NOT been moved I might not have been so ill, if the boys had been put to my breast immediately (they were excellent weights and very healthy even though they were prem), if we had had skin to skin contact, if if if..... maybe things would have been different - not much I can do about that now though.

885:My babies (twins) were taken to special care I was then made to go to a ward where all the other women had babies with them, i was ignored as no one new whether my babies were alive. I wasn't given any information for 12hrs on how they were doing or when i could go and see them

Q26b

1471:I could not possibly list the improvements that would need to be made for the post-natal care to be even near satisfactory. I feel the whole system needs to be changed to be much more family friendly and for fathers or other support people to be present after birth.

1498:No help with breastfeeding, nobody seems to bother, as well baby clinic unfriendly, checkups not conducted properly.

1729:To have been seen by someone. The first 10 days was OK as my previous midwife visited but after that nothing. My Dr rushed the 6 month check and just seemed interested in ticking boxes. I then got sent a letter chucking me out of the surgery as I'd moved four miles away. The new Dr's are OK but the health visitor has never seen me and we are just rushed through on the conveyor belt at the baby clinic I haven't been able to talk to anyone about how I am or how I feel about the birth

1833:Listening to you and giving advice not just shrugging off your concerns

2043:Midwife care was adequate, although i never knew what time they were going to turn up, my son had been transferred to a different hospital due to health problems. the health visitor was a complete waste of time, she came and filled in some of my red book, but the next time I saw her, she was telling me she was leaving and I have not heard from any other health visitor since. that was approx 4 or 5 months ago.

266:The midwives/health visitors were stuck in their ways and followed text-book mothering religiously which didn't flex to take into account all babies and mothers are different. They made me feel inadequate and useless and made me worry that I wasn't looking after my child well.

491:Not being made to feel stupid when asking questions. being told different information by different midwives

814:A proper relay of information. I was told the day I was going to leave that my baby had jaundice but it was below the dangerous level and the midwife would call round to my home the following day to retest. The following morning I got a phone call from the midwife to say that they couldn't do it at home and I would have to come into hospital. We went into hospital to take the test and were told that we would have to wait for the results. (XXX 4days wait) I will never ever under any circumstances have another child with the nhs. That was probably a bit too specific but I felt I had to get it off my chest!

1423:The postnatal care in the hospital was appalling, so much so that I left hospital within 24 hours of having my first child. I would have liked an opportunity to be shown how to bath my baby and change a nappy. However because I had chosen to use Terry toweling nappies, not one midwife knew how they should be folded!

Q30

1142:More screening tests, better standard of care - I was unable to breastfeed past 3 days, pumped for 2 weeks and when decided to stop, was made to feel pretty useless by midwife, first bottle feeding leaflet I received was given to me 2 weeks after I'd started bottle feeding. I felt my midwife & health visitor hadn't spoken, and my discharge summary wasn't completed. My antenatal care had to be on a Thursday between 9:30 and 11:30. I was given the choice of birth centre or hospital to give birth, but the benefits weren't really explained to the hospital, it was obvious they preferred the birth centre. I would have liked to attend antenatal classes but one 2 hour class was offered twice a month & I was unable to attend.

1164:Do to complications in my previous births, the midwives were not open to discussion of my needs as much as I had liked and ended up giving birth not as how I had hoped.

1247:More support for breastfeeding, i.e. access to counsellor especially when having problems. More information on screening tests available for mother (as opposed to tests on child)

1298:Could have taken on what I wanted with regards to where I gave birth! Had a lot of trouble getting a home birth as it was near Christmas. Seems it depends on them as to where you have a baby & if its convenient!

1333:Concidence in the staff you see, they need to work together more the community midwives no nothing about what goes on in the hospital and vice versa and midwives and health visitors need to work together

1728:I specified in my birth plan that I didn't want any formula milk giving to my baby, but she was fed formula by a midwife on the day she was born. This severely affected breastfeeding which led to me staying a week in hospital.

1614:SICK OF BEING TOLD ABOUT BREASTFEEDING ALL THE TIME - MAKE YOU FEEL LIKE A FAILURE IF YOU DON'T WANT TO

1995:Hospital hygiene, and checkups at home as oppose to me spending money on taxis and buses to travel to doctors

1779:This was my second child and there was a 9 year gap, but it was assumed that i would remember everything about my first pregnancy and I felt that my antenatal appointments were rather dismissive as I was classed as low risk. my medical concerns were never really answered and I was not allowed a 20 week scan as my local health authority has stopped these. I did end up having a second scan at 36 weeks as i had low lying placenta. 20 week scans are important and a second or third or forth pregnancy should all be treated with the same amount of care as a first one.

1498:1st: that they have more m/w available, especially in the end, I just saw my GP 2nd: that the m/w in hospital are more caring, was not allowed to get up, had to lie all the time, while m/w did some paperwork. Was a horrible experience, and I hope even I ended up having a c-section I will be able to have a homebirth next time, because that hospital (Homerton in London) was horrible, 3rd world, dirty, no proper care or help, I almost got depressed. 3rd check ups of baby are done properly and not halfhearted 4th: more info about breastfeeding and help!!! I almost gave up, because I had cracked nipples. Just thank God my little one was throwing up the baby-milk so I had no choice but b/f and we still enjoy it!

MEN

Q25

1052:Slightly more personal service

1071:Nothing baby was born 10 weeks premature, the staff were excellent and as the baby was ill the staff helped us understand what was going on.

1081:They should have made more effort towards the home visits. A one on one can work miracles especially away from the bleak hospital environment.

1200:Not much more - they were very helpful although I felt at times they were a bit rushed off their feet

1259:List of websites / resources. Guide to being a father - supporting mother. Suggested reading lists. Doctor / practice could have taken us seriously.

1293:Digital media showing how to help the mother. IE DVD on helpful positions for backache, what to do when the mother feels uncomfortable or feels pain, and common things that you think are problems but that aren't like a bit of blood leaking etc.

1252:NHS in our area handle pregnancies pretty well. Men are a bit overlooked, but on the whole Mom and baby are well looked after

1303:Not much can be done to prepare you for that

1452:Nothing more than they did.

1454:Classes just for men

1979:Father support groups, a time when the Dads can get together with a professional to discuss concerns/worries that they may not want to talk about in the presence of their partners

Q27

2388:Could encourage and give a lot more information and support to fathers, and not kick them out as soon as baby is born.

2388:A lot more information as I had to learn by experience as nhs wasn't interested

4495:Given more literature and encouragement to be involved after the birth

4685:Nothing, we already have 3 children

5191:Supply child care for other siblings of the family during labour

533:The support in the antenatal class was good, but the local midwife and the midwife in the hospital were rushed and didn't give my wife and myself a confident feeling.

2580:Again, i deserve to know what's going on... this did not happen

37:Not keep us waiting in the corridor and accessing my wife quick , before all hell broke loose.

274:More personal attention, guidance

5481:As a third time father I knew what was going to happen and how. but on our first birth, I felt totally useless and pushed out by all the staff and equipment that was there.

558:Have greater flexibility with appointment times. Making it earlier for partners or baby sitting arrangements.

995:I felt comfortable with every aspect of the pregnancy and birth.

995:I felt extremely well equipped to deal with the pregnancy and birth.

970:Nothing - my problem is I'm not a very emotional person, so emotionally, I could have been better, although, I felt everything inside!

894:Shown me how to change a nappy and bath him. Be more consistent with their advice. Some said give him a dummy others said 'we don't approve of dummies'

864:Maybe more support after the birth. I think most mothers were worried about the pain and what to expect up until the birth. Afterwards (the birth)wasn't focused on as much.

719:Having early pregnancy appointments and pre labour appointments with a midwife would have been nice. Maybe they would have noticed my wife had high blood pressure and protein leading up to the birth and not when our baby was 2 days overdue. Having enough staff on the antenatal ward would have been nice too, so that we wouldn't have had to wait 5 hours to be discharged after the doctor and pediatrician said we could go home.

649:Given us more support when we told them about our concerns about the level of care we were receiving and the information- or lack of it

649:The antenatal classes could have been more informative and concentrated more on actual real concerns and less on team building and playing games

H. Appendix 2 - questionnaires

**J.128514: Maternity Services Quantitative Research
FINAL questionnaire (26 August 2005)**

Email sent with link to questionnaire will contain information about the background to the survey & we will reiterate this at the beginning of the questionnaire.

We are carrying out research with women who are currently pregnant or have a child aged 0-12 months. We want to establish which maternity services they had access to or made use of and to determine how well the services provided met their needs. We would very much appreciate your help with this survey. All answers given are completely confidential and will be analysed along with responses from many other women. The findings from this survey will help shape NHS maternity services for the future.

Screening questionnaire

R1. First of all, we would like to check whether you are currently expecting a child or have a baby aged up to 12 months. Please select the code which applies to you.

- Up to 26 weeks pregnant
- 26-29 weeks pregnant
- 30-33 weeks pregnant
- 34 weeks + pregnant
- Have a child/children 0-3 months
- Have a child/children 3-6 months
- Have a child/children 6-9 months
- Have a child/children 9-12 months
- Have a child/children 12 months+
- None of above

WILL ONLY CONTINUE IF 26+ WEEKS PREGNANT OR HAVE A CHILD 0-12 MONTHS.

R2. And have you been living in the UK for at least 2 years?

- Yes
- No

WILL ONLY CONTINUE IF YES.

Main questionnaire

For this questionnaire, we would like you to think specifically about the maternity services you accessed when you were pregnant with your child aged 0-12 months and not services you might have used during or after any other pregnancy.

1) When you were pregnant with your child aged 0-12 months, which of these maternity services did you access **through the NHS?**

(For this questionnaire, we would like you to think specifically about the maternity services you have accessed during this pregnancy and not services you might have used during or after any other pregnancy.)

Thinking about your pregnancy, which of these maternity services have you accessed through the NHS so far or do you intend to access?)

- Regular antenatal check-ups with midwife 1
- Regular antenatal check-ups with doctor/consultant 2
- Antenatal classes / parenting classes 3
- Scan at 10-13 weeks 4
- Scan at 18-20 weeks 5
- Visit to hospital/ward in advance of birth 6
- Services accessed when giving birth 7
- Postnatal visits from midwife to you at home 8
- Postnatal visits from health visitor to you at home 9
- Postnatal visits to baby clinic 10
- Other (PLEASE SPECIFY)

NOTE THAT 7-10 ABOVE WILL NOT BE SHOWN FOR PREGNANT WOMEN AT Q1 OR Q2.

2a) For each of these that you didn't (haven't or don't intend to) access through the NHS, please tick a box to indicate why not. (SINGLE CODE FOR EACH.)

	Accessed service privately (/will access privately)	Was told service was not available to me	Did not know service was available to me	Chose not to use this service
Regular antenatal check-ups with midwife				
Regular antenatal check-ups with doctor/consultant				
Antenatal classes / parenting classes				
Scan at 10-13 weeks				
Scan at 18-20 weeks				
Visit to hospital/ward in advance of birth				
Services accessed when giving birth				
Postnatal visits from midwife to you at home				
Postnatal visits from health visitor to you at home				

Postnatal visits to baby clinic				
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Q2b) Are there any services that you didn't access (haven't accessed or don't intend to) through the NHS that you would have liked to?

LIST AS FOR Q2a & INCLUDE DK

For the rest of the questionnaire, we would like you to think about and answer in relation to maternity services that you accessed through the NHS, and NOT private services.



The next section relates to **Antenatal care**: this is the care you receive from health professionals during your pregnancy. It includes information on services that are available and support to help you make choices.

ASK ALL

Q3a) At what stage did you first seek care during your pregnancy? S/C

- Before 8 weeks
- 8-11 weeks
- 12-15 weeks
- 16-20 weeks
- after 20 weeks
- Not sure/can't remember
- Did not seek (Have not sought) any care

3b) At this stage, did you go to your GP or directly to a midwife? S/C

- GP
- Midwife
- Other (PLEASE SPECIFY)
- Not sure

IF MIDWIFE NOT CODED

Q3c) Were you aware that you could have gone directly to a midwife?

- Yes
- No

IF MIDWIFE AT Q3b OR YES AT Q3c, ASK Q3d

Q3d) How did you find out that you could go directly to a midwife? S/C

- Friend told me

Remembered from previous pregnancy
Read in a book about pregnancy
Read on a leaflet in GP's surgery
Other (WRITE IN)
Not sure /can't remember

IF CODE 1 AT Q1 AND MIDWIFE NOT CODED AT Q3b

Q4a At what stage of your pregnancy, approximately, did you first see a midwife? S/C

Before 8 weeks
8-11 weeks
12-15 weeks
16-20 weeks
after 20 weeks
Not sure/can't remember

IF CODE 2 AT Q1 ASK Q4b and Q4c)

Q4b) At what stage of your pregnancy, approximately, did you first see a hospital doctor/consultant? S/C

Before 8 weeks
8-11 weeks
12-15 weeks
16-20 weeks
after 20 weeks
Not sure/can't remember

Q4c) Were you introduced to a midwife at the same time?

Yes
No
Not sure/can't remember

IF CODE 1 AND CODE 2 CODED AT Q1

Q5a) Thinking about your antenatal appointments / check-ups, which of the following best describes your situation? S/C

I was (am) always seen by a midwife
I was (am) generally seen by midwife, but also have to see a hospital doctor for routine checks
I was (am) regularly seen by hospital doctor

ASK Q6 IF ANTENATAL APPOINTMENTS WITH MIDWIFE ACCESSED (CODE 1 AT Q1)

6) Now thinking about the care you receive(d) from midwives at antenatal appointments / check-ups, which of the following best describes your situation? S/C

I was (am) seen almost always by the same midwife

I was (am) seen by the same team of midwives (2 or 3 individuals)
I was (am) seen by the same team of midwives (more than 3 individuals)
The midwife I saw seemed (see seems) to vary all the time
Not sure / can't remember

ASK Q7 - 9 IF ANTENATAL APPOINTMENTS ACCESSED (CODE 1 OR 2 AT Q1)

7a) Did (Do) you feel you had (have) enough choice about **when** to attend antenatal appointments / check-ups?

Yes
No

IF NO, ASK Q7b)

Q7b) What kind of choice would you have liked (like) to have about when to attend antenatal appointments / check-ups? M/C

Choice of day of week
Choice of time of day (daytime only)
Choice of time of day (daytime and evening)
Other choice (write in)
Don't Know

ASK ALL CODED 1 AT Q1

8) Where did (do) you have your antenatal appointments/check-ups?
IF AT MORE THAN ONE LOCATION, PLEASE TICK ALL THAT APPLY.

At home
At midwife's clinic/GP surgery
Other local setting e.g. children's centre
At hospital
Other (WRITE IN)

9a) Did (Do) you feel you had (have) enough choice about **where** to go for these?

Yes
No

IF NO AT 9a), ASK 9b).

9b) Where would you like to have gone (go) for antenatal appointments? M/C

At home
Midwife's clinic/GP surgery
Other local setting e.g. children's centre
hospital
Other (WRITE IN)
Don't Know

IF ANTENATAL CLASSES ACCESSED (CODE 3 AT Q1), Q10-11 ASKED

10a) Thinking about your antenatal / parenting classes, did (did/do) you feel you had (have) enough choice about **when** to attend?

Yes

No

IF NO, ASK 10b)

10b) What kind of choice would you like to have had (have) about when to attend antenatal / parenting classes? Please tick all that apply.

Choice of day of week

Choice of time of day

Other choice (write in)

Don't Know

11) Was (Was/Is) the father of your child invited to attend any of your antenatal / parenting classes? S/C

Yes - invited to one only

Yes – invited to some

Yes – invited to all

No – not invited

Father of child not present

(For pregnant women – Not yet discussed)

Q12-13 ASKED IF ANTENATAL CARE ACCESSED AT Q1 (CODES 1-6)

NOT ASKED IF CODE 5 AT Q11

12) Overall, how much encouragement did (does) your midwife give the father of your child to be involved in your antenatal care? S/C

A lot of encouragement

A little encouragement

No encouragement

13) Thinking about all of the NHS services you used during your antenatal care, please rate them on the following aspects using the scale shown?

(very good, fairly good, neither/nor, fairly poor, very poor)

ROTATE ORDER AND S/C FOR EACH

Professionalism of staff

Support given by staff

Making you feel at ease

Flexibility to meet your needs

Amount of information given by staff

Quality of information given by staff

14a) Thinking more generally about your antenatal care, how satisfied were (are) you with this overall? S/C

(Very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied, very dissatisfied)

IF DISSATISFIED:

14b) What would have made (make) you more satisfied with your antenatal care? Please provide full details.

.....

Q15 - 20 TO BE ASKED IF GIVING BIRTH ACCESSED AT Q1

The next section of the questionnaire relates to giving **Birth** and the care that you received directly related to the delivery of your baby.

15) Where did you give birth? S/C

At home

In a general hospital

In a midwifery led birth unit

Other (Specify)

16a) Did you feel sufficiently informed to make decisions about the type of birth you wanted to have?

Yes

No

Not sure

IF NO, OTHERS SKIP TO Q17

16b) What would you like to have been given more information about? M/C

Pain relief

Choices of where to give birth

What to expect when giving birth

How to recognise the early signs of labour

Water birth

Other (TYPE IN)

Don't Know

ASK ALL WHO CODED GIVING BIRTH AT Q1

17) If your baby was delivered by a midwife, was it (one of) the same midwife (wives) who provided your antenatal care?

Yes

No

Not Sure

Not delivered by midwife

18) Overall, how much encouragement did your midwife/doctor give the father of your child to be involved during and immediately after the birth? S/C

A lot of encouragement

A little encouragement

No encouragement

Don't Know

Father of your child not present

19) Thinking about the care you received during and immediately after the birth of your baby, please rate the following aspects using the scale shown.

ROTATE ORDER, S/C FOR EACH

(Very good, fairly good, neither good nor poor, fairly poor, very poor)

Professionalism of staff

Support given by staff

Making you feel at ease

Flexibility to meet your needs

Amount of information given by staff

Quality of information given by staff

20a) Overall, thinking about the care you received during and immediately after the birth of your baby, how satisfied were you with that?

(Very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied, very dissatisfied)

IF DISSATISFIED:

20b) What would have made you more satisfied with the care you received during and immediately after the birth of your baby? Please provide full details.

.....

Q21-26 ASKED IF POSTNATAL SERVICES ACCESSED AT Q1 (CODES 8-10)

The next section of the questionnaire relates to **Postnatal care**: this is the care that you receive from health professionals after the birth of your baby once you have returned home.

21) Thinking about your postnatal care, which of these best describes the midwife or midwives you saw? (WILL ALLOW CODES 1&2 TO BE MULTICODED)

I was seen by the same midwife/team of midwives that administered my antenatal care
I was seen by the same midwife/team of midwives that delivered my baby
I was seen by a different midwife/team of midwives that I had not previously met
Don't Know

22) How well do you feel that the midwife and health visitor worked in partnership / as a team? S/C

Very well
Quite well
Not very well
Not at all well
Don't Know

23) Was postnatal depression discussed with you during your postnatal care?

Yes
No
Can't remember

24a) Did you breast-feed your baby and if so, for how long? S/C

No
Yes for first month
Yes for first 2 months
Yes for first 3 months
Yes for first 4-5 months
Yes for first 6 months
Yes for more than 6 months up to a year
Yes for more than a year

24b) Did you see an infant feeding advisor whilst still in hospital?

Yes
No
Not sure / can't remember

IF YES

24c) And was there any follow-up on this either in the hospital or at home?

Yes
No
Not sure / can't remember

ASK ALL ACCESSING POSTNATAL SERVICES (CODES 8-10 AT Q1)

25) Thinking about your postnatal care, please rate each of the following aspects using the scale shown.

(Very good, fairly good, neither good nor poor, fairly poor, very poor)

ROTATE ORDER, S/C FOR EACH

Professionalism of staff
Support given by staff
Making you feel at ease
Flexibility to meet your needs
Amount of information given by staff
Quality of information given by staff

26a) Thinking about the postnatal care you received from midwives and health visitors at home after the birth and beyond that, how satisfied were you with that?

(Very satisfied, fairly satisfied, neither/nor, fairly dissatisfied, very dissatisfied)

IF DISSATISFIED:

26b) What would have made (make) you more satisfied with your postnatal care?
Please provide full details.

.....
ASK ALL

The final section relates to information provided about all the maternity services available to you.

Q27) Please indicate whether you have accessed information on the following subjects, from any of the following sources. INFORMATION SUBJECTS TO BE SHOWN SEQUENTIALLY & ROTATED, WITH SOURCES SHOWN AS A PRECODED LIST

From which sources did you access information on INSERT E.G. STATEMENT 1)
PLEASE TICK ALL THAT APPLY

I have not accessed any information on this subject
Doctor (verbally)
Midwife (verbally)
Health visitor (verbally)
Website (SPECIFY WHICH)

Pregnancy book (given to you by your doctor/midwife/health visitor)
Birth-Five book
Leaflets provided by doctor/midwife/health visitor
Friends/family
Magazines
NICE Guidance on antenatal care for pregnant women
Other (specify)
Can't remember / not sure

STATEMENTS

- 1) ..the care/services you can expect to receive during and after pregnancy
- 2) ..routine screening tests available
- 3) ..lifestyle changes you may want to consider
- 4) ..maternity benefits and rights
- 5) ..choice of where to give birth
- 6) ..what to expect when giving birth
- 7) ..pain relief during birth
- 8) ..breast feeding (benefits of and how to)
- 9) ..how to look after your child (Eg. Bathing, changing nappies)

28) How would you rate the information you accessed on the following subjects in terms of how well it met your needs? Please try to think only about the information that was provided through NHS services.

LIST TO ONLY CONTAIN ITEMS THAT WERE CHOSEN AT Q27. PRESENT THE SUBJECTS / RATINGS IN A TABLE. ROTATE ORDER IN WHICH SUBJECTS LISTED. ONLY ASK FOR THOSE **NOT** CODED "I HAVE NOT ACCESSED" AT Q27

(Very good, Fairly good, Neither good nor poor, Fairly poor, Very poor, Don't know, plus option of 'not yet provided' for Pregnant women)

Information on the care/services you can expect to receive during and after pregnancy
Information on routine screening tests available
Information on lifestyle changes you may want to consider
Information on maternity benefits and rights
Information on choice of where to give birth
Information on what to expect when giving birth
Information on pain relief during birth
Information on breast feeding (benefits of and how to)
Information on how to look after your child (Eg. Bathing, changing nappies)

29) Thinking now about ALL maternity services that you have accessed through the NHS (so far), how would you rate these using the following scale:

Very good, fairly good, neither good nor poor, fairly poor, very poor

30) Again thinking about ALL maternity services you have accessed through the NHS (so far), aside from what you have mentioned already what could have been done better? What would have really made the experience better for you?

PLEASE TYPE IN FULL DETAILS.

Classification

Region - panel data
Age - Panel data
SEG - Panel data
Marital status - Panel data
Presence of other children - Panel data
Household income - Panel data
Educational achievement - Panel data

C1 Which of the following categories best describes your working status?

Working full-time
Working part-time
Currently not-working – but intend to go back to work full-time
Currently not working – but intend to go back to work part-time
Currently not working and don't foresee any change to this
I would prefer not to answer this question

C2. Which if any of these would you use to describe your ethnic group?
SINGLE CODE

White

British
Irish
Other White background (specify)_____

Mixed

White and Black Caribbean
White and Black African
White and Asian
Other Mixed background (specify)_____

Asian or Asian British

Indian
Pakistani
Bangladeshi
Other Asian background (specify)_____

Black or Black British

Caribbean
African
Other Black background (specify)_____

Chinese or other ethnic group

Chinese
Other ethnic background (please specify)_____

I would prefer not to answer this question

C3 Which religion, if any, do you regard yourself as belonging to?

- None
- Church of England
- Roman Catholic
- Other Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Another religion
- I would prefer not to answer this question

C4. Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a long period of time.

SINGLE CODE

Yes GO TO C5

No GO TO C6

I would prefer not to answer this question GO TO C6

ALL ANSWERING 'YES' (CODE 1) AT C4

C5. And does this illness or disability limit your activities in any way?

SINGLE CODE

Yes

No

I would prefer not to answer this question

ASK ALL

C5 Do you consider yourself to have any learning difficulties?

Yes

No

I would prefer not to answer this question

STANDARD CLOSING STATEMENT

J.128514: Maternity Services Quantitative Research

FINAL questionnaire - Men (26 August 2005)

Email sent with link to questionnaire will contain information about the background to the survey & we will reiterate this at the beginning of the questionnaire.

We are carrying out research about the experience of fathers during pregnancy and around the time of the birth of a child. We want to understand how fathers feel about the NHS maternity services available to families at this time, and the involvement of fathers in these. Different people have different wishes and experiences when their child is born, and some fathers may be more or less involved, but it is important that we hear from a wide range of people. We would very much appreciate your help with this survey. All answers given are completely confidential and will be analysed along with responses from many others. The findings from this survey will help shape NHS maternity services for the future.

Screening questionnaire

R1 First of all, we would like to check whether you have a baby aged up to 12 months. Please select the code which applies to you.

- Have a child/children 0-3 months
- Have a child/children 3-6 months
- Have a child/children 6-9 months
- Have a child/children 9-12 months
- Have a child/children 12 months+
- None of above

WILL ONLY CONTINUE IF HAVE A CHILD 0-12 MONTHS.

R2 Do you live with the mother and baby?

- Yes
- No

IF NO

R3 Were you in contact with the mother and baby around the time of the birth?

- Yes
- No

WILL ONLY CONTINUE IF YES AT R2 OR R3

R4 Have you been living in the UK for at least 2 years?

- Yes
- No

WILL ONLY CONTINUE IF YES.

For this questionnaire, we would like you to think specifically about the maternity services accessed by the mother of your child when she was pregnant with the child you have aged 0-12 months and not services you might have experienced during or after any other pregnancy.

Main questionnaire

Q1) Which of these maternity services did the mother of your baby access through the NHS before, during and after the birth of this child? Please tick all you think she accessed.

- Regular antenatal check-ups with midwife 1
- Regular antenatal check-ups with doctor/consultant 2
- Antenatal classes / parenting classes 3
- Scan at 10-13 weeks 4
- Scan at 18-20 weeks 5
- Visit to hospital/ward in advance of birth 6
- Services accessed when giving birth 7
- Postnatal visits from midwife to you at home 8
- Postnatal visits from health visitor to you at home 9
- Postnatal visits to baby clinic 10
- Other (PLEASE SPECIFY)

Q2) For each of these that she didn't access through the NHS, please tick a box to indicate why not.

	Accessed service privately	Was told service was not available	Did not know service was available	Chose not to use this service	Don't know
Regular antenatal check-ups with midwife					
Regular antenatal check-ups with doctor/consultant					
Antenatal classes /parenting classes					
Scan at 10-13 weeks					
Scan at 18-20 weeks					
Visit to hospital/ward in advance of birth					

Services accessed when giving birth					
Postnatal visits from midwife to you at home					
Postnatal visits from health visitor to you at home					
Postnatal visits to baby clinic					

For the rest of the questionnaire, we would like you to think about and answer in relation to maternity services that the mother of your child accessed **through the NHS**, and NOT private services.

.....

Q3 - 11 TO BE ASKED IF ANTENATAL SERVICES ACCESSED AT Q1 (CODES 1-6)

The next section relates to **Antenatal care**: this is the care a woman receives from health professionals during her pregnancy. Antenatal care includes information on services that are available, and support to help you make choices.

IF CODE 1 OR 2 AT Q1, ASK Q3

Q3 Did you attend any of the **regular antenatal appointments / check-ups** (not including scans) with the mother of the baby?

- Yes – some
- Yes – all
- No
- Not sure / can't remember

IF CODE 4 OR 5 AT Q1, ASK Q4

Q4 Did you attend any **scans** with the mother of the baby?

- Yes
- No
- Not sure / can't remember

IF CODE 6 AT Q1, ASK Q5

Q5 Did you attend the **visit to the hospital/ward** prior to the birth with the mother of the baby?

- Yes
- No
- Not sure / can't remember

IF CODE 3 AT Q1, ASK Q6

Q6) Were you invited to attend any of the **antenatal/parenting classes** with the mother of the baby?

Yes - invited to one only

Yes – invited to some

Yes – invited to all

No – not invited

Don't know

IF YES

Q7) And did you attend?

Yes – all I was invited to

Yes – some of those I was invited to

No

IF ANY OF CODES 1-6 AT Q1, ASK Q8-10

Q8) Overall, how much encouragement did the midwife/midwives give you to be involved the antenatal care?

A lot of encouragement

A little encouragement

No encouragement

Q9) How satisfied were you with the amount of encouragement the midwife/wives gave you?

Very satisfied

Fairly satisfied

Neither satisfied nor dissatisfied

Fairly dissatisfied

Very dissatisfied

IF DISSATISFIED

Q10) What would have made (make) you more satisfied? Please provide full details.

IF ATTENDED ANY APPOINTMENTS, CLASSES, SCANS, ETC (YES AT Q3, Q4, Q5 OR Q7)

Q11) Thinking about your experience of the antenatal care given, please rate the following aspects using the scale shown.

(very good, fairly good, neither/nor, fairly poor, very poor)

ROTATE ORDER, S/C FOR EACH

Professionalism of staff
Support given by staff
Making you feel at ease
Flexibility to meet your needs
Quality of information given
Amount of information given

.....
Q12-17 ASKED IF CODE 7 CODED AT Q1

The next section of the questionnaire relates to **Birth**: this is the care that a woman receives directly related to the delivery of her baby.

Q12) Where did the mother give birth to the baby?

At home
In a general hospital
In a midwifery led birth unit
Other (specify)

Q13) Were you present at the birth or while the mother and baby were being cared for afterwards?

Yes
No

IF YES AT Q13, ASK Q14- Q17

Q14) Overall, how much encouragement did (does) the midwife//wives give you to be involved **during and immediately after the birth** of your child?

A lot of encouragement
A little encouragement
No encouragement

Q15) How satisfied were you overall with the amount of encouragement the midwife/wives gave you?

Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied

IF DISSATISFIED

Q16) What would have made you more satisfied? Please provide full details.

Q17) Thinking about the experience you had during and immediately after the birth of your child, please rate the following aspects using the scale shown.

ROTATE ORDER, S/C FOR EACH

(Very good, fairly good, neither good nor poor, fairly poor, very poor, DK)

Professionalism of staff

Support given by staff

Making you feel at ease

Flexibility to meet your needs

Amount of information given by staff

Quality of information given

.....

Q18 - 22 ASKED IF CODES 8-9 CODED AT Q1,

The next section of the questionnaire relates to **Postnatal care**: this is the care that a woman receives from health professionals after the birth of her baby once she has returned home.

Q18) Were you present when the midwife/midwives and/or health visitor visited the mother and baby at home after the birth?

Yes – all visits

Yes – some visits

No

Not sure

IF YES AT Q18, ASK Q19-22

Q19) Overall, how much encouragement did (does) your midwife and health visitor give you to be involved during the postnatal care period?

A lot of encouragement

A little encouragement

No encouragement

Q20) How satisfied were you with the amount of encouragement the midwife/wives gave you?

Very satisfied

Fairly satisfied

Neither satisfied nor dissatisfied

Fairly dissatisfied

Very dissatisfied

IF DISSATISFIED

Q21) What would have made you more satisfied? Please provide full details.

Q22) Thinking about the postnatal care period, please rate the following aspects using the scale shown.

ROTATE ORDER, S/C FOR EACH

(Very good, fairly good, neither good nor poor, fairly poor, very poor)

Professionalism of staff

Support given by staff

Making you feel at ease

Flexibility to meet your needs

Amount of information given by staff

Quality of information given

.....

ASK ALL

The final section relates to information provided to you about all maternity services.

Q23a) What sources of information did you personally use to find out about what to expect during the pregnancy and birth of the child? Please tick all that you used

Doctor (verbally)

Midwife (verbally)

Health visitor (verbally)

Website (SPECIFY WHICH)

The Pregnancy Book (given to you by your doctor/midwife/health visitor)

Other book (SPECIFY WHICH)

Leaflets provided by doctor/midwife/health visitor

Leaflets from other sources

Friend/relative

From magazines

NICE Guidance on antenatal care for pregnant women

NCT classes

Other (SPECIFY)

None

Don't know / can't remember

IF NONE AT Q23a) SKIP TO Q24

Q23b) And which did you find most useful? LIST ALL ITEMS CODED AT Q23A). S/C

X

Y

Z

None

Don't know / can't remember

Q24) How well equipped did you feel to support your partner during pregnancy and birth?

Very well equipped

Fairly well equipped

Not very well equipped

Not at all well equipped

Q25) What could the NHS have done to help you feel better equipped?

Q26) How well equipped did you personally feel to become a parent?

Very well equipped

Fairly well equipped

Not very well equipped

Not at all well equipped

Was already a parent

IF 'WAS ALREADY A PARENT CODED AT Q26, SKIP TO CLASSIFICATION.

Q27) What could the NHS have done to help you feel better equipped?

Classification

Working status - panel data

Region - panel data

Age - panel data

SEG - Panel data

Marital status - Panel data

Presence of other children - Panel data

Household income - Panel data

Educational achievement - Panel data

C1. Which if any of these would you use to describe your ethnic group?

SINGLE CODE

White

British

Irish

Other White background (specify) _____

Mixed

White and Black Caribbean

White and Black African

White and Asian

Other Mixed background (specify) _____

Asian or Asian British

Indian

Pakistani

Bangladeshi

Other Asian background (specify) _____

Black or Black British

Caribbean

African

Other Black background (specify) _____

Chinese or other ethnic group

Chinese

Other ethnic background (please specify) _____

I would prefer not to answer this question

C2 Which religion, if any, do you regard yourself as belonging to?

None

Church of England

Roman Catholic

Other Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Another religion

I would prefer not to answer this question