NHS patient survey programme

2015 survey of women's experiences of maternity care

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Contents

Summary of findings **3**

Introduction **5**

Background to the maternity survey **7**

Policy context 9

Results from the survey **13**

1. Access to care 13
2. Choice 21
3. Continuity of care 25
4. Communication 30
5. Hospital experience 39
6. Well-being and involvement 47

Survey methodology **56**

Analysis methodology 56

Appendix A: Other sources of information related to the key findings **59**

Appendix B: Comparisons with other data **61**

Appendix C: Main uses of the survey data **64**

Appendix D: Quality and Methodology **66**

Appendix E: Further information and feedback **67**

Summary of findings

Looking across the survey responses, women's experiences of antenatal and postnatal care have improved. All previous surveys had consistently shown postnatal care to be poorer than antenatal care and care received during labour, and birth.

Improvements over time

Antenatal care: More women are seeing a midwife as their first point of contact (37%), which is consistent with a longer-term trend – in the first survey, carried out in 2007, only 19% of all women saw a midwife at the initial contact. More women are seeing the same midwife for their antenatal appointments (36%, compared with 34% in 2013), and more women in 2015 were offered a choice of a midwife-led unit or birth centre (41%, 35% in 2013).

Declines over time

Labour and birth: Slightly more women were left alone at a time that worried them during early labour (14% compared with 13% in 2013). More women who had a normal vaginal delivery gave birth in stirrups (22%, which is an increase from 19% in 2013 and 17% in 2010). This is contrary to best practice guidance, which recommends that women are able to move about throughout labour unless they need assistance.

Continued positive findings

Labour and birth: Three quarters (75%) of women felt they were always involved in decisions about their care during labour and birth, showing a steady increase since 2007, and most women (95%) reported that their partners or companions were able to be involved as much as they wanted. Confidence and trust in midwives during labour and birth has increased (80%, up from 78%).

Emotional wellbeing: Most women were asked about their emotional wellbeing during pregnancy at least to some extent (87%) and during postnatal care (97%, an increase from 96% in 2013).

Areas for improvement

Labour and birth: Some women are being left alone during labour or birth at times that worry them. This has slightly decreased during the later stages of labour (9%), although as mentioned above, more women were left during the early stages of labour (14%, compared with 13% in 2013). Two per cent of women reported being left during the birth itself. Of those who raised concerns during labour and birth, not all women (18%) felt that their concerns were taken seriously (no significant change from 2013).

Differences across antenatal and postnatal care

Referring to antenatal appointments, 15% of women said that midwives were not aware of their medical history, compared with 22% at the postnatal stage. When asked if they got help from a midwife when contacted, 74% of women said they got this at the antenatal stage, compared with 77% when at home after the birth of their baby. However, the results for antenatal care were more positive when women were asked if the midwife always listened carefully to them (80%, compared with 77% at the postnatal stage).

Having the same midwife for care

The survey asked women whether they saw the same midwife for each antenatal check-up, and asked again if they saw the same midwife for each postnatal appointment. We carried out further analysis on the different experiences reported by women who had seen the same midwife for antenatal care compared with the experiences of those who had not. Women who saw the same midwife every time reported more positive experiences across a number of questions than those who didn't, and there is a clear pattern across both the antenatal and postnatal questions. The most positive responses for some elements of care were from women who had seen the same midwife, and by those who had seen different midwives but did not mind. In contrast, more negative responses came from women who wanted to see the same midwife but hadn't, and from those who had seen the same midwife but would have preferred not to.

The issue of having the same midwife was shown in relation to:

- whether women were given help if they contacted a midwife (antenatal and postnatal)
- whether women felt they were always listened to (at both stages), and
- whether women had confidence and trust in their postnatal midwife.

There was a similar pattern, though not as marked, for the questions on whether midwives were aware of women's medical history (at both stages) and whether women received consistent advice about feeding their baby.

These findings suggest that women's preferences in seeing the same midwife are likely to be influenced by the quality of care they receive, along with access to and continuity of care.

Introduction

Maternity services

Every year in England there are almost 700,000 live births. In 2012/13, the associated maternity care cost the NHS around £2.6 billion.[1] Having a baby is the most common reason for a hospital admission,[2] but maternity is a unique area of the NHS because the services support predominantly healthy women through a natural life event that does not always require doctor-led intervention.[3]

While most of these births are successful, in 2014/15 the NHS Litigation Authority reported that maternity claims represented the highest value of clinical negligence claims and the fourth highest by volume.[4] Obstetrics claims equated to approximately 41% of the £1.1bn paid by the NHS Litigation Authority last year.

In March 2015, the report of the Morecambe Bay Investigation reported on the serious incidents, including the deaths of mothers and babies, which occurred at University Hospitals of Morecambe Bay NHS Foundation Trust. The report sets out 43 recommendations for the trust and the wider system to ensure that the lessons from these incidents are learned.

Following the publication of that report, in March 2015, NHS England announced[5] a major review of national maternity services as part of the NHS Five Year Forward View.[6] The review will assess current maternity care provision and consider how services should be developed to meet the changing needs of women and babies.

This survey

This report presents the findings from the 2015 maternity survey, which asked women in England who had a live birth in February 2015 about their experiences of NHS maternity services. As the regulator of providers of NHS care in England, the Care Quality Commission (CQC) will publish a separate response to the survey.

The questionnaire for the maternity survey was extensively reviewed in 2013, and only minor changes were then made for the 2015 survey. The survey covers the start of pregnancy, antenatal care, labour and birth, and postnatal care received in the weeks after having a baby. The questions related to women's access to care, communication with staff, involvement in decision-making and continuity of care, among other key themes. Particular attention is given to midwife intervention, choice,

1. https://www.nao.org.uk/wp.../10259-001-**Maternity-Services**-Book-1.pdf.
2. National Audit Office, *Maternity services in England* (2013) www.nao.org.uk/2013-maternityservices.
3. https://www.nao.org.uk/report/maternity-services-england-2
4. http://www.nhsla.com/AboutUs/Pages/AnnualReport.aspx
5. https://www.england.nhs.uk/ourwork/futurenhs/mat-review/
6. https://www.england.nhs.uk/ourwork/futurenhs/

type of birth and emotional wellbeing. These factors were identified as being important to the women taking part in the survey, but are also embedded in recent policy concerning maternity care (see Policy context).

The last survey of women's experiences of maternity care in England was carried out in 2013, and showed that the care provided did not always match women's needs.

The maternity survey is carried out by NHS acute trusts on a three-year rolling basis, as a second survey alongside the survey of people's experiences of inpatient services. The accident and emergency (A&E) and outpatients surveys are run in the interim, although in 2015 the expected outpatient survey was replaced with the 2015 maternity survey (bringing the maternity survey forward by one year). This was because of the high level of interest in re-running the maternity survey, which has provided additional time for thorough consultation and development of the outpatient survey.

This report presents the key findings from the 2015 maternity survey and highlights statistically significant differences[7] between the survey results from 2013 and 2015, identifying longer term trends where appropriate.[8]

7 Statistically significant differences are those where any change in the results is very unlikely to have occurred by chance.

8 Because of ongoing development of the survey since 2007, not all questions are comparable across years.

Background to the maternity survey

The maternity survey is part of a wider programme of NHS patient surveys, which covers a range of topics including acute inpatient, children's inpatient and day-case services, A&E (emergency department) and community mental health. To find out more about the survey programme and to see the results from previous surveys, please see the web links in the further information section (Appendix E).

The survey was first carried out in 2007, then in 2010 and 2013. To reflect changes in policy and best practice, and to reflect feedback from stakeholders, the survey questionnaire has been adjusted over time. We aim to keep the surveys as comparable as possible, but as some new questions have been added and some existing questions have been modified for 2015, this means not all questions are comparable across years.

Who participated in the survey?

The 2015 maternity survey involved 133 NHS trusts in England, who sent questionnaires to a total of 50,945 women. Responses were received from 20,631 women, a response rate of 41.2%.[9] Women in the sample who had a live birth between 1 and 28 February 2015 were invited to take part, with the following exceptions:

- Women aged under 16 at the date of the delivery of their baby.
- Women whose baby had died during or since delivery.
- Any women who had a stillbirth, including where it occurred during a multiple delivery.
- Women who were in hospital, or whose baby was in hospital, at the time the sample was drawn from the trusts' records.
- Women who had a concealed pregnancy (where it was possible to identify from trust records).
- Women whose baby was taken into care (i.e. foster care or adopted), where this was known by the trust.
- Women who gave birth in a private maternity unit or wing.
- Women without a UK postal address.

9. Please note: we report the 'adjusted' response rate. The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable or if someone had died, from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

All trusts that were asked to conduct the survey were able to do so. No trusts were excluded because of issues with their sample or concerns about the quality of data.

The survey collected basic demographic information for all women who took part, which is available in the 'About the respondents' section in the Quality and Methodology report (see link in Appendix D). The tables in that report show that basic demographics for respondents (age and ethnicity) remain similar to the 2013 survey, although there have been small but statistically significant changes in the age of respondents.

Overall, respondents are older than those who responded to the 2013 survey. The number of women in the '30-34 years' age bracket has increased from 35% to 36%; '35 years and over' has increased from 31% to 32%; and the '19-24 years' age bracket has decreased from 10% to 8%. Less than 1% of respondents were aged 16 to 18 in the 2015 survey. When comparing this with the most recent data available on births in England,[10] more women responded to the survey from the older age groups, with fewer younger mothers represented in the survey data.

Table 1: Age of survey respondents in 2015 compared with actual birth figures for 2014

	Survey respondents, 2015	Age of women giving births in England, 2014
24 or younger*	9%	20%
25-29	23%	28%
30-34	36%	31%
35 and over	32%	21%
Total	20,631	695,233

* Please note: the survey includes women aged 16 or over. The data for England includes all women younger than 24 years, including those aged under 16.

The age profile of respondents to the survey has shown a similar trend to the data from births in England, whereby women are giving birth later in life. A similar pattern is shown in the percentage of women responding to the survey within each age group, but the changes are more marked.

10 Office for National Statistics Birth Summary Tables, 2014 release (July 2015)
http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-370345

Table 2: Age of women giving birth, 2007 compared with most recent figures

	National figures (actual births)		Survey respondents	
	2007	2014	2007	2015
Women aged 24 and under	25%	20%	17%	9%
Women aged 30 or over	48%	52%	60%	68%

There were no significant changes in the ethnic profile of respondents compared with those in the 2013 survey. There has also been no change in the percentages of first time mothers and women who have previously had a baby.

Key terms used in this report:

Primiparous women = first time mothers

Multiparous women = women who have previously given birth one or more times

A separate Quality and methodology report contains relevant background information to aid the understanding of the survey data, including response rates, sampling errors and data limitations (see links in Appendix D).

Policy context

Challenges

Maternity services must adapt to changing social, economic and political environments and, over the past 10 years, there has been a substantial redevelopment of maternity care guidance. An independent inquiry[11] into the safety of maternity services in England in 2005 emphasised some of the changes that were taking place:

- The number of births each year had risen since 2002 and were projected to increase.
- There were more older mothers with higher rates of complication.
- The rate of multiple births was higher.

11 King's Fund, *Independent Inquiry into the Safety of Maternity Services in England* (2005).

- There were more obese women, who are more likely to experience complications in pregnancy.
- More women were surviving serious childhood illness and going on to have children, but needed extra care in pregnancy and childbirth.
- Rates of intervention in labour were rising, in particular the rates of caesarean section.
- There was increasing social and ethnic diversity, sometimes leading to communication difficulties and other social and clinical challenges in maternity care.

Choosing a pathway

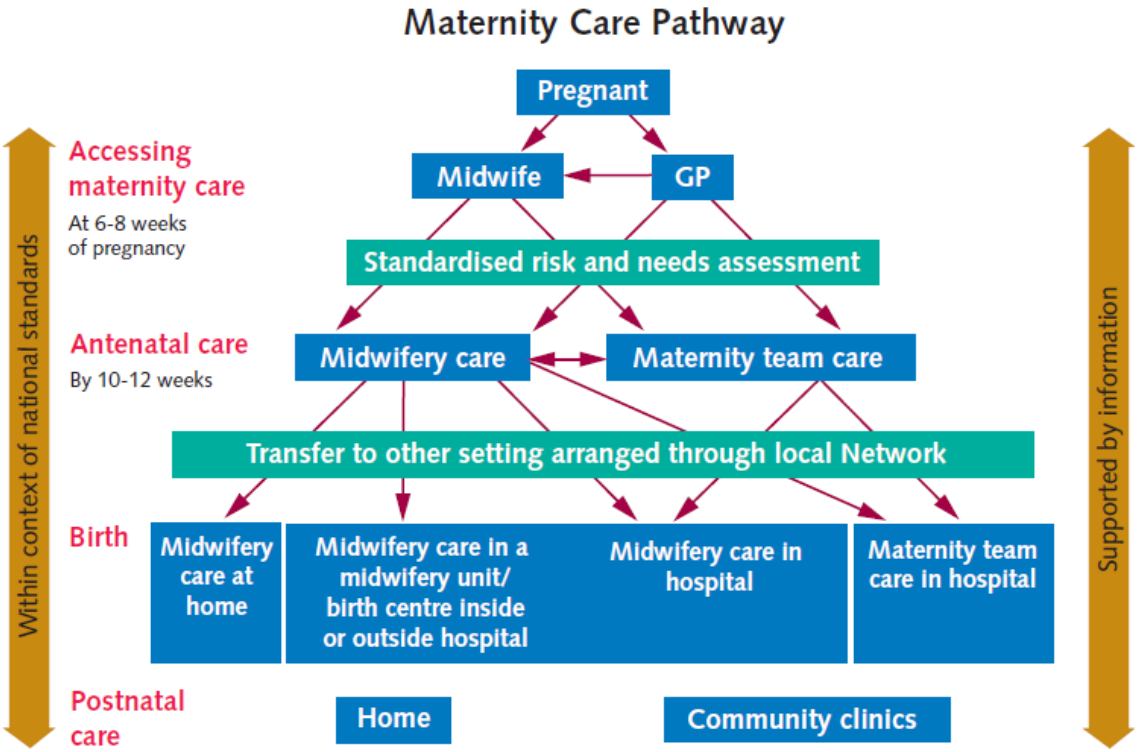
To address these challenges, the Department of Health announced in 2007 its national framework for maternity services in its strategy document *Maternity Matters: choice, access and continuity of care*. In a wider context, *Maternity Matters* is part of *The National Service Framework (NSF) for Children, Young People and Maternity Services*. This acknowledges the importance of addressing the needs of women and their partners before the woman becomes pregnant, throughout pregnancy and childbirth, and as they embark on parenthood and family life. The overarching maternity standard for the NSF is that:

> "*Women have easy access to supportive, high quality maternity services, designed around their individual needs and those of their babies.*"

To accommodate individual needs, *Maternity Matters* meant that **all** women who have a low-risk pregnancy should be able to **choose** where to give birth, in terms of the setting (that is either an obstetric unit, midwifery-led unit or home birth) and the provider of the care. Women also have a choice in the type of antenatal care they receive, and a choice in the place where they receive postnatal care.

To help women make informed decisions, the Department of Health noted that comprehensive information in a variety of formats must be accessible and available to help support partnership working between the woman and her partner with their midwife and, where appropriate, their obstetrician. For all antenatal care, women and their partners should have the choice between midwifery care or maternity team-based care, and be able to choose convenient antenatal appointments. Women and their partners should also have the choice between self-referral to the local midwifery service or accessing this service through their GP. During labour, women should have a choice of pain relief methods appropriate to the type and care chosen. After giving birth, women should receive co-ordinated postnatal care, delivered according to relevant guidelines and an agreed pathway of care. This should encompass both medical and social needs of women and their babies, including those requiring perinatal mental health services or neonatal intensive care.

Figure 1: Choice in Maternity Care Pathways



Source: *Maternity Matters*, Department of Health (2007) page 13

Continuity of care

There is a strong focus on the role of **midwives** and **continuity of care** in current maternity policy. *Maternity Matters* states, "All women and their partners, however complex the pregnancy, will want to know and trust the midwife who is responsible for providing information, support and on-going care".

Defining the midwife

"The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period. They assist births on the midwife's own responsibility and provide care for the new born and the infant.

This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance, and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community."

International Federation of Gynaecology and Obstetrics (FIGO), *Definition of the Midwife*, The Netherlands: International Confederation of Midwives (2005).

Midwives should be visible, readily identifiable and easily accessible in community settings where women can choose to access them as the first point of contact. These points were further highlighted in the *Midwifery 2020* strategy,[12] which emphasised how midwives should have a greater public health role and be the lead professional for all healthy women with straightforward pregnancies. A midwife may practise in any setting including the home, community, hospitals, clinics, or health units.

Named midwife policy

The NHS mandate[13] specifically states that "every woman has a named midwife who is responsible for ensuring she has personalised, one-to-one care throughout pregnancy, childbirth and during the postnatal period, including additional support for those who have a maternal health concern". This is supported by antenatal and postnatal quality care standards from the National Institute for Health and Care Excellence (NICE), which state that women should have a named midwife.[14]

The maternity survey does not directly ask whether women had a *named* midwife, as they may not always be fully aware of the role that a named midwife takes in co-ordinating their care. However, a number of questions in the survey can give an indication as to whether women are receiving effective continuity of care throughout, and these questions are highlighted in this report.

12. https://www.gov.uk/government/publications/midwifery-2020-delivering-expectations.

13. Department of Health, The Mandate: A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015. In: Department of Health: Crown Copyright (2012).

14 National Institute for Health and Care Excellence, Quality standard for antenatal care,QS22. London, 2012.

Results from the survey

This section shows the results for England across all questions in the 2015 survey. It is structured around the following themes from the questionnaire:

1. **Access to care**
2. **Choice**
3. **Continuity of care**
4. **Communication**
5. **Hospital experience**
6. **Well-being and involvement**

Responses to questions such as "don't know / can't remember" are not shown. The wording for these responses is designed for when a respondent cannot remember, or does not have an opinion.

Please note that comparisons to previous survey results are only presented in the key findings text when a change was statistically significant.

1. Access to care

Antenatal

Maternity Matters states that women and their partners should have the choice of self-referring to the local midwifery service or accessing this service through their GP. In 2015, the results show that overall, a higher percentage of women are seeing a midwife as the first point of contact when they first realised that they were pregnant than in 2013, and the percentage of women seeing a GP in the first instance is steadily decreasing over time.

B1. Who was the first health professional you saw when you thought you were pregnant? (Antenatal)

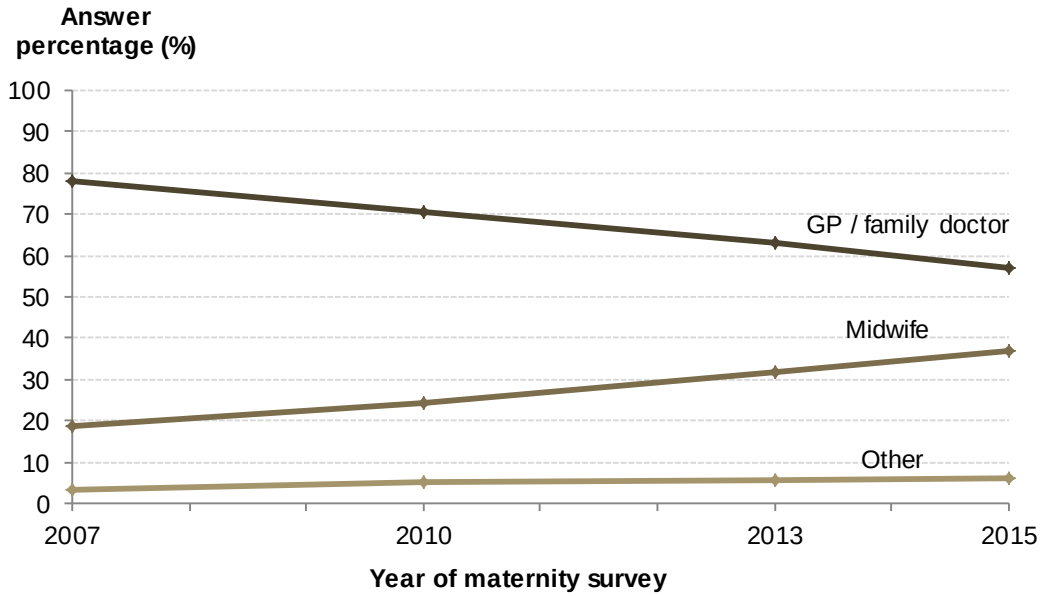
	%	Significant change
GP / family doctor	57 63	↓
Midwife	37 32	↑
Other	6 5	↑

2015
2013

Answered by all

Number of respondents: 2013 (22,982), 2015 (20,531)

B1. Who was the first health professional you saw when you thought you were pregnant? (Antenatal)



Answered by all

Number of respondents: 2007 (25,661), 2010 (25,057), 2013 (22,967), 2015 (20,267)

Furthermore, the results show that a much higher percentage of multiparous women than primiparous women are choosing to see a midwife as a first contact. This would be expected, given that multiparous women have a greater knowledge of maternity care, from their prior experience.

B1. Who was the first health professional you saw when you thought you were pregnant? (Antenatal)

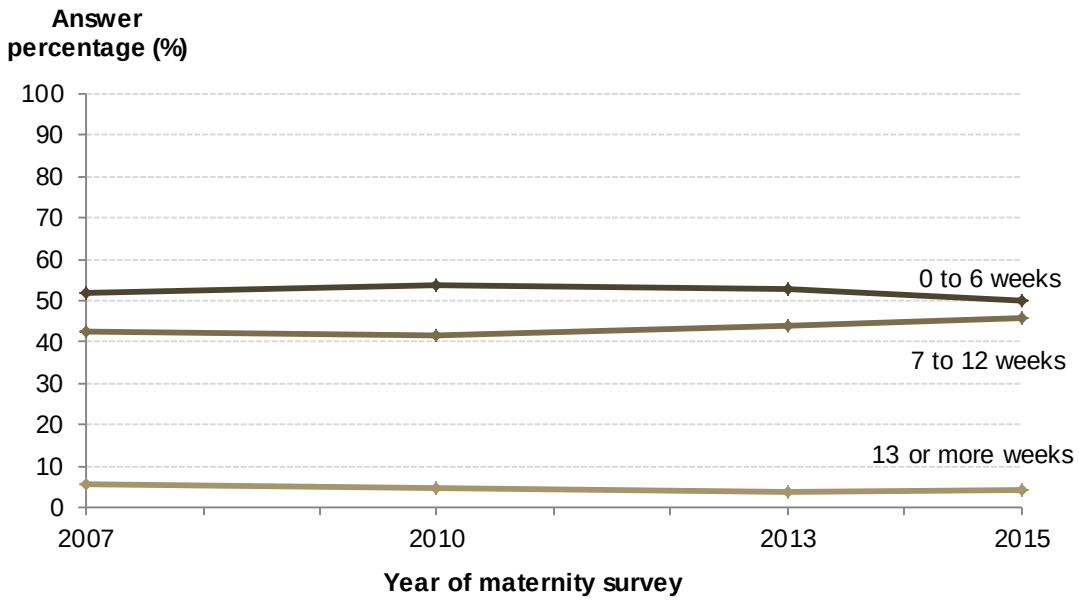
	%	Significant difference
GP / family doctor	62 52	✓
Midwife	29 44	✓
Other	8 4	Primiparous Multiparous ✓

Answered by all

Number of respondents: Primiparous (9,846), Multiparous (10,481)

The 2015 results show a slight shift in ***when*** women first see a health professional, compared with the 2013 results, with more women going at a later stage in their pregnancy. Just over half of women went for an appointment when 0 to 6 weeks pregnant (53% in 2013) and 46% went when 7 to 12 weeks (44% in 2013). This pattern is also seen if we map the same question over several survey years:

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



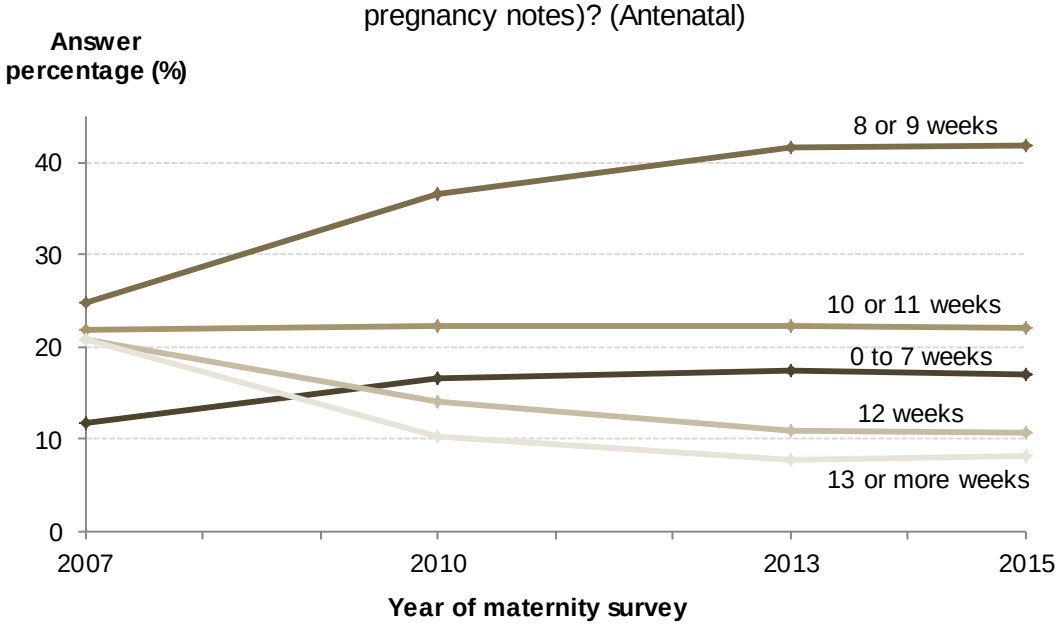
Answered by all

Number of respondents: 2007 (25,477), 2010 (24,656), 2013 (22,688), 2015 (19,975)

Note: those who responded that they could not remember or did not know have been excluded

Over half of the women (59%) surveyed in 2015 had their booking appointment before 10 weeks, which remains largely unchanged since 2013.

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



Answered by all

Number of respondents: 2007 (24,477), 2010 (22,922), 2013 (21,599), 2015 (18,993)

Note: those who responded that they could not remember or did not know have been excluded

This survey question corresponds to the current NICE guidelines, which state that the booking appointment should ideally happen within 10 weeks following first contact[15] and that pregnant women should be supported to access antenatal care ideally by 10 weeks 0 days.[16] Healthcare professionals should also support women to access antenatal care, which includes following up women who have missed a scheduled antenatal appointment.

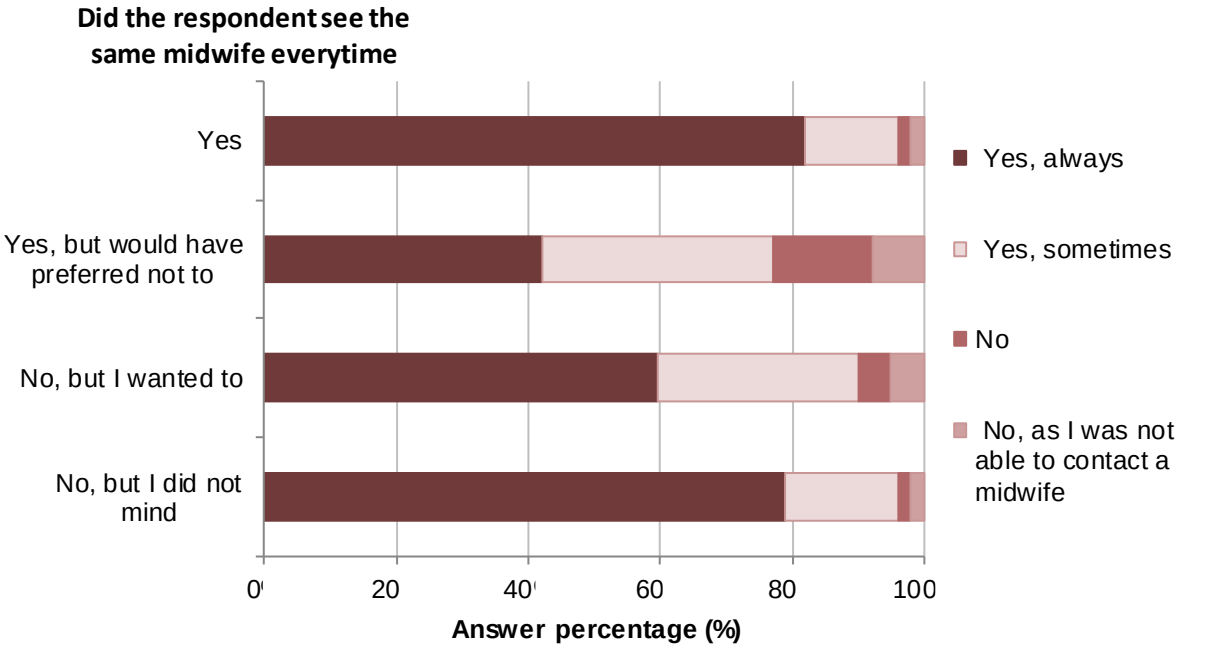
NICE guidelines also specify that women should be given information on how to contact their midwifery care team and what to do in an emergency.[17] Women should consider an early assessment of labour by telephone triage provided by a dedicated triage midwife for all women. During pregnancy, 98% of women said they had a telephone number for a midwife or midwifery team that they could contact.

Overall, 74% of women stated that if they contacted a midwife they were always given the help they needed. A further 20% said that they received the help sometimes – leaving 6% who either didn't get the help they needed (3%) or were not able to contact a midwife (3%, down from 4% in 2013).

15. NICE guideline CG62 https://www.nice.org.uk/guidance/cg62
16. NICE guideline QS22 https://www.nice.org.uk/guidance/qs22
17. NICE guideline CG190 https://www.nice.org.uk/guidance/cg190

The following chart (B15) shows that of the women who saw the same midwife every time during their antenatal care, 82% said they were always given help if they contacted them. A similar finding is shown for those who didn't see the same midwife but who didn't mind, with 79% saying they were always given help when they made contact. This compares with 59% of those who did not see the same midwife but who wanted to. Although we cannot infer what the reasons were for these responses, the findings suggest that just being able to contact a midwife when needed may explain why women said that they 'did not mind' not seeing the same midwife every time. Those women appear to have received sufficient access to a midwife despite not having a consistent midwife throughout, which raises the question of whether appropriate access and help is as important as seeing the same midwife each time. This is further supported by the finding that when looking at the group of women who saw the same midwife but would have preferred not to, a greater percentage were not able to always get help when they needed it and only 42% were always able to.

B15. During your pregnancy, if you contacted a midwife, were you given the help you needed? (Antenatal)



Answered by all

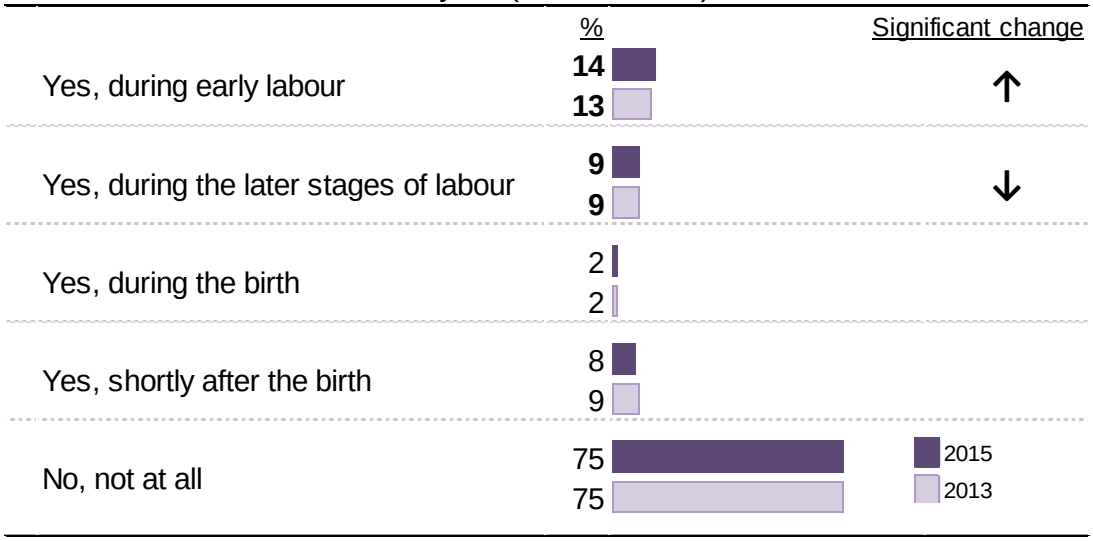
Note: those who responded that they did not contact a midwife have been excluded

Number of respondents: Yes (5,878), Yes, but would have preferred not to (156), No, but I wanted to (4,454), No, but I did not mind (5,455)

Labour and birth

During labour and birth, 64% of women said they were always able to get a member of staff to help them within a reasonable timeframe if they needed attention. When asked if they, or their partner/companion, were left alone during labour and birth, 75% of women said they were never left alone at any time when they were worried. There was a slight increase from 13% to 14% between 2013 and 2015 in women saying that they were left alone at a time when they were worried during early labour, and a very slight (but statistically significant) decrease in the percentage of women who were left during the later stages of labour (9%).

C13. Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you? (Labour & birth)

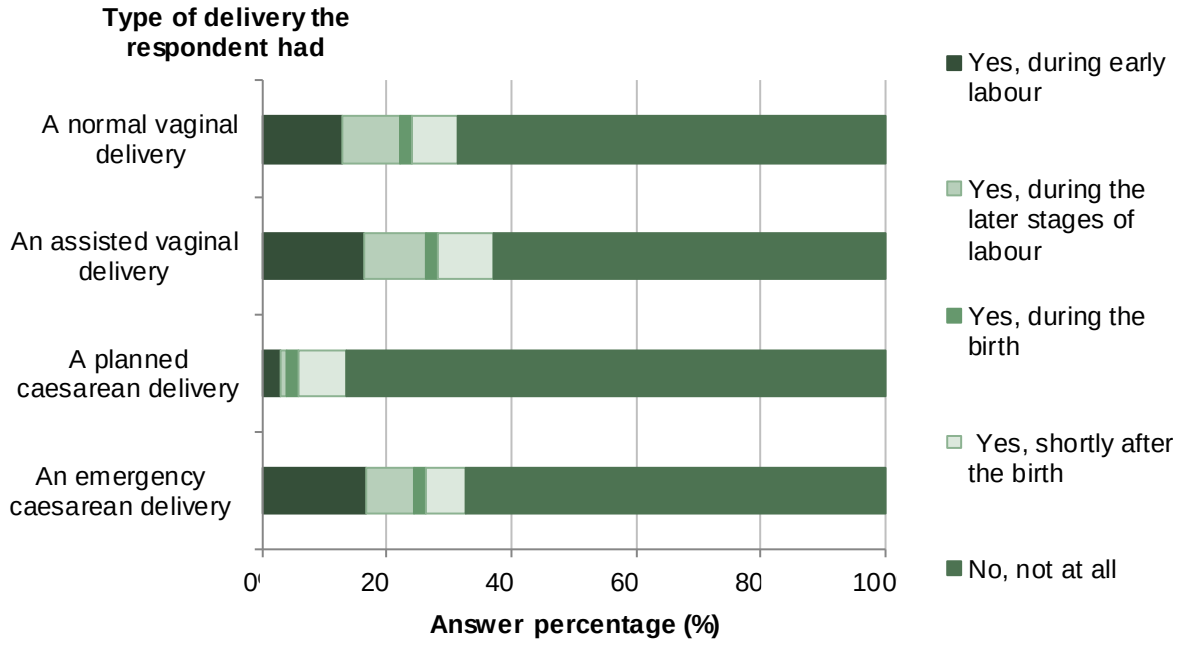


Answered by all

Number of respondents: 2013 (22,764), 2015 (20,398)

There were also slight differences in responses depending on the type of delivery:

C13. Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you? (Labour & birth)



Answered by all

Note: those who responded that they did not contact a midwife have been excluded

Number of respondents: A normal vaginal delivery (11,988), An assisted vaginal delivery (2,995), A planned caesarean delivery (2,284), An emergency caesarean delivery (2,930)

It is not surprising that fewer women were left alone during a planned caesarean delivery because of the nature of the procedure. However, NICE guidelines instruct health professionals to show all women how to summon help and to reassure them that they may do so whenever and as often as they need to. Staff are also advised when leaving the room to let the woman know when they will return.[18]

Postnatal

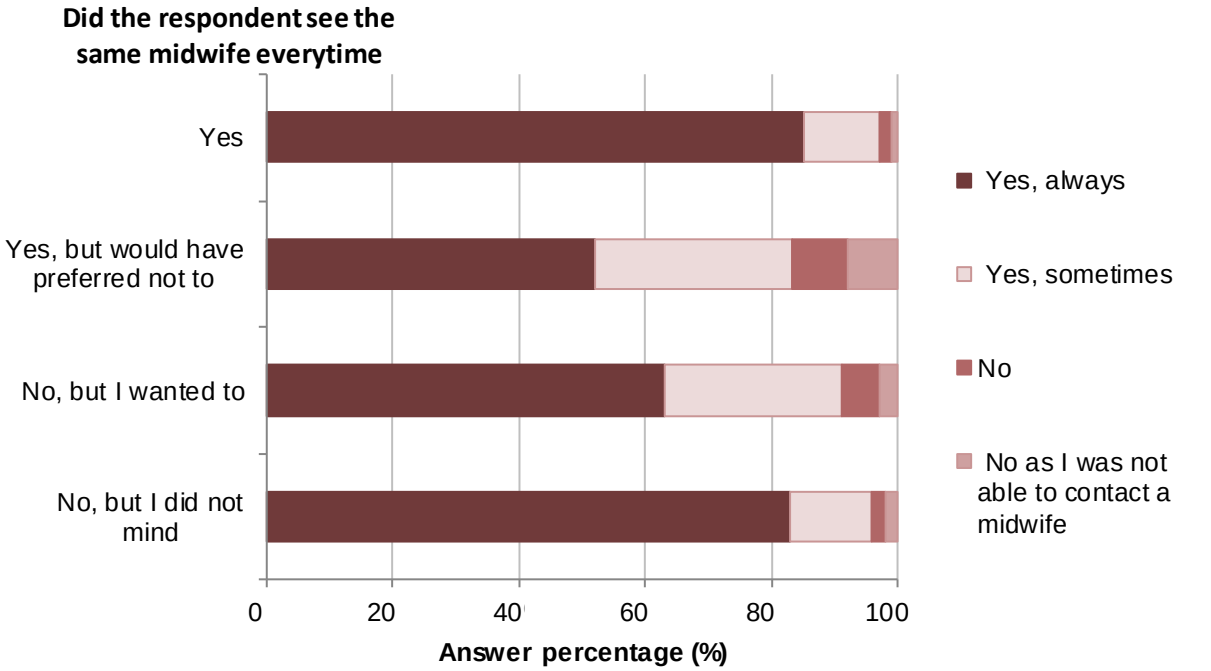
After giving birth in the hospital, 54% of women said they were always able to get a member of staff to help them in a reasonable timeframe, which is lower than the results for the same question during labour and birth (64%). Once returning home following the birth of their baby, 97% of women reported that they had a phone number for a midwife, which is very similar to the antenatal findings (98%). Overall, 77% were always given the help they needed if they contacted their midwife, which is a higher percentage than for antenatal care (74%). A further 17% were sometimes

18 NICE CG190.

given the help they needed – leaving 3% who did not receive the help they needed and 2% who were not able to contact a midwife.

Of the women who saw the same midwife every time, 85% said they were always given help if they contacted their midwife, and 63% of those who did not have the same midwife but wanted to said they were always given help. Of those who did not have a midwife but who didn't mind, 83% said they were always given help when making contact. Again, this finding suggests that women didn't mind seeing different midwives if they were able to access help and support when they needed it.

F2. If you contacted a midwife were you given the help you needed? (Postnatal)



Answered by all

Note: those who responded that they did not contact a midwife have been excluded

Number of respondents: Yes (3,655), Yes, but would have preferred not to (64), No, but I wanted to (3,387), No, but I did not mind (5,425)

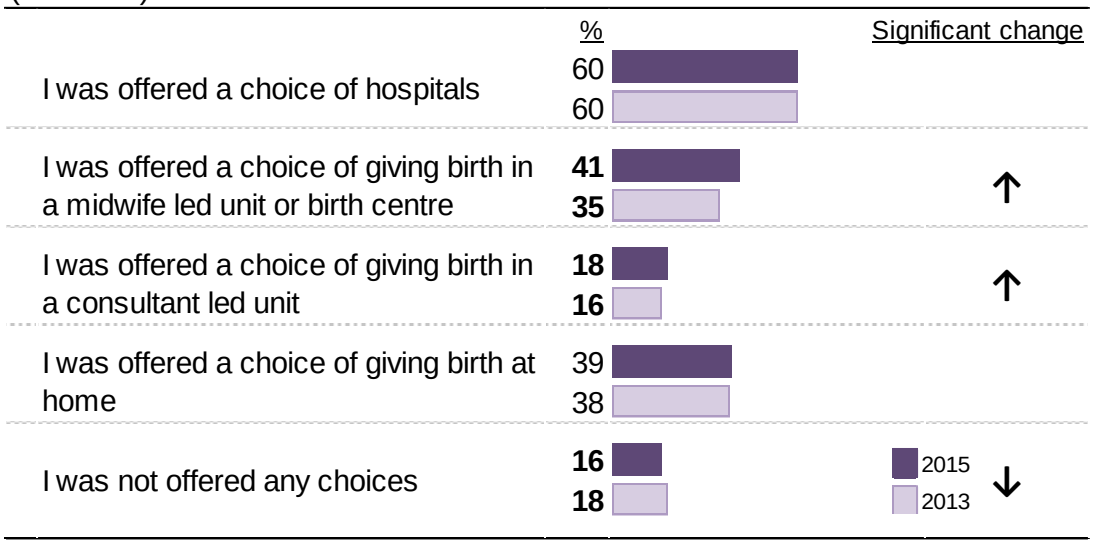
Ninety-two per cent of women said that their midwife told them about arranging a postnatal check-up on their own with a GP, which is a one percentage point increase since 2013. Also, 54% of women said that they were always given support and advice about feeding their baby if they needed it during evenings and weekends. Twenty-two per cent said they were 'sometimes' given support and advice and almost a quarter (24%) said they were not given advice and support at all.

2. Choice

Choice is central to the *Maternity Matters* strategy and features in nearly all NICE guidelines concerning the place and method of giving birth. According to these guidelines, women should receive information about the place of birth for their baby during their booking appointment.[19] Moreover, a report by the Public Accounts Committee, *Maternity services in England,* stated that women want more choice about where to give birth.[20] That report quotes data from the National Federation of Women's Institutes, noting that only 25% of women wanted to give birth in a hospital obstetric unit with care led by consultants.

The results of the 2015 maternity survey show that for place of birth, although the same percentage of women were offered a choice of hospitals as in 2013 (60%), more women in 2015 were offered a choice of a midwife-led unit or birth centre (41% in 2015 compared with 35% in 2013,). More women were also offered a choice in consultant-led units (18% in 2015 compared with 16% in 2013).

B4. Were you offered any of the following choices about where to have your baby? (Antenatal)



Answered by all

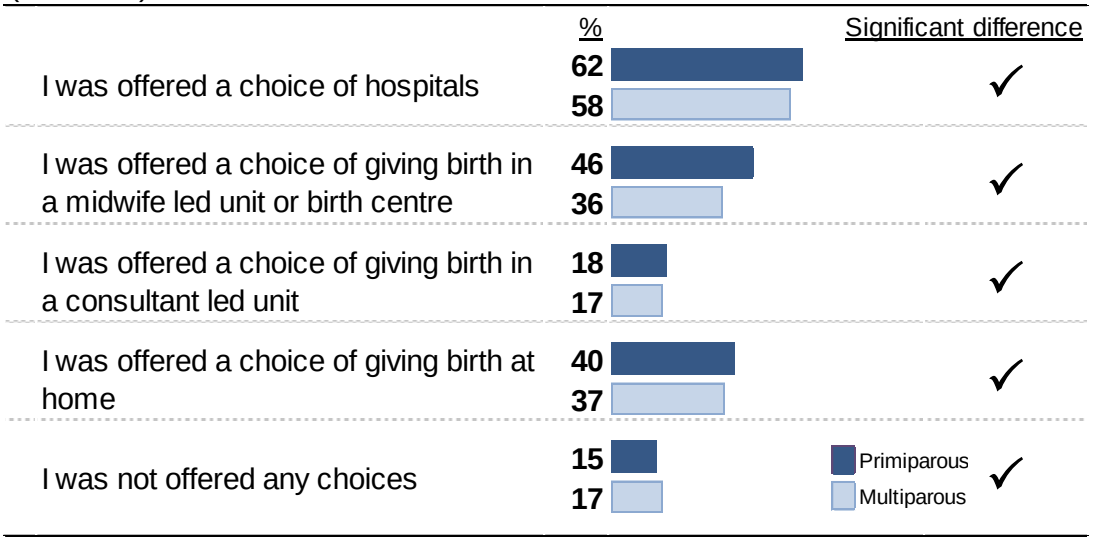
Number of respondents: 2013 (19,961), 2015 (17,770)

Note: those who responded that they did not have a choice due to medical reasons, they could not remember or did not know have been excluded

19. NICE CG62.
20. House of Commons Committee of Public Accounts, *Maternity Services in England, fortieth report of session 2013/4* (31 January 2014).

The NICE Intrapartum Care policy also instructs that low-risk multiparous women should be advised that planning to give birth at home or in a midwifery-led unit in a hospital (freestanding or alongside) is particularly suitable for them, because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit. The survey results show that a higher percentage of primiparous women are being offered a choice of where to give birth than multiparous women; 37% of multiparous women said they were offered the choice of a home birth, whereas 40% of primiparous women also said this was given as an option.

B4. Were you offered any of the following choices about where to have your baby? (Antenatal)



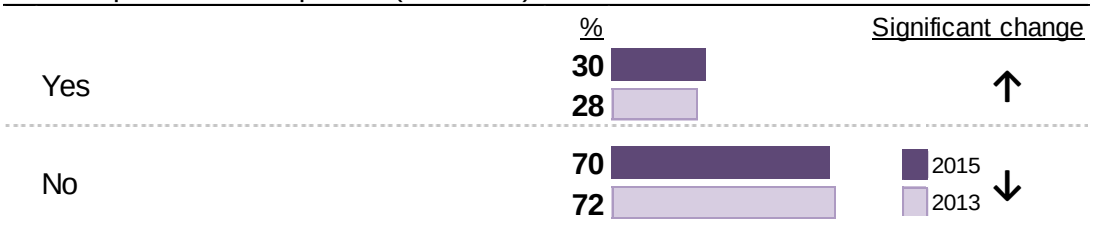
Answered by all

Number of respondents: Primiparous (8,966), Multiparous (8,622)

Note: those who responded that they did not have a choice due to medical reasons, they could not remember or did not know have been excluded

A higher percentage of women in 2015 felt that they received enough information from their midwives and doctors to help them decide where to have their baby (58% in 2015, 55% in 2013). Overall, 70% of women said they were not given a choice of where their antenatal appointments would take place, compared with 72% in 2013.

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



Answered by all

Number of respondents: 2013 (21,725), 2015 (19,381)

Note: those who responded that they could not remember or did not know have been excluded

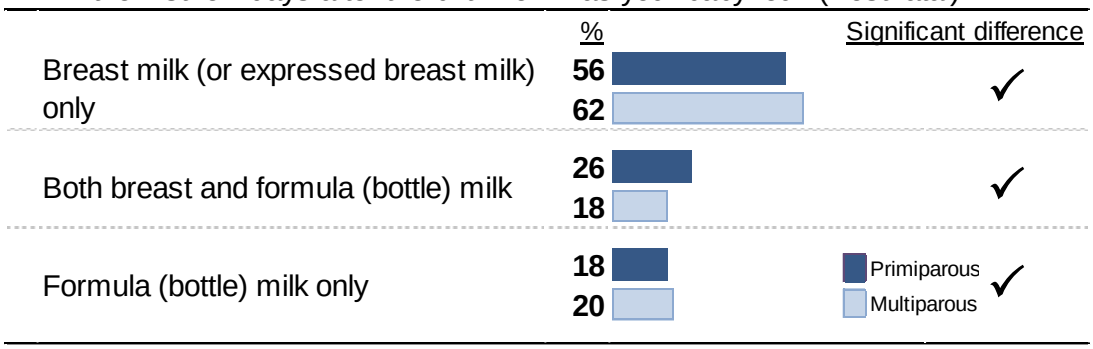
Postnatal

Feeding

There is a considerable amount of NICE guidance around breastfeeding, in both postnatal guidelines (namely CG37)[21] and in maternal and child nutrition (PH11).[22] Women should be encouraged to breastfeed by midwives and health visitors. During pregnancy, they should be given education and information on how to breastfeed, followed by proactive support during the postnatal period. NHS commissioners and managers are also advised to implement within their organisations a structured programme to encourage breastfeeding for patients. All maternity care providers (whether working in hospital or in primary care) should implement an externally evaluated, structured programme that encourages breastfeeding, using the Baby Friendly Initiative as a minimum standard. [23]

In 2015, 59% of women breastfed their babies in the first few days after the birth, which shows no change since 2013. There was also a higher percentage of multiparous women breastfeeding in the early days than primiparous women:

E2. In the first few days after the birth how was your baby fed? (Postnatal)



Answered by all

Number of respondents: Primiparous (9,795), Multiparous (10,418)

Note: those who responded that they were not sure have been excluded

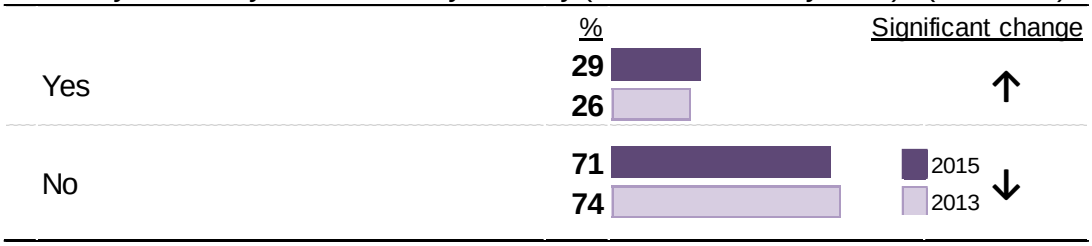
21 NICE guideline CG37 https://www.nice.org.uk/guidance/cg37

22 NICE guideline PH11 https://www.nice.org.uk/guidance/ph11

23 The Baby Friendly Hospital Initiative (BFHI), also known as Baby Friendly Initiative (BFI), is a worldwide programme of the World Health Organization and UNICEF, launched in 1991, following the adoption of the Innocenti Declaration on breastfeeding promotion in 1990. The initiative is a global effort for improving the role of maternity services to enable mothers to breastfeed babies for the best start in life. See http://www.unicef.org.uk/babyfriendly/.

Of those who did not breastfeed (19%), the majority (71%) said that they did not try to breastfeed their baby. The survey results do not go any further to identify the reasons for this, and they may be varied, including medical reasons for not breastfeeding.[24] More women who did not eventually breastfeed reported trying to before deciding on formula milk (29% in 2015, compared with 26% in 2013), which suggests that more women are being encouraged to try to breastfeed in the first instance.

E3. Did you ever try to breastfeed your baby (even if it was only once)? (Postnatal)



Answered by all who did not breastfeed

Number of respondents: 2013 (3,110), 2015 (2,119)

Overall, 81% of women said their decisions on feeding their baby were always respected by midwives, 15% of women said sometimes, and 4% of women said their decisions on feeding were not respected.

24. There was a slight change of wording in 2015 from 2013 to make the question easier to understand. The question in 2015 asked 'did you try to breastfeed' whereas in 2013 it was worded: 'did you ever put your baby to the breast?' The question is still comparable as the meaning of the question and responses are the same, however this must be recognised when making comparisons.

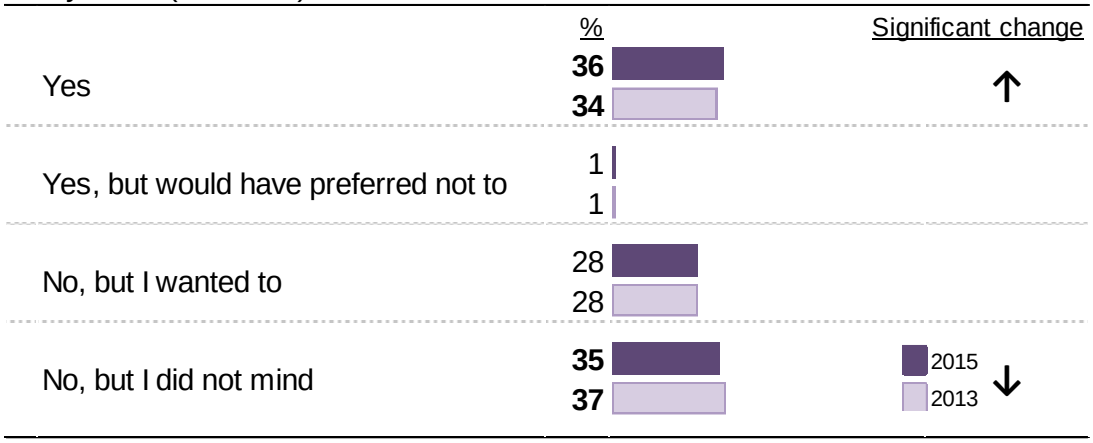
3. Continuity of care

The *Maternity Matters* guideline states that continuity of care across the maternity pathway is important for a positive experience. Further, NICE guidelines stipulate that "pregnant women should be cared for by a named midwife throughout their pregnancy"[25] and that if a woman's named midwife is not available, systems should be in place to coordinate her care effectively. The survey did not directly ask women whether they had a *named midwife* but instead includes questions that relate to the outcomes that would be expected from co-ordinated care, as a way of measuring whether the policy is working effectively.

Antenatal

The survey results show that although nearly all the women who responded in 2015 (98%) saw a midwife for their antenatal check-ups, only 36% of women saw the same midwife every time for their antenatal care. This is an increase from 2013 (34%). This also means that 63% of women are not seeing the same midwife, though 35% of that group said they didn't mind. The remaining 28% said that they wanted to see the same midwife. A further 1% saw the same midwife but would have preferred not to (unchanged from 2013).

B9. If you saw a midwife for your antenatal check-ups, did you see the same one every time? (Antenatal)



Answered by all

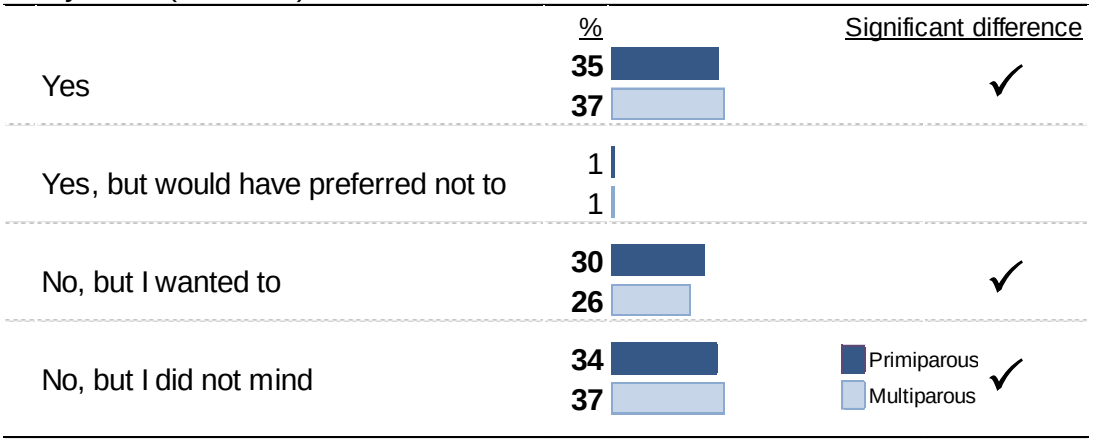
Number of respondents: 2013 (22,422), 2015 (20,116)

Note: those who responded that they only saw a midwife once, did not see a midwife, or did not know have been excluded

25. NICE Guideline QS22 https://www.nice.org.uk/guidance/qs22

The findings also show that a higher percentage of multiparous women were seeing the same midwife than primiparous women, and a higher percentage of primiparous women did not, but wanted to:

B9. If you saw a midwife for your antenatal check-ups, did you see the same one every time? (Antenatal)



Answered by all

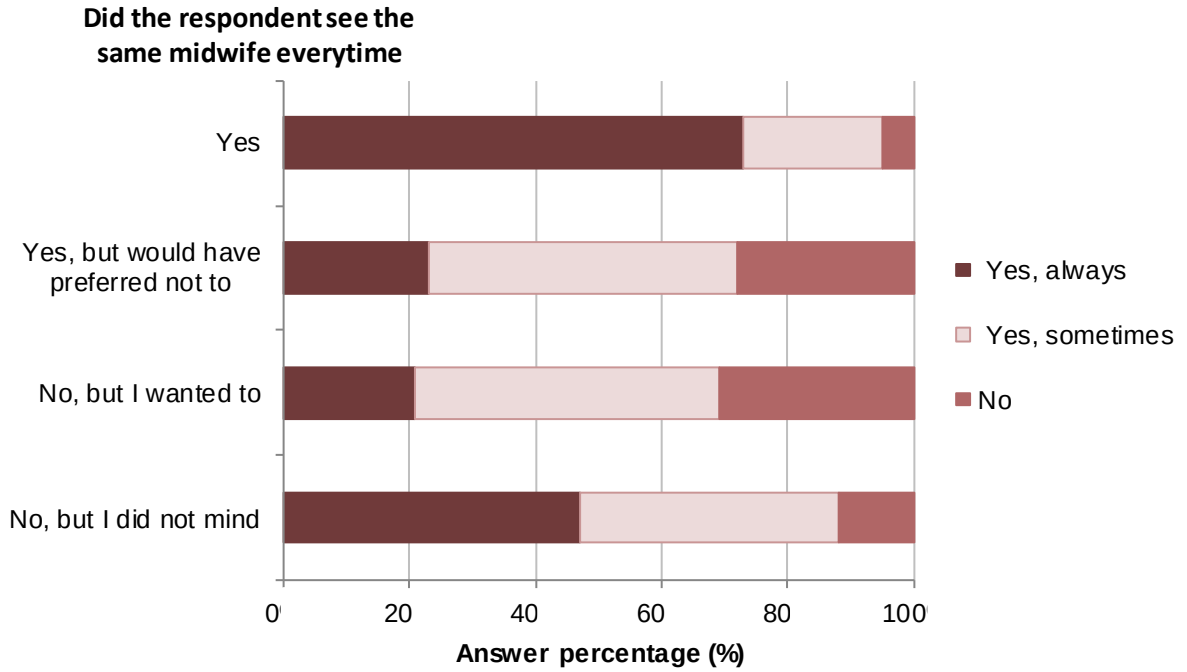
Number of respondents: Primiparous (9,681), Multiparous (10,239)

Note: those who responded that they only saw a midwife once, did not see a midwife, or did not know have been excluded

Overall, 49% of women said that antenatal midwives appeared to be aware of their medical history, with a further 36% who said they sometimes were. Fifteen per cent of women said their midwives did not appear to be aware of their medical history.

The majority of women (73%) who saw the same midwife every time said their midwife was always aware of their medical history during their antenatal check-ups, compared with 47% of those who saw numerous midwives but didn't mind. Furthermore, only 21% of women who did not see the same midwife but who wanted to reported that the midwife always knew about their medical history, which is a substantial difference and may explain why they said they would have preferred to see the same midwife each time they had an antenatal check-up.

B10. During your antenatal check-ups, did the midwives appear to be aware of your medical history? (Antenatal)



Answered by all

Note: those who responded that they could not remember or did not know have been excluded

Number of respondents: Yes (7,063), Yes, but would have preferred not to (190), No, but I wanted to (5,464), No, but I did not mind (6,793)

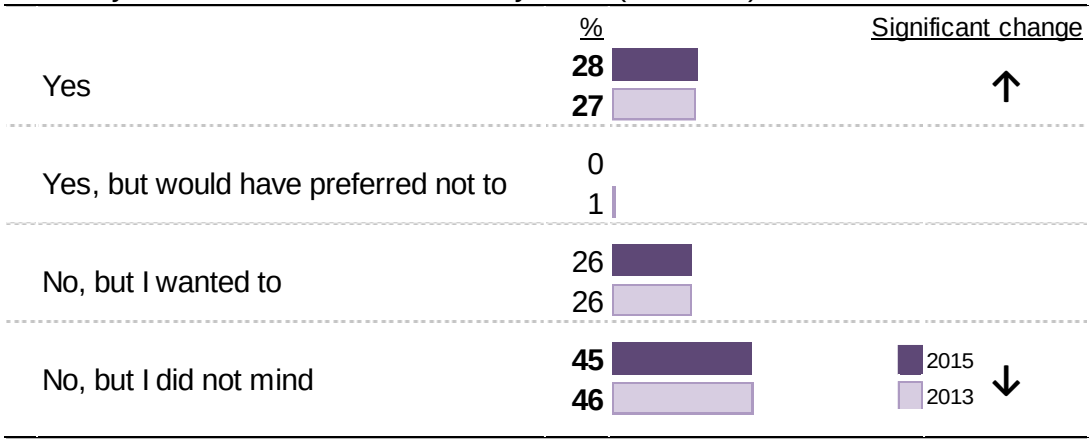
The NICE guidelines for antenatal care state that knowledge of a woman's medical history is always required if there is a family history of certain conditions, such as diabetes or pre-eclampsia.[26] It also emphasises that structured maternity records should be used for antenatal care. When looking at the results for all respondents in 2015, less than half (49%) of all women reported that midwives were always aware of their medical history.

Postnatal

In 2015, 95% of women said they had been visited at home by a midwife after their baby's birth, which is the same figure as 2013. When asked whether they saw the same midwife for every postnatal visit at home, 28% of women said that they did see the same one each time. This is a lower percentage than for the same question asked about antenatal visits (36%).

26. NICE CG62

F4. Did you see the same midwife every time? (Postnatal)



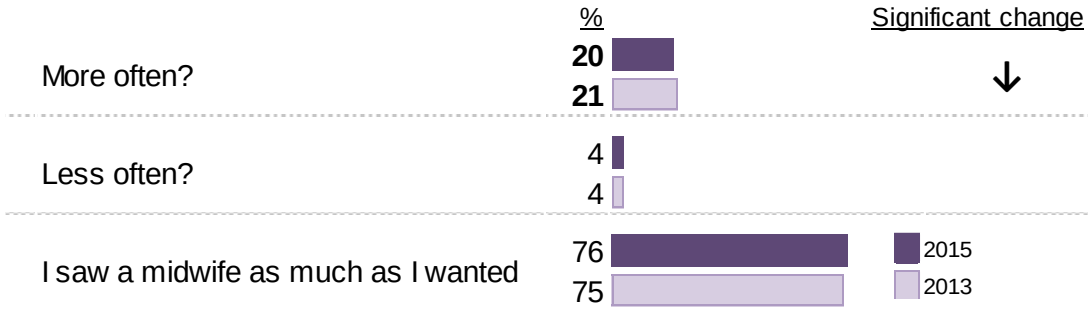
Answered by all who saw a midwife postnatally

Number of respondents: 2013 (21,667) & 2015 (19,311)

Note: those who responded that they only saw a midwife once, did not see a midwife, or could not remember or did not know have been excluded

Over half (52%) of the women surveyed saw a midwife three to four times after going home (down one percentage point from 2013). The number of midwife visits should depend on the needs of the woman and baby, and 76% said they saw a midwife as much as they wanted to.

F6. Would you have liked to have seen a midwife… (Postnatal)



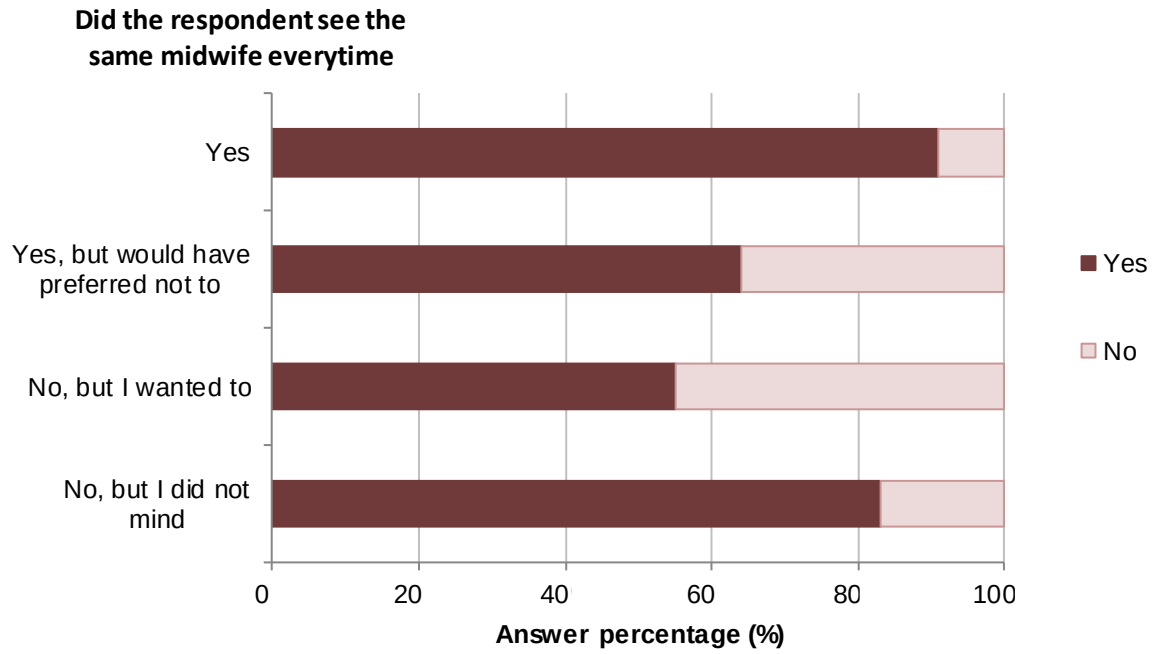
Answered by all who saw a midwife postnatally

Number of respondents: 2013 (22,509), 2015 (20,121)

Overall, 78% of women said their postnatal midwives were aware of their medical history and that of their baby. The remaining 22% said they were not.

Of those who saw the same midwife every time, 91% said their midwives were aware of their medical history, which is a large difference from those who did not see the same midwife but who wanted to, with 55% reporting that their midwife knew their medical history. However, there is little difference in the findings for those who saw the same midwife and those who didn't but who did not mind, which again suggests that the continuity of care itself achieved through knowledge of medical history may be as important to women as seeing the same midwife.

F7. Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby? (Postnatal)



Answered by all who saw a midwife

Note: those who responded that they could not remember or did not know have been excluded

Number of respondents: Yes (5,170), Yes, but would have preferred not to (80), No, but I wanted to (4,686), No, but I did not mind (8,036)

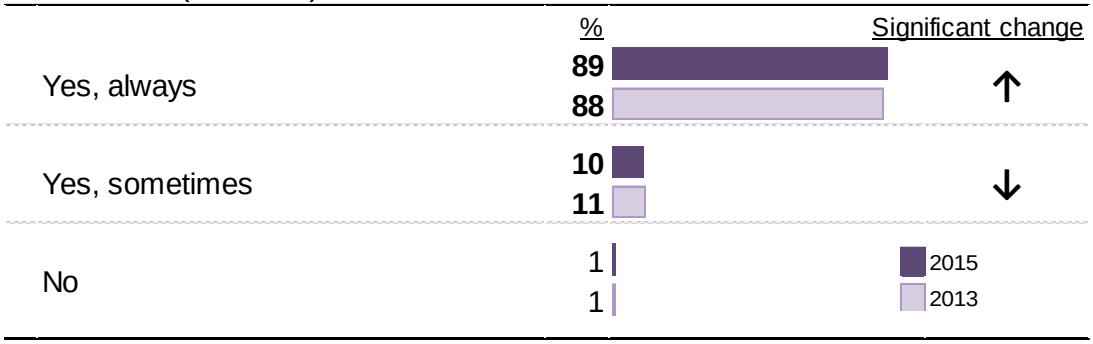
4. Communication

Communication is a fundamental requirement to providing continuity of care. Changing the staff who provide care can have a potentially negative effect on women, but if there is appropriate communication and handover between them it can lessen the impact. Guidance from NICE stipulates that in order for the woman to feel in control of her experience, she must be listened to and cared for with compassion.[27] The NICE guidelines explicitly stipulate that good communication between healthcare professionals and women is essential, and it should be supported by evidence-based written information tailored to women's individual needs. This information should always be culturally appropriate, and accessible to women who have additional needs such as a physical, sensory or learning disability, and to women who do not read or speak English.[28] Information should also always be given in a form that is easy to understand.

Antenatal care

In the 2015 survey, 89% of women said they were spoken to in a way that they could understand. This is a very slight but significant increase since 2013 (by 1%).

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



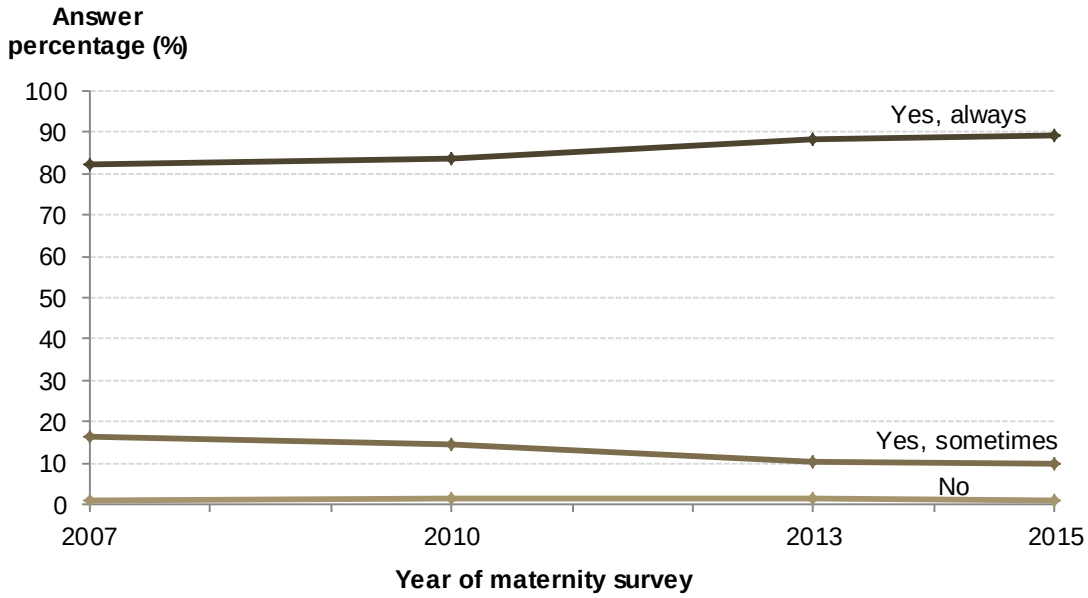
Answered by all

Number of respondents: 2013 (22,891), 2015 (20,471)

Note: those who responded that they could not remember or did not know have been excluded

27. NICE guideline CG190
28. NICE CG62.

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



Answered by all

Number of respondents: 2007 (24,903), 2010 (24,965), 2013 (22,893), 2015 (20,212)

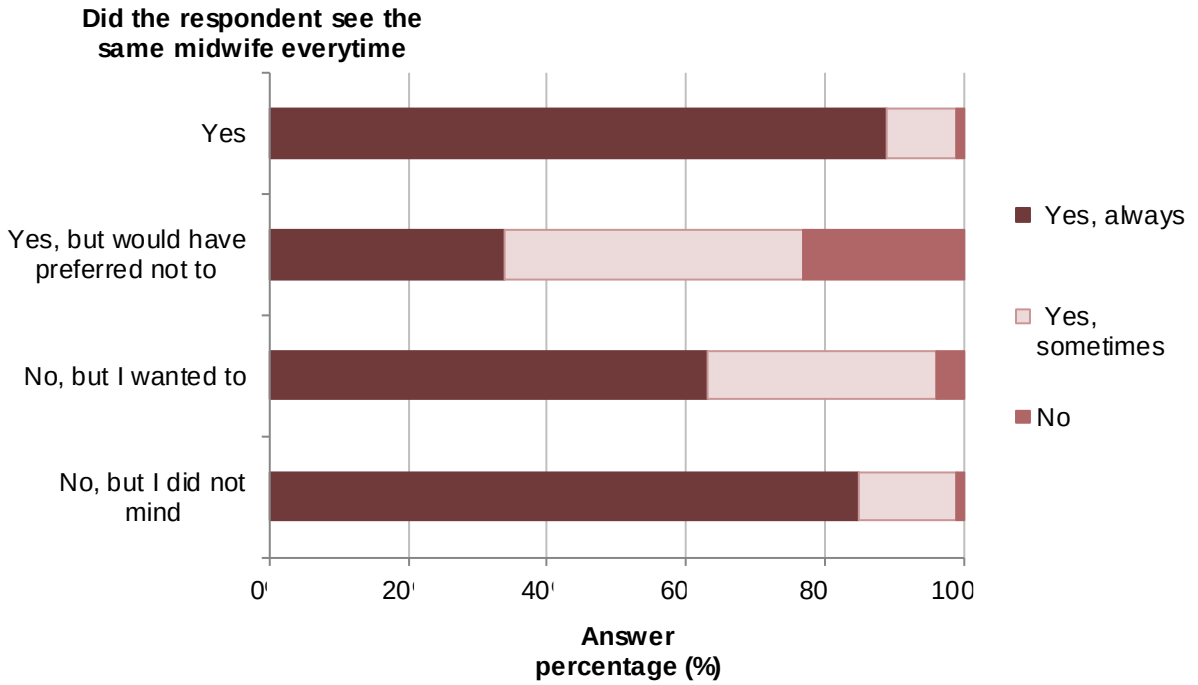
Note: those who responded that they could not remember or did not know have been excluded

In addition, 80% of women felt that their midwives always listened to them during check-ups (18% of women said they sometimes did and 2% said they did not feel listened to). See table B12 below.

Of those who saw the same midwife at every antenatal check-up, 89% said the midwife always listened to them. Of those who did not have the same midwife every time but didn't mind, 85% said they were always listened to during check-ups. Again, a lower percentage (63%) of women who did not have the same midwife all the time but who wanted to reported that they were always listened to.

These findings are similar to the results for the questions on getting help when contacting a midwife. They suggest that if women feel that the midwife always listened to them, it may determine whether they minded if they saw the same midwife each time. Again, this is further supported by the finding that when looking at the group of women who saw the same midwife but would have preferred not to, a greater percentage reported that they did not always feel listened to, and only 34% said they were always listened to.

B12. During your antenatal check-ups, did the midwives listen to you? (Antenatal)



Answered by all

Note: those who responded that they could not remember or did not know have been excluded

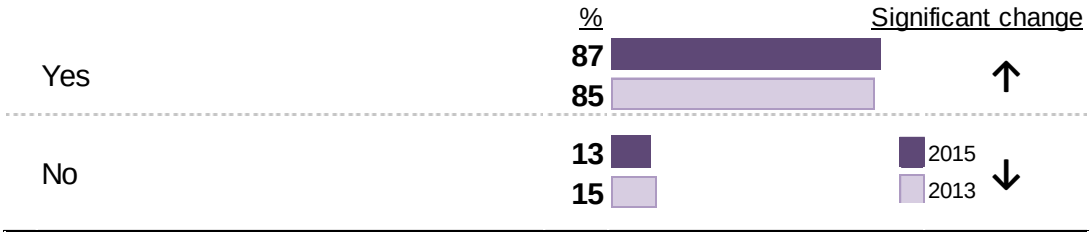
Number of respondents: Yes (7,219), Yes, but would have preferred not to (194), No, but I wanted to (5,582), No, but I did not mind (7,064)

Seventy-five per cent of women said that they always had enough time to ask questions during antenatal check-ups, and 21% said they sometimes had enough time. More women who saw the same midwife reported that they always had enough time to ask questions (85%) and for women who did not see the same midwife but did not mind, this figure was 80%. However, the figure was much lower for those who did not see the same midwife but who wanted to (57%), and only 30% had always had enough time to ask questions out of the group of women who had reported that they had seen the same midwife but would have preferred not to.

During labour and birth

In 2015, more women reported positive examples of communication during labour and birth than in 2013. Eighty-seven per cent of women said they received appropriate advice and support when contacting a midwife, which is a 2% increase since 2013.

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



Answered by all who did not have a planned caesarean

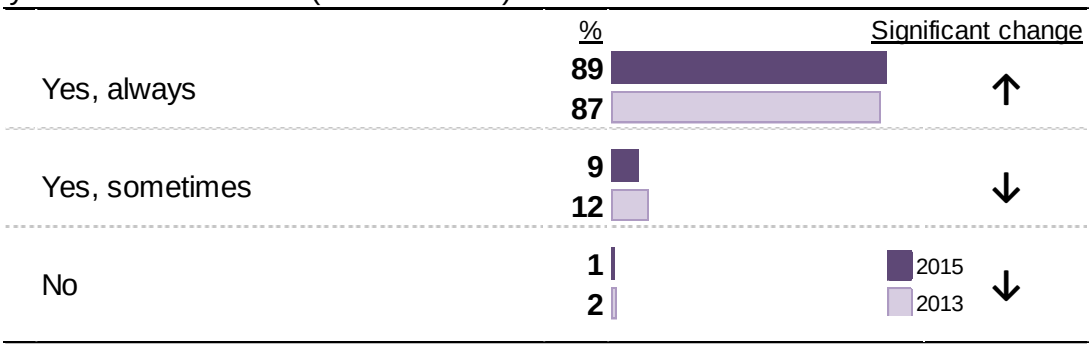
Number of respondents: 2013 (17,647), 2015 (15,425)

Note: those who responded that they did not contact a midwife or the hospital have been excluded

The 2015 survey also showed that 84% of women said that all staff introduced themselves, which is a significant one percentage point increase since 2013. Current NICE guidelines state that women should always be greeted with a "smile and personal welcome" and that staff should establish the woman's language needs before introducing themselves and explaining their role in her care.[29]

Being spoken to in an understandable way is important because labour is an emotionally intense life experience. Eighty-nine per cent of women reported that during labour and birth, they were always spoken to in a way that they could understand, which is a significant increase of two percentage points since 2013.

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



Answered by all

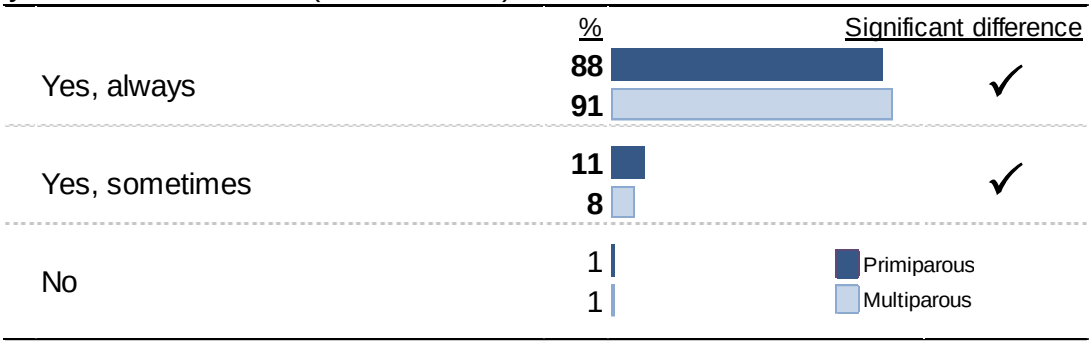
Number of respondents: 2013 (22,725), 2015 (20,366)

Note: those who responded that they could not remember or did not know have been excluded

29. NICE Guideline CG190 https://www.nice.org.uk/guidance/cg190

There are differences between primiparous women and multiparous women on this point, with more multiparous women reporting that they were always spoken to in a way they could understand. It may be that women who have gone through labour before know what's going to happen, and that the language used isn't all new to them.

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



Answered by all

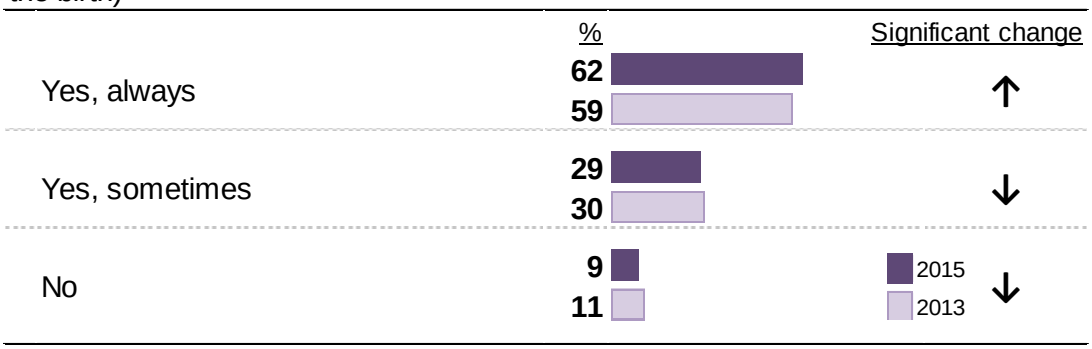
Number of respondents: Primiparous (9,794), Multiparous (10,379)

Note: those who responded that they could not remember or did not know have been excluded

Postnatal care

In 2015, 62% of women said they were always given the information they needed in hospital after the birth, which is a significant change from 2013 (59%).

D4. Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed? (Care in hospital after the birth)



Answered by all who went to hospital

Number of respondents: 2013 (22,395), 2015 (20,067)

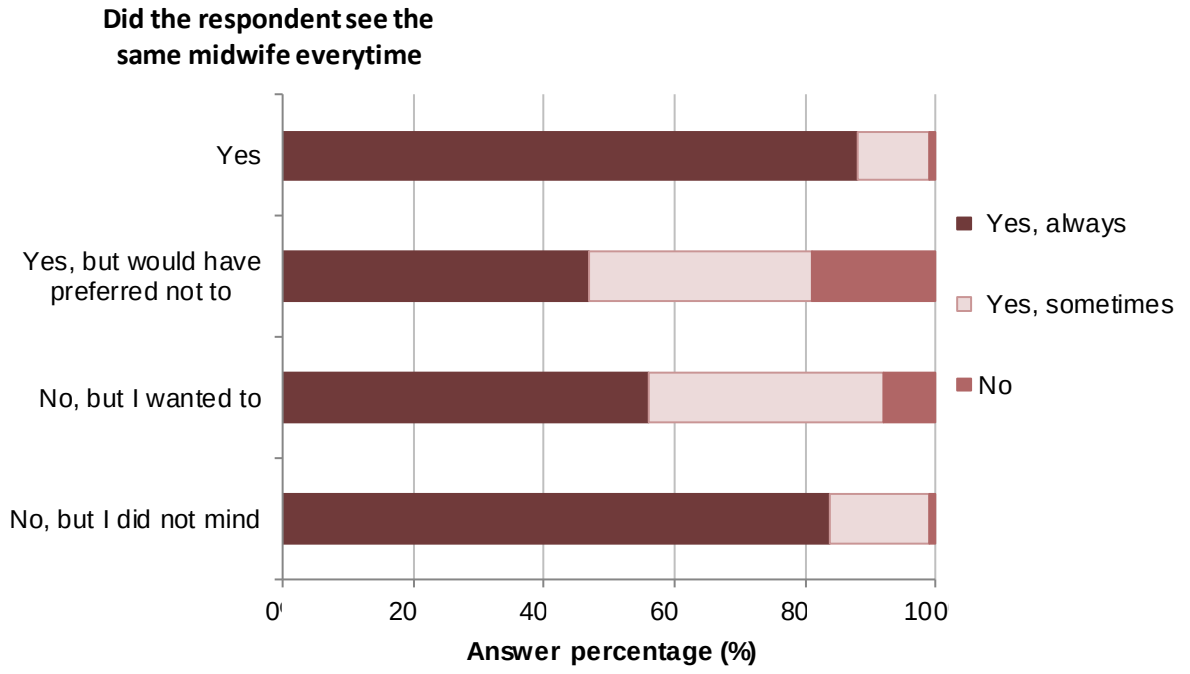
Note: those who responded that they could not remember or did not know have been excluded

Ninety-six per cent of women said that midwives sometimes or always took into account their personal circumstances when giving advice. This result is the same as in 2013.

Of all women who responded, 77% felt that after the birth of their baby their midwife always listened to them, which is lower than for the same question asked about antenatal care. A further 20% said that they were sometimes listened to.

When looking at the results for being listened to alongside whether women had seen the same midwife for each postnatal appointment, there were more positive responses from women who saw the same midwife for each postnatal appointment (88% said that they always felt listened to) and from women who did not see the same midwife but who didn't mind (83% always felt listened to). Of the women who did not see the same midwife but would have preferred to, 56% said they felt the midwives listened to them. Forty-six per cent of the women who saw the same midwife but would have preferred not to reported that they always felt listened to. This shows a similar pattern to the antenatal findings, again suggesting that feeling listened to is an important factor, which may be why women said they would have preferred to have the same midwife for their postnatal appointments, or why women would have preferred to see more midwives if they had felt they weren't listened to.

F8. Did you feel that the midwife or midwives that you saw always listened to you? (Postnatal)



Answered by all who saw a midwife

Note: those who responded that they could not remember or did not know have been excluded

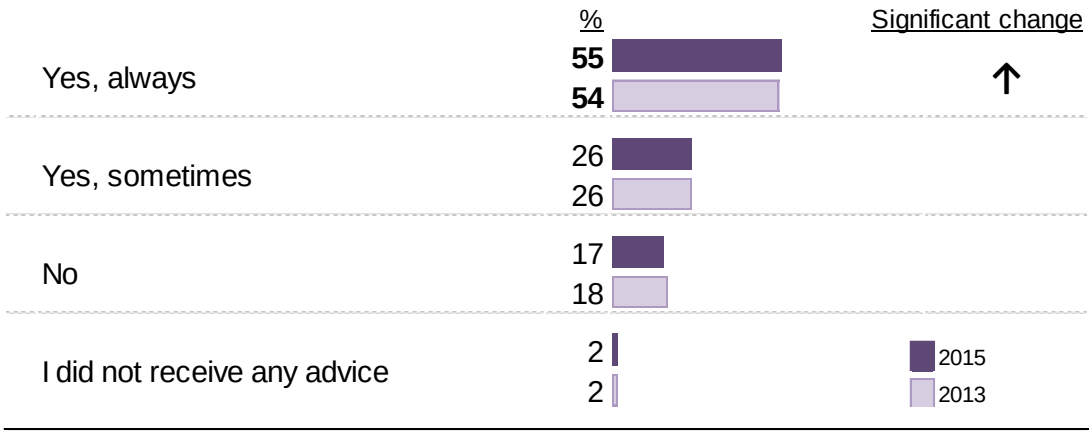
Number of respondents: Yes (5,446), Yes, but would have preferred not to (86), No, but I wanted to (5,037), No, but I did not mind (8,720)

Feeding

When it came to communication about feeding the baby, 65% of women said they were definitely given help and advice at home about feeding their baby in the six weeks following the birth, which is up two percentage points since 2013, and 26% of women said they received help and advice to some extent. Overall, most women said that they were given active support and encouragement about feeding their baby (63% said always, 27% said this happened sometimes). The percentage of women saying that they did not receive this has not changed since 2013.

Just over half of all women surveyed in 2015 said they were always given consistent advice on feeding their baby.

E5. Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby? (Postnatal)



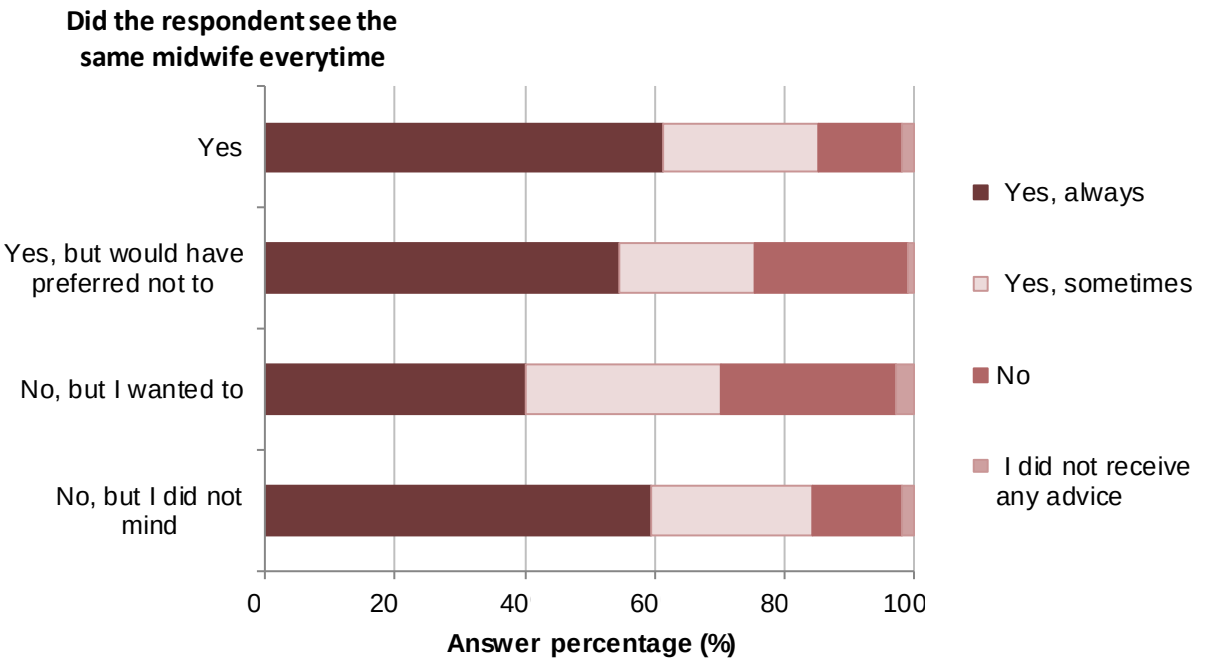
Answered by all

Number of respondents: 2013 (21,283), 2015 (19,172)

Note: those who responded that they did not want or need any advice, or could not remember or did not know have been excluded

A slightly higher proportion of women reported that the advice about feeding was consistent when they had the same midwife: 62% of these women said advice was always consistent, with 40% of women who saw different midwives but would have preferred to see the same one throughout. Again, for those who did not have the same midwife but did not mind, the results were similar for those who had the same midwife (60%). This reiterates the point that women who have not had a positive experience (in this case in terms of inconsistent advice) are more likely to have wanted continuity in the midwife seen.

E5. Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby? (Postnatal)



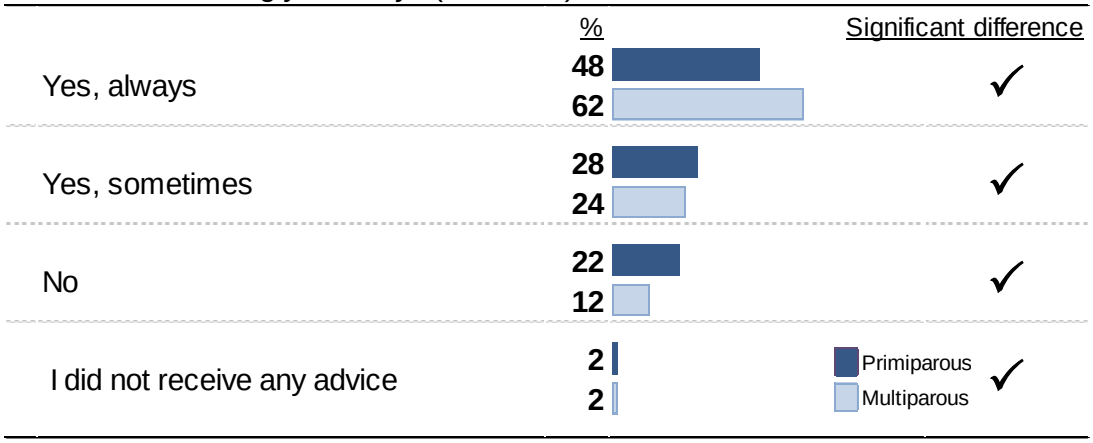
Answered by all

Note: those who responded that they did not want or need any advice, or could not remember or did not know have been excluded

Number of respondents: Yes (5,126), Yes, but would have preferred not to (83), No, but I wanted to (4,769), No, but I did not mind (8,092)

However, it is important to note that there were differences in experience for primiparous and multiparous women for this question; a greater proportion of multiparous women (62%) than primiparous women (48%) reported that they received consistent advice on feeding their baby.

E5. Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby? (Postnatal)



Answered by all

Number of respondents: Primiparous (9,665), Multiparous (9,320)

Note: those who responded that they did not want or need any advice, or could not remember or did not know have been excluded

Consistent communication and support around breastfeeding features heavily in NHS postnatal guidance.[30] From the very first feed, women should be offered skilled breastfeeding support (from a healthcare professional, mother-to-mother or peer support) to enable comfortable positioning of the mother and baby and to ensure that the baby attaches correctly to the breast to establish effective feeding. From pregnancy, midwives and health visitors should ensure that women and their partners are offered information, education and support on breastfeeding – either individually or in a group. This should be provided by someone trained in breastfeeding management and should be delivered in a setting and style that best meets the woman's needs. Healthcare professionals should also ensure that they have sufficient time to give support to a woman and baby during initiation and continuation of breastfeeding.

30. NICE guideline CG37 https://www.nice.org.uk/guidance/cg37

5. Hospital experience

This section covers questions about labour and birth, which asked women about the care received in hospital immediately after the birth of their baby.

Please note: 3% of all women surveyed in 2015 had a home birth, which reflects 1% of primiparous women and 4% of multiparous women. This is broadly in line with national figures from 2014, which showed that 2.3% of women giving birth in 2014 did so at home.[31]

Type of birth

Of the women who responded to the 2015 survey, 97% gave birth in a hospital setting or midwife-led unit.

Fifty-nine per cent of women had a normal vaginal delivery, 15% had an assisted vaginal delivery (with forceps or ventouse suction cup), 11% had a planned caesarean and 14% had an emergency caesarean. These figures are largely the same as the findings in 2013, except for a decrease in normal vaginal deliveries (60% in 2013 and 59% in 2015) and a slight increase in planned caesareans (11% in both years, though this represents a statistically significant change).

When looking at the most recent available figures for the types of birth across England,[32] the figures are broadly similar. NHS Maternity Statistics show that 26% of women giving birth in 2013/14 had a caesarean (planned or emergency). This compares with 25% of women responding to the maternity survey in 2015 (11% planned and 14% emergency caesarean). Of all births in 2013/14, 61% of women had a 'spontaneous' delivery, which is slightly higher than the 59% of women who had a normal vaginal delivery as reported in the survey. Correspondingly, slightly more women in the survey reported having an assisted birth (15%, compared with 13% of all births in 2013/14).

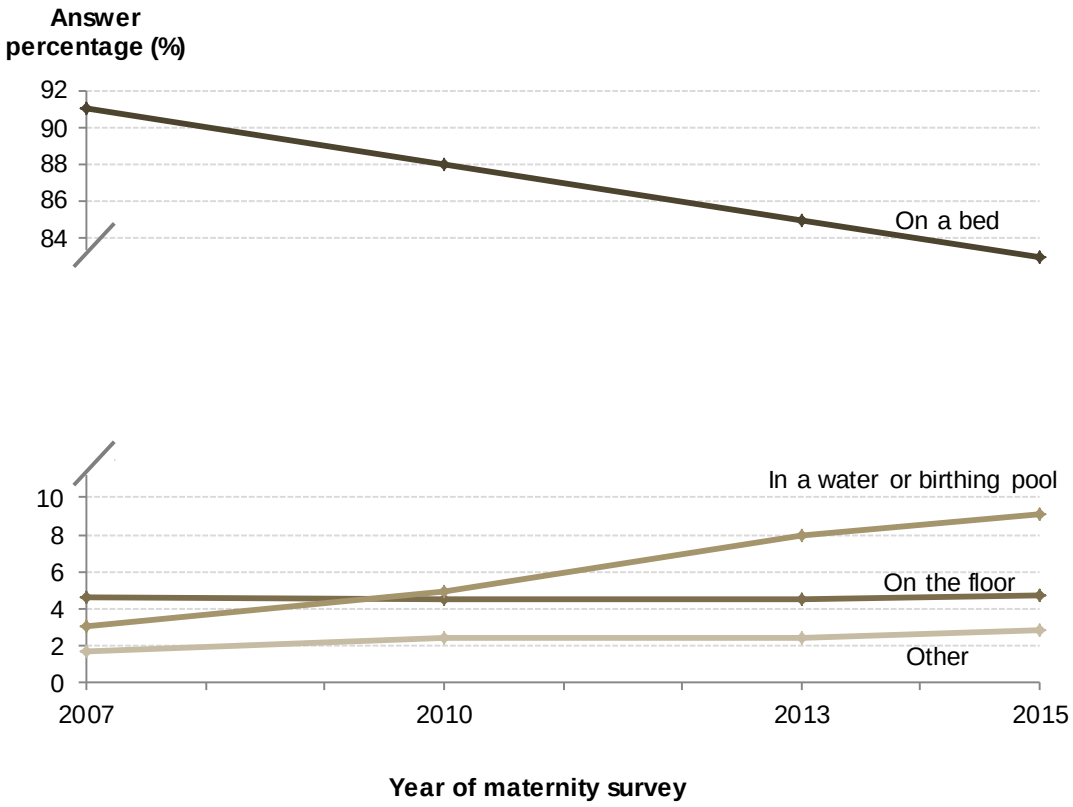
In 2015, fewer women gave birth in a bed than in 2007 and more women chose a water birth or birthing pool. This is in line with NICE guidance, which states that women should be as active as possible during labour and move around if possible.[33]

31. Office for National Statistics: Birth Characteristics in England and Wales (2015) http://www.ons.gov.uk/ons/dcp171778_419005.pdf

32. NHS Maternity Statistics - England, 2013-14 published Jan 2015 http://www.hscic.gov.uk/catalogue/PUB16725

33. NICE guideline CG190.

C8. Where did you give birth? (Labour & birth)

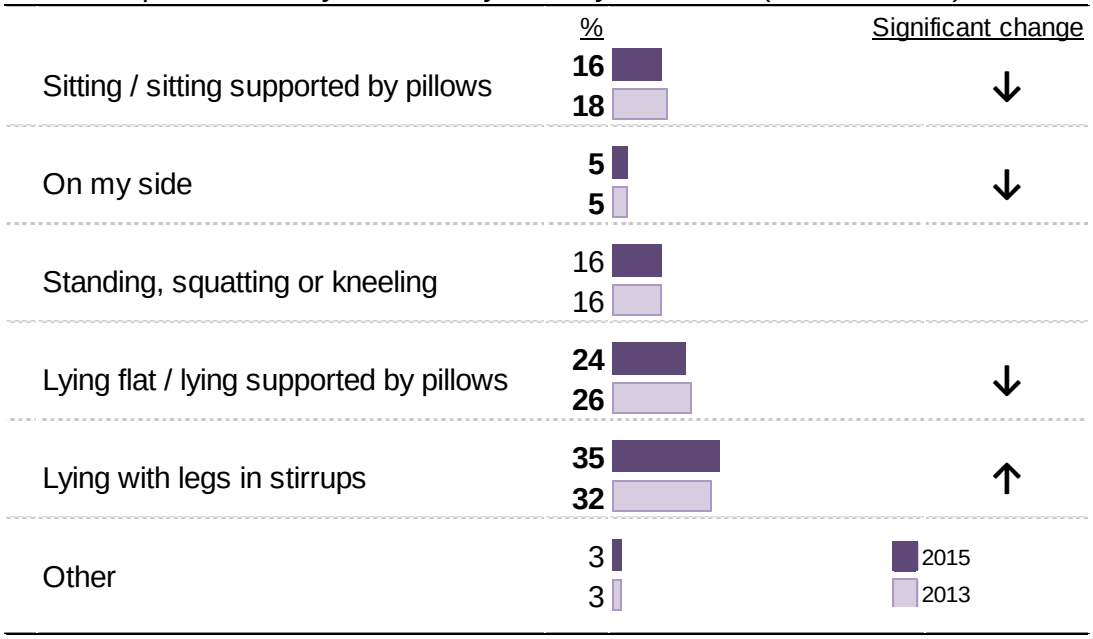


Answered by all who did not have a caesarean

Number of respondents: 2007 (19,110), 2010 (18,656), 2013 (16,981), 2015 (14,940)

In terms of birthing position, the most common position for women to be in when they gave birth was lying down with legs in stirrups (35%), which is a 3% increase from 2013. It should be noted that 15% of women had an assisted vaginal delivery, which would normally require stirrups.

C9. What position were you in when your baby was born? (Labour & birth)



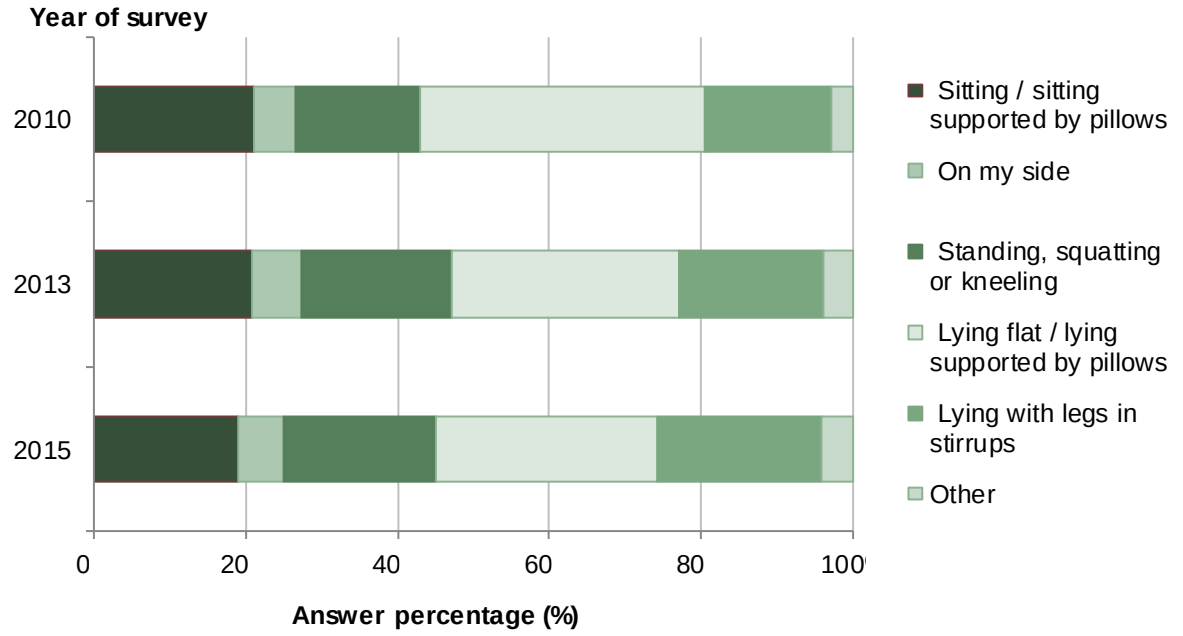
Answered by all who did not have a caesarean

Number of respondents: 2013 (16,983), 2015 (15,113)

Some types of birth mean that women are not able to actively move about during labour, such as assisted deliveries (where forceps or ventouse suction cups are used). We have looked separately at the responses from women who had a normal vaginal delivery (rather than assisted).

Of the women who had an unassisted birth, fewer reported giving birth lying down, or lying supported by pillows (29%, down from 30% in 2013 and 38% in 2010). The results show increases in the percentage of women giving birth in more active positions (standing, squatting, or kneeling, or on their side). However, across the survey years, there has been an increase in the percentage of women having a normal delivery in stirrups – from 17% in 2010, to 19% in 2013, to 22% in 2015. This may be because of women having a vaginal delivery in stirrups after preparations had been made to have an assisted birth that was then not required.

C9: What position were you in when your baby was born? (Labour & birth)



Filtered for those who had a normal vaginal delivery

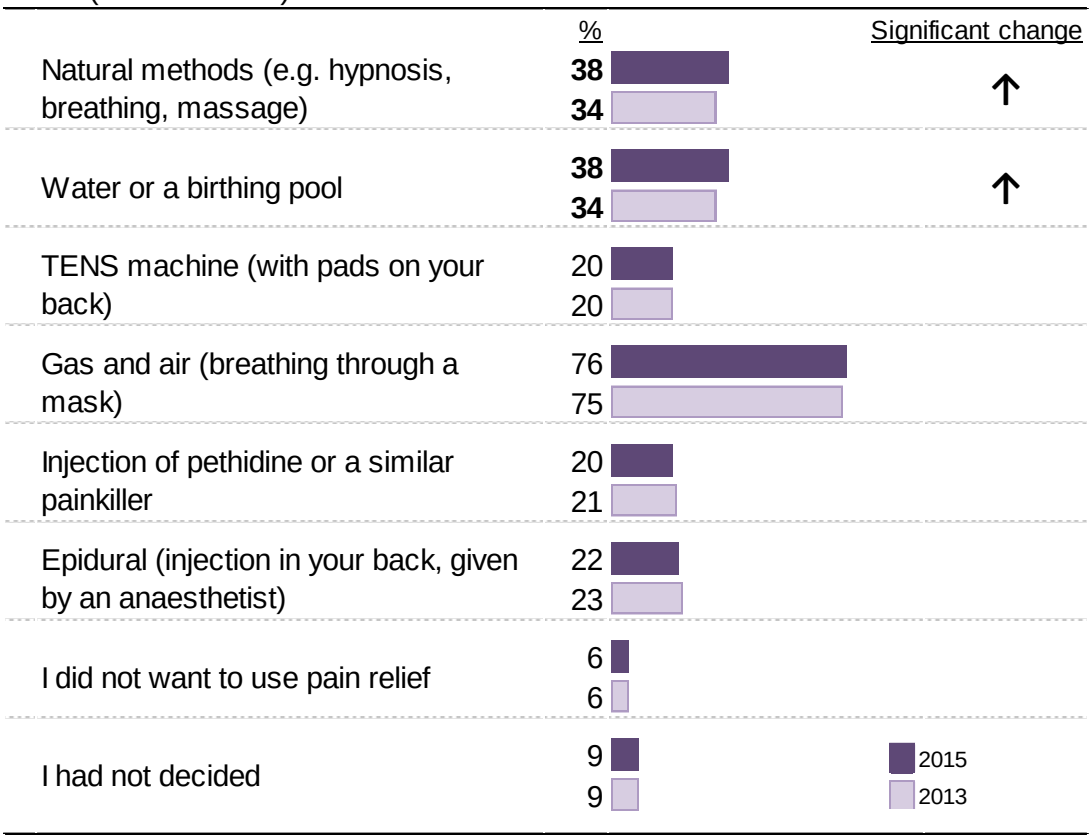
Number of respondents: 2010 (14,970), 2013 (13,519), 2015 (11,788)

Pain relief

During pregnancy, 38% of women had planned to use a natural method of pain relief, which is an increase of four percentage points since 2013. Birthing pools were also more popular, as 38% of women had stated this as one of their choices in 2015. The majority of women (76%) chose gas and air (no change since 2013).[34]

34. It should be noted that this was a multiple choice question, which is why figures do not add up to 100% across the options.

C4. During your pregnancy, what type of pain relief did you plan to use when giving birth? (Labour & birth)



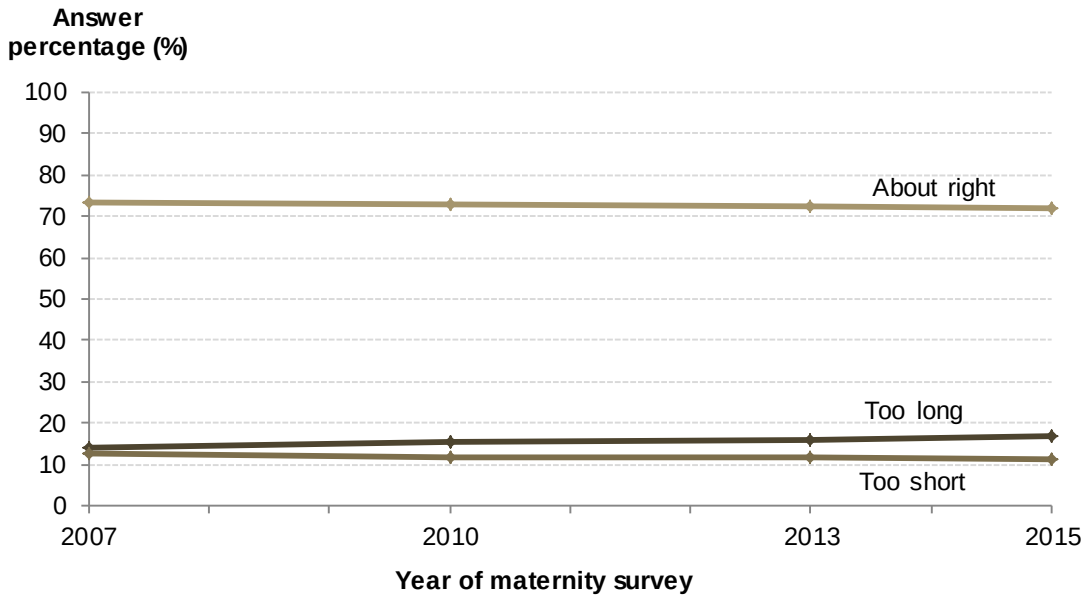
Answered by all who did not have a planned caesarean

Number of respondents: 2013 (20,177), 2015 (17,856)

However, over half of the women surveyed in 2015 (53%) changed their pain relief from their original plans, which has not changed since 2013. There are minor differences in the reasons for this: for 33% of women, this was due to medical reasons (32% in 2013) and 17% changed their mind (16% in 2013). Choice of pain relief is important, and the Department of Health's *Maternity Matters* stated that there would be a 'national choice guarantee', which would give women choice in where and how they have their baby and what pain relief to use, depending on their individual circumstances.

The length of time spent in hospital after giving birth is largely the same as in 2013, with the majority of women in 2015 (36%) staying for one to two days after the delivery. Seventy-two per cent of women said the length of their hospital stay was 'about right'.

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



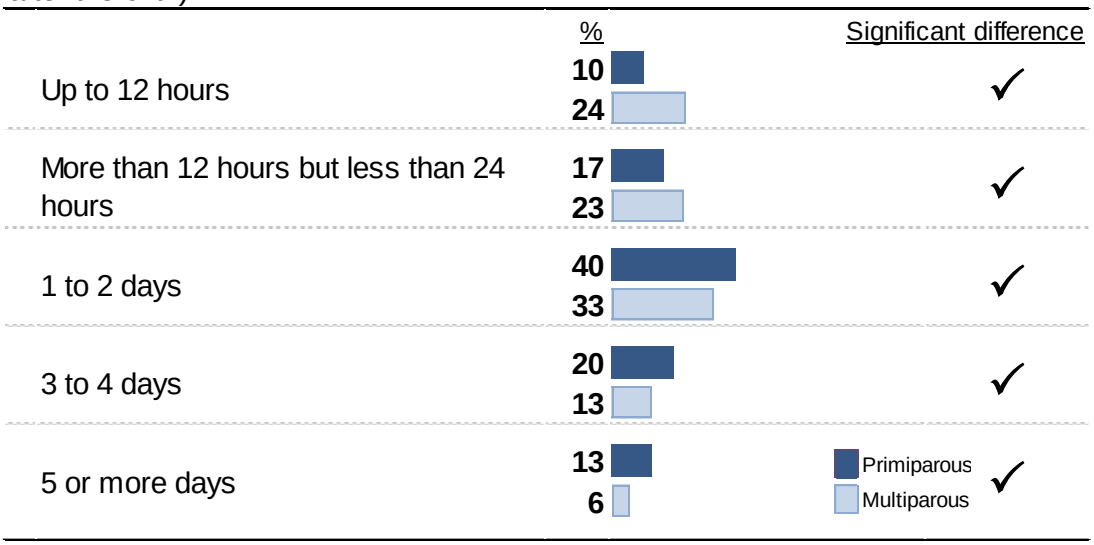
Answered by all who went to hospital

Number of respondents: 2007 (23,954), 2010 (23,719), 2013 (21,520), 2015 (19,035)

Note: those who responded that they were not sure or did not know have been excluded.

Again, there are differences when we compare the data between primiparous and multiparous women. A higher percentage of primiparous women stayed longer in the hospital after giving birth, and also a higher percentage of primiparous women said they felt their stay was too long (19% of primiparous women, 15% of multiparous women).

D1. How long did you stay in hospital after your baby was born? (Care in hospital after the birth)



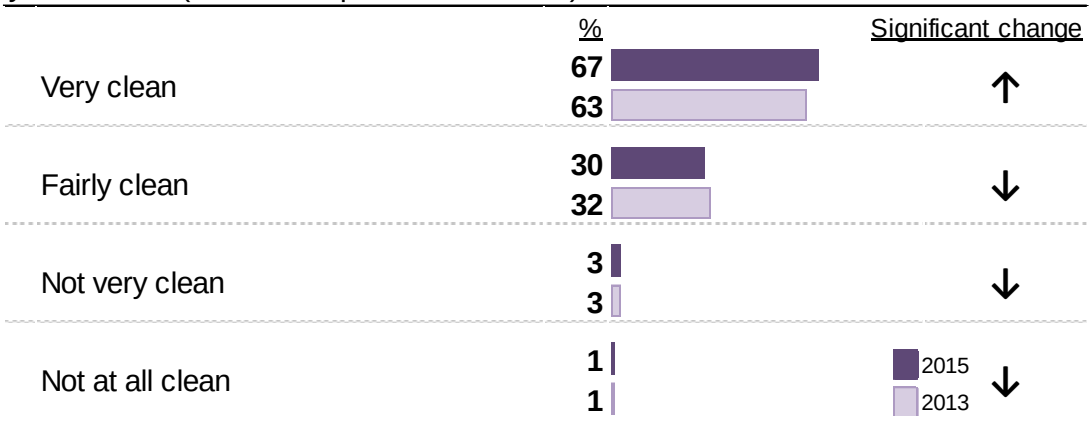
Answered by all who went to hospital

Number of respondents: Primiparous (9,779), Multiparous (10,175)

Cleanliness

Overall, women are reporting more positively about the cleanliness of their hospital rooms and toilets:

D7. Thinking about your stay in hospital, how clean was the hospital room or ward you were in? (Care in hospital after the birth)

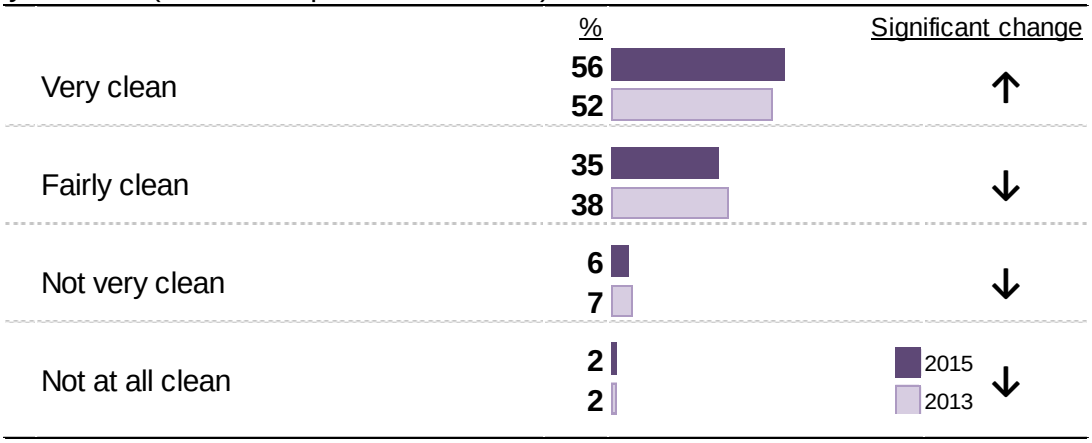


Answered by all who went to hospital

Number of respondents: 2013 (22,389), 2015 (20,047)

Note: those who responded that they could not remember or did not know have been excluded

D8. Thinking about your stay in hospital, how clean were the toilets and bathrooms you used? (Care in hospital after the birth)



Answered by all who went to hospital

Number of respondents: 2013 (22,421), 2015 (20,063)

Note: those who responded that they did not use the toilet, or could not remember or did not know have been excluded

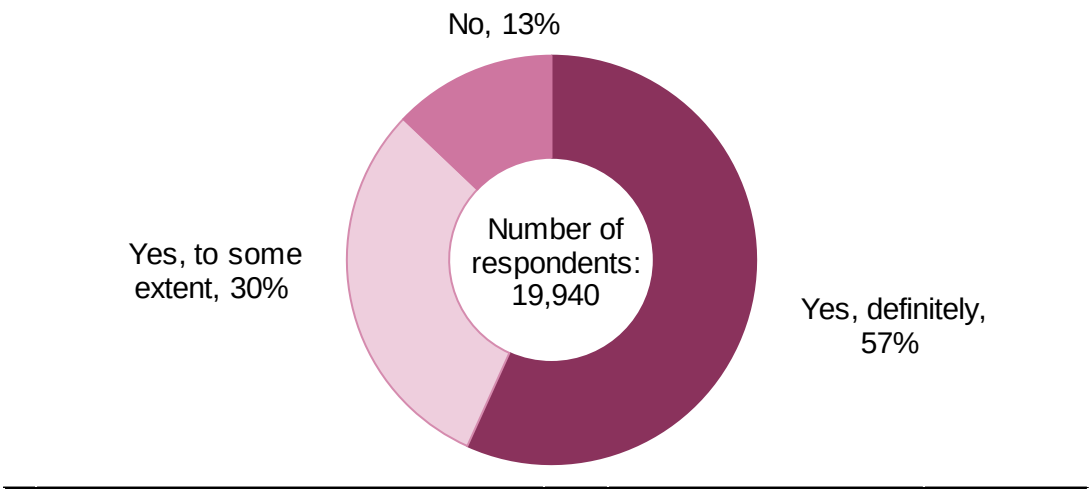
6. Well-being and involvement

Mental health during pregnancy and the postnatal period is a chief priority for the Department of Health. This section covers questions where women were specifically asked about their emotional health, and the respect, dignity and kindness of staff. Feeling involved in care is also key to a woman's well-being, particularly for maternity in terms of including partners and companions in women's care. Therefore this section also includes questions on involvement of partners and the accommodation available to them.

Antenatal

According to the NICE guidelines on antenatal and postnatal mental health, every opportunity should be taken to assess the needs of women and their partners and to provide the support required.[35] In the 2015 survey, 87% of women said midwives checked on how they were feeling emotionally, at least to some extent. This was the first time this question has been asked.

B13. During your antenatal check-ups, did a midwife ask you how you were feeling emotionally? (Antenatal)



Answered by all

Note: those who responded that they could not remember or did not know have been excluded

The majority of women surveyed said they felt involved to some extent in decisions on their antenatal care; 78% said they were always involved, 19% said they were sometimes involved and 4% said that they were not involved. There is no significant change since 2013 on this issue.

35. NICE guideline CG45 https://www.nice.org.uk/guidance/cg45

Labour and birth

Of those who had a partner or companion with them, 95% said their partners were allowed to be as involved as they wanted, which is the same percentage as in 2013. NICE guidance outlines that 'birth companions' should be involved in the birth plan and any findings during examinations should be communicated to both the woman and her companion. The guidance also says that arrangements should be in place to enable the woman's birth companion(s) to travel with her if an ambulance is used, if that is what she wants, or if this is not possible, staff should check that the birth companion can arrange their own transport. Further, staff should recognise that after birth, the woman and her companion are getting to know the baby so any interventions should be sensitive to this, minimising any separation or disruption.

In 2015, 64% of women said that their partner or someone close to them were able to stay with them as much as they wanted at the hospital after the birth. Twenty-nine per cent said they were not able to as they were restricted to visiting hours and 13% said no, because there was no accommodation at the hospital (the question allowed more than one response to be selected).

D6. Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted? (Care in hospital after the birth)	(%)
Yes	64
No, as they were restricted to visiting hours	29
No, as there was no accommodation for them in the hospital	13

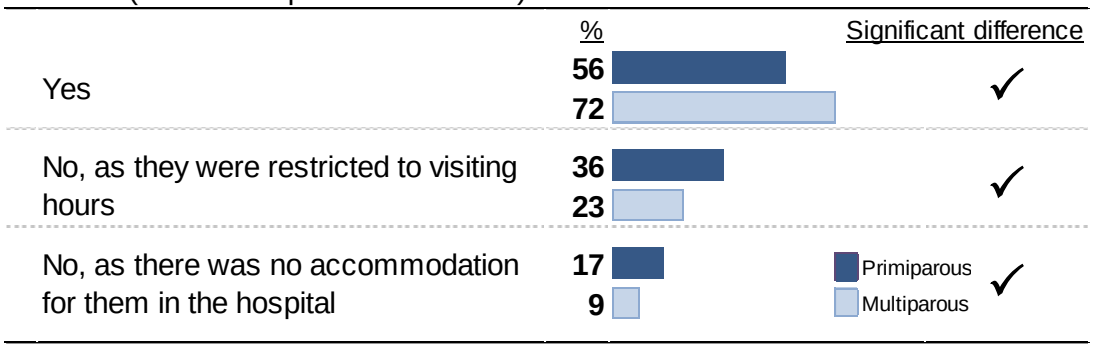
Answered by all who went to hospital

Number of respondents: 19,162

Note: those who responded that their partner was not able to stay for another reason, or they did not have a partner or companion with them have been excluded

There were also notable differences between multiparous and primiparous women on this issue, with 16% more multiparous women saying that their partner was able to stay with them:

D6. Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted? (Care in hospital after the birth)



Answered by all who went to hospital

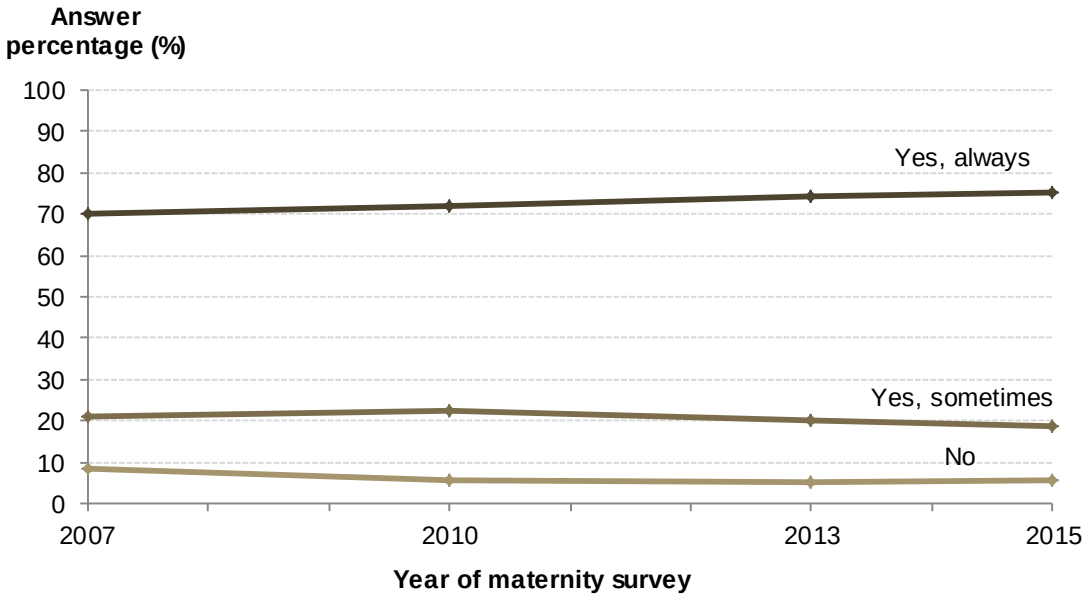
Number of respondents: Primiparous (9,398), Multiparous (9,584)

Note: those who responded that their partner was not able to stay for another reason, or they did not have a partner or companion with them have been excluded

National guidelines instruct providers, senior staff, and all healthcare professionals to ensure that there is a culture of respect for each woman in all birth settings, and that the woman is in control, is listened to, and is cared for with compassion.

During labour and birth, 82% of women felt that their concerns were taken seriously. Additionally, 75% of women in 2015 felt that they were always involved in decisions about their care during labour and birth. The percentage of women answering positively to this question has increased year on year, reflecting a slow but steady upwards trend in terms of the 'always' responses:

C17. Thinking about your care during labour and birth, were you involved enough in decisions about your care? (Labour & birth)



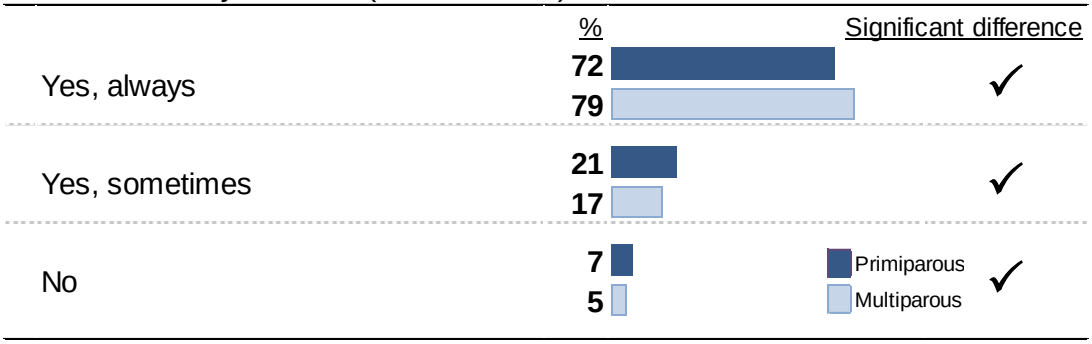
Answered by all

Number of respondents: 2007 (25,074), 2010 (24,517), 2013 (22,186), 2015 (19,651)

Note: those who responded that they did not want or need to be involved, or could not remember or did not know have been excluded

A higher percentage of multiparous women reported feeling involved than primiparous women:

C17. Thinking about your care during labour and birth, were you involved enough in decisions about your care? (Labour & birth)



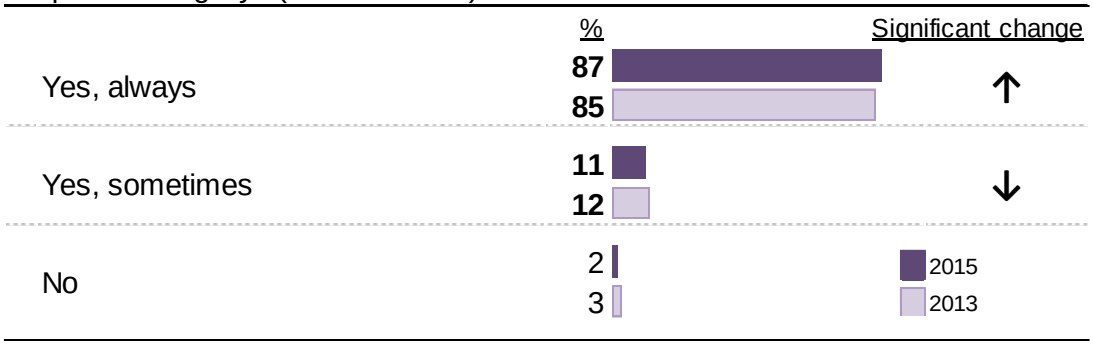
Answered by all

Number of respondents: Primiparous (9,610), Multiparous (10,105)

Note: those who responded that they did not want or need to be involved, or could not remember or did not know have been excluded

A higher percentage of women in 2015 reported being treated with respect and dignity during labour and the birth of their baby, when compared with the 2013 results:

C18. Thinking about your care during labour and birth, were you treated with respect and dignity? (Labour & birth)



Answered by all

Number of respondents: 2013 (22,756), 2015 (20,373)

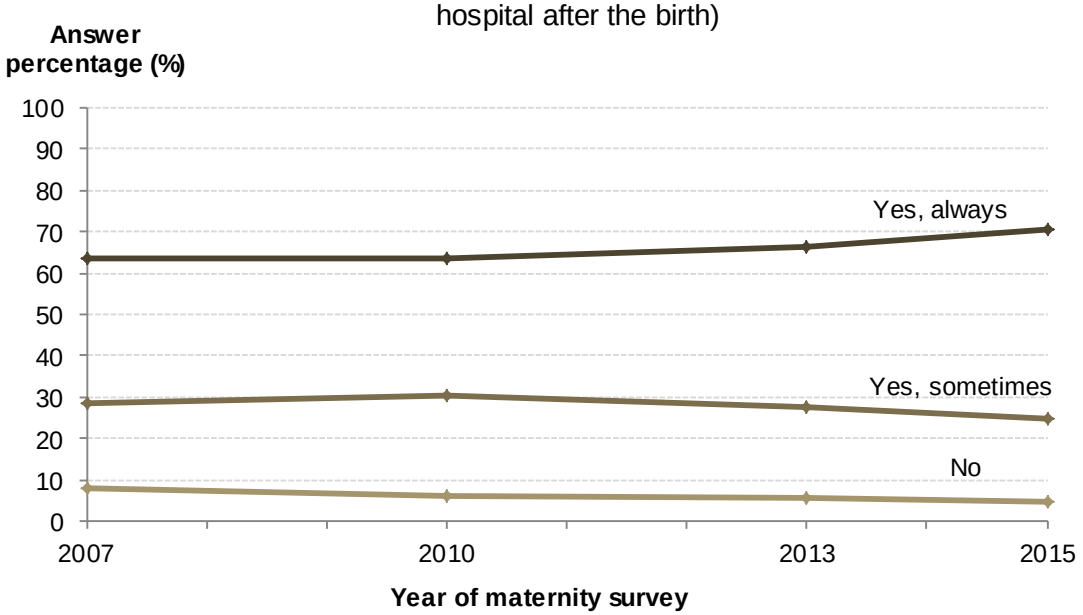
Note: those who responded that they could not remember or did not know have been excluded

In addition, 80% of women said they definitely had trust in the staff caring for them during labour and birth, which is a two percentage point increase from 2013.

Postnatal

In 2015, 71% of women in the survey said they were treated with kindness and understanding after the birth of their baby in the hospital (compared with 66% in 2013). This is the highest percentage since the survey began:

D5. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding? (Care in hospital after the birth)



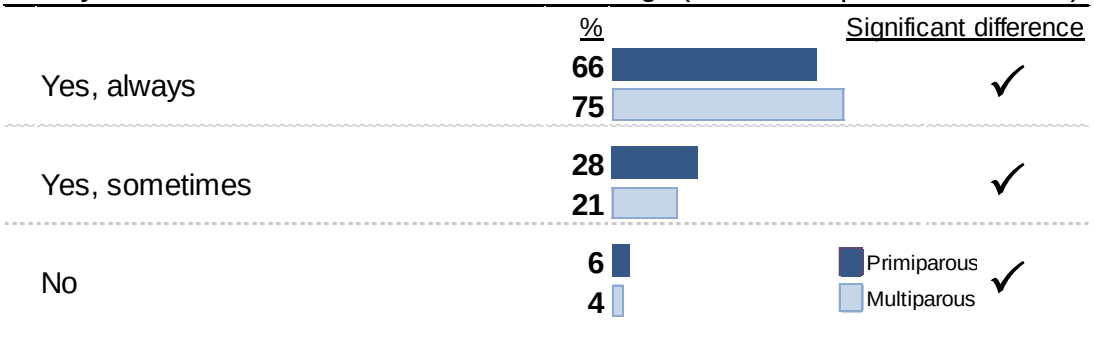
Answered by all who went to hospital

Number of respondents: 2007 (24,688), 2010 (24,236), 2013 (22,450), 2015 (19,879)

Note: those who responded that they could not remember or did not know have been excluded

However, there were substantial differences between primiparous and multiparous women for this question, with more multiparous women reporting that they were always treated with kindness (75% compared with 66% of primiparous women):

D5. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding? (Care in hospital after the birth)



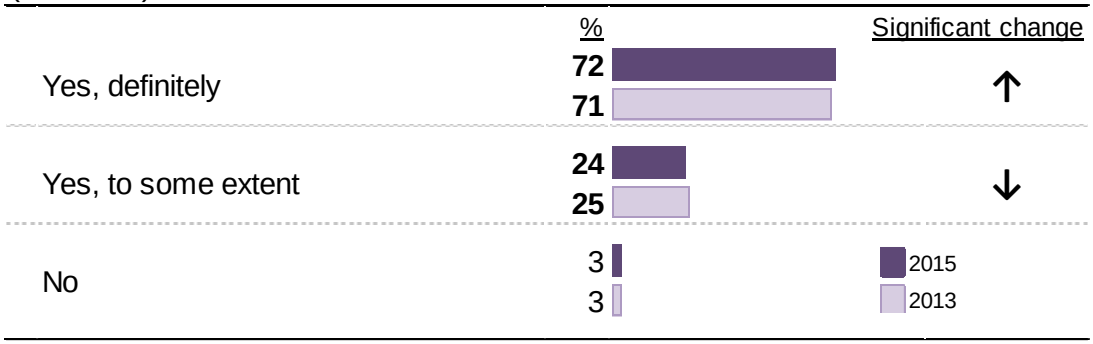
Answered by all who went to hospital

Number of respondents: Primiparous (9,771), Multiparous (10,156)

Note: those who responded that they could not remember or did not know have been excluded

Overall, 72% of women said they always had confidence and trust in the midwives after going home, up from 71% in 2013:

F10. Did you have confidence and trust in the midwives you saw after going home? (Postnatal)



Answered by all who saw a midwife postnatally

Number of respondents: 2013 (22,481), 2015 (20,065)

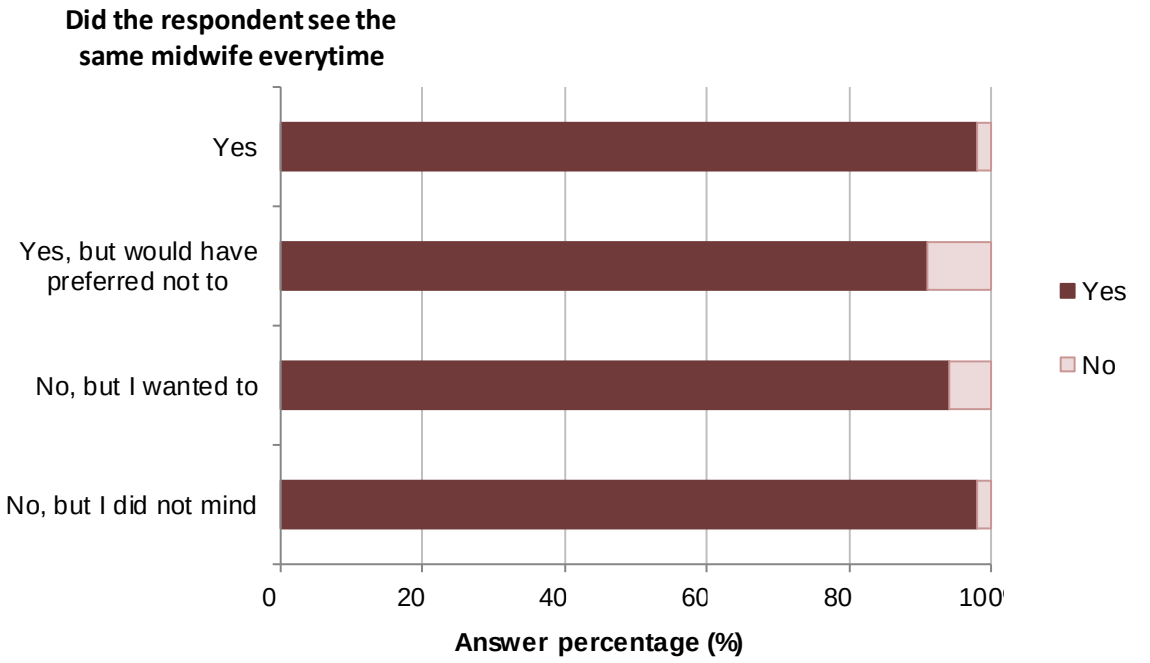
Note: those who responded that they could not remember or did not know have been excluded

However, this figure was much higher for women who saw the same midwife every time (86%). Most women who had seen different midwives but did not mind said that they definitely had confidence and trust in them (79%). For those who did not have the same midwife but wanted to, less than half (48%) reported always having confidence and trust in their midwives. Those who had the same midwife but would have preferred not to were less likely to report having confidence and trust (40%). These findings suggest that high levels of confidence and trust can be achieved with different midwives, and where lacking, may lead women to want to see other midwives.

Overall 97% of women were asked how they were feeling emotionally by a midwife or a health visitor, an increase from 96% in 2013.

Nearly all women who saw the same midwife every time (98%), or did not but did not mind (98%), were more likely to report being asked by their midwife (or midwives) how they were feeling emotionally, compared with women who did not see the same midwife every time but wanted to (94%), or who did see the same midwife but would have preferred not to (91%).

F12. Did a midwife or health visitor ask you how you were feeling emotionally? (Postnatal)



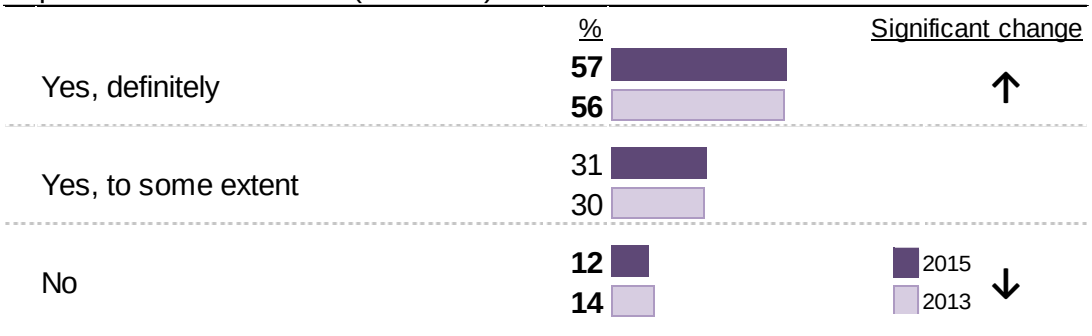
Answered by all

Note: those who responded that they could not remember or did not know have been excluded

Number of respondents: Yes (5,333), Yes, but would have preferred not to (84), No, but I wanted to (4,963), No, but I did not mind (8,557)

Additionally, over half of the women surveyed (57%, up from 56% in 2013) reported that they were definitely given enough information about emotional changes that they may experience after birth; 31% said they had to some extent and 12% said they were not given enough information.

F17. Were you given enough information about any emotional changes you might experience after the birth? (Postnatal)



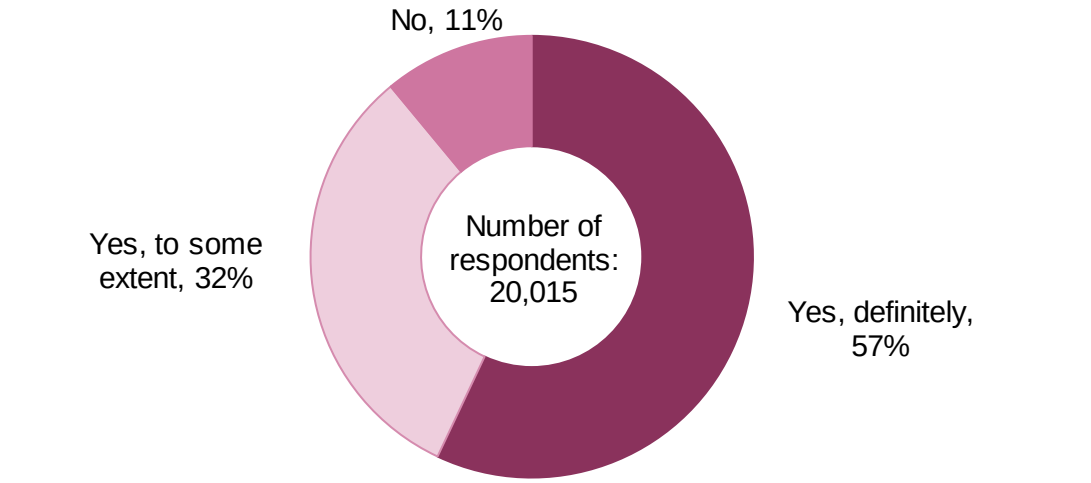
Answered by all

Number of respondents: 2013 (21,305), 2015 (19,063)

Note: those who responded that they did not need this information, or could not remember or did not know have been excluded

Three quarters of women (75%) said they were told who to contact if they needed advice about emotional changes, leaving a quarter of women who said they were not. When it came to physical recovery, 57% of women said they had definitely been given information about their physical recovery since the birth of their baby; 32% said they had received information to some extent; and 11% said they were not given enough information about this.

F13. Were you given enough information about your own physical recovery after the birth? (Postnatal)



Answered by all

Note: those who responded that they did not need this information, or could not remember or did not know have been excluded

Survey methodology

As with most surveys in the NHS Patient Survey Programme, the maternity survey used a postal methodology. Up to two reminders were sent to people who did not respond.

All women aged 16 years or over at the time of delivery were invited to take part if they had a live birth within the trust, or at home with assistance from trust staff, irrespective of which facility they used. Trusts drew a random sample from their records during the sampling period. The sample size was sufficient to allow analysis of results at individual trust level. Full details of the sampling are available in the instruction manual for the survey (see the links in Appendix E).

All trusts providing maternity services were eligible to take part in the survey and there were no exclusions. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between April and September 2015.

Analysis methodology

Weighting

Some trusts have a higher response rate than others and would therefore have a greater influence over the England average if a simple mean was 'calculated' across all respondents. To avoid this, weights are applied to the data. By applying these weights, the responses from each trust have an equal influence over the England average regardless of differences in response rates between trusts.

This weighting has been applied to all questions except for the demographic questions at the end of the report (G1-G7). The demographic questions are presented without weights applied, as it is more appropriate to present the real percentages of respondents to describe the profile of respondents, rather than average figures.

The weighting strategy for the results has remained unchanged since the previous survey.

Rounding

The tables present percentage figures rounded to the nearest whole number, so the values given for any question will not always add up to 100%. Please note that rounding up or down may make differences between survey years appear bigger or smaller than they actually are.

Statistical significance

Statistical tests were carried out on the data to determine whether there had been any statistically significant changes in the results for 2015 compared with the last time the survey was conducted in 2013, and first carried out in 2007.

A 'z-test' set to 95% significance was used to compare data between the two years. A statistically significant difference means it is very unlikely that we would have obtained this result by chance alone if there was no real difference.

Due to the relatively large number of respondents, small changes in results may show to be statistically significant. Such small changes do not necessarily indicate a longer term trend.

In other cases, even though there may be a visible change in the results between survey years, it is not significant. There are a number of reasons for this, such as:

- Rounding figures up or down makes a difference appear larger than it actually is.
- Generally speaking, the larger the sample size, the more likely that findings will be statistically significant, and we can be more confident in the result. Conversely, the fewer people that answer a question, the greater the difference has to be in order to be statistically significant.
- The amount of 'variance' also affects whether the difference is significant. 'Variance' means the differences in the way people respond to the question. If there is a lot of variance then differences are less likely to be statistically significant.

Design and interpretation of the questionnaire

All questions included in the survey were tested during survey development work to ensure that they are of importance to people who use services, and/or stakeholders. More information on survey stakeholders and how they use the data can be found in Appendix C.

The questionnaire contains the following sections: dates and your baby, the start of your care during pregnancy, antenatal check-ups, during your pregnancy, your labour, the birth of your baby, the staff caring for you[36], care in hospital after the birth, feeding your baby, and care at home after the birth.

Where possible, the same questions are used in each survey to enable year-on-year comparisons. However, the questions are reviewed before each survey to determine

36. Some questions in the survey asked specifically about midwives, whereas others referred more generally to 'staff'. The term 'staff' in this report is intended to cover midwives, midwife support workers, consultants, hospital doctors and any other staff that work on maternity wards.

whether any new questions are needed, to ensure that the questionnaire is up to date and in line with current policy and practice. The ongoing work to develop the questionnaire has shown that all survey questions are important to people who use services and/or to other stakeholders who use the survey data in their work, such as NHS England.

New questions for 2015:

- B10: During your antenatal check-ups, did the midwives appear to be aware of your medical history?
- B13: During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?
- C2: Did you have a home birth?
- C15: If you needed attention during labour and birth, were you able to get a member of staff to help you within a reasonable time?
- D3.If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you within a reasonable time?
- D6: Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?
- F15: If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?
- F18.Were you told who you could contact if you needed advice about any emotional changes you might experience after the birth?

Appendix A: Other sources of information related to the key findings

Maternity Matters: Choice, access and continuity of care in a safe service

This report was published by the Department of Health in April 2007. It set out the need for flexible services with a focus on the needs of the individual, especially those who are more vulnerable or disadvantaged. It also emphasised the need for all women to be supported and encouraged to have as normal a pregnancy and birth as possible. It made four national 'choice guarantees':

1. Choice of how to access maternity care.
2. Choice of type of antenatal care.
3. Choice of place of birth – depending on their circumstances, women and their partners will be able to choose between three different options. These are:
    a. a home birth
    b. birth in a local facility, including a hospital, under the care of a midwife
    c. birth in a hospital supported by a local maternity care team including midwives, anaesthetists and consultant obstetricians. For some women this will be the safest option.
4. Choice of place of postnatal care.

Safe Births: Everybody's Business

The King's Fund set up an independent inquiry into the safety of maternity services in England in 2006 to find out what could be done to make maternity care safer. The focus was on the safety of mothers and babies during birth. http://www.kingsfund.org.uk/projects/maternity-services-inquiry

Midwifery 2020: Delivering expectations

The Midwifery 2020 programme was commissioned in 2008 by the Chief Nursing officers for England, Wales, Northern Ireland and Scotland. The report concentrates on how midwives can lead and deliver care in a changing health care environment, reflecting policy and service direction. It also identifies the changes required to the way that midwives work, their role, responsibilities, education and/or professional development. See https://www.gov.uk/government/publications/midwifery-2020-delivering-expectations.

National Institute for Health and Care Excellence (NICE)

NICE quality standards are statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from the best available evidence such as NICE guidance and other evidence sources accredited by NICE. They make evidence-based recommendations on a range of topics, which should be used by staff as appropriate, with the aim of promoting individualised and integrated care. In this statistical release, we feature the following guidelines:

- QS22 - Quality standard for antenatal care https://www.nice.org.uk/guidance/qs22
- CG62 - Antenatal care for uncomplicated pregnancies https://www.nice.org.uk/guidance/cg62/
- CG190 - Intrapartum care for healthy women and babies https://www.nice.org.uk/guidance/cg190
- CG55 - Intrapartum care: Care of healthy women and their babies during childbirth https://www.nice.org.uk/guidance/cg55
- CG37 - Postnatal care up to 8 weeks after birth https://www.nice.org.uk/guidance/cg37
- PH11 - Maternal and child nutrition https://www.nice.org.uk/guidance/ph11

The Report of the Morecambe Bay Investigation

In March 2015, The Report of the Morecambe Bay Investigation reported on the serious incidents, including the deaths of mothers and babies, that occurred at University Hospitals of Morecambe Bay NHS Foundation Trust. The report sets out 43 recommendations for the trust and the wider system to ensure that the lessons from these incidents are learned.[37]

37. https://www.gov.uk/government/organisations/morecambe-bay-investigation

Appendix B: Comparisons with other data

The statistics from the 2015 maternity survey relate to England and English NHS trusts, so will **not** be directly comparable with other surveys because the survey reflects people's experiences of different healthcare systems using different methodologies, questions and samples. However, even where questions and methodologies aren't identical, other surveys can provide a useful context to our findings and enable a broader understanding of maternity care across different scales and systems. We ask our data users to treat all similar data with caution before drawing general conclusions, due to those limitations in comparability.

Scotland

The first Scottish Maternity Survey took place in summer 2013. The survey provides valuable information on the quality of maternity services from the perspective of women who gave birth in Scotland. The aim of the survey was to find out about the experiences of mothers during the different stages of their maternity care. The questionnaire used was that developed by the Care Quality Commission for the 2013 maternity survey in England, and the survey was undertaken in Scotland in partnership with the Nursing, Midwifery and Allied Health Professions (NMAHP) Research Unit. The Unit is jointly run by Glasgow Caledonian University and the University of Stirling. Quality Health Ltd, a patient experience survey contractor administered the survey. This contractor was also used by some NHS trusts for the 2015 CQC Maternity Survey.

The Scottish survey was undertaken concurrently with the English maternity services survey (2013) using the same questionnaire, with only minor modifications for use in the Scottish context and this has allowed some comparison of results. There are significant differences between the organisation and monitoring of maternity care in Scotland and England, but the requirement for the provision safe, effective and women-centred care and indicators of quality of care are the same. A full comparison of results for questions contained in both the Scottish and English questionnaires can be found in Appendix 2 of the Scotland survey report.[38]

There are around 700,000 annual births in England compared to approximately 58,000 births in Scotland each year. Therefore, the Scottish survey sample was relatively small in comparison to the sample of the English survey. Further, the 2013 survey in England was the third in a series of maternity service surveys while the Scottish survey was the first of its kind in recent years. Results for England may therefore be presented as comparisons with previous results to map progress against maternity care targets over time and to demonstrate some improvements in aspects

38. www.gov.scot/resource/0044/00442833.pdf

women's experience that may give some cause for concern. In contrast, the Scottish survey was the first national survey of maternity care undertaken in recent years, and therefore it has only been possible to benchmark performance against maternity care policy and guidance and to compare performance across NHS Boards although these may differ in geographical and demographic characteristics. Furthermore, questions about continuity of care were asked differently in the questionnaires making direct comparisons difficult. Maternity services in Scotland and England are increasingly divergent in their commissioning processes and organisational structure.

The results of the Scottish survey in 2013 were published *after* the English results, so they were in a better position to make the specific comparisons. NHS Scotland published the results of their 2015 survey at the same time as this report was published.

See the website for more information:
http://www.gov.scot/Topics/Statistics/Browse/Health/maternitysurvey/2015Results

Northern Ireland

Researchers at the School of Nursing and Midwifery, Queen's University Belfast, are conducting the first comprehensive survey into women's experiences of maternity services in Northern Ireland. They are working in partnership with the National Perinatal Epidemiology Unit at the University of Oxford and the Northern Ireland Statistics & Research Agency. It has been announced that the survey started in January 2015 and ran to June 2015. All mothers who gave birth between 1 October and 31 December 2014 were invited to respond and received the survey in the post.

The Northern Ireland survey is based on the 2013 English maternity survey, so this should provide useful comparison data. In this study, all women aged 16 years and over who had a live birth in a 12-week period from October 2014 to January 2015 were sampled by the Northern Ireland Statistics and Research Agency (NISRA) from birth registrations. The overall findings of the study, which are expected to be published in early 2016, will be made available to help plan and improve maternity services in Northern Ireland. CQC intends to map the questions that are comparable to the 2015 survey to compare results across the two countries in a similar fashion to the format provided by NHS Scotland. As the publication date was not set at the time of publishing this statistical release of the results of the England survey, CQC cannot say whether results will be comparable

Details are available at:
https://www.qub.ac.uk/schools/SchoolofNursingandMidwifery/Research/ResearchInPractice/Projects/WomensExperienceWithMaternityCare/

Wales

There is currently no equivalent survey run by the Welsh National Health Service.

The National Perinatal Epidemiology Unit (NPEU)

The NPEU is a multidisciplinary research unit based at the University of Oxford, which has provided valuable input during the development of the 2015 maternity survey. The unit has carried out its own maternity survey every four years, with the most recent survey conducted in 2014, funded by the Department of Health Policy Research Programme. It was on a smaller scale than the CQC survey, with a sample size of 10,000, and a useable response rate of 47%. This equated to 4,571 participants (vs. 20,631 participants in the 2015 CQC maternity survey). The sample in the NPEU survey was selected by the Office for National Statistics using birth registration records rather than NHS trusts directly. As with CQC's survey, women whose babies had died and mothers younger than 16 years were excluded. Additional data on respondents were provided by ONS, which included marital status, the small area-based measure Index of Multiple Deprivation (IMD) quintile and the large scale geographical region in which women were living. Thus data can be analysed by geographical area, whereas CQC breaks the data down by NHS trust in separate benchmarking reports.

The structure of the survey is very similar to the CQC survey, covering themes such as antenatal care, number of check-ups, location of birth, method of birth, feeding assistance, and staff care. However, NPEU use a longer survey and have differently focused sections including antenatal screening with testing for Down's Syndrome, babies needing specialist care, involvement of fathers and partners and more questions on maternal mental health/emotional well-being.

More information is available at www.npeu.ox.ac.uk

Appendix C: Main uses of the survey data

This appendix lists known users of data from the maternity survey and how they use the data. CQC is currently reviewing the use of all survey data to identify who uses it. We will focus on patient and carer groups to better understand how those groups use data and to identify whether any further measures can be taken to support their use.

NHS trusts and commissioners

Trusts, and those who commission services, use the results to identify and make the improvements they need to improve the experience of people who use their services.

Patients, their supporters and representative groups

CQC publishes the survey data online for each participating NHS trust, which appears on the trust's profile page. This is found by searching for the name of the organisation. The data is presented in an accessible format to enable the public to examine how services are performing, alongside their inspection results. The search tool is available from the CQC home page: http://www.cqc.org.uk/

Care Quality Commission (CQC)

The Care Quality Commission will use the results from the survey in the regulation, monitoring and inspection of acute trusts in England. Survey data will be used in the CQC Insight system, which provides inspectors with an assessment of risk in areas of care within an NHS trust that need to be followed up. The survey data will also be included in the data packs produced for inspections. Results will also form a key source of evidence to support the judgements and ratings published for trusts.

NHS England

NHS England use questions from the NHS National Patient Survey Programme (specifically the inpatient, outpatient, community mental health and A&E surveys) to produce a separate index measure called the Overall Patient Experience Score. The score forms part of a regular statistical series that is updated alongside the publication of each respective survey. More information is available at http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/.

The scores are calculated in the same way each year, so that the experience of people who use NHS services can be compared over time. As part of the supporting documentation, NHS England also produce and publish a diagnostic tool to help NHS managers and the public to understand what feeds in to the overall scores and to see how scores vary across individual NHS provider organisations. The tool is available at http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/sup-info/.

Department of Health

The Government's strategy sets out a commitment to measure progress on improving people's experiences through Domain 4 of the NHS Outcomes Framework 'ensuring people have a positive experience of care', which includes results from the maternity survey, among other data sources.

The Framework sets out the outcomes and corresponding indicators that the Department of Health uses to hold NHS England to account for improvements in health outcomes, as part of the Government's Mandate to NHS England. The Outcomes Framework survey indicators are based on the standardised, scored trust level data from the survey (similar to that included in the CQC benchmark reports), rather than the England level percentage of respondents data that is contained within this report.

For more information see www.gov.uk/government/publications/nhs-outcomes-framework-2015-to-2016.

NHS Trust Development Authority

The NHS Trust Development Authority will use the results to inform quality and governance activities as part of its Oversight Model for NHS Trusts. See http://www.ntda.nhs.uk/.

Appendix D: Quality and Methodology

All detail on data limitations can be found in the Quality and Methodology document, available at http://www.cqc.org.uk/content/maternitysurvey.

Revisions and corrections

CQC publishes a Revisions and Corrections Policy relating to these statistics. The National Patient Experience Survey data is not subject to any scheduled revision as they capture the views of patients about their experiences of care at a specific point in time. All new survey results are therefore published on CQC's website and NHS Surveys, as appropriate, and previously published results for the same survey are not revised.

This policy sets out how CQC will respond if an error is identified within this and it becomes necessary to correct published data and/or reports.

Appendix E: Further information and feedback

Further information

The report outlining CQC's response and the trust level results can be found on CQC's website. You can also find a 'technical document' here, which describes the methodology for analysing the trust level results, and a 'quality and methodology' document, which provides information about the survey development and methodology. See http://www.cqc.org.uk/content/maternitysurvey

The **national results** from previous maternity surveys that took place in 2007, 2010 and 2013 are available at http://www.nhssurveys.org/surveys/299

The **trust results** from previous maternity surveys that took place in 2007, 2010 and 2013 are available at:

- 2007: http://www.nhssurveys.org/surveys/312
- 2010: http://www.nhssurveys.org/surveys/574
- 2013: http://www.nhssurveys.org/surveys/734

Full details of the methodology for the survey, including questionnaires, letters sent to people who use services, instructions on how to carry out the survey and the survey development report, are available at http://www.nhssurveys.org/surveys/825.

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys can be found at www.cqc.org.uk/public/reports-surveys-and-reviews/surveys.

Further questions

This summary has been produced by CQC's Survey Team and reflects the findings of the maternity survey 2015. The guidance above should help answer any questions about the programme and you are advised to review that information carefully. However, if you wish to contact the Team directly, please contact Paul Williamson, User Voice Development Manager, Patient.Survey@cqc.org.uk.

Feedback

We welcome all feedback on the survey findings and the way we have reported the results, particularly from people using services, their representatives, and those providing services. If you have any views, comments or suggestions on how this publication could be improved, please contact Paul Williamson, User Voice Development Manager, Patient.Survey@cqc.org.uk.

CQC will review your feedback and use it as appropriate to improve the statistics that we publish across the National Patient Survey Programme.

If you would like to be involved in consultations or receive updates on the NHS Patient Survey Programme, please subscribe here: www.cqc.org.uk/surveyupdates

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459