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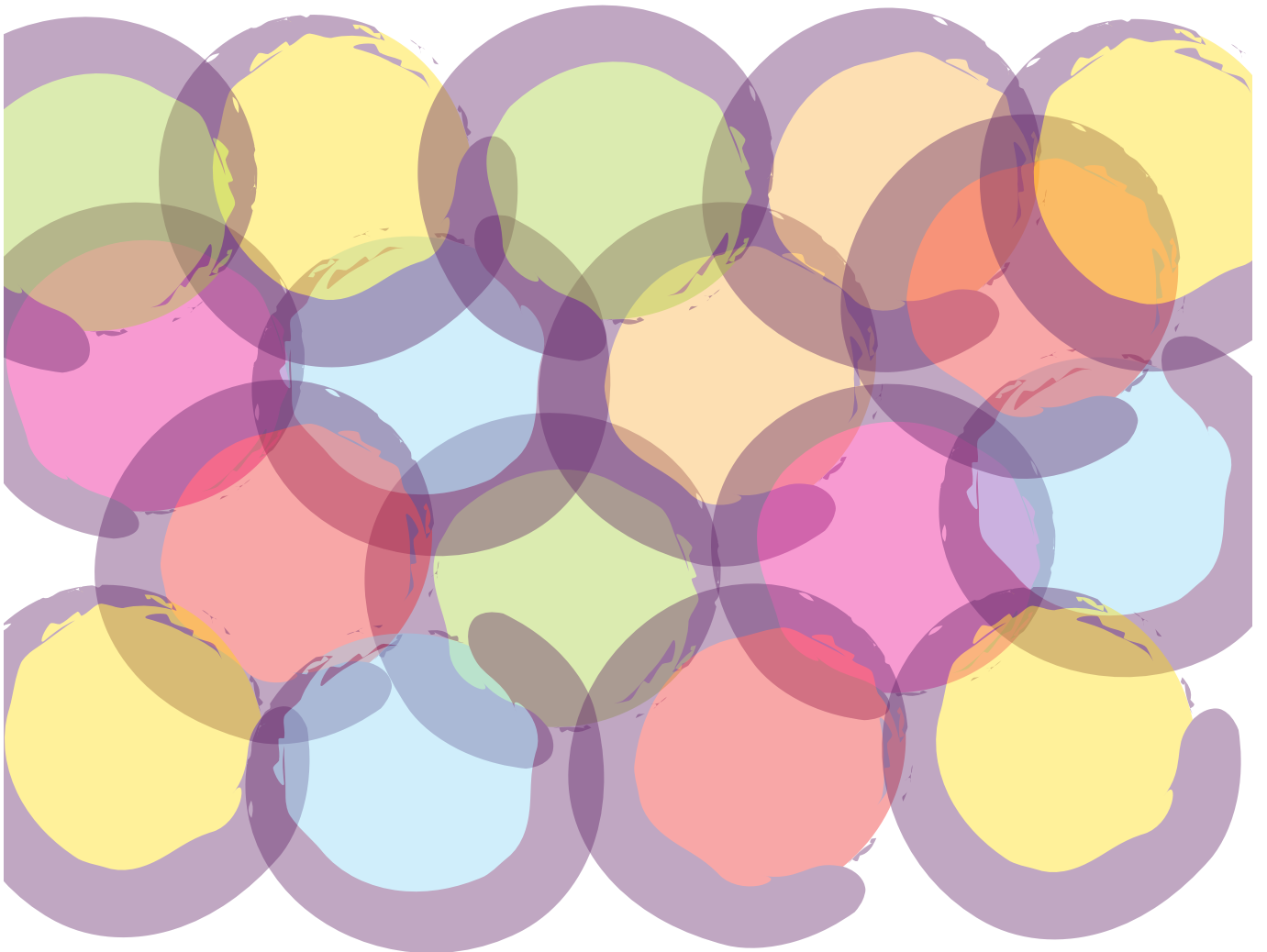


*The Royal College of*  
**Midwives**

## **Maternity Services**

What women thought of their care

November 2010



## **Foreword**

Too often hospitals receive complaints from individuals but perhaps don't really hear in a systematic way about the things that go well. It is also true that within maternity services, the focus is understandably on the birth of the baby.

In this study we took a step back to look at the service as a whole and to identify the experiences of a large sample of women from across the country. Netmums was delighted to have been asked by the Royal College of Midwives to work jointly on this research.

From our perspective, there are two key points that stand out from the results. The first is that when mums and dads-to-be have good information and feel involved in decision-making, their experience is a better one, whatever difficulties they face along the way. As with other services, it is not just being provided with information, but it is the relationship with the midwife that is important, and as well a sense of trust in the service as a whole.

The second key area that Netmums has noticed seems to have been deteriorating in recent years is the quality of postnatal care, and indeed in this survey, 43% said they didn't have sufficient access to a midwife postnatally. The postnatal period is a crucial time, when mother and baby bond and many mums learn to breastfeed. It would seem to be the case that a family who go home feeling anxious and alone are far more likely to have difficulties later on. We hope these results will give further impetus to address this.

It should also be noted that 70% of mums reported that they received good or excellent care overall. Many feel passionately that their midwife has played a significant role at this very personal time of change.

This survey is a powerful reminder of the importance of listening to mothers. We hope those responsible for maternity services will not only listen but also find ways to act upon the findings, and that the voices of these 3,400 women might be a contribution to generating improvements. We also hope that it will be helpful to the Royal College of Midwives as they continue to help in the development of policy and campaign for the resources needed to implement a good standard of care in all places.

Finally, I would like to thank Alexa Gray for her hard work in putting together this comprehensive report.

Sally Russell, Netmums

## ***Executive Summary***

In October 2009 a survey of mothers was undertaken by Netmums and the Royal College of Midwives. Over 3,400 mothers completed the online survey which asked about their most recent experience of maternity services in the UK.

This paper considers the link between various aspects of maternity services and the ratings women gave for their overall care. The response to each question has been compared to the rating of overall care and the differences are considered in this paper. No correlation analysis has been undertaken.

The analysis of the data revealed a number of links between specific aspects of maternity care and the ratings of overall care. From these findings the indicators were identified from the strongest links in each phase of maternity care – antenatal, labour and birth, and, postnatal care. The strongest links were in the labour and birth, and postnatal phases of care.

### Antenatal

- Having the phone number of a midwife to call if worried
- Having a choice of where to give birth

### Labour and Birth

- Being involved in decisions about care
- Being left alone during labour and birth or immediately afterwards when it was worrying

### Postnatal

- Feeling supported with feeding baby
- Having adequate access to a midwife on the postnatal ward

### Overall

- Being provided with enough information and explanations throughout pregnancy and immediately after birth.

There are limitations to the data and analysis in this paper. The paper can only consider responses to the questions that were asked in the survey. The underlying factors and influences on these responses cannot be extracted from the data. For example, in question 6 women were asked whether or not they were offered NHS antenatal classes. Women who are not having their first child are often not offered antenatal classes, however, there was no question relating to the number of children a woman has. This survey was an online survey that was available to women who belonged to the Netmums' network. It is not representative of the UK population.

This survey highlighted the ongoing need to ensure one to one care for women throughout their pregnancy, labour and birth, and postnatal experience. For this to happen there is a need for more midwives throughout the UK.

There are however, some simple things that midwives and maternity services can do now that make a big difference to a woman's perception of the quality of her care. This includes involving women in decision making around their care, providing explanations of why choices may not be available or why certain care pathways need to be followed, providing supportive information

for feeding whatever a woman's preferred method maybe, reading a woman's birth plan and ensuring handovers include this information. Where a woman's plan or choice cannot be followed, informing her and involving her in the decision making process. These small things can have a positive effect on how women rate their overall care.

## **Introduction**

*Mary\*, 31-40, North West England*

*I have written to my local hospital to praise the midwives as the care I had both during my pregnancy and home birth of my second child was exemplary. I could not fault the care in any way and the midwife that attended the birth was so amazing I could not have done it without her. It really was a wonderful experience, I was lucky to have had the encouragement and support from a number of midwives from our team.*

The Netmums' survey on Maternity services was a joint venture between Netmums and the Royal College of Midwives (RCM). Netmums is an online network for mothers (and fathers), offering a wealth of information on both a national and local level. Mothers can register on their local site and access details for all kinds of local resources, from child-friendly cafes to childminders, places to go and much more. They can chat with other local mothers in the 'coffee house', read local recommendations and check out information on pre-schools or schools in their area.

The 'Netmums' survey' was an online survey which was available to members of the Netmums' network to complete. There were 3,484 responses to the survey. Respondents were asked to relate their answers to their most recent pregnancy. The percentages and calculations in this report include the non-response rates and are based on the total number of survey respondents. The survey did not ask if this was the woman's first pregnancy or how many children she had.

This report describes the views of a large sample of mothers and it explores how their experiences of particular aspects of maternity care influence their overall rating of care. To do this, the responses to each question were examined against the rating of overall care to see whether there was any significant difference. For some aspects of care the variance between ratings of care was minimal while for others a strong link was clearly visible.

It is important to note that the overall care rating is influenced by more than one variable so the response to one particular question cannot be considered in isolation. There are also other influencing factors that are not included in the survey, such as whether the woman had a high risk or low risk pregnancy, or her health at the time of the survey. Ratings are also influenced by when the mother perceived the 'end point' of her care to be.

## **Findings**

## Rating of overall maternity care

*Jane\*, 31-40, North West England*

*I have been consistently impressed with the care and attention I received during my most recent pregnancy, an earlier miscarriage and my first pregnancy and birth. I believe the care I received was excellent and have high regard for those who choose midwifery as a profession as they play such an important part in people's lives.*

*Sarah\*, 21-30, Eastern England*

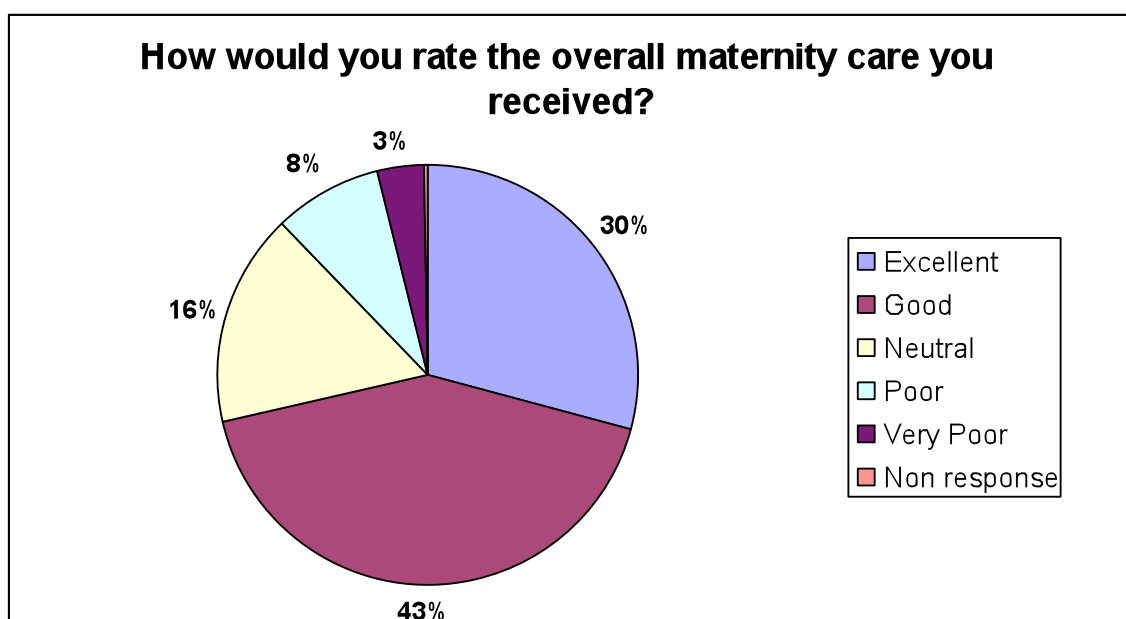
*I had the most wonderful midwife when in hospital, as I had a very difficult labour & she stayed with me to go to theatre after her shift had finished. I was very lucky again to have her with me for the birth of my 2nd baby & I am hoping she will be on duty when I have my 3rd baby in 3 weeks! The care from the midwives when I was in postnatal ward, well they were there, but not very often, always seemed "to busy" to help, so I had an awful time trying to breastfeed my first baby, so I gave up in the end & swore I would never try it again. Homecare from the midwives was on/off, depending on who was on duty. But overall care, I would rate it quite high.*

*Anna\*, 21-30, North West England*

*I was left alone a lot during labour & remember feeling very scared when I felt the need to push & no midwife was with me. My husband went to look for assistance & was told that midwives were in the middle of a changeover so would be along once finished there - I was very stressed, upset and scared as it was the birth of my 1st child. I also received little care once on the maternity ward & felt the staff were too busy to deal with me I just wanted to leave as soon as possible. I hated my experience in hospital and if I were to have another child I would opt for a home birth due to the lack of care & attention received in the hospital (Whiston). The care received by the midwives that attended my home following the birth was good if a little infrequent.*

Seventy two percent of mothers rated their care as good or excellent while 12 percent rated it as poor or very poor. The remaining 17 percent of mothers felt neutral about their experience. The comments provided by women indicate that many of them had a mixed maternity experience.

The quotes above reflect the range of experiences that women commented on. They also show the importance women place on quality care during all aspects of pregnancy, labour and birth, and postnatal care. In the survey mothers were asked how they rated their overall maternity care.



**Table 1: Rating of overall maternity care**

Rating	Number	Percentage
Excellent	1017	29.2%
Good	1472	42.3%
Neutral	574	16.5%
Poor	288	8.3%
Very Poor	119	3.4%
Non response	14	0.4%
<b>Total</b>	<b>3484</b>	

## Demographics

### Variation by country

The response to the survey by country is shown in Table 2 below. It is an approximate reflection of the UK population by country.

**Table 2: The country where survey respondents were living whilst pregnant**

Country	Number	Percentage	Country's actual proportion of UK residents
England	2816	80.8%	84%
Scotland	310	8.9%	8%
Wales	107	3.1%	5%
N. Ireland	63	1.8%	3%
Outside UK	10	0.3%	
No country specified	178	5.1%	
<b>Total</b>	<b>3484</b>	<b>100.0%</b>	

When country of residence during pregnancy was compared to the ratings of care, there were some minor differences between countries. In England, 71 percent of mothers rated their care as good or excellent. This compares to 76 percent in Scotland, 73 percent in Wales and Northern Ireland. Mothers in

England were more likely to rate their care poor or very poor (12 percent) compared to other countries (8 percent in Scotland and Wales and 10 percent in Northern Ireland).

**Table 3: Rating of overall maternity care by country**

Rating	England	Scotland	Wales	Northern Ireland
Excellent	28.5%	37.1%	30.8%	34.9%
Good	42.6%	38.7%	42.1%	38.1%
Neutral	16.4%	15.8%	18.7%	17.5%
Poor	8.6%	6.1%	6.5%	9.5%
Very Poor	3.8%	2.3%	0.9%	0.0%

### Regional variation in England

There was also some variance in the ratings of overall care within England. Greater London rated worst of all regions with only 59 percent of mothers rating their overall maternity care as good or excellent, and 18 percent rating it as poor or very poor. This compared to the best rated regions of the West Midlands, rated 78 percent and 7 percent respectively, and East England which rated 77 percent and 8 percent respectively.

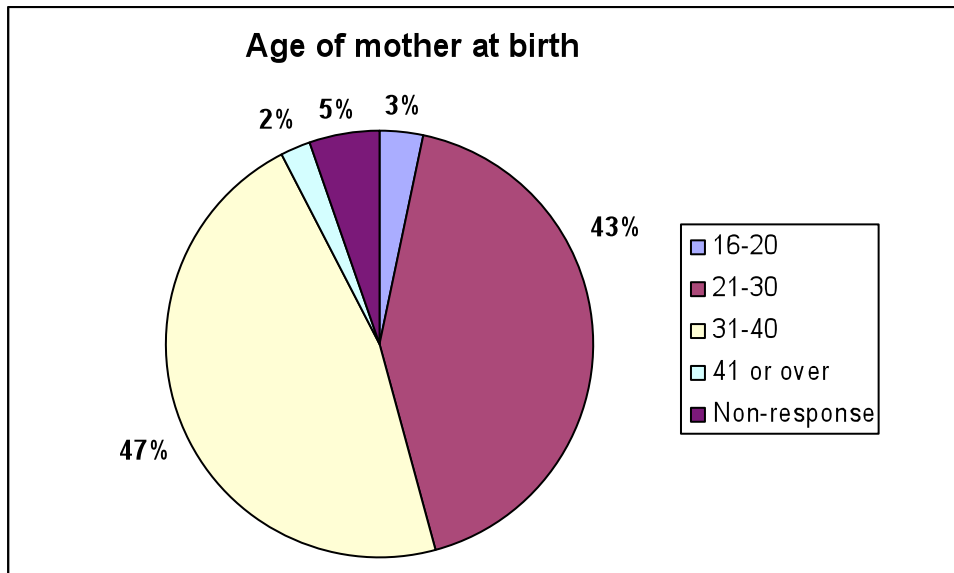
**Table 4: Rating of overall maternity care by region in England**

Region	Number of respondents	Excellent	Good	Neutral	Poor	Very Poor
East Midlands	220	24.1%	46.4%	17.7%	8.2%	3.6%
East England	172	26.7%	50.0%	15.1%	7.6%	0.6%
Greater London	465	21.3%	38.0%	22.6%	12.8%	5.1%
North East	90	36.7%	35.6%	16.7%	5.6%	5.6%
North West	258	30.5%	40.2%	16.6%	7.3%	5.0%
South East	719	25.9%	43.5%	17.0%	9.0%	4.6%
South West	356	36.7%	40.3%	13.4%	7.6%	2.0%
West Midlands	230	28.2%	50.2%	13.5%	5.0%	2.3%
Yorkshire-Humberside	288	31.8%	41.9%	16.6%	6.9%	2.4%
Not specified	12	25.0%	58.3%	8.3%	0.0%	8.3%
<b>Mean (excl. not specified)</b>		<b>29.1%</b>	<b>42.9%</b>	<b>16.6%</b>	<b>7.8%</b>	<b>3.5%</b>

### Age of the mother

Ninety percent of respondents to this survey were aged between 21 and 40 years of age, reflecting the childbearing age range.

Mothers aged 16-20 years were least likely to rate their care as good or excellent with only 56 percent providing one of these responses. Mothers of this age group were also more likely to rate their care as neutral with 31 percent specifying this response. This compared to 18 percent of mothers aged 21-30 years, 14 percent of those aged 31-40 years and 19 percent of those aged 41 plus.



Seventy five percent of mothers aged 31-40 years rated their care as good or excellent, with only 11 percent rating their care as poor or very poor. Those aged 41 plus were most likely to rate their care as poor or very poor with 19 percent of responses falling in these two categories. It is important to note that the number of respondents in the 16-20 and the 41 plus age groups is low, this is somewhat reflective of the number of births to women in these age groups (6% and 4% respectively<sup>1</sup>).

**Table 5: Rating of overall maternity care by mother's age**

Age of mother	Total	Excellent	Good	Neutral	Poor	Very Poor
<b>16-20</b>	116	21.4%	34.2%	30.8%	10.3%	2.6%
<b>21-30</b>	1486	27.4%	42.2%	18.2%	8.7%	3.4%
<b>31-40</b>	1629	32.4%	42.4%	13.7%	7.8%	3.4%
<b>41+</b>	68	22.1%	39.7%	19.1%	10.3%	8.8%
<b>Total/Mean</b>	3299	25.8%	39.6%	20.5%	9.3%	4.5%

### Current age of the child

A significant proportion of responses were for children that were born two or more years ago. Comments indicated that some mothers responded for much older children up to 8 years of age.

<sup>1</sup> ONS Statistical Bulletin: Who is having babies? Dec 2008

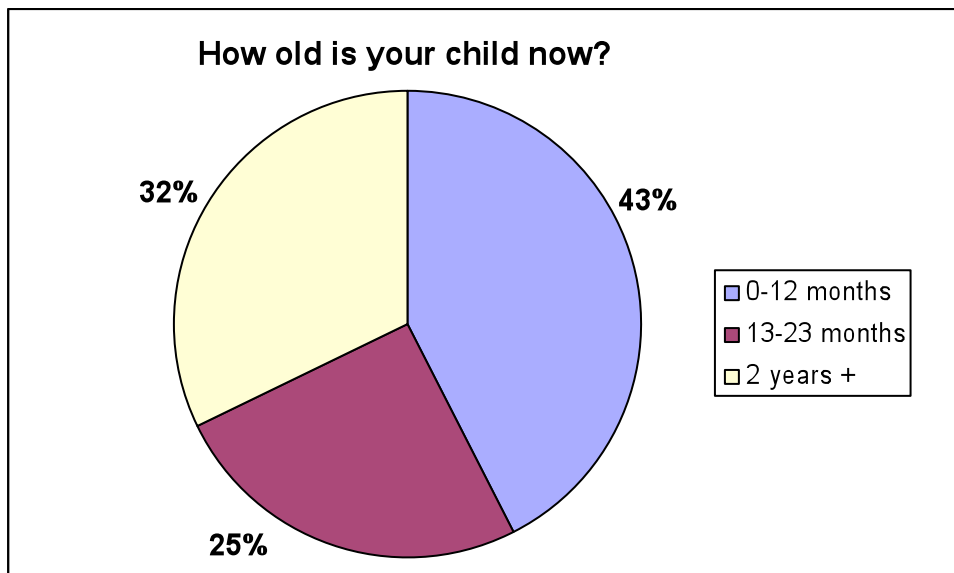


Table 6 below indicates that the trends are similar for all age groups, but mothers of babies aged 0-12 months tended to be more satisfied with their overall maternity care with 74 percent rating it good or excellent. This compares to 71 percent of mothers of babies aged 13-24 months, and 68 percent of mothers of children over 2 years of age. Mothers of babies aged 13 months or older were most likely to rate their maternity care as poor or very poor with 13 percent in each category compared to 10 percent of mothers of 0-12 month old babies.

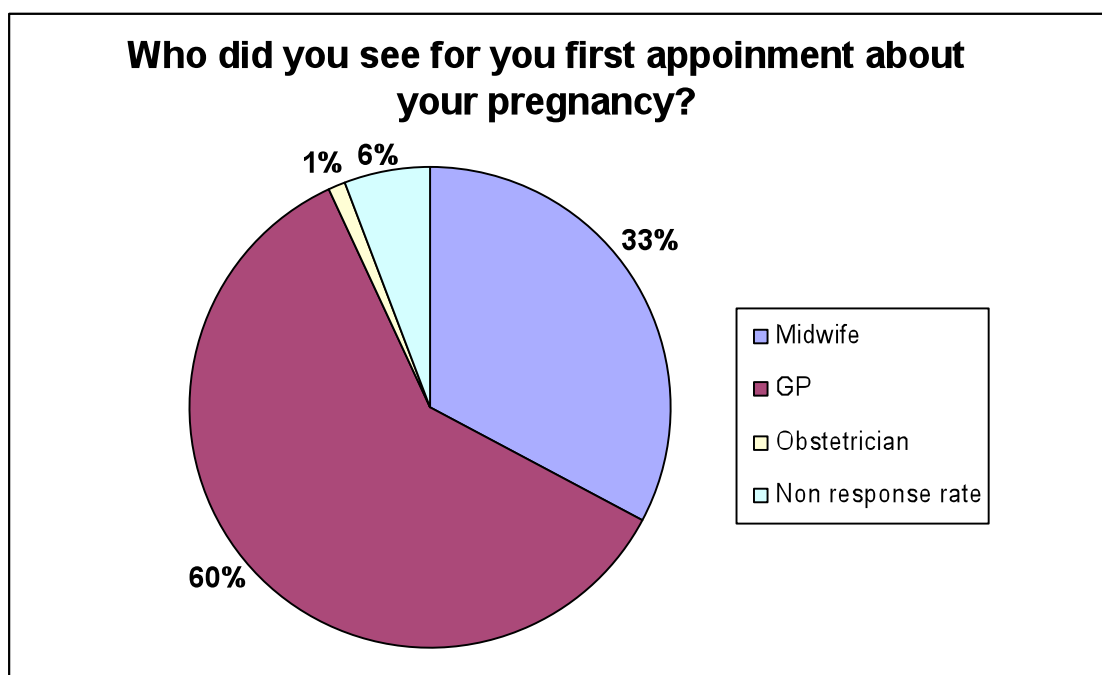
**Table 6: Rating of overall maternity care by current age of the baby**

Age of baby	0-12 months	13-23 months	2+ years
Excellent	33.0%	29.2%	24.2%
Good	41.2%	41.6%	44.2%
Neutral	15.7%	15.9%	17.9%
Poor	6.9%	9.6%	9.2%
Very Poor	3.0%	3.1%	4.1%

### ***Antenatal Care***

#### **First appointment with a health professional**

Women were asked who their first appointment was with regarding their pregnancy. Most women responded that their first appointment was with a GP.



**Table 7: First appointment with a health professional**

<b>Who did you see for your first appointment about your pregnancy?</b>	
Midwife	32.8%
GP	60.2%
Obstetrician	1.1%
<b>Total response rate</b>	<b>94.2%</b>
Non response rate	5.8%

They were also asked whether they were able to have their first appointment with a midwife as soon as they wanted. Nearly three quarters of women were able to have their first appointment as soon as they wanted.

**Table 8: Able to have first appointment with a midwife as soon as wanted**

<b>Were you able to have your first appointment with a midwife during your pregnancy as soon as you wanted to?</b>	
Yes	72.1%
No	27.5%
<b>Total response rate</b>	<b>99.5%</b>
Non-response rate	0.5%

Women who had their first appointment with a midwife were more likely to rate their care as good or excellent (76 percent) and were least likely to rate their care as poor or very poor (9 percent). This compares to 69 percent and 13 percent respectively for women visiting a GP for their first appointment, and, 64 percent and 10 percent for women seen by an obstetrician.

**Table 9: Rating of overall maternity care by first appointment with a health professional**

<b>Rating</b>	<b>GP</b>	<b>Midwife</b>	<b>Obstetrician</b>
Excellent	27.1%	33.9%	35.9%
Good	41.8%	42.5%	28.2%

Neutral	17.7%	14.1%	23.1%
Poor	9.4%	6.6%	5.1%
Very Poor	3.8%	2.7%	5.1%

### Phone number of a midwife

Women were asked whether they had the name and telephone number of a midwife they could contact if they were worried. Eighty three percent of women said that they did have the number of a midwife to contact if they were worried.

**Table 10: Had the name and phone number of a midwife**

During your pregnancy did you have the name and telephone number of a midwife you could contact if you were worried?	
Yes	82.6%
No	16.5%
<b>Total response rate</b>	<b>99.2%</b>
Non-response rate	0.8%

Women who had the telephone number of a midwife during pregnancy were more likely to rate their care highly with 76 percent rating their care as good or excellent. There was a 23 percentage point difference in the excellent ratings of women who did have the number of a midwife than those who did not (33% compared to 10%). Women who did not have the number of a midwife were three times more likely to rate their care as poor or very poor (27% compared to 9%). While there is a clear difference between the ratings of women who did have the number of a midwife and those who did not, this was aspect of care was not one of the strongest overall links.

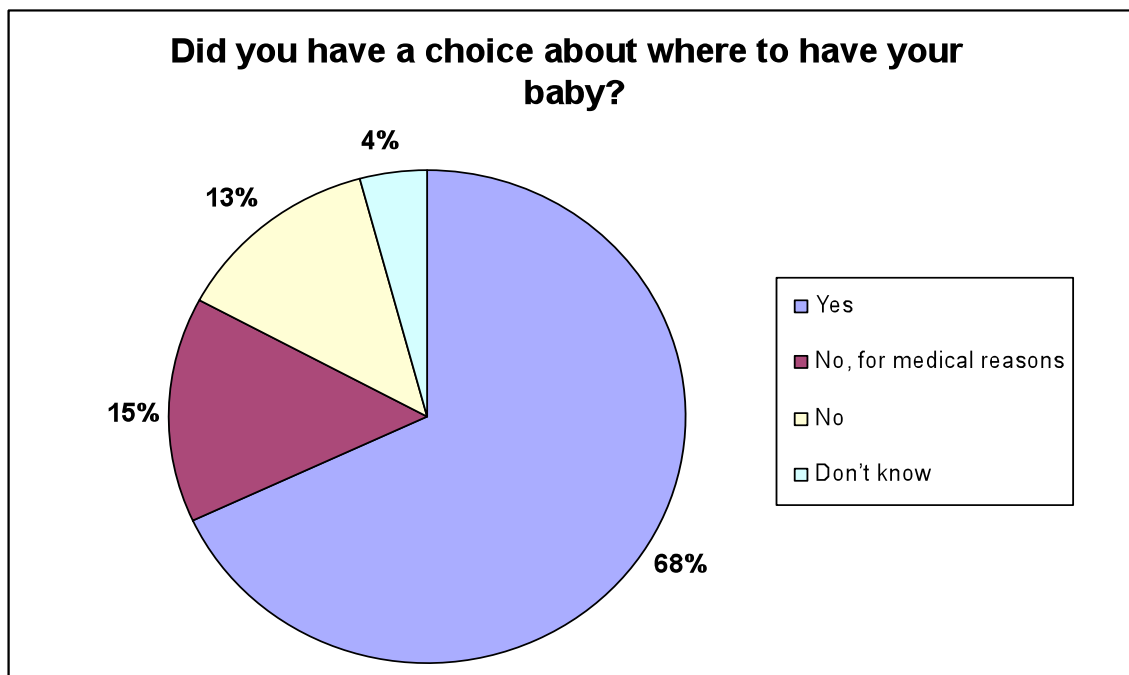
**Table 11: Rating of overall maternity care by had number of a midwife during pregnancy**

Rating	Yes	No
Excellent	33.2%	9.5%
Good	43.1%	38.2%
Neutral	14.8%	25.2%
Poor	6.5%	17.4%
Very Poor	2.3%	9.4%

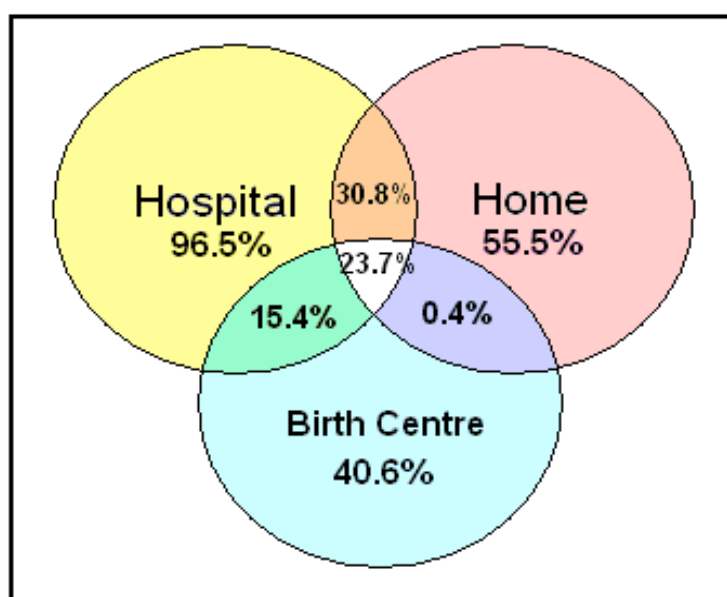
### Choice of where to have your baby

*Janet\*, 21-30, Eastern England*  
*Had a wonderful homebirth with supportive midwives, would like to see this offered more across the board. After a nightmare first birth in hospital (no physical problems, just mental) the birth of my son at home was one of the most amazing experiences of my life, I felt so much more in control and relaxed. Breastfeeding was much more successful and I also felt that immediate rush of love that I never had the first time around. Even though he turned during labour which was very painful I felt well supported and never considered transferring to hospital. This whole experience was 100% down to my midwife who encouraged me to have a homebirth after hearing about my hospital experience and I am so grateful to her for this. She wasn't able to be there for his birth as I had a long latent stage but knowing that she was on my side made me feel that I could do anything...and I did....my son was 9lb 6oz and was a perfect gentle natural birth with iust entonox and mv TeNS.*

Nearly 68 percent of all women felt they were offered a choice about where to have their baby. Fifteen percent were not able to choose due to medical reasons, while 13 percent were not offered any choice. It is worth noting that 8 percent of the 'No', 'No, for medical reasons' and 'Don't know' respondents actually identified one or more choices that they felt they were offered.



'Choice' is a complex area where interpretations of what 'choice' is can vary. Around 25 percent of those who answered 'yes' to the question on choice, only ticked the 'hospital' category on the list of choices offered. One of the goals 'Maternity Matters' is for all women to have a choice of where to give birth. Of the women who said they were offered a choice<sup>2</sup>, 24 percent were offered the choice of all three options – Hospital, Birth Unit/Midwife-led unit, and a Home birth. Nearly 56 percent of women were offered a home birth.



<sup>2</sup> Note that this does not include the 8 percent of women who answered 'No', 'No, for medical reasons', and 'Don't know'.

When all respondents to the survey were taken into account, 16 percent of all women said they were offered a choice of all birth options. The choice of a home birth or a hospital birth was the most common combination of options.

**Table 12: Breakdown of choices offered on where to give birth**

	Percentage of Yes Responses	As a percentage of all respondents
All options	23.7%	16.1%
Home birth & Birth Unit	0.4%	0.3%
Home birth & Hospital	30.8%	21.0%
Birth Unit & Hospital	15.4%	10.5%
Home Only	1.4%	0.9%
Birth Unit Only	1.6%	1.1%
Hospital Only	25.7%	17.5%
<b>Total 'Yes' responses</b>		<b>67.8%</b>

Choice of where to give birth showed a strong link to the rating of overall maternity care. Seventy seven percent of mothers who were offered a choice of where to give birth, regardless of which options they were offered, felt their care was good or excellent. This compares to 46 percent of women who were not offered a choice. Women who were not offered a choice for medical reasons also rated their care much higher than those who were not offered a choice for other reasons (or no specified reason). Based on the comments provided, it appears that women who believed their lack of choice was justified and explained to them, were still likely to rate their care as good or excellent.

**Table 13: Rating of overall maternity care and being offered a choice of birthplace**

Rating	Yes	No, medical reasons	No	Don't know
Excellent	33.8%	25.7%	12.7%	18.5%
Good	43.1%	45.4%	33.6%	46.6%
Neutral	14.2%	16.5%	26.1%	23.3%
Poor	6.2%	9.2%	18.4%	6.8%
Very Poor	2.5%	2.6%	9.0%	4.8%

## Offered NHS antenatal classes

*Sally\*, 21-30, Yorkshire-Humberside*

*...although my particular midwife was really good and the experience overall was good, I was not offered any NHS antenatal classes, and as this was my first child I obviously thought these would be offered without question. We were told that they were fazing them out, and instead were offered a 3 hour 'Active Birth Workshop' in place of this when I was 37 weeks pregnant. Which just covered pain relief and a few delivery complications, and a look round the delivery ward. No info on breathing, positioning etc...*

Almost 70 percent of women were offered antenatal classes. While around 30 percent of women were not offered NHS antenatal classes, it should be noted that women who are not expecting their first child are not always offered antenatal classes. Some women commented on the quality of antenatal

classes and that they felt unprepared for the realities of labour. Others commented that it was difficult to get a place in a class and they felt more classes were needed.

**Table 14: Offered NHS antenatal classes**

During your pregnancy were you given offered NHS-provided antenatal classes?	
Yes	69.8%
No	29.4%
<b>Total response rate</b>	<b>99.2%</b>
Non-response rate	0.8%

While there is a link between whether a woman was offered NHS antenatal classes and her rating of care, the link is not particularly strong. It is unclear whether these results would differ if it were possible to separate out the women who had previously given birth.

**Table 15: Rating of overall maternity care and offering of NHS Antenatal classes**

Rating	Yes	No
Excellent	32.4%	21.7%
Good	42.8%	41.6%
Neutral	15.1%	20.1%
Poor	7.1%	11.4%
Very Poor	2.7%	5.1%

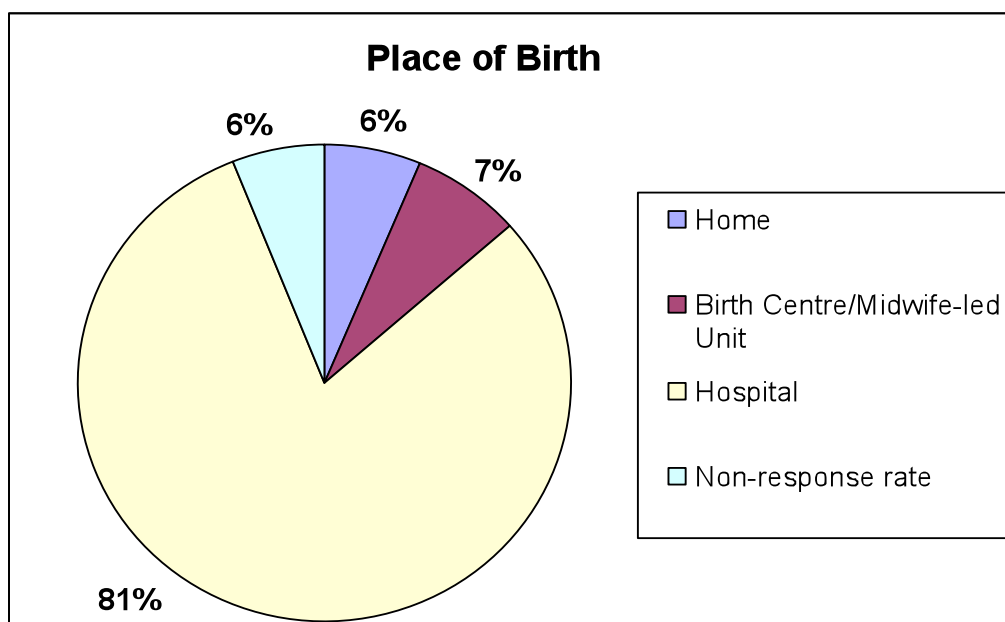
## ***Labour and Birth***

### **Place of Birth**

*Kim\*, 31-40, Yorkshire-Humberside*

*...at the Jubilee Birth Centre, Castle Hill Hospital, Cottingham - my first child and I gave birth in the birthing pool with a midwife and nursing assistant present. All of the staff were fantastic and couldn't have been more helpful. I sailed through the birth and recovery as a result and also breast fed my son for 6 months. I can honestly say that my brilliant experience helped me give my son the best possible start to his life and it will be remembered as a very happy time. Jubilee is a midwife led unit.*

The 'place of birth' describes the physical place where a woman gave birth to her baby. The options respondents could choose from were: Home; Birth Centre/Midwife-led Unit; and, Hospital. The overwhelming majority of women gave birth in a hospital.



The place of birth did show a link to the overall care rating. Women who gave birth in a Birth centre or Midwife-led unit were more likely to rate their care highly with 88 percent rating their care as good or excellent. Only 4 percent rated it as poor or very poor in a birth centre or midwife-led unit compared to 13 percent of those who had hospital births. Home births also rated well with 56 percent of responses indicating the care they received was excellent.

**Table 16: Rating of overall maternity care by place of birth**

Rating	Hospital	Birth Centre / Midwife-Led Unit	Home
Excellent	25.6%	49.4%	55.8%
Good	43.5%	38.6%	29.0%
Neutral	17.7%	8.4%	10.3%
Poor	9.2%	3.2%	4.0%
Very Poor	3.9%	0.4%	0.9%

## Type of Birth

*Meredith\*, 31-40, South East England*

*My pre-natal care was good, my labour, delivery and post-natal care could have been a lot lot better. I pushed for 2 hours with midwife telling me I was doing well and that they could see baby's head, 4 hours later I was given emergency c-section and baby was found to be looking upwards and lying across my tummy. What were they all looking at 4 hours earlier? Why did they leave me so long?*

'Type of birth' refers to whether a woman gave birth naturally, with interventions (e.g. forceps, ventouse) or had a caesarean section (planned or unplanned). The majority of mothers responding to this survey had a natural birth without interventions. The proportion of caesarean sections, both planned and unplanned, is slightly lower than the 25 percent UK rate recently published by HES<sup>3</sup>. The percentage of interventions is slightly higher than the 12 percent recorded in the year 2008/09.

<sup>3</sup> HES maternity data for 2008-09 available from <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1009>

**Table 17: Type of Birth**

<b>Type of birth</b>	
Birth with no interventions	52.6%
Birth with interventions (e.g. forceps, ventouse) <sup>4</sup>	18.7%
Caesarean section - unplanned	15.3%
Caesarean section - planned	7.7%
<b>Total response rate</b>	<b>94.2%</b>
Non-response rate	5.8%

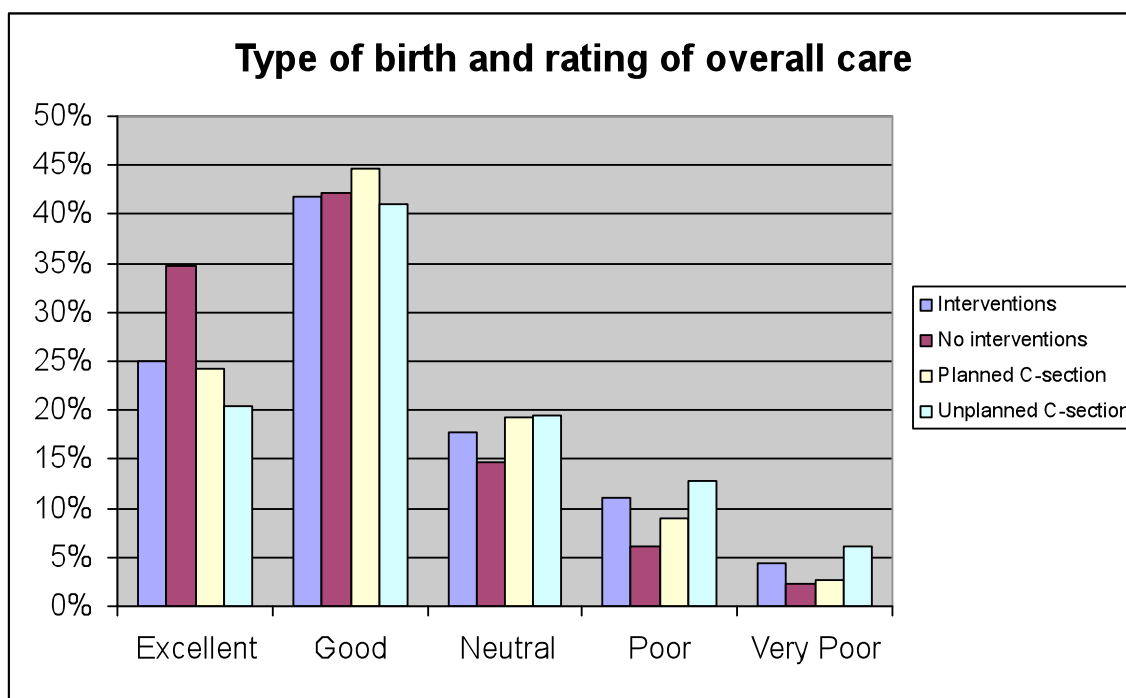
The type of birth showed a link with the rating of overall maternity care, however it was not as strong as other elements of care. Women who had a birth with no interventions were much more likely to rate their care as good or excellent (77%) compared to women who had a birth with interventions (67%), and women who had planned or unplanned caesarean sections (69% and 62% respectively). Women who had unplanned caesarean sections were most likely to rate their care poorly with 19 percent rating their care as poor or very poor.

Women who had a planned caesarean section rated their care more highly than those who had an unplanned caesarean section or who had a birth with interventions. Based on the comments women provided, it appears that care was often rated poorly for interventions and unplanned caesarean sections where women felt the birth could have been better managed by the midwife or other health professionals. Many felt poor management or pressure to progress within a specified timeframe had led to the intervention or the unplanned caesarean section, which otherwise may have been avoided.

**Table 18: Rating of overall maternity care by type of birth**

<b>Rating</b>	<b>Interventions</b>	<b>No interventions</b>	<b>Planned C-section</b>	<b>Unplanned C-section</b>
Excellent	25.0%	34.7%	24.2%	20.5%
Good	41.8%	42.1%	44.6%	41.0%
Neutral	17.8%	14.6%	19.3%	19.4%
Poor	11.0%	6.1%	8.9%	12.7%
Very Poor	4.4%	2.3%	2.6%	6.2%

<sup>4</sup> This is usually referred as an Instrumental delivery



### Left alone during or shortly after labour or birth

*Alice\*, 21-30, Yorkshire-Humberside*

*I was disappointed in my care during pregnancy as I felt that I was mostly 'left to it' as I was experiencing a 'normal' pregnancy. As a first time mum I was scared and felt like I was dismissed on numerous occasions by my midwife without getting full explanations. After I gave birth I was moved swiftly from the labour ward to a post natal ward in another area of the hospital, I was pretty much left alone for the following few hours and made to feel like a wimp when I asked for a paracetamol to help with the pain from my stitches...*

*Madeline\*, 31-40, East Midlands*

*I wanted to know more during the process, probably because I'm inquisitive and needed a sense of control so I needed to know further ahead than the information I was given just to be a few steps ahead. To be honest I thought my midwife at the birth was a bit standoffish but by the end of the whole process I thought she was wonderful, she stayed calm and cool (I needed to hold her hand for reassurance as my husband was just as hot and clammy as me!!). When I asked her to stay (as she was doing paper work and had another woman to look after) because I was petrified and felt very out of control, she reorganised her other responsibilities and stayed to the end so it was definitely worth plucking up the courage to ask. I also had a really rough night the second night and the midwives on duty were wonderful company and support and I will never forget them for finally taking my baby off me at 5am and putting me to bed for some much needed sleep.*

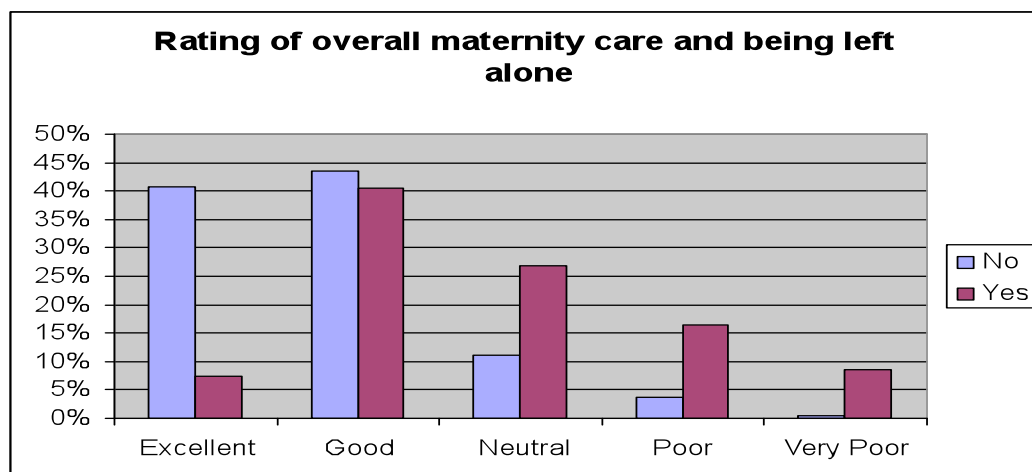
This question asked women whether they were left alone during or shortly after birth at any time when it worried them. Sixty five percent of respondents said that they were not left alone when it worried them. However, a large number of the comments provided by respondents were around being left

alone and feeling worried and/or isolated during birth or immediately afterwards. This appears to be a particular issue on the postnatal ward.

**Table 19: Left alone during labour or after birth**

During labour and/or shortly after the birth of your baby, were you left alone at any time when it worried you?	
Yes	34.2%
No	64.7%
<b>Total response rate</b>	<b>98.9%</b>
Non-response rate	1.1%

This question showed one of the strongest links with women's ratings of their overall maternity care. Women who were left alone were seventeen times more likely to rate their care as Very poor (8.6% compared to 0.5%), over four times more likely to rate their care as poor (17% compared to 4%), and nearly six times less likely to rate their care as excellent (7% compared to 41%).



## Involvement in decision making during labour and birth

*Moira\*, 21-30, Scotland*

*I was very pleasantly surprised, right from my booking in appointment my midwife was friendly, encouraging and very helpful. I hoped to have a home birth and she was extremely supportive of this from the start. We started off at home and unfortunately as I had been in labour so long and was not progressing we had to be transferred to hospital but this was not a forced decision and myself and my husband were consulted all the way. The positive experience continued at Aberdeen maternity hospital, we were treated very well and involved very closely in all decision making. As I said I was very pleasantly surprised as we had heard so many horror stories.*

Involvement in the decisions being made about care was a common theme. Women wanted to be involved in their care and make the decisions about the care of themselves and their baby. In the survey 77 percent of women felt involved in the decisions around their care. Of the 22 percent who did not feel involved, a number commented that they felt like they were treated like a small child and told what to do. Others commented that they were too 'out of it' from the pain medication to know what was going on.

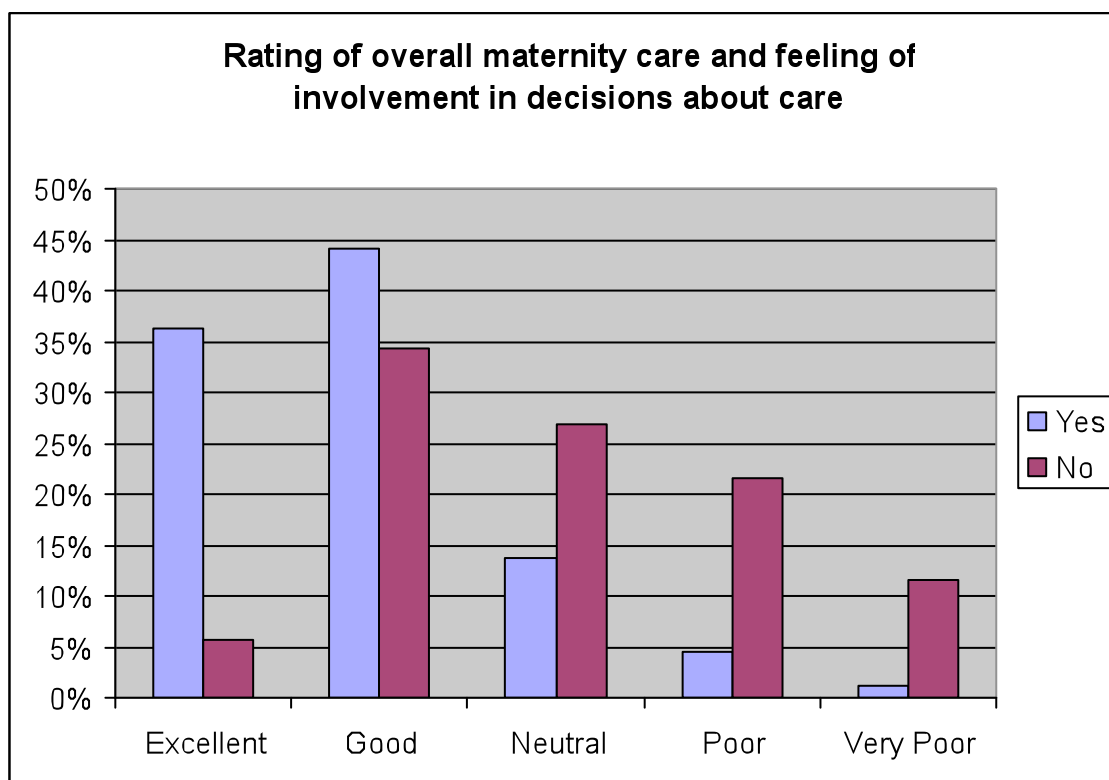
**Table 20: Involvement in decision making**

*Kirsty\*, 21-30, North West England*

*I had a very quick labour, resulting in an emergency c-section due to the baby being breech and in distress, therefore the decisions were taken for me for this to happen and I was happy for that to be done. I was kept informed throughout this process (which was probably 5-10 minutes) up until the point that I was put asleep under anaesthetic for the surgery*

During labour and/or at the birth of your baby, did you feel involved in decisions about your care?	
Yes	77.3%
No	21.8%
<b>Total response rate</b>	<b>99.1%</b>
Non-response rate	0.9%

Women who felt involved in the decision making were six times more likely to rate their care as excellent than those who did not feel involved (36% compared to 6%). Of the women who said that they did not feel involved in decision making, nearly a third rated their care as poor or very poor (33%), over five times that of women who felt involved (6%).



## Adequate information and explanations during pregnancy and immediately afterwards

*Fiona\*, 21-30, Scotland*

*I feel fortunate that I was supported by midwives in a rural area who had a really patient-centric approach. The support I received throughout pregnancy, labour and afterwards was first class. The key for me was flexibility and information to allow me to make my own choices and to do what felt right for me.*

*Bridget\*, 16-20, Scotland*

*...During my pregnancy I relied on books and the internet to answer my questions because there was no one else to ask. As soon as I was sent back to the ward after having my baby I was left alone. No one showed me how to feed her, told me off for letting her sleep too long, they left me completely alone and clueless as to how to care for my baby...*

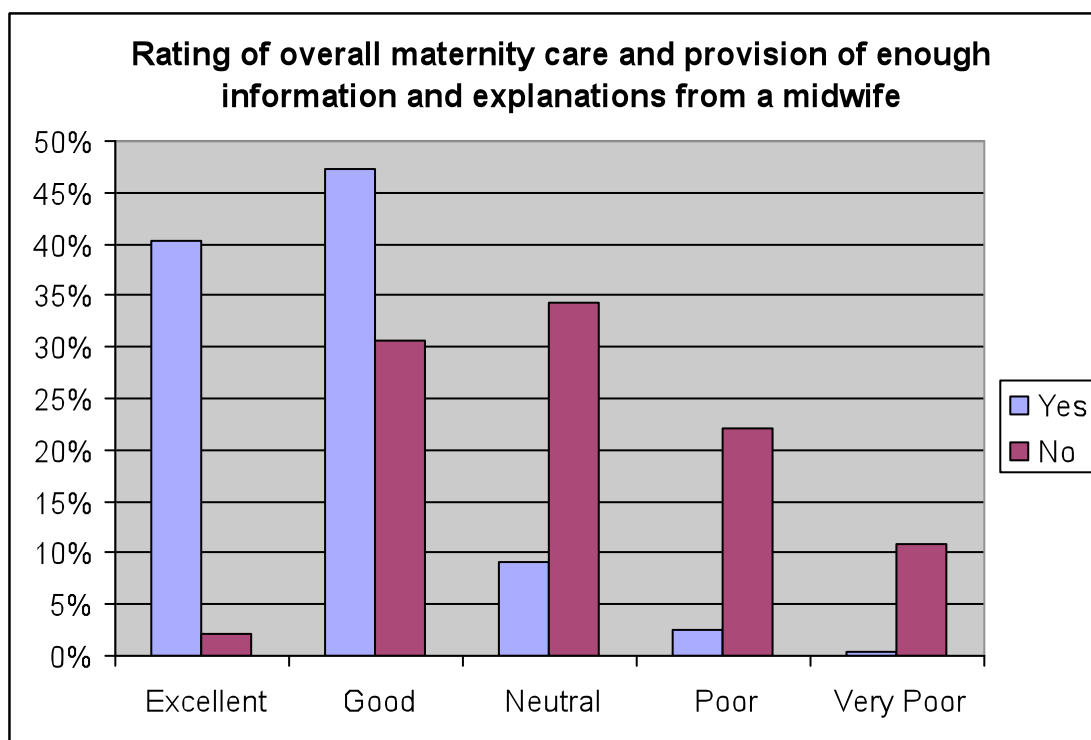
Seventy percent of respondents said throughout their pregnancy and immediately afterwards they received adequate information and explanations from a midwife.

**Table 21: Given information and explanations**

<b>During your pregnancy and immediately afterwards, did you feel that you were given the information or explanations that you needed or wanted from a midwife?</b>	
Yes	70.3%
No	28.9%
<b>Total response rate</b>	<b>99.2%</b>
Non-response rate	0.8%

The provision of adequate information and explanations throughout pregnancy and birth showed the strongest link with the ratings of overall maternity care. Women who received enough information and explanation were 20 times more likely to rate their care as excellent (40% compared to 2%), and 27 times less likely to rate their care as very poor (0.4% compared to 11%). Nearly 88 percent of women who felt they received enough information rated their care as good or excellent compared to just 33 percent of those who did not. Only 3 percent of women who received enough information rated their care as poor or very poor compared to 33 percent of those who did not.

Some women also commented that they had problems with conflicting advice from different health professionals. This appears to be more prevalent in postnatal care.



### **Postnatal Care**

*Gill\*, 21-30, Greater London*

*...the problem is everything is focused on the birth which takes a few hours or at most a couple of days and then after you are suddenly left alone with a small baby and no real advice or support when it's your first. It's a massive shock. Also everyone is always banging on about breast feeding but what happens when you can't do it, no one tells you it's not as easy as it looks.*

*Ester\*, 21-30, Greater London*

*During the actual birth, the care I received was amazing. I could not fault the doctors and midwives who looked after me and my baby. However, once I was moved on the Post natal ward, the care was far from satisfactory. I was given no help and support with breast feeding, which was especially difficult as my baby was 5 weeks early. It was surprising how standards of care can change so dramatically within the same hospital!*

Postnatal care plays an important role in women's rating of their overall maternity care. Unfortunately, it also seems to be the part of care that suffers the most from understaffing. A large number of the comments provided highlighted the mixed experience that women can have, particularly in having good care during labour and birth and poor postnatal care. Many of those who reported a positive postnatal care also commented on the difference it had made to their overall experience.

## Length of postnatal hospital stay as long as you wanted

*Suzanne\*, 31-40, Scotland*

*Left hospital less than 48 hrs after a c-section. Felt a bit pressured to go home even though I was not especially fit rather than stay on the ward, as it seemed expected that I would want to go home. This was day 3 even though on day 1 the birth was 5pm*

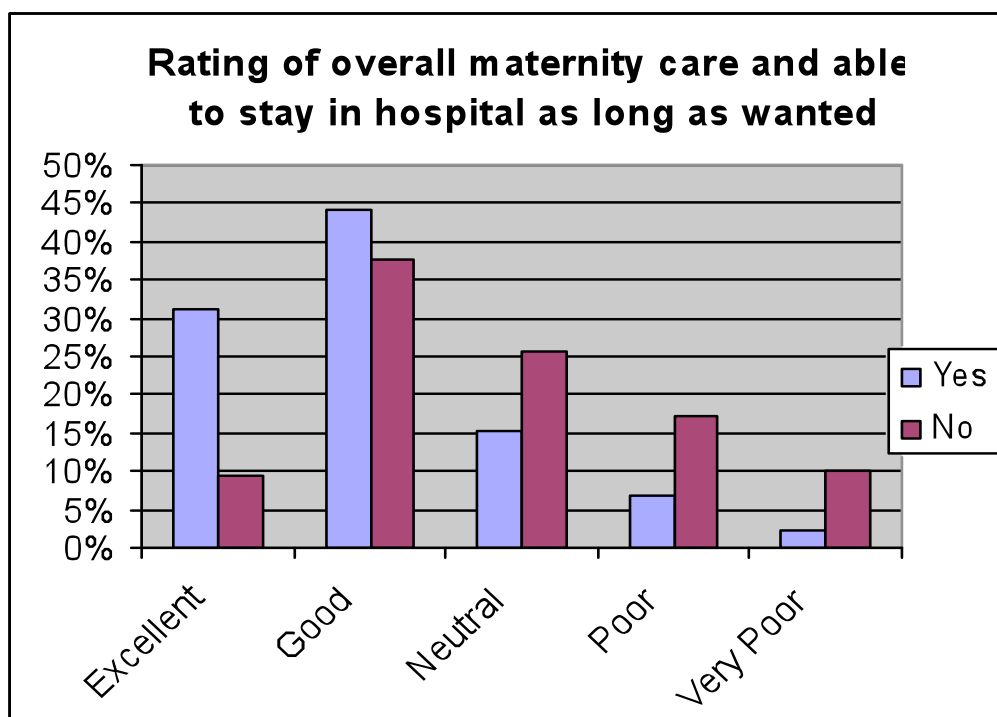
Most women do not stay long in a hospital or birth centre following the birth of their child and 77 percent of respondents in this survey felt the length of time on the postnatal ward was as long as they wanted. Some women commented that they felt forced to leave hospital too soon, and subsequently had problems which resulted in them, or their baby, returning to hospital. Sixteen percent of women felt they the length of their stay was not as long as the wanted.

Note that the high non-response rate will include women who gave birth at home (6%), as well as those who gave birth in a hospital or birth centre/midwife led unit who did not answer the question.

**Table 22: Length of postnatal stay**

<b>If you gave birth in a hospital or at a birth centre, did you feel that you were able to stay as long as you wanted following giving birth?</b>	
Yes	76.9%
No	15.8%
<b>Total response rate</b>	<b>92.7%</b>
Non-response rate	7.3%

Women who felt the length of their postnatal stay was long enough, also rated their care higher than those who wanted to stay longer but could not. Nearly three quarters of women who stayed as long as they wanted, rated their care as good or excellent and only 9 percent rated their care as poor or very poor. This compares to around 47 percent rating their care as good or excellent and 27 percent rating it as poor or very poor for those who were not able to stay as long as they wanted.



### Adequate access to a midwife on the postnatal ward

*Sam\*, 31-40, Greater London*

*'The only negative aspect of my maternity care was in the postnatal ward in hospital, and arguably this is where it is most important. In those very early days I felt vulnerable and in need of guidance and support from midwives on the ward, and it is actually where I got the least, particularly at night. Awful experience. And almost every one of my friends who has given birth in an NHS hospital has the same opinion of their local hospital postnatal ward.'*

*Zoe\*, 21-30, South East England*

*I was left in a room after giving birth for 3 hours and then once moved again was left for another 4 hours with a screaming baby that was hungry. I kept pulling on the cord for assistance as I had had an epidural but no catheter inserted and needed to go to the toilet. In the end I got out of the bed myself and collapsed in a heap and had to wait until someone heard me. The next morning I had bled very heavily and was told that I had to go and have a shower while leaving my baby in my cubical as they had no-one to come and look after her for me and that I would have to wait until a member of staff came on duty to get the bed changed. My daughter was not a very good feeder when first born and was told by a very irate midwife that I needed to get her feeding from my boob even if it took me 4 hours to do so and would not give me a bottle, I had not a drop of milk being produced and never had none when I got home, I just felt that they could have been a bit more encouraging... The midwives on the pre-natal ward and during labour I could not fault them but it was the midwives after birth that I was not happy with. This is the most important time of needing someone's help especially being a first time mum.... I had no help or no advice in what to do with the situation'.*

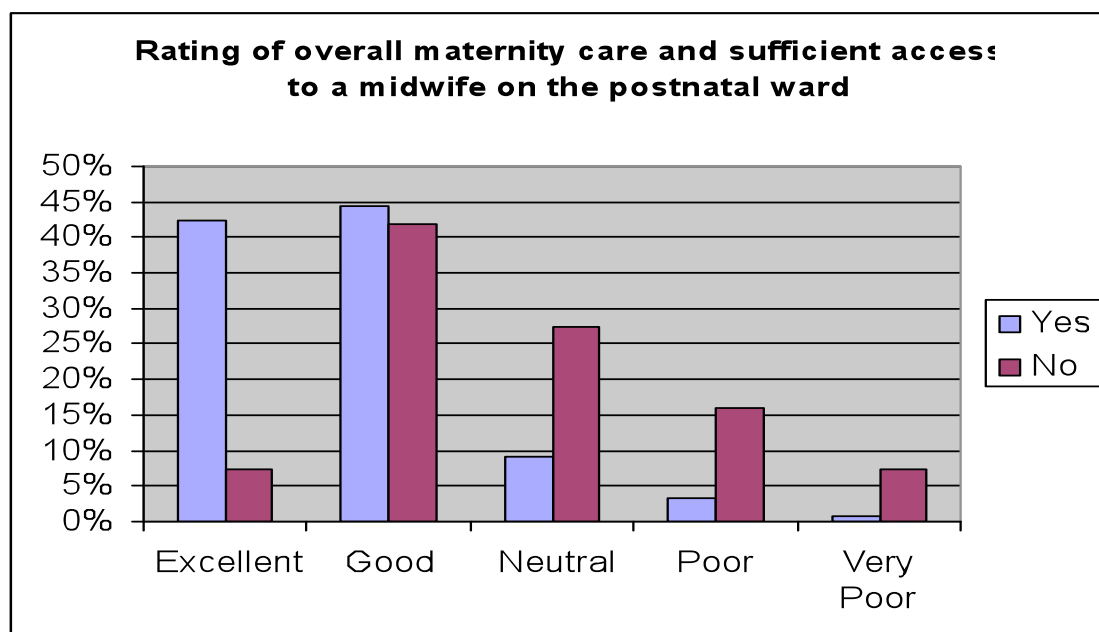
This question related specifically to access to a midwife on the postnatal ward which does not include access once women left the hospital or birth unit. The quote above provides an overview of the many issues raised by respondents in relation to support on the postnatal ward. Only 57 percent of women felt

they had sufficient access to a midwife on the postnatal ward, while 43 percent felt they did not. A large number of comments from women related to postnatal breastfeeding support on the postnatal ward. Immediately after birth was when many women commented on feeling most alone and felt they could not get the assistance they needed or wanted. A number also commented that the postnatal ward was understaffed so the midwives were unable to provide the support the woman wanted or needed.

**Table 23: Access to a midwife on postnatal ward**

<b>After giving birth, do you that feel you had sufficient access to a midwife whilst in hospital on the postnatal ward?</b>	
Yes	56.8%
No	42.7%
<b>Total response rate</b>	<b>99.5%<sup>5</sup></b>
Non-response rate	0.5%*

Women who had sufficient access to a midwife on the postnatal ward were nearly six times more likely to rate their care as excellent compared to women who did not. Nearly 87 percent of women who felt they had sufficient access to a midwife on the postnatal ward rated their care as good or excellent, while only 4 percent rated their care as poor or very poor. This compares to 49 percent rating their care as good or excellent and 23 percent rating their care as poor or very poor for women who felt they had insufficient access to a midwife on the postnatal ward.



## Feeding

<sup>5</sup> The 6% of women who said they had a homebirth are excluded from these calculations.

*Julie\*, 31-40, South West England*

*Not enough information and support before and after the birth on the things that can go wrong with breastfeeding and how to avoid/overcome them. It was made to seem that Breastfeeding would be easy and natural and would require little effort, which was not the case for me!*

There were two questions relating to feeding in the survey. The first asked “Do you feel that you were given active support and encouragement with regard to feeding your baby from a midwife?” The second asked “How were you feeding your baby at six weeks of age?”

While 65 percent of women felt supported and encouraged by a midwife with feeding, a common theme in the comments was a feeling that there was a lack of support for breastfeeding. Many women reported feeling disappointed that they struggled with breastfeeding, while others commented that their decisions to breastfeed or otherwise were not respected or supported.

**Table 24: Support and encouragement for feeding from a midwife**

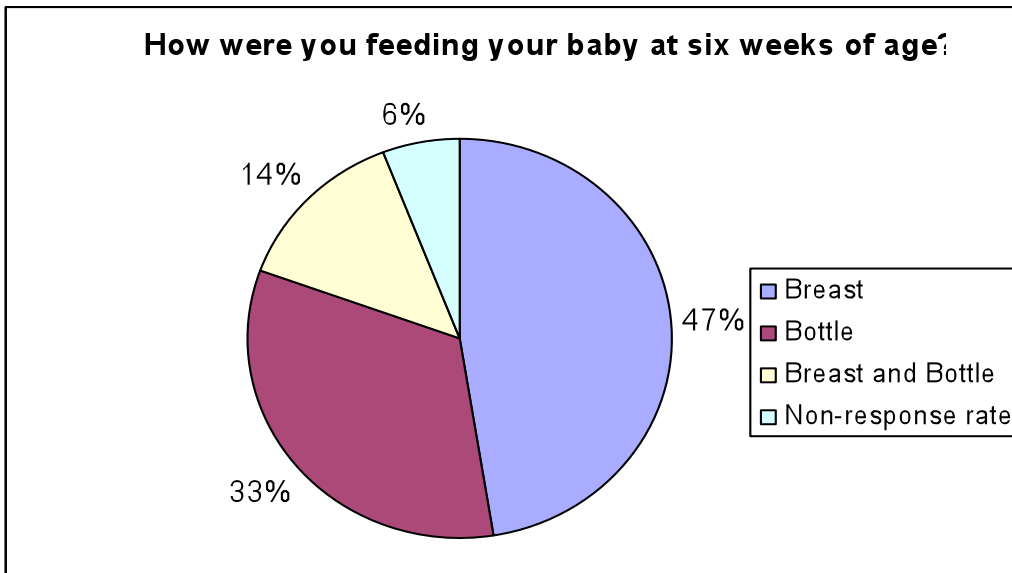
Do you feel that you were given active support and encouragement with regard to feeding your baby from a midwife?	
Yes	65.0%
No	35.0%
<b>Total response rate</b>	<b>98.8%</b>

Women who felt supported and encouraged with feeding their baby were seven times more likely to say their care was excellent than those who were not (42% compared to 6%). An overwhelming 86 percent of women who said they felt actively supported and encouraged with feeding rated their care as good or excellent. This compares to 46 percent of women who did not feel supported. Only 4 percent of women who felt supported rated their care as poor or very poor compared to 26 percent of women who felt they were not supported.

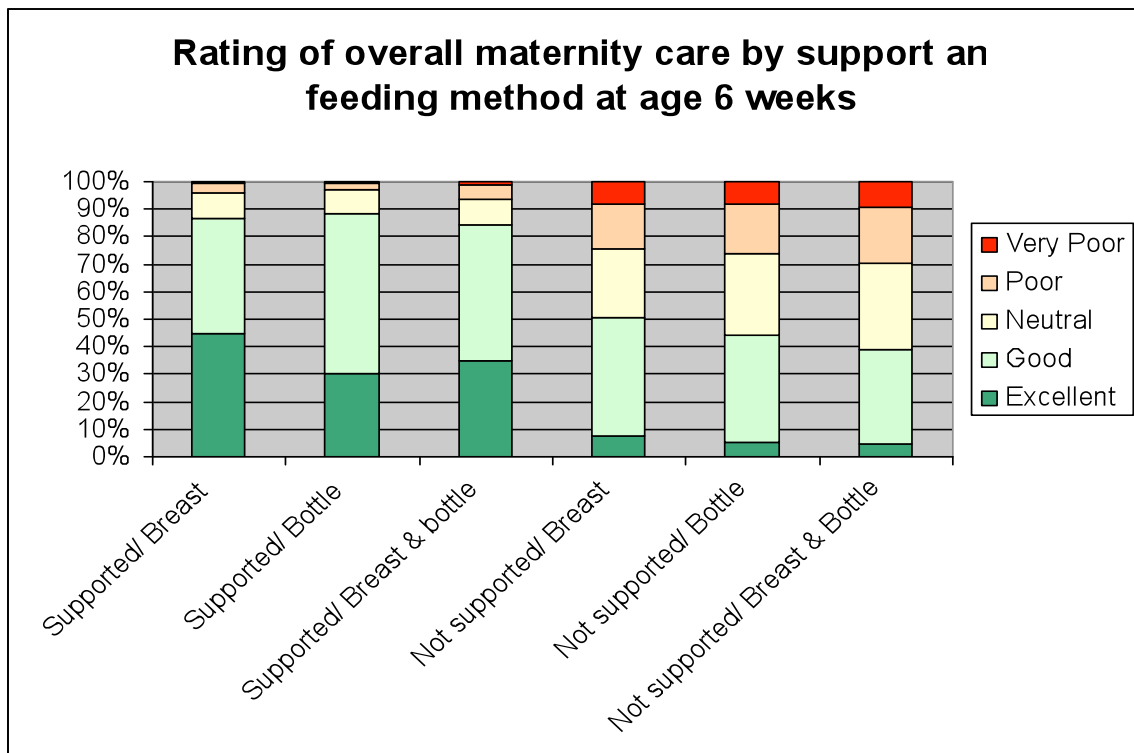
**Table 25: Rating of overall maternity care by support and encouragement for feeding**

	Do you feel that you were given active support and encouragement with regard to feeding your baby from a midwife?	
	Yes	No
Excellent	41.8%	6.1%
Good	43.9%	40.0%
Neutral	10.1%	28.2%
Poor	3.4%	17.5%
Very Poor	0.8%	8.1%

The second question relating to feeding asked how respondents were feeding their baby at age 6 weeks. Around 47 percent of women were breastfeeding their baby at six weeks of age. Another 33 percent were bottle feeding and 14 percent were using a combination of breast and bottle feeding.



The link between support and method of feeding was considered in relation to the rating of overall maternity care. Women who felt supported and breast fed their babies at 6 weeks of age were more likely to rate their care as excellent (45%). However, women who felt supported and bottle-fed their babies at 6 weeks were the most likely to rate their care as good or excellent (89%). Women who felt unsupported and were breast and bottle feeding at age 6 weeks were the most likely to rate their care as poor or very poor (30%), and were much less likely to rate their care as good or excellent (39%). The table and graph below highlight that the actual method of feeding is less important than whether a woman felt supported with feeding.



**Table 26: Rating of overall maternity care by support and feeding method at age 6 weeks**

	Supported/ Breast	Supported/ Bottle	Supported/ Breast & bottle	Not supported/ Breast	Not supported/ Bottle	Not supported/ Breast & Bottle
<b>Excellent</b>	44.8%	30.2%	34.9%	7.7%	5.4%	4.5%
<b>Good</b>	41.7%	58.4%	49.1%	43.1%	39.1%	34.3%
<b>Neutral</b>	9.4%	8.7%	9.5%	24.5%	29.6%	31.3%
<b>Poor</b>	3.2%	2.1%	5.1%	16.6%	17.6%	20.7%
<b>Very Poor</b>	0.7%	0.6%	1.1%	7.9%	8.3%	9.1%

## Enough postnatal visits at home

*Rose\*, 21-30, West Midlands, England*

*...Postnatally the community midwives at all of my home visits were ill-equipped to carry out basic checks, for example weighing the baby due to not having access to scales. In the hospital the attitude of some of the midwives was very bad and they made you feel as though you couldn't ask for help. During ward rounds both doctors and midwives talked over you as though you were not there and no consultation took place between myself and staff on my intended plan of care.*

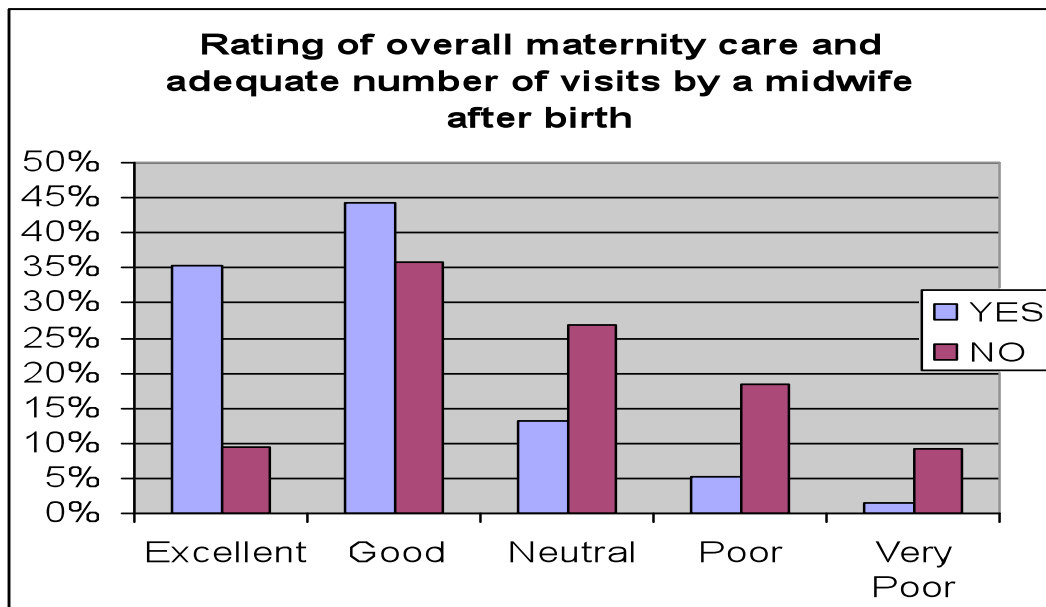
The Netmums' survey asked women whether they felt they had enough visits from a midwife at home after giving birth. Seventy six percent of the women responded that they did feel like they had enough visits, while 23 percent said they did not.

There is no prescribed number of postnatal visits by a midwife. Visits should be arranged according to the needs of an individual woman and her baby. Women were not asked to specify the number of postnatal visits they had from a midwife so it is difficult to tell whether there is a specific number or range of visits that women felt were 'enough'. It is also dependent on the perceived needs of individual women. One woman who had two visits from a midwife could feel that she had enough postnatal visits, while another woman who had six visits may feel it was not enough. Subsequently it is difficult to qualify responses to this question in terms of changes to policies around the number of postnatal visits a woman should get from a midwife.

**Table 27: Visits from a midwife at home**

<b>After giving birth, do you feel that you had enough visits from a midwife at home?</b>	
Yes	75.6%
No	23.3%
<b>Total response rate</b>	<b>98.9%</b>
Non-response rate	1.1%

Women who felt they had enough visits from a midwife were more likely to rate their care highly. Eighty percent rated their care as good or excellent and only 7 percent rated it as poor or very poor. This compares to 43 percent and 28 percent respectively for women who did not feel they had enough visits from a midwife.



### ***Respondent comments***

A large number of detailed comments were provided by approximately 50 percent (1,700) of respondents which reflects the importance of giving birth in the lives of women. Qualitative analysis of these comments was undertaken by two researchers independently. The analysis highlighted the aspects of care that women felt particularly strongly about and which most influenced their maternity experience. The key themes, in order, were:

1. Excellent /very good care
2. Mixed experiences
3. Midwives too busy or wards understaffed
4. Poor postnatal experience
5. Breastfeeding difficulties
6. Poor overall experience
7. Lack of continuity of care
8. The experience of the father is mentioned
9. Poor labour experience
10. Good support during labour

Other less prominent themes included good antenatal care, experienced mothers receive less support, lack of or poor quality antenatal classes, good breastfeeding support, and good postnatal support.

Overall the strongest theme from the comments was that care was excellent or very good with women speaking highly of their care and their midwives, even where pregnancies or births were difficult.

While a large number of women commented on their experience being positive, a significant number said their experience was a mixed one with some good aspects but other unsatisfactory aspects of their care. For the majority who reported a mixed experience, this was linked to a lack of postnatal support and poor care. This was reflected in the other key themes that emerged relating to midwives being too busy or wards understaffed and a lack of support for breastfeeding.

Women made the link between attitudes displayed by maternity care staff and the care they received. Where a woman described the positive aspects of her care, she often commented on the kindness and approachability of staff. Conversely, a poor experience was often described in terms of a lack of sensitivity on behalf of midwives and other healthcare staff.

## **Summary of findings**

Several themes have been identified in the data collected in the Netmums survey. These themes are also evident in other research and surveys, including a recent report produced by the Picker Institute Europe that conducted secondary analyses on the correlation between specific responses and the overall satisfaction ratings in the 2007 Healthcare Commission national maternity survey<sup>6</sup>.

While the different elements of the Netmums survey have been considered independently of each other here, it is clear from the respondent's comments that none of these aspects of maternity care can be separated from others. Comments from women who rated their overall maternity care as poor indicate a lack of support, feeling alone, inadequate information, being uninvolved in decisions and feelings that staff were treating them inappropriately. The failure of maternity services to meet a woman's expectations in a single area of her care is likely to influence her perceptions of the quality of all aspects of her care.

## **Support**

Support is a theme that crosses all aspects of care from antenatal to labour and birth to postnatal. The provision of adequate and appropriate support at all stages of care significantly increases satisfaction and ratings of overall maternity care. Many women commented about having a mixed experience when it came to receiving adequate support throughout pregnancy and after birth.

Aspects of care included in 'support' are:

- Being left alone during labour or birth when worried
- Access to a midwife on the postnatal ward
- Support for feeding baby
- Visits after birth by a midwife at home

Support for some women can also include antenatal classes and supporting a woman's choice on where to have her baby.

The questions relating to support showed the strongest links to ratings of overall maternity care in this survey. Women who received support were much more likely to rate their care as good or excellent in each of the above aspects of care.

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<sup>6</sup> Picker Institute Europe *Women's experiences of maternity care: towards the key indicators of quality* 2010 available from <http://www.rcm.org.uk/college/resources/midwifery-research/womens-experiences-of-maternity-care/>

## **Choice**

Choice does not appear to have a strong influence on a woman's overall rating of her care. From comments provided it appears that women who were not offered their choice of where to give birth for medical reasons, accepted this decision as being best for themselves and their baby and therefore did not consider the lack of choice negatively in their overall rating of care.

## **Involvement, information and explanation**

A woman's involvement in her care relies on the adequate provision of information and explanations to enable her to make informed decisions. It is also inextricably linked to all aspects of support throughout pregnancy, birth and labour, and following birth.

## **Continuity of care and staffing levels**

Continuity of care was not a question in the survey but was identified by a number of women in their comments. Because of this it is not possible to accurately analyse how many women found this an important issue. The comments provided strongly support the push for one to one care throughout pregnancy, labour and birth.

Women expressed a desire for more one to one care and many commented that the midwifery staff had too many women to care for. The women who commented that they did receive one to one care praised it highly and attributed their positive birthing experience to their care.

One in five comments mentioned that understaffing was an issue at some point during their care. This seemed particularly prevalent during labour and birth, and on the postnatal ward. A number of comments also highlighted the difficulties in getting an appointment with a midwife or other health professional during pregnancy.

## ***Indicators of maternal satisfaction***

The results of this survey can be used to identify some key indicators for maternal satisfaction and the quality of care. These aspects of maternity care showed the strongest link to overall ratings of care.

The strongest link identified in the data from this survey was the provision of adequate information and explanations throughout pregnancy and immediately after birth. This aspect of care is an overriding indicator that needs to cover all phases of pregnancy.

The recommended indicators for each phase of pregnancy are listed below. Indicators in the Labour and Birth, and Postnatal phases were more strongly linked to overall care ratings than the Antenatal indicators.

### Antenatal

- Having the phone number of a midwife to call if worried
- Having a choice of where to give birth

### Labour and Birth

- Being involved in decisions about care

- Being left alone during labour and birth or immediately afterwards when it was worrying

#### Postnatal

- Feeling supported with feeding the baby
- Having adequate access to a midwife on the postnatal ward

#### Overall

- Being provided with enough information and explanations throughout pregnancy and immediately after birth.

### ***Policy***

The Labour Government committed to recruiting an extra 1,000 midwives (headcount) by 2009, against the 2006 baseline. This was achieved a year early, in 2008. Subject to the number of births continuing to increase, the new government has also committed to recruiting an extra 3,000 (headcount) between 2010 and 2014.

The national choice guarantees in Maternity Matters, committed to four national choice guarantees being available to all women and their partners by the end of 2009. These guarantees ensure women and their partners are given the opportunity to make informed choices throughout pregnancy, birth and during the postnatal period, including:

- **The choice of how to access maternity care** – Women can choose to go straight to the local midwifery service rather than needing a referral.
- **The choice of antenatal care** – Depending on their circumstances, women will be able to choose between midwifery care or care provided by a team of maternity health professionals including midwives and obstetricians.
- **The choice of place of birth** – Depending on their circumstances, women will be able to choose where they wish to give birth.
- **The choice of postnatal care** – After going home, women will have a choice of how and where to access postnatal care. This can be provided either at home or in a community setting, such as a Sure Start Children's Centre.

The results of this survey support the need to increase the number of midwives and to ensure women can make informed decisions throughout pregnancy, labour and birth, and postnatal care. The results also suggest that there is more work to be done to ensure that all women have these choices and that care is of a high quality. While choice was identified as an important element of high quality maternity care, based on the information in the Netmums' survey, support may actually be more important to a woman's satisfaction.

## ***Limitations and notes***

There are limitations to this survey data that need to be considered when looking at this analysis.

While the survey was conducted over a specified period in October 2009, it was not limited to women who had given birth within a specific time window. This means that the responses include births that occurred in the last 12 months as well as those from much further back. There was a question that asked for the age of the child and to which the responses were '0-12 months', '13-24 months', and, '2 years +'. A third of respondents had a child over the age of two years and a few mothers were commenting on births up to 8 years ago.

The nature of an online survey means that a comprehensive representation of the population (for example demographics, socio-economic representation and geographic location) is not collected within the sample. As a support group for mothers (and fathers), Netmums' membership may not reflect the whole demographic spectrum of mothers in the UK.

We are only able to make conclusions about what was asked in the survey. The influence of what has not been asked or measured needs to be considered.

The survey data does not identify the underlying or compounding factors that influence satisfaction. This could include whether a woman has good general health, or whether her pregnancy was low or high risk.

The relationship between influencing factors is complex. Home births for example may have higher ratings of care, however this does not account for the risk levels. Home births are generally with women who have low risk pregnancies

Finally, this survey measures perceptions and feelings. We have no information surrounding the medical circumstances of the woman's experience. We do not know the risk factors that might have influenced a care pathway or outcome. We do not know whether an unplanned caesarean section or intervention could have been prevented, nor do we know whether a woman was offered a realistic choice.

## ***Recommendations***

One to one care is essential to achieving high quality, personalised care for a woman throughout her pregnancy, labour and birth, and postnatal experience. If every woman was given one to one care, this would address many of the issues relating to support and choice identified in this and other surveys of maternal satisfaction. This will require additional resources in most regions across the UK, to provide adequate midwifery staffing

There is clearly a need for a targeted approach to providing good postnatal care. Many women commented on the lack of support after giving birth. The postnatal ward was specifically identified as lacking the support and care that new mothers needed. Having enough postnatal visits at home also had a

positive impact on mother's satisfaction. However, this is the area of maternity care that is most likely to be affected by a lack of funding and staff.

There are some simple things that midwives and maternity services can do now that make a big difference to a woman's perception of the quality of her care. This includes:

- Involving women in decision making around their care. By keeping women informed of what is happening and allowing them to make decisions about their care, women feel more empowered and in control.
- Having good on-going discussion about the birth plan and explanation when care pathways might need to change. Women who are provided with information and explanations rate their care much higher than those who are not.
- Providing supportive information for feeding whatever a woman's preferred method maybe. Women need adequate time with a midwife or health professional to feel comfortable feeding their baby, particularly with breastfeeding. Where a woman chooses not to breastfeed, her decision should be respected and support provided.
- Reading a woman's birth plan and ensuring handovers include this information. Where a woman's plan cannot be followed, she needs to be informed and involved in the decision making process.
- Ensuring the maternity team works together to provide care centred on a woman's needs, for example using maternity support workers only where appropriate. The maternity support worker has a valuable role in supporting midwives in providing high quality care to women. Including them in the maternity team can improve continuity of care, avoid unnecessary duplication of activities and increase women's satisfaction. However, it is important that their role does not undermine, conflict with, or obstruct the role of the midwife and that their training and remit complement the skills of the midwife without compromising the quality and safety of care.

## **Conclusion**

Birth is arguably one of the most important experiences in a woman's life. How she is cared for and supported throughout pregnancy, labour and birth, and after the baby is born can be highly influential. When asked to rate their care, this survey showed that over 70 percent of women thought that overall their care was good or excellent while around 12 percent felt the care they received was poor or very poor.

The indicators identified from this survey are similar to those found in the Picker report on women's experiences and other research. These indicators highlight the key influences on the ratings of care including:

- having adequate information;
- support for feeding;
- adequate access to a midwife on the postnatal ward;
- involvement in decision making; and
- not being left alone during labour and/or birth.

It was interesting that some women rated their overall care as excellent but reported some individual aspects as poor. A large number of women also commented that they experienced a mix of good and unsatisfactory care at different points during pregnancy, labour and birth, or in the postnatal period.

This survey highlighted that while the choice agenda is important and has a significant impact on a woman's satisfaction, the quality of the care provided has a much greater influence on a woman's experience. Having adequate information throughout pregnancy, labour and birth is the most influential aspect of care identified in this survey. Involvement in decision making, support for feeding, not being left alone when worried and access to a midwife on the postnatal ward also showed strong links to satisfaction.

At a strategic policy level, there needs to be adequate resourcing to increase the number of midwives in the UK. A lack of midwives will inevitably lead to lower satisfaction as more women compete for the time of fewer midwives. Targeted funding for postnatal care is also critical. This is the time when many women require the most support as they embark on motherhood.

While some of the issues raised, such as staffing levels and choice, need to be addressed at a strategic policy and funding level, there are small things that individual staff members can do to improve the experience of mothers and their families. This can include involving a woman in the decisions about her care and making sure she is aware of why particular procedures, such as scans, are being undertaken.

As the NHS looks towards significant reform to cope with the changing demands on the health service, there will be increased focus on the quality of care and the experience of service-users. This survey coupled with evidence from other sources can provide valuable information on the aspects of care that have the greatest impact on satisfaction.