



Having a Baby in Scotland 2013: Women's Experiences of Maternity Care Volume 1: National Results

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**HAVING A BABY IN SCOTLAND 2013:
WOMEN'S EXPERIENCES OF MATERNITY CARE
NATIONAL REPORT**

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The views expressed in this report are those of the researchers and do not necessarily represent those of the Scottish Government or Scottish Ministers.

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FOREWORD FROM THE CHIEF EXECUTIVE OF NHSSCOTLAND

This report presents the national findings of the first Scottish Maternity Care Survey for 15 years. It provides valuable information on the quality of maternity care services from the perspective of women who gave birth in Scotland.

The quality and safety of maternity care are an important focus for national policy and local delivery of services. Asking women about their experiences of maternity care is an important part of assessing quality. This survey therefore aimed to provide insight into women's experiences around each stage of their maternity care: during pregnancy, during labour and birth and postnatal care in hospital and home.

The survey was undertaken by an approved contractor, Quality Health Ltd, commissioned by the Scottish Government as part of the Scottish Patient Experience programme. This report has been produced by the Chief Scientist Office funded Nursing, Midwifery and Allied Health Professionals Research Unit (NMAHP-RU) based in Glasgow Caledonian University and the University of Stirling in collaboration with Scottish Government Health Analytical Services Division.

The survey - based on responses from over 2,300 mothers aged 16 and over - provides us with extremely valuable insights into women's perceptions of the quality of maternity services in Scotland which is not available from other sources.

NHS Boards and hospitals in Scotland have been provided with results and are now using the findings to identify areas for improvement locally. Nationally the results will be used to target healthcare improvements and inform future maternity policy direction.

I am pleased to welcome this valuable report and to thank all those colleagues who have contributed their hard work in the design, delivery and analysis of the survey and preparing this report. Most importantly, I would like to thank the mothers who gave their time to participate in the survey. Without their help, we would not have this valuable information resource.



Paul Gray
Chief Executive, NHSScotland
Scottish Government Health Directorates

EXECUTIVE SUMMARY

This report presents the national findings of the 2013 Scottish Maternity Care Survey. The results will be used to identify areas for improvement in maternity services in Scotland and to inform future service developments at local and national levels. The survey questionnaire was based on a maternity care questionnaire developed by the Care Quality Commission (CQC) and used in the English maternity services survey 2013. The CQC questionnaire was modified before use to ensure its relevance to the Scottish context. Questionnaires were sent to a randomly selected sample of 4,964 women who gave birth in Scotland in February and March 2013. Overall 2,366 questionnaires were returned giving a survey response rate of 48%.

The survey has highlighted many areas of good practice and examples where the recommendations of the Scottish Government's maternity care policies are being achieved. At each stage the majority of women's experiences of care were positive. However, the survey also brings to light areas where care may be improved. Some of these are long standing issues which seem resistant to change despite efforts at health policy and practice levels. Multiple factors are likely to form barriers to change; these may include individual and societal attitudes, expectations and traditions as well as service issues and resources. Broader approaches to change may be also required including working with women, families and communities to co-design services and solutions to improve women's experience of maternity care.

Summary of key results

Care during pregnancy: Antenatal care

- 58% of women rated the care that they received while they were pregnant as excellent and 33% rated it as good.
- Most women (87%) reported that they had their first antenatal assessment visit (antenatal booking) by 12 weeks of pregnancy. Only 35% of women saw a midwife first when they thought that they were pregnant.
- Almost all women (99%) said that they were given a telephone contact number for their midwife/ midwifery team and 82% of women who used this number during pregnancy said that they were always given the help they needed.
- 62% of women saw the same midwife for all/ most of their antenatal check-ups.
- Only 56% said that they received enough information to help them decide where to have their baby. 23% of women said that they were given the choice of giving birth in a midwife led unit or birth centre, and 25% of women said that they were offered the choice of home birth.
- 88% of women said that they were always spoken to in ways that they could understand, 82% said that they were always listened to and 83% that they always had time to ask questions.

Care during labour and birth: Intrapartum care

- 73% of women rated their care during labour and birth as excellent and 21% rated it as good.
- Almost three quarters of women reported that during labour they were able to move around and choose positions in which they were most comfortable. 26% said that they gave birth lying flat, and 31% lying flat with their legs in stirrups.
- 20% of women said that they had been left alone when it worried them at some point during their labour or birth, for 10% of women this was during early labour.
- Almost all women (95%) said that their partner or companion was as involved in their care as much as they wanted.
- Almost all women (92%) said that they had a period of direct skin to skin contact with their baby shortly after birth.

Care after birth at hospital and at home: Postnatal care

- 52% of women rated the care they received in hospital as excellent, 31% rated it as good. 58% of women rated the care they received at home as excellent, 33% rated it as good.
- 61% of women were always given the information or explanations they needed while in hospital after the birth of their baby.
- 28% of women said they were sometimes and 5% said they were not treated with kindness and understanding while in hospital after giving birth.
- Only 57% said that they always received consistent feeding advice.
- Half of women said that they saw the same midwife for all, or most of their postnatal care at home and 44% of women said that they saw the same midwife for antenatal and postnatal care either all or most of the time.
- Thinking of the six weeks following birth 78% of women said that they definitely received help and advice about their baby's health and progress.
- Sixty-four per cent of women said that they were definitely given enough information about their own recovery after birth. Only 59% of women said that they were given enough information about the emotional changes they might experience.

Key points

The Scottish Government Heat target for early access to maternity care is that 80% of women will have their first antenatal assessment visit by 12 weeks of pregnancy by 2015. The survey results are in line with other data sources on antenatal access which indicate that this target is being achieved overall, although not consistently in every health board area. Most women first contacted a health professional at around six weeks of pregnancy. Only about one third contacted a midwife directly. Encouraging and enabling women to take ownership of their care through self-referral directly to maternity services may result in more women having their first antenatal assessment visit before 10 weeks of pregnancy.

Many women said that they were not always given enough information to enable them to make decisions about place of birth and not all said that they were offered a choice. Choices offered will depend to some extent on facilities available within health boards. However, in some areas where all options for place of birth were available less than half of women reported being offered a choice. Only about one in four women were offered the option of home birth and very few women ultimately gave birth at home or in a community midwife led unit. Many factors will influence women's choices about where to give birth including individual and societal concerns about safety of birth outside of consultant led maternity units. Community midwife led units and home birth services must be used to capacity if they are to remain viable. A process of shared decision making with local communities and maternity care providers may help to determine, on a societal level, what choices of place of should be available and how these choices may be facilitated and maintained.

The majority of women said that they had trust and confidence in the staff caring for them during their labour and birth. However, one in five women reported that they were left alone during labour at a time when it worried them, most often but not exclusively, during early labour. Not all women felt that they received assistance within a reasonable time when they called and some felt that their concerns were not always taken seriously. During early labour in particular, there may be a mismatch between the care needs expressed by women and their birth partners and the assessments of maternity care staff and this may lead to anxiety and dissatisfaction with care. Sensitive communication between midwives and women and their birth partners is required. However, broader approaches to helping women understand the physiological process of normal labour and challenging unrealistic media representations of labour as a rapid and dangerous process may also be helpful.

Over half of women reported giving birth either lying flat or with their legs in stirrups. This may be necessary in situations where women give birth assisted by forceps or ventouse. However it appears that a number of women who experienced a normal vaginal delivery also gave birth while lying flat or flat with their legs in stirrups. There is some evidence that these positions may have negative impacts on the physiological processes of birth. Support for normal birth has been a focus of maternity services in Scotland; however, these findings suggest that this remains an area with potential for continued improvement.

Communication between women and maternity care staff appeared to be good at all stages of maternity care. The survey found that when women sought help and advice from the maternity care team particularly during antenatal care and postnatal care at home, most women said they always received it. An exception was postnatal care in hospital when 30% of women said that they only sometimes received the information or explanations that they needed. Overall, advice provided about infant feeding during postnatal care was not always consistent and in the six weeks following birth many women said that they were not given enough information about their own recovery or about possible emotional changes they might experience. There is evidence that many women experience psychological and physical health problems following childbirth; it is essential that all women are given appropriate and timely advice about their own recovery and emotional wellbeing so that they are equipped to recognise potential health problems and to seek help promptly.

A concerning finding was that during postnatal care in hospital one third of women felt that they were not always treated with kindness and understanding. The first few days following childbirth are crucial in promoting mothers parenting confidence, bonding and physical recovery. Key to improving women's experience of care is communication, listening and support; however postnatal care in hospital is often provided in a context of time and workload pressure and this may not enable staff to always provide women centred care.

Continuity of care is central to high quality maternity care and research evidence indicates that continuity of midwife led care can result in improved health outcomes for mothers and babies. The survey found that while more women received continuity of carer during their antenatal care, only around half of women appeared to be receiving the recommended level of continuity of care for both antenatal and post natal care. Within Scotland there are examples of health boards in which higher than average levels of continuity of care is being achieved and these should provide opportunity for sharing best practice.

Recommendations

- Women should be encouraged to access maternity care services directly when they think that they are pregnant. Systems that enable women to easily contact maternity services and that facilitate communication between professional groups should be implemented to support this.
- Women should be provided with unbiased, evidence informed information to help them make informed choices about where to give birth, using decision aids to present risks and benefits of all available choices. Wider consultation between local communities and maternity services should be undertaken to explore concerns and attitudes to place of birth.
- Women's concerns about being left alone in early labour must be taken seriously by maternity care services. Improvements will require both help for women and families to understand and cope with early labour and provision of services co-designed to meet their early labour needs.
- Women should be given information about the potential benefits of using upright positions for birth and enabled and encouraged to do so whenever possible.
- Postnatal care in hospital must be priority area for improvement. It is essential that maternity care in the earliest days following birth is given high priority and staffing resource that it merits if women's experience is to be improved
- During the six weeks following birth all women should be provided with information and advice about their own physical recovery and about emotional changes that they may experience after childbirth.
- Adoption of models of midwife led maternity care that enable continuity of carer should continue to be a priority for the maternity services for both antenatal and postnatal care.

- Further work is required to develop appropriate survey methods tailored to the needs of women who have experienced the loss of their baby and their families as well as those of other groups of women who are less likely to respond to large scale surveys.

1. CHAPTER 1: INTRODUCTION – THE CONTEXT OF MATERNITY CARE IN SCOTLAND

Introduction

- 1.1. This report presents the national findings of the 2013 Scottish Maternity Care Survey.
- 1.2. Across Scotland around 58,000 women give birth each year¹ and almost all of them are cared for by NHSScotland's maternity care services. For all women childbirth is a life changing event. For many the experience will be happy and affirming, for others it may be less so but the experience of childbirth is never forgotten and it will have long-term impacts on the health and wellbeing of mothers, babies and families.^{2, 3} Care provided to mothers and babies through pregnancy and childbirth provides a unique opportunity for intervention and education which have the potential to create lasting health improvements and to give infants the best possible start in life.⁴ For this reason the improvement of maternity care and women's experiences of care during childbirth are central to the ambition of NHSScotland to achieve sustained improvements to the health of the people of Scotland.^{4, 5}
- 1.3. Through A Refreshed Framework for Maternity Care in Scotland⁶ the Scottish Government sets out the following overarching principles for maternity care:
 - Reducing inequalities in maternal and infant health outcomes.
 - Promotion of maternal and infant health and wellbeing.
 - Ensuring that all women have access to safe and effective maternity care.
 - Mutually beneficial relationships between those providing and those receiving care as evidenced by respect, compassion, continuity of care, and clear communication and information to support shared decision making.
 - Reduction of wasteful or harmful variation in care provision.
- 1.4. Across Scotland maternity care is provided by multi-professional care teams including midwives, obstetricians, general practitioners, paediatricians, and many more, working through an integrated network of 17 consultant led maternity units and 21 community midwife led units and birth centres. Scotland is geographically and socially diverse and local maternity care services reflect this diversity. However, wherever they live women and their families have a right to expect to maternity care that is consistent with the principles outlined above.
- 1.5. The last national survey of women's maternity care experiences in Scotland was undertaken around 15 years ago.⁷ Since then maternity services have undergone considerable change both to organisation and infrastructure.

Several new maternity hospitals have been commissioned and services in many areas have been reconfigured. Midwife led maternity units provide local community based maternity care and lower 'tech' care alongside larger consultant led maternity units. In recent years there has been a particular focus on supporting normal birth and provision of care pathways appropriate to the needs of mothers and babies through the Scottish Government's Maternity care programme 'Keeping Childbirth Natural and Dynamic' (KCND)⁸ and the Scottish Government Children, Young People and Families policy 'Getting it Right for Every Child' (GIRFEC).⁹

- 1.6. The quality and safety of maternity services across Scotland are subject to scrutiny at local and national levels through the Scottish Patient Safety Programme, Maternity and Children's Quality Improvement Collaborative,¹⁰ and by measuring performance in relation to the Scottish Government HEAT target on antenatal access to care.¹¹ However many important aspects of care quality can only be assessed by asking women about their experiences of care. Through listening to women and asking about the care they received we can better understand the differences between maternity care policy and maternity care as it is actually experienced.
- 1.7. The national maternity survey report provides comprehensive information about women's experiences of maternity care in Scotland in 2013. The survey asked questions on each stage of maternity care; during pregnancy, during labour and birth and postnatal care in hospital and at home. Within each of these stages, questions have focussed on issues that have been highlighted in A Refreshed Framework for Maternity Care in Scotland,⁶ in other maternity care surveys,¹² and in research¹³ as being central to improving women's experiences of pregnancy, childbirth and the early weeks at home following the birth. The results of this survey will be used to identify areas for improvement in maternity services and to inform future service developments at local and national levels. While local surveys and consultations with maternity service users regularly take place, it is important to take stock at a national level to provide benchmark data for NHS Boards to identify areas where improvements are required and importantly, to provide those who use maternity services with information about maternity care in Scotland.
- 1.8. This survey was undertaken as part of the Scottish Government Patient Experience Programme in partnership with the Nursing, Midwifery and Allied Health Professions Research Unit (NMAHP Research Unit). The Patient Experience Programme supports NHSScotland in developing ways to use patients' experiences to inform service design and planning across the health service to drive improvement. Through the Patient Experience Programme, people in Scotland are being given the opportunity to comment systematically on their experience of healthcare and its impact on their quality of life. Find out more about the Patient Experience Programme at: <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health>. The NMAHP Research Unit is a multidisciplinary national research unit, funded by the Scottish Government Health and Social Care Directorate Chief Scientist Office (CSO). The unit has a remit to conduct high quality applied research that

enables Nurses, Midwives and Allied Health Professionals to make a difference to the lives of the people of Scotland and beyond. Find out more about the NMAHP Research Unit at: <http://www.nmahp-ru.ac.uk>.

- 1.9. This report presents the national level survey results. Results for individual health boards are available at:
<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/maternitysurvey/results>
- 1.10. Further data analysis will be conducted to provide a report on variations on experiences of maternity care by different groups of women, for example first time mothers and mothers from different socio-economic groups.

Methods

The questionnaire

- 1.11. The questionnaire used in the Scottish Maternity Care Survey was based on a maternity care questionnaire developed by the Care Quality Commission (CQC). The CQC questionnaire has been developed, tested and successfully used in three English national maternity surveys 2007, 2010 and 2013
<http://www.cqc.org.uk/public/publications/surveys/maternity-services-survey-2013>.
- 1.12. A survey advisory group was formed comprising midwife leaders from policy and clinical practice in Scotland. This group worked with the survey project team to undertake some minor modification of the CQC questionnaire to ensure its relevance to the Scottish context. Wider consultation was then undertaken with the Royal College of Midwives Lead Midwives Scotland Group, members of NHS Lothian Maternity Service Liaison Committee and the Scottish Executive Nurse Directors group. The questionnaire asked women both to report their experiences of key aspects of maternity care and to give an overall rating of the care they received at each stage of the maternity care journey. The rating of care reflects the individual women's evaluation of her care and this will reflect her personal expectations and values in relation to her actual experience.¹⁴ The inclusion of questions on specific aspects of care (continuity, information giving, involvement in care decisions etc.) provides some insights and explanations of women's general rating of care as well as monitoring quality of care against maternity policy targets. A copy of the questionnaire can be found in Appendix i and at:
<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/maternitysurvey/maternitysurveymaterials>.
- 1.13. The survey has been conducted concurrently with a national survey in England and this will allow for benchmarking of findings. A comparison of survey results is included in Appendix 2.

Sample

- 1.14. The questionnaire was administered as a postal survey. Questionnaires were sent to 4,964 randomly selected women who gave birth in Scotland in February and March 2013. Women whose babies had died were not included in the survey.
- 1.15. The sample was stratified by the hospital where women gave birth (with separate strata for home births). The random survey sample was prepared and checked by the NHS Central Register (NHSCR), the Scottish Government Analytical Services Division (ASD) and Practitioner Services Division (PSD). The sample was checked for maternal or baby deaths before mailing of questionnaires. Permission for access to identifiable patient data to send the questionnaire to mothers was granted by the Community Health Index Advisory Group. All data was accessed, managed and stored in accordance with the maternity survey data processing agreement which set out measures to ensure compliance with data protection legislation.
- 1.16. An approved patient survey contractor (Quality Health Ltd) was appointed to carry out the field work. Posters advertising the survey were distributed to all Scottish maternity units. The questionnaire was issued between April and June 2013. Two postal reminders were sent to encourage mothers to respond and the final response deadline was early August 2013. The questionnaires included an invitation letter and information leaflet in a range of languages and a freepost return envelope. Women had the option to complete and return the paper version of the questionnaire, to complete the questionnaire online or via a telephone helpline in a wide range of languages. The helpline was also available to handle questions or complaints about the survey. Further details of the survey design, fieldwork and analysis are available in the Scottish maternity care survey technical report <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/maternitysurvey/results>
- 1.17. In total 2,366 women returned questionnaires giving a response rate of 48%.

Data analyses

- 1.18. The survey data were collected and coded by Quality Health Ltd and securely transferred to the Scottish Government for analysis. The completed, anonymised analyses were shared with NMAHP Research Unit in order to produce the national report.
- 1.19. With the exception of the 'Women who responded to the survey' section, the percentages presented in the report have been weighted in order to increase the representativeness of the results. Weights were applied to all survey responses based on the number of eligible mothers who gave birth in each hospital (or gave birth at home). This means that the contribution of each hospital to the NHS Board and Scotland results is proportional to the number of eligible mothers that gave birth there. Further information on how weights were calculated and applied can be found in the technical report.

- 1.20. Given that the survey is based on only a sample of mothers, the figures included in the report are estimates for the 'true' figures that would have been found if we had surveyed every eligible mother in Scotland. The confidence intervals, which are included in most tables, provide the range (the 95% confidence interval) within which the true value is likely to lie.

Presentation of results

- 1.21. In the following chapters results are presented by stages of the maternity care journey; care during pregnancy, care during labour and birth, postnatal care at hospital and at home. Within each chapter results are presented for key themes relevant to the particular stage. Some themes are included at each stage of maternity care for example, communication, information and involvement, and continuity of care. The overall national average results are presented with the range between NHS Boards (highest and lowest) to provide information on variations in women's experiences of care across Scotland. In some sections a distinction is made between results for mainland and island health boards; this distinction has been made because of the relatively small survey sample for some of the island health boards and because of the different organisational arrangements for maternity care operating in these health boards. However, because of the small numbers involved these comparisons must also be treated with caution. A summary for each NHS Board of questions where there is a statistically significant change in the result compared to the national average is included in Chapter 5 of this report.
- 1.22. Data is presented in frequency tables with a focus on percentages. Different response rates were achieved for each question and where appropriate filter questions were used to direct women away from responding to questions that were not relevant to them. The number of responses for each question provides the denominator for calculation of percentages and this is included on each table and for each question where the denominator changes.
- 1.23. In general results are shown as the percentage of women who answered each question positively. Percentages for each question are calculated excluding any women from the denominator who did not answer the question or answered "not relevant" or "don't know". Percentages have been rounded to the nearest whole number; in some situations this means that the total percentage does not reach 100%.

Women who responded to the survey

- 1.24. The age range of women who responded to the questionnaire was 16 to 50. The majority of women were aged between 25 and 34 years (57%) or 35 years and over (28%), with fewer respondents who were aged 24 and under (Table 1). Around 24% of Scottish births are to women aged 24 years and under, and 20% to women over 35 years (<http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Births/>) therefore it appears that the younger age group is under represented and the older age group over represented in the

survey results. For 42% of women responding to the questionnaire this was their first pregnancy, while 58% had had at least one previous pregnancy.

Table 1: Description of survey respondents

Question: What was your age on your last birthday?		
	Per cent	Frequency (n=2,322)
Under 24	15	339
25 – 34	57	1,322
Over 35	28	661
Question: Have you had a previous pregnancy?		
		Frequency (n=2,326)
Yes	58	1,355
No	42	971
Question: How many babies have you given birth to before this pregnancy?		
		Frequency (n=1,362)
None	12	160
1 – 2	80	1,090
3 or more	8	112

Women’s self-reported current health status

- 1.25. Most women rated themselves as having very good or good health (94%). Only 5% rated themselves as having fair health, and 0.3% as having bad or very bad health (Table 2).

Table 2: Self-reported general health

Question: How would you rate your health in general?		
	Per cent	Frequency (n=2,330)
Very good	54	1,262
Good	40	943
Fair	5	117
Bad	<0.5	7
Very bad	<0.5	1

- 1.26. Women were asked if they had a physical or mental health condition that they expected to last 12 months or more. Women who responded yes were asked to rate the extent to which this limited their ability to carry out day-to-day activities. Only 9% of women reported that they had a condition that they expected to last 12 months or more. (Table 3), of these 51% reported that this impacted on their ability to carry out day-to-day activities to some extent.

Table 3: Physical/Mental health condition and illness

Question: Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?		
	Per cent	Frequency (n=2,330)
Yes	9	209
No	91	2,121
Question: If yes, does your condition or illness reduce your ability to carry-out day-to-day activities?		
		Frequency (n=208)
Yes, a lot	11	23
Yes, a little	40	83
Not at all	49	102

Ethnicity, religion and sexual orientation

- 1.27. Around 8% of respondents belonged to minority ethnic groups. This is around double the proportion of ethnic minority groups in Scotland's population as a whole
<http://www.scotland.gov.uk/Topics/People/Equality/Equalities/DataGrid/Ethnicity/EthPopMig>).
- 1.28. The most common religious view amongst survey respondents was 'none', with around half of respondents identifying themselves in this way. This is higher than the proportion observed in Scotland's general population
<http://www.scotland.gov.uk/Topics/People/Equality/Equalities/DataGrid/Religion/RelPopMig>).
- 1.29. The large majority of survey respondents described themselves as Heterosexual/straight, with less than 0.5% respectively describing themselves as Gay/lesbian, Bisexual and Other (Table 4).

Table 4: Ethnicity, religion and sexual orientation

Question: What is your ethnic group		
	Per cent	Frequency (n=2,338)
White	92	2,159
Mixed or multiple ethnic groups	<0.5	10
Asian, Asian Scottish, or Asian British	4	105
African	2	41
Caribbean or Black	<0.5	3
Other ethnic group	1	20
Question: What religion, religious denomination or body do you belong to?		
	Per cent	Frequency (n=2,338)
None	51	1,175
Church of Scotland	20	465
Roman Catholic	17	397
Other Christian	8	183
Muslim	3	60
Buddhist	<0.5	11
Sikh	<0.5	7
Jewish	<0.5	2
Hindu	1	14
Pagan	<0.5	2
Another religion (non-Christian)	<0.5	9
Question: Which of the following best describes how you think of yourself?		
	Per cent	Frequency (n=2,313)
Heterosexual/straight	99	2,287
Gay/lesbian	<0.5	4
Bisexual	<0.5	11
Other	<0.5	11

Dates and your baby

- 1.30. Most women gave birth to a single baby (99%) and most (93%) gave birth at term (37 weeks of pregnancy or more). Births were relatively evenly spread throughout the day and night (Table 5).

Table 5: Dates and your baby

Question: Did you give birth to a single baby, twins or more in your most recent pregnancy?				
	Per cent	Frequency (n=2,356)	Confidence interval (%)	
Single baby	99	2,329	98.4	99.2
Twins	1	25	0.7	1.5
Triplets, quads or more	<0.5	2	0	0.2
Question: What time was your baby* born?				
	Per cent	Frequency (n=2,348)	Confidence interval (%)	
Early morning (24.01-6.00)	23	537	21.5	24.5
Morning (6:01-12:00)	30	700	28.3	31.6
Afternoon (12:01-18.00)	25	576	23.0	26.1
Evening/Night (18.00-24.00)	22	535	21.0	24.0
Question: Roughly how many weeks pregnant were you when your baby was born?				
	Per cent	Frequency (n=2,334)	Confidence interval (%)	
Before 37 weeks	7	156	6.0	7.9
37 weeks or more	93	2,178	92.1	94.0

*for twins or more than two babies answers were given for the first birth

2. CHAPTER 2: CARE DURING PREGNANCY: ANTENATAL CARE

Summary of key results

- Early access to maternity care - **87%** of women had their booking appointment at or before 12 weeks of pregnancy.
- Only **35%** of women saw a midwife first when they thought that they were pregnant.
- Accessibility of maternity services - **99%** of women reported that they had a telephone number for a midwife or midwifery team that they could contact. **82%** of women who used this number reported that they were always given the help that they needed.
- Continuity of care - **62%** of women reported that they saw the same midwife for their antenatal check-ups either all or most of the time
- Variation – there was wide variation between NHS Boards for continuity of care and having a named midwife.
- Information and involvement – **78%** of women said that they were involved enough in general decisions about their antenatal care. Only **56%** of women reported that they definitely received enough information to help them decide where to have their baby.
- Communication - **88%** of women reported that they were always spoken to in a way they could understand and **82%** that they were always listened to and given time to ask questions about their care
- How women rated their antenatal care – **58%** of women rated their antenatal care as excellent and **33%** as good.

Early access to maternity care

- 2.1. A key target for maternity services in Scotland is improved early and direct access to safe and effective maternity care for all women.⁶ Antenatal care brings the majority of women into contact with health care professionals, sometimes for the first time as adults. Where care is accessed in the first twelve weeks of pregnancy there are opportunities for early identification and intervention where there are health or social concerns, as well as opportunities to support mothers to make healthy lifestyle changes (for example to stop smoking).¹⁵ This offers the potential for sustained, long term health and wellbeing improvement for mothers and families.
- 2.2. There is evidence that women at higher risk of poorer pregnancy outcomes and particularly women from areas of higher socio economic deprivation are the least likely to access maternity care early.¹⁶ Scottish Government health policy recommends that the initial contact with maternity care services will, if at all possible, be made by 10 weeks of pregnancy and that an initial assessment of health, obstetric and social needs (known as the booking assessment) will be undertaken ideally, by 10 and certainly by 12 weeks of pregnancy.⁶ The national HEAT target for early access to maternity care is that 80% of women in each Scottish Index of Multiple Deprivation category (SIMD quintile) will have booked for antenatal care by 12 weeks of pregnancy by March 2015.¹⁷ Women were asked roughly how many weeks pregnant they were when they first sought professional care and how many weeks pregnant they were when they had their antenatal booking appointment (Table 6).
- 2.3. Over half of women responding to the questionnaire had made contact with a health professional by six weeks of pregnancy (58%) and almost all women (96%) first saw a health professional at or before 12 weeks of pregnancy. There was little variation between health boards.
- 2.4. Overall, 87% of women had their booking appointment at or before 12 weeks of pregnancy, suggesting that the national HEAT target has been achieved (Table 6). However, there was some variation between health boards: 95% of women in NHS Grampian had their booking appointment at or before 12 weeks compared to 74% in NHS Greater Glasgow and Clyde. All women in the island health boards (i.e. NHS Shetland, NHS Orkney and NHS Western Isles) had their booking appointment at or before 12 weeks of pregnancy. Further analysis is required to determine whether there were any differences in accessing maternity services between socio-economic groups.

Table 6: Access to maternity care

Question: Roughly how many weeks pregnant were you when you first saw a health professional about your pregnancy care?				
	Per cent	Frequency (n=2,329)	Confidence interval (%)	
0 to 6 weeks	58	1,324	56.3	59.8
7 to 12 weeks	38	916	36.2	39.7
13 or more weeks	4	89	3.3	4.8
Question: Roughly how many weeks pregnant were you when you had your booking appointment?				
	Per cent	Frequency (n=2,200)	Confidence interval (%)	
0 to 7 weeks	16	342	14.3	17.0
8 or 9 weeks	35	801	33.2	36.6
10 or 11 weeks	19	409	17.3	20.2
12 weeks	18	381	16.3	19.1
13 or more weeks	13	267	11.9	14.4

Accessibility of services

- 2.5. Early access to maternity care is facilitated where women can contact a midwife directly when they think they are pregnant. The KCND programme⁸ recommended that all women should have the option of a midwife as their first point of contact with maternity care services. Maternity services should be made as accessible as possible; antenatal care should be provided in locations and times that are convenient for maternity service users and there should be clear routes of communication and access to care for women who require information and /or assistance.^{6,16} In the survey, women were asked who was the first professional they saw when they thought they were pregnant and whether they had a choice about where antenatal check-ups would take place. They were asked whether they were given a telephone number for a midwife or midwifery team that they could contact and, if they contacted the midwife or midwifery team whether they were given the help that they needed.
- 2.6. Overall, 35% of women saw a midwife as the first point of professional contact when they thought they were pregnant, whereas for 60% of women a General Practitioner/ family doctor was the first point of contact (Table 7; Figure 1). There was considerable variation between NHS Boards. For the island health boards 60% of the women in NHS Shetland saw a midwife as first point of contact, compared to only 15% of the women in NHS Western Isles. Of the mainland NHS Boards 61% of the women in NHS Ayrshire and Arran saw a midwife as first point of contact, compared to 15% in NHS Greater Glasgow and Clyde.

Table 7: First health professional seen by pregnant women

Question: Who was the first health professional you saw when you thought you were pregnant?				
	Per cent	Frequency (n=2,358)	Confidence interval (%)	
GP / family doctor	60	1,395	58.5	61.8
Midwife	35	848	33.1	36.3
Other	5	115	4.3	5.9

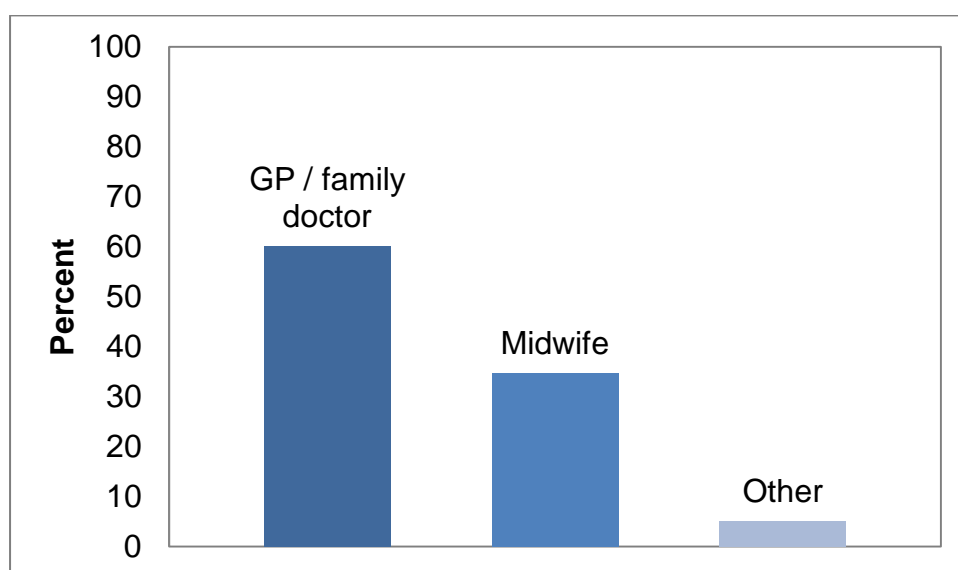


Figure 1: First point of contact for pregnant women in Scotland

- 2.7. Overall only 21% of the women reported that they were able to decide where their antenatal check-ups were to take place (Table 8). Again, there were variations across the health boards: 51% of women in NHS Western Isles reported being given a choice of where their antenatal check-ups should take place, whereas 30% of the women were given this choice in NHS Shetland. Larger variations were evident between mainland boards. In NHS Highland 29% of women were given a choice of where to have their antenatal check-ups, compared to 9% in NHS Forth Valley.
- 2.8. Almost all women (99%) were given telephone number for a midwife/midwifery team that they could contact (Table 8) with little variation across NHS Boards. While most women who contacted the midwifery team reported that they were always given the help they needed (82%), 18% reported that they either only sometimes, or did not, receive the help they needed (Table 8). There were some health board variations. Eighty nine per cent of women in NHS Highland reported always being given the help they needed compared to 76% in NHS Lanarkshire. Of the island health boards 97% of women on Shetland and 88% of women on Orkney reported always being given the help they needed when contacting their midwife/midwifery team.

Table 8: Accessibility of maternity services

Question: During your pregnancy were you given a choice about where your antenatal check-ups would take place?				
	Per cent	Frequency (n=2,251)	Confidence interval (%)	
Yes	21	479	19.2	22.1
No	79	1,772	77.9	80.8
Question: During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?				
	Per cent	Frequency (n=2,350)	Confidence interval	
Yes	99	2,327	98.7	99.4
No	1	23	0.6	1.3
Question: If you contacted a midwife or the midwifery team, were you given the help you needed?				
	Per cent	Frequency (n=1,922)	Confidence interval (%)	
Yes, always	82	1,581	80.2	83.4
Yes, sometimes	16	298	14.3	17.4
No	2	43	1.7	2.9

Continuity of care

- 2.9. A key principle underpinning maternity care in Scotland is continuity of midwifery care. Continuity of midwifery care has been demonstrated to be associated with positive care outcomes and improved satisfaction with maternity care,¹⁸ and it has been recommended by the World Health Organisation as having an important role in improving maternal and child health.¹⁹
- 2.10. There has been considerable debate about what continuity of care actually is in practice (i.e. continuity in the way care is given or care by the same person). However, a working definition within NHSScotland is that continuity of care is care that is provided by the same person for all, or most, planned episodes of care. Scottish Government health policy indicates that all pregnant women in Scotland should have a named midwife who provides continuity of care through the antenatal period.⁶ Within Scotland midwives will usually be the lead professional in the care of healthy pregnant women working within a multidisciplinary care team that includes GPs, obstetricians and other care staff.⁸ Women with more complex care needs will receive care led by an obstetrician and the choice of any women to receive care from their GP or obstetrician during pregnancy should be respected.
- 2.11. In the survey, women were asked which health professionals they saw for their antenatal care. Women who responded that they saw a midwife for their care were asked if they saw the same midwife for every check-up and if this was their named midwife.

- 2.12. Almost all women (98%) reported that they received care from a midwife during their pregnancy. Sixty two per cent reported that they saw the same midwife for their antenatal check-ups either all or most of the time. Twenty four per cent of women said that they did not have a named midwife (Table 9)
- 2.13. There was considerable variation between health boards for continuity of midwifery care. Considering mainland boards women were most likely to report having seen the same midwife all or most of the time in NHS Grampian (77%) and least likely in NHS Greater Glasgow and Clyde (43%). Women were most likely to see their named midwife for their antenatal care in NHS Lothian (76%).
- 2.14. There were also differences between island health boards. In NHS Shetland all women reported seeing the same midwife all or most of the time) and for 97% this was their named midwife, whereas in NHS Western Isles only 21% reported being seen by the same midwife for their antenatal check-ups and only 4% reported being seen by their named midwife (these results must be treated with caution due to the small numbers of births in these health boards during the survey period).
- 2.15. Overall, 12% of women in Scotland saw their GP/family doctor at some time during antenatal check-ups (Table 9). The percentage of women who saw their GP for antenatal check-ups ranged from 6% in NHS Tayside to 21% in NHS Lothian.

Table 9: Continuity of care in antenatal care

Question: Which of the following health professionals did you see for your antenatal check-ups?				
	Per cent	Frequency (n=2,358)	Confidence interval* (%)	
Midwife	98	2,309	97.3	98.4
GP (family doctor)	12	293	11.0	13.2
Hospital doctor (e.g. a consultant)	37	873	35.2	38.6
Other	1	29	0.9	1.7
If you saw a midwife for your antenatal check-up, did you see the same one every time?				
	Per cent	Frequency (n=2,326)	Confidence interval (%)	
Yes, every time	20	448	18.3	21.2
Most of the time	42	1,001	40.7	44.3
No	38	877	36.1	39.5
Was this your named midwife?				
	Per cent	Frequency (n=2,153)	Confidence interval (%)	
Yes	54	1,156	52.1	55.5
No	22	467	20.6	23.8
I did not have a named midwife	24	530	22.6	25.4

Information and involvement

- 2.16. The Healthcare Quality Strategy²⁰ highlights that health service-users value, caring and compassionate staff, clear communication and information and effective involvement as well as excellent clinical care. Scottish Government maternity care policy⁶ recommends that throughout pregnancy women and their families should receive clear, balanced and consistent information that enables them to make decisions about their care, specifically including choice of place of birth. The option of providing women with choice of hospital for birth (consultant unit, midwifery led unit or birth centre) depends to some extent on facilities available within health boards and women's willingness to travel as not all options are available within each NHS board. Cross health board travel is possible. However, in some situations the geographical distribution of maternity units and centres of population mean that long distances may be involved. Nonetheless, Scottish Government maternity care policy recommends that all women should be offered the choice of home birth, unless contraindicated for medical reasons. Women were asked whether they were offered choices about where they would plan to have their baby and whether they felt they were given enough information to help them make this choice. They were asked whether they were sufficiently involved in more general decisions about their antenatal care.
- 2.17. Overall, only 56% of women reported that they definitely received enough information to help them decide where to have their baby (Table 10). Choices about planned place of birth are particularly relevant for women living in rural and remote rural areas where childbirth may involve travel over long distances. A positive finding of the survey was that almost all women living in the most remote health boards (NHS Highland and NHS Shetland) reported having received sufficient information to help them decide where to have their baby (90% and 89%, respectively).
- 2.18. The results suggest that women are not always being offered the opportunity to be involved in decisions about place of birth. Overall 41% of women reported being offered a choice of hospital for having their baby and 23% said that they were given the choice of giving birth in a midwife led unit or birth centre. However, 25% of women reported that they were not offered any choices of place of birth.
- 2.19. These results must be interpreted in relation to the maternity facilities available within NHS Boards. In some instances a woman's choice of hospital of birth would have required travel between NHS Board areas and this is likely to have influenced the offer of choice. For example, 66% of the women in NHS Lothian (two consultant units) were given a choice of hospital in which to have their baby, compared to 13% of the women in NHS Ayrshire and Arran (one consultant led unit and one island birth unit).
- 2.20. Similarly in NHS Tayside (one consultant led unit and three community midwife led units) 45% of the women reported being given a choice of giving birth in a midwife led unit/birth centre, whereas 4% of women in NHS

Lanarkshire (one consultant led unit and no midwife led units) said that they were given this choice.

- 2.21. Only 25% of women reported that they were offered the choice of home birth and there was considerable variation between health boards (Table 10). In NHS Forth Valley 60% of women reported that they were offered the option of giving birth at home compared to 11% in NHS Greater Glasgow and Clyde. Overall only 2% of women reported that they planned to have a home birth; this is consistent with long standing low rates of home birth in Scotland.

Table 10: Choices of where to have your baby

Question: Did you get enough information from either a midwife or doctor to help you decide where to have your baby?				
	Per cent	Frequency (n=1,654)	Confidence interval (%)	
Yes, definitely	56	956	54.0	58.4
Yes, to some extent	26	419	24.0	28.0
No	18	279	16.1	19.5
Question: Were you offered any of the following choices about where to have your baby?				
	Per cent	Frequency (n=2,346)	Confidence interval* (%)	
A choice of hospitals	41	951	39.4	42.7
A choice of giving birth in a midwife led unit or birth centre	23	544	21.4	24.1
A choice of giving birth in a consultant led unit	12	281	10.7	13.0
A choice of giving birth at home	25	612	23.3	26.3
I was not offered any choices	25	582	23.7	26.8
I had no choices due to medical reasons	13	298	12.0	14.4
Question: Before your baby was born, did you plan to have a home birth?				
	Per cent	Frequency (n=2,349)	Confidence interval (%)	
Yes	2	59	1.5	2.3
No	98	2,290	97.7	98.5

- 2.22. In relation to involvement in decisions about their antenatal care more generally over three quarters of women felt that they were involved enough, while around one in five women either felt they were not, or were only sometimes, sufficiently involved (Table 11). There was little variation between NHS Boards.

Table 11: Were you involved in decisions about your antenatal care?

Question: Thinking about your antenatal care, were you involved enough in decisions about your care?				
	Per cent	Frequency (n=2,339)	Confidence interval (%)	
Yes, always	78	1,831	76.0	79.1
Yes, sometimes	18	407	16.6	19.4
No	4	79	2.9	4.3
I did not want / need to be involved	1	22	0.6	1.3

Communication

- 2.23. All staff involved in providing care to mothers and babies should communicate in ways that women can understand and ensure that they are listened to and have time to ask questions about their care.^{6,16} Women were asked whether they were always spoken to in a way that they could understand, whether they were listened to and whether they were given time to ask questions or discuss their care.
- 2.24. The majority of women (88%) reported that they were always spoken to in a way that they could understand (with little health board variation) although 10% of women reported that this happened only sometimes (Table 12).

Table 12: Communication in antenatal care

Question: Thinking about your antenatal care, were you spoken to in way that you could understand?				
	Per cent	Frequency (n=2,351)	Confidence interval (%)	
Yes, always	88	2,085	87.2	89.5
Yes, sometimes	10	233	9.1	11.3
No	1	33	1.0	1.9

- 2.25. During their antenatal care, 82% of women said that they were always listened to and the same percentage said that they were always given enough time to ask questions and/or discuss their pregnancy (Table 13). Seventeen per cent of women said that they were listened to only sometimes and 16% said that they were only sometimes given enough time to discuss their pregnancy.

Table 13: Listened to and given enough time to ask questions?

Question: During your antenatal check-ups, were you listened to?				
	Per cent	Frequency (n=2,348)	Confidence interval (%)	
Yes, always	82	1,927	80.2	83.0
Yes, sometimes	17	386	15.4	18.1
No	2	35	1.1	2.1

Question: During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?				
	Per cent	Frequency (n=2,357)	Confidence interval (%)	
Yes, always	82	1,938	80.1	82.9
Yes, sometimes	16	365	14.8	17.5
No	2	54	1.8	2.8

Overall rating of antenatal care

2.26. Finally women were asked to rate overall the antenatal care they received while they were pregnant. Women generally rated their antenatal care highly. Ninety-one per cent of women reporting that their care was either excellent or good (Figure 2). Women in the island NHS Boards were most likely to say that they had received excellent care; NHS Orkney (77%), NHS Western Isles (76%) and NHS Shetland (74%).

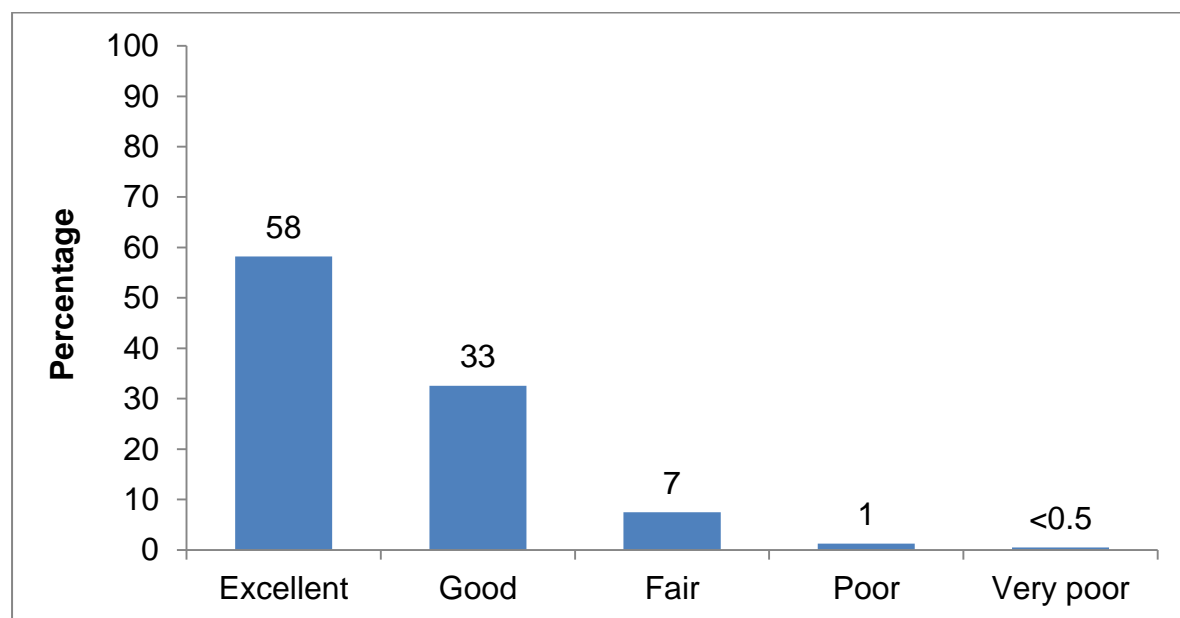


Figure 2: Overall rating of antenatal care

Conclusions

- 2.27. Early access to maternity care is a key target for health improvement and is currently the only Scottish Government HEAT target relating to antenatal care. It appears to be being achieved overall but not consistently in every NHS Board. This may reflect the socio- economic variations in maternity populations with NHS Greater Glasgow and Clyde having the highest levels of socio-economic deprivation and less women booking by 12 weeks. The forthcoming variations report will provide more information on this issue.
- 2.28. Direct access to maternity care through the midwife as first point of professional contact for pregnant women was a key objective of the Scottish Government KCND programme⁸ and an associated Health Scotland campaign. However, across Scotland most women appear to visit their GP as first point of contact when they think they are pregnant although there was wide variation between health boards. The survey found that 58% of women first contacted a health professional by six weeks of pregnancy; this suggests that encouraging women to access maternity services directly by making their initial contact with a midwife may offer the opportunity for earlier antenatal booking. Self-diagnosis of pregnancy is already established practice and women should be encouraged and enabled to take further ownership of their care through self-referral directly to maternity services.
- 2.29. A very positive finding was that 99% of women had a telephone number to contact a midwife or midwifery team and 82% reported always receiving the help that they needed.
- 2.30. Continuity of care has been one of the long standing quality indicators for maternity care established in the 1993 report Provision of Maternity Services in Scotland²² and the Changing Childbirth Report 1993.²³ There is good research evidence that continuity of midwife led care can result in improved health outcomes for mothers and babies.¹⁸ The survey found wide variation between health boards. In some areas only 43% of women were receiving continuity of care while some were achieving over 70% of women who reported seeing the same midwife all or most of the time. This suggests that there may be opportunities for sharing good practice across health boards. Models of midwifery care that enable continuity of care should be supported in every health board.
- 2.31. Provision of information and involvement of women in choices and decisions about their care is also one of the long standing quality indicators for maternity care. Choice of place of birth is, to some extent, dependent on facilities available in health boards but even in health boards where all options were available less than half of women reported being offered a choice. Only around one quarter of women said that they were offered a choice of home birth and very few women ultimately opted for home birth. Offering women a choice of home birth is an explicit recommendation of the Scottish Government's Refreshed Framework for Maternity Care.⁶ However, there appears to be a mismatch between the policy recommendation, women's experience of being offered a choice and their uptake of that offer. Many

factors will influence women's choices about where to give birth. However all women should receive unbiased information that explains the benefits as well as risks of giving birth at home, in a community midwife led unit and in a consultant led maternity unit.

3. CHAPTER 3: CARE DURING LABOUR AND BIRTH: INTRAPARTUM CARE

Summary of key results

- Place of birth – **96%** who responded to the survey gave birth in a consultant led maternity unit.
- Quality of care during labour and birth – **74%** of women reported that during labour they were able most of the time to move around and choose positions in which they were most comfortable.
- **34%** of women reported that they adopted upright positions (e.g. sitting, kneeling) for birth – **26%** said that they gave birth lying flat and **31%** lying flat with legs in stirrups.
- **91%** of women had skin to skin contact with their baby shortly after birth.
- Trust and confidence in staff – **83%** of women said that they definitely had trust and confidence in staff caring for them and **80%** that they were never left alone at a time when it worried them.
- Respect and dignity - **88%** of women reported that they were always treated with respect and dignity through labour and birth.
- Communication, information and involvement – **89%** of women said that they were always spoken to in ways that they could understand. **95%** of women who had a partner or birth companion with them reported that they were able to be involved as much as they wanted.
- How women rated their care during labour and birth - **73%** of women rated their care as excellent and **21%** as good.

Care during labour and birth

- 3.1. Labour and birth have traditionally been considered to be the time of highest risk and vulnerability for mothers and babies and for this reason provision of safe care during labour and birth has been a longstanding priority for maternity care providers. However, women's experiences of childbirth are also important;²⁴ women are usually able to recall their childbirth experiences in vivid detail many years later. Positive experiences during childbirth may enhance women's confidence and self-esteem, while negative childbirth experiences may have long lasting detrimental effects on women's physical and psychological wellbeing²⁵ and on the health and wellbeing of their newborn infants. The provision of safe, effective and women centred care during labour and birth is therefore of the utmost priority.

Place of birth

- 3.2. Based on information contained in the survey sample file, most women gave birth in a consultant led unit (96%) with only 3% giving birth in a birth centre/community midwifery led unit. Overall, only 1% of women gave birth at home.
- 3.3. Survey results indicated that the level of home births in Scotland was low for both mainland and island NHS Boards. The NHS Boards with the most home births reported in the survey were NHS Dumfries and Galloway and NHS Western Isles, where 3.1% and 6.8% of women reported giving birth at home, respectively.

Quality of care during labour and birth – support for normal birth

- 3.4. Support for normal birth has been a key focus of maternity care through the work-streams of the Scottish Government's KCND programme completed in 2010.⁸ An overarching principle for care during labour and birth is that all women should receive safe and effective care tailored to their needs, avoiding unnecessary intervention and providing every woman with the opportunity to have as normal a birth experience as possible.⁸ Throughout labour and birth women should be provided with an environment in which they feel safe and secure with one to one care from a midwife once labour is established. Women should be encouraged and enabled to move around and to choose positions in which they feel most comfortable.²⁶ Women's planned choice of pain relief, including non-pharmacological methods should be facilitated, while staff must also be responsive to women's changing needs for pain relief during labour and birth.
- 3.5. Excluding women who had a planned caesarean section women, were asked whether they were able to move around and choose the position that made them most comfortable during labour. They were asked about their planned preferences for pain relief and whether and why their plan had changed during labour.
- 3.6. Seventy-four per cent of women reported being able to move around and choose the position that made them most comfortable, whereas 20% said that they were only sometimes able to do this and 6% said not at all (Table 14). There were some health board variations; in NHS Forth Valley 61% of women reported being able to move around to choose a position that was most comfortable compared to 85% of the women in NHS Dumfries and Galloway.

Table 14: Freedom of movement during labour

Question: During your labour, were you able to move around and choose the position that made you most comfortable?				
	Per cent	Frequency (1,738)	Confidence interval (%)	
Yes, most of the time	74	1,298	72.2	76.0
Yes, sometimes	20	332	17.8	21.3
No, not at all	6	108	5.3	7.4

- 3.7. Women were asked about their planned methods of pain relief (women could indicate that they planned to use several types of pain relief) and whether they ultimately followed this plan. Table 15 describes women's planned options for pain relief. The most commonly planned choice for pain relief was gas and air (76%). Fifteen per cent of women reported that they either did not want to use pain relief or had not made a plan. Those women who used pain relief for labour, and who indicated that they had made a plan were asked whether the pain relief actually used had changed from their original plan. Over half of these women (52%) reported that they had not actually used their planned method of pain relief. Most women indicated that the change was either due to medical reasons (38%) or because there was not time to use the planned method (26%; Table 15).

Table 15: Planned and actual methods of pain relief

Question: During your pregnancy, what type of pain relief did you plan to use when giving birth?				
	Per cent	Frequency (n=2,089)	Confidence interval (%)	
Natural methods	33	705	31.0	34.7
Water or a birthing pool	34	743	32.6	36.2
TENS machine	18	382	16.2	19.1
Gas and air	76	1,586	74.0	77.3
Injection of Pethidine or similar painkiller	22	465	20.4	23.6
Epidural	22	427	20.4	23.6
Other	1	20	0.6	1.3
I did not want to use pain relief	5	96	3.7	5.3
I had not decided	10	205	8.9	11.3
Question: Did the pain relief you used change from what you had originally planned?				
	Per cent	Frequency (n=1,787)	Confidence interval (%)	
Yes	52	914	49.9	54.2
No	48	873	45.8	50.1
Question: Why did you not use the choice of pain relief that you had originally planned to?*				
	Per cent	Frequency (n=893)	Confidence interval (%)	
For medical reasons	38	339	35.3	41.6
I changed my mind	18	158	15.3	20.2
I did not need to use this pain relief	8	76	6.5	9.9
There was not time to use my planned pain relief	26	238	22.9	28.4
This pain relief did not work	18	158	15.8	20.8
I was not told why I could not have my choice of pain relief	6	50	4.1	7.0

Type of birth

- 3.8. Women were asked about the type of birth that they had. Just over half of women who responded to the survey reported that they had a normal vaginal birth (56%), 30% reporting that they gave birth by caesarean section (either planned or emergency; Table 16; Figure 3). There were some differences between health boards with 47% of women in NHS Lothian and 67% in NHS Dumfries and Galloway reporting that they had a normal vaginal birth. The overall results correspond closely to figures provided by ISD for the year ending 31st March 2012 (the most recently reported national data), discrepancies within health boards for type of birth reported by women and clinical data may be due to differences in local response rates.

Table 16: Type of birth

Question: Thinking about the birth of your baby, what type of delivery did you have?*				
	Per cent	Frequency (n=2,349)	Confidence interval (%)	
A normal vaginal delivery	56	1,343	54.0	57.6
An assisted vaginal delivery (forceps or ventouse)	14	322	12.9	15.4
A planned caesarean delivery	13	302	12.1	14.6
An emergency caesarean delivery	17	382	15.3	18.0

*for twins or more than two babies results refer to the baby who was born first.

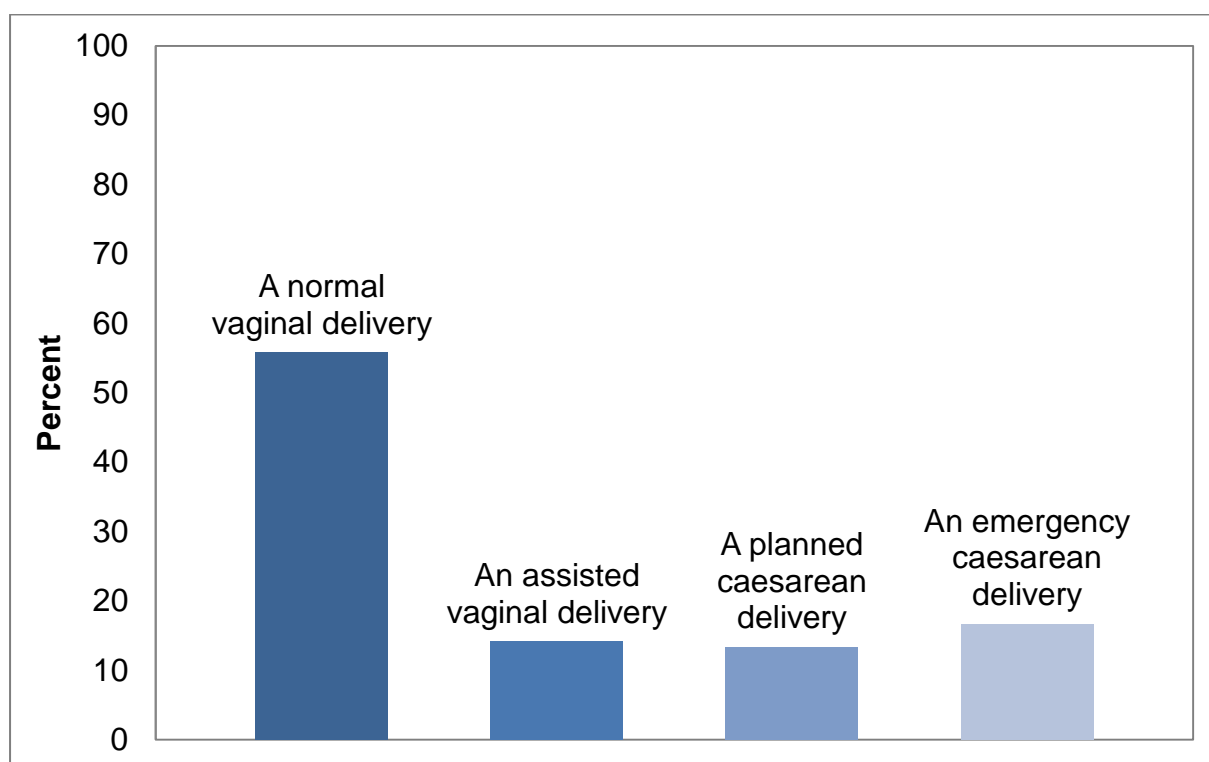


Figure 3: Type of birth

Use of upright positions and use of water to support normal birth.

- 3.9. There is some evidence that use of upright positions for birth may be of some benefit in facilitating normal birth. Research recommendations²⁷ are that women should be given the choice to adopt upright positions (e.g. sitting, kneeling) wherever possible. Excluding those women who reported that they gave birth either by planned or emergency caesarean section, women were asked specifically where they give birth (on a bed, a mat on the floor, in a birthing pool, or other place) and about the position they were in when their baby was born.

- 3.10. The majority of women reported that they gave birth on a bed (88%; Table 17) and this was the case across most of the health boards.

Table 17: Where did you give birth?

Question: Where did you give birth?				
	Per cent	Frequency (n=1,668)	Confidence interval (%)	
On a bed	88	1,439	86.7	89.5
On a mat on the floor	2	42	1.6	2.9
In a water or birthing pool	6	124	5.1	7.1
Other	4	63	2.7	4.4

- 3.11. Overall the use of upright positions for birth appeared to be low. Only 14% of women who had a vaginal birth reported that they were standing, squatting or kneeling and a further 19% that they adopted a sitting position. Over half of women reported that they gave birth either lying flat (or flat supported with pillows) or lying with their legs in stirrups. While this group includes the 14% of women who reported having an assisted birth (forceps or ventouse) this suggests that 43% of women who had a spontaneous vaginal birth gave birth in a supine position (Table 18; Figure 4). There was considerable variation between mainland health boards; in NHS Ayrshire and Arran only 16% of women reported that they gave birth lying flat with their legs in stirrups compared to 39% in NHS Lothian.

Table 18: Birth position

Question: What position were you in when your baby was born?				
	Per cent	Frequency (1,662)	Confidence interval (%)	
Sitting / sitting supported by pillows	19	317	17.5	21.1
On my side	7	113	5.6	7.9
Standing, squatting or kneeling	14	268	12.7	15.8
Lying flat / lying supported by pillows	26	430	23.8	27.8
Lying with legs in stirrups	31	486	29.0	33.2
Other	3	48	2.0	3.4

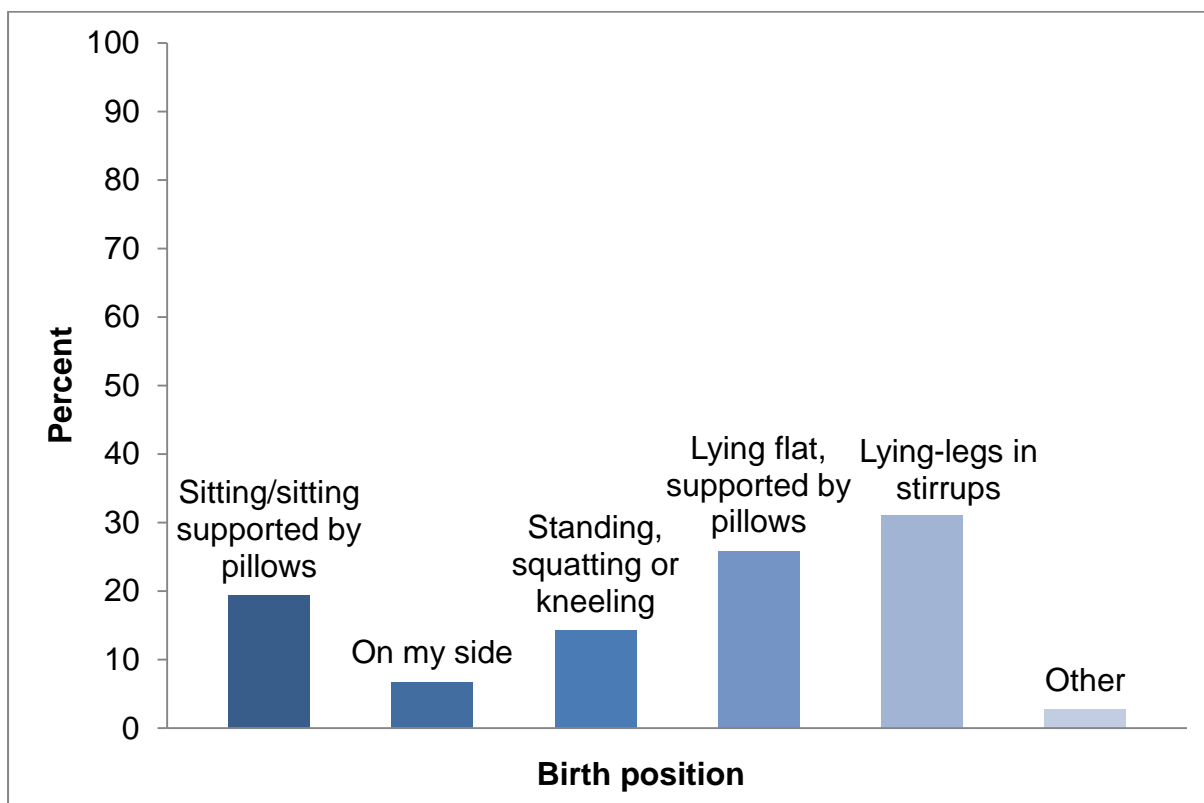


Figure 4: What position were you in when your baby was born?

Skin to skin contact

- 3.12. Direct skin to skin contact between mother and baby for a period of time immediately after birth has been credited with a number of benefits for both mother and baby. It is important for supporting pre-feeding behaviour before attachment at the breast and is considered important in bonding of mother and baby. UNICEF currently encourage a period of uninterrupted skin to skin contact between mother and infant at least up until the first feed.²⁸
- 3.13. Women were asked whether they had skin to skin contact with their baby shortly after birth. Almost all women (92%) responded that they did (Table 19), ranging from 72% (NHS Western Isles) to 97% (NHS Borders and NHS Dumfries and Galloway) across health boards.

Table 19: Skin to skin contact shortly after birth

Question: Did you have skin to skin contact with your baby shortly after birth?				
	Per cent	Frequency (n=2,052)	Confidence interval (%)	
Yes	91	1864	89.3	91.7
Yes, but I did not want this	1	12	0.3	0.9
No	9	176	7.7	10.0

Trust and confidence in staff

- 3.14. Maternity care policy indicates that during labour and birth women should receive care in an environment in which they feel safe and secure, and that all women will receive one to one care from a midwife during established labour.⁶ Implicit within the concept of a safe and secure environment is the principle that women will not be left alone when this is likely to cause them to feel concerned and that when concerns are raised or help sought by women or their partners their needs are responded to in a timely manner. Women were asked if they and/ or their partner were left alone during their labour and birth at a time when it worried them. They were asked whether if they called they received assistance within a reasonable time and if they raised concerns during labour and birth whether they felt that these concerns were taken seriously.
- 3.15. Overall 83% of women said that they definitely had trust and confidence in staff and 80% of women reported that they were not left alone when it worried them. This ranged from 73% in NHS Grampian to 92% in NHS Borders. Most instances of women reporting being left alone when it worried them occurred during early labour (10%). However, 14% of women reported being left alone during later stages of labour, during the birth or shortly after birth. Twenty-one per cent reported that when they called they only sometimes, or did not, receive assistance within a reasonable time.
- 3.16. Of women who said that they raised a concern during labour and birth the majority felt that this was taken seriously however, 16% of women felt that concerns raised were not taken seriously (Table 20).

Table 20: Trust and confidence in staff

Question: Did you have confidence and trust in the staff caring for you during your labour and birth?				
	Per cent	Frequency (n=2,338)	Confidence interval (%)	
Yes, definitely	83	1,955	82.1	84.8
Yes, to some extent	15	337	13.2	15.8
No	2	46	1.5	2.5

Question: Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?				
	Per cent	Frequency (n=2,337)	Confidence interval (%)	
Yes, during early labour	10	226	8.9	11.1
Yes, during the later stages of labour	7	152	5.7	7.6
Yes, during the birth	1	28	0.8	1.6
Yes, shortly after the birth	6	136	5.1	6.8
No, not at all	80	1,894	78.9	81.8
Question: When you called did you receive assistance within a reasonable time?				
	Per cent	Frequency (n=2,162)	Confidence interval (%)	
Yes, always	79	1,717	77.0	80.1
Yes, sometimes	17	347	15.3	18.2
No	5	98		
Question				
Question: If you raised a concern during labour and birth, did you feel that it was taken seriously?				
	Per cent	Frequency (n=1,331)	Confidence interval (%)	
Yes	84	1,124	82.5	86.2
No	16	207	13.8	17.6

Respect and dignity

- 3.17. Women were asked whether the staff caring for them introduced themselves and whether they felt that they were treated with respect and dignity. Over 80% of women reported that all staff introduced themselves and 17% that some of the staff did so (Table 21), ranging from 76% in NHS Borders to 87% in NHS Highland and 88% in NHS Western Isles. Overall 88% of women reported that they were always treated with respect and dignity. However, 10% of women said that they were only treated with respect and dignity sometimes and 2% said no.

Table 21: Respect and dignity

Question: Did the staff caring for you introduce themselves?				
	Per cent	Frequency (n=2,310)	Confidence interval (%)	
Yes, all of the staff introduced themselves	81	1,885	80.0	82.9
Some of the staff introduced themselves	17	388	15.4	18.2
Very few or none of the staff introduced themselves	2	37	1.2	2.2
Question: Thinking about your care during labour and birth, were you treated with respect and dignity?				
	Per cent	Frequency (n=2,332)	Confidence interval (%)	
Yes, always	88	2,060	86.7	89.1
Yes, sometimes	10	226	9.0	11.2
No	2	46	1.5	2.5

Communication, information and involvement

- 3.18. Communication between women and the staff caring for them during labour is a key element of women centred care. Labour and birth is a time of heightened stress and anxiety for most women and their partners and/ or birth companions. It is essential that women are always given appropriate advice and spoken to in ways that they can understand. This is of particular importance in early labour as recent research has identified that women are often dissatisfied with the care and communication that they receive when they contact the hospital at this time.²⁹ Scottish Government maternity care policy recommends that women should be involved in decisions about their care during labour and birth and their partner or birth companion should be as involved in care during labour and birth to the extent that is wanted.⁶
- 3.19. Women were asked whether they felt that they were given appropriate advice and support when they contacted a midwife or the hospital at the start of labour and whether during labour they were spoken to in ways that they could understand. Overall 85% of women who sought advice at the start of labour reported that they did receive appropriate advice and support. Eighty-nine per cent of women reported that they were always spoken to in ways that they could understand during their labour and birth. Women were asked about their own involvement in care decisions and about their partner or companions involvement in their care. The majority of women reported that they were always involved enough in care decisions although 22% reported that they were either only sometimes or that they were not sufficiently involved. Almost all women (95%) reported that their partner or companion was as involved in care as much as they wanted, and this was the case across all health boards (Table 22).

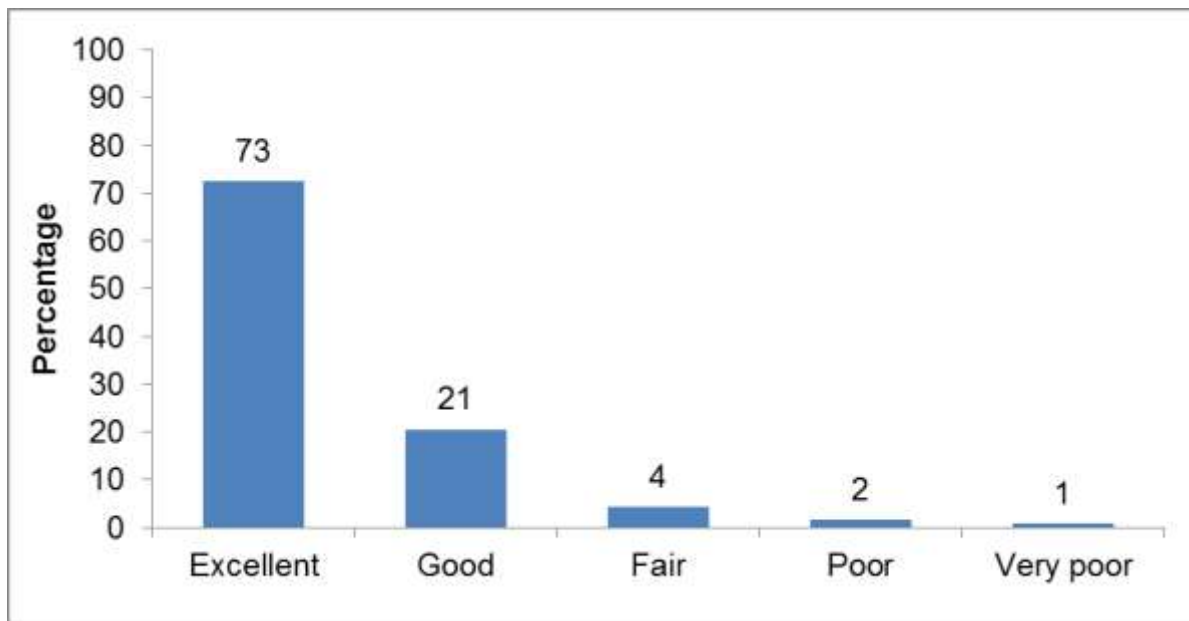
Table 22: Advice and support from midwives at hospital

Question: 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?				
	Per cent	Frequency (n=1,835)	Confidence interval (%)	
Yes	85	1,572	83.3	86.4
No	15	263	13.6	16.7
Question: Thinking about your care during labour and birth, were you spoken to in a way you could understand?				
	Per cent	Frequency (n=2,337)	Confidence interval (%)	
Yes, always	89	2,096	88.2	90.4
Yes, sometimes	9	205	8.1	10.3
No	1	36	1.1	1.9
Question: Thinking about your care during labour and birth, were you involved enough in decisions about your care?				
	Per cent	Frequency (n=2,287)	Confidence interval (%)	
Yes, always	78	1,800	76.7	79.7
Yes, sometimes	17	387	15.9	18.7
No	5	100	3.7	5.3
Question: If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?				
	Per cent	Frequency (n=2,300)	Confidence interval (%)	
Yes	95	2,185	94.0	95.6
No	5	115	4.4	6.0

Overall rating of care during labour and birth

3.20. Overall 93% of women rated their care during labour and birth as either excellent or good (Figure 5). There were some variations between the health boards. Of the mainland boards 99% of the women in NHS Borders reported their care during labour and birth as excellent or good, compared to 91% of the women in Glasgow. Of the women resident in island health boards 100% of the women in NHS Western Isles reported their care during labour and birth as excellent or good compared to 92% of the women in NHS Orkney.

Figure 5: Overall rating of care received during labour and birth



Conclusions

- 3.21. Based on information contained in the survey sample file, the majority of women gave birth in a consultant led unit and only 3% gave birth in a community midwife led unit. Further, only 1% of mothers gave birth at home. It is not clear why this is the case. Women may need more information about the options available to them. Only just over half of women in this survey reported being given enough information to help them decide where to give birth and around one quarter felt that they were not given any choice of place of birth (Chapter 2). It may be that women are concerned about safety when giving birth outside of consultant led maternity units. There is evidence that some women may opt to travel a distance from their local area in order to give birth in a consultant led maternity unit, which they perceive as being safer.³⁰ However, the findings of the recent Birth Place in England research programme demonstrated that community midwife led units provide safe and effective care for women ascribed to be at low obstetric risk.³¹ Further research is required to understand the mismatch between policy intent and women's decision making in relation to place of birth.
- 3.22. The national results suggest that across Scotland high standards are being achieved in relation to treating women with respect and dignity through labour and birth. The majority of women reported that staff always introduced themselves and that they were always treated with respect and dignity, although for a small number of women this was not their experience and this is a concern. Most women reported that they received appropriate advice (even in early labour) and that they were always spoken to in ways that they could understand. A very positive finding of this survey is that almost all women reported that their partner or birth companion was involved in their care as much as was wanted.

- 3.23. Almost all women reported that they received a period of skin to skin contact shortly following birth and this appears to be being achieved consistently across all health boards.
- 3.24. A considerable number of women reported giving birth either lying flat or flat with their legs in stirrups. Some of these women had an assisted vaginal birth (forceps or ventouse) and would therefore have been anticipated to give birth in this position. However it appears that a number of women who experienced a normal vaginal delivery also give birth while lying flat. There is some evidence that this position may have some negative impact on the physiological processes of birth as well as possibly increasing the incidence of perineal damage.²⁷ Where possible, women should be encouraged to adopt more upright positions for birth.
- 3.25. While the majority of women reported definitely having trust and confidence in the staff who cared for them there was a number of women who reported that they were left alone during labour at a time when it worried them and not all reported receiving assistance within a reasonable time when they called. These women may have been receiving safe care however it appears that they did not always feel safe. During early labour there may be a mismatch between the care needs expressed by women and their birth partners and the assessments of maternity care staff and this may lead to anxiety and dissatisfaction with care.^{32, 33} Sensitive communication between mothers and maternity care staff is always required and women should know that their concerns are taken seriously. One-to-one midwifery care for women in established labour is a key principle of safe maternity care. Short periods in which the midwife caring for a woman leaves the birth room may be inevitable. However, care must be taken in communicating with women about these periods and in ensuring that women have easy access to midwife call systems and that calls for assistance are responded to promptly.

4. CHAPTER 4: CARE AFTER BIRTH IN HOSPITAL AND AT HOME: POSTNATAL CARE

Summary of key results

- Length of time in hospital after the birth - **77%** of women said that the length of time they spent in hospital after the birth of their baby was about right.
- Information and explanation - **61%** of women were always given the information and explanations they needed while in hospital after the birth of their baby.
- **28%** of women said they were only sometimes and **5%** said they were not treated with kindness and understanding.
- Cleanliness - **69%** reported that their postnatal ward and **60%** that their toilet facilities were very clean.
- Infant feeding - **63%** of women said that midwives and other health professionals always gave them active support and encouragement about feeding their baby and **57%** said that they always received consistent feeding advice.
- Continuity of care - **98%** of women saw a midwife for their postnatal care at home, **51%** of these women saw the same midwife for all, or most of their postnatal care at home. **44%** of women said that they saw the same midwife for antenatal and postnatal care either all or most of the time.
- Listening to women - **78%** of women said that they always felt listened to and that their personal circumstances were always taken into account.
- Information - **64%** said that they were definitely given enough information about their own recovery after birth.
- Thinking of the six weeks following birth - **78%** of women said that they definitely received help and advice about their baby's health and progress.
- Emotional changes - **59%** said that they were given enough information about the emotional changes they might experience.
- How women rated the care they received after the birth of their baby; **52%** of women rated the care they received in hospital as excellent and 31% as good. **58%** of women rated the care they received at home as excellent and 33% as good.

Postnatal care

- 4.1. The early postnatal period is the time when most women are recovering from birth and getting to know their new baby. While women have very different care needs all women need care and support in the early days and weeks after giving birth to assist them in their recovery, to develop or renew confidence in their parenting skills and to establish infant feeding. This is essential if babies are to get the best possible start to their lives.³⁴ To do this all new mothers need appropriate and timely advice tailored to their own needs as well as support and kindness from staff. Other surveys have found that during the postnatal period of maternity care some women may experience conflicting advice and lack of continuity of care and social support.^{12, 35} A Refreshed Framework for Maternity Care in Scotland⁶ identifies key principles for high quality postnatal care recommending that postnatal care, both in hospital and at home, should be tailored to women's individual needs and that all women should receive timely and consistent advice. Women should be given the information they need about the physiological and emotional changes that they may experience as well as advice about their own wellbeing and about their babies' health.

Postnatal care in hospital - Length of stay in hospital after the birth

- 4.2. The length of time that women in Scotland remain in hospital after giving birth has decreased by around one day on average, over the last ten years (<http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Births/>). The length of postnatal hospital stay will be affected by factors such as the type of birth women experience (i.e. caesarean section or normal vaginal birth), women's choice and hospital policy. Women were asked how long they remained in hospital following the birth of their baby and whether they felt this was too long, too short or about right for them.
- 4.3. The survey found that 27% per cent of women reported that they left the hospital within 24 hours of giving birth with a further 36% reporting that they remained in hospital for one or two days (Table 23).
- 4.4. There was wide variation between health boards and between mainland and island boards for length of postnatal hospital stay. NHS Fife had the highest rate of women who left hospital within 24 hours (48%) compared to NHS Greater Glasgow and Clyde where 21% of women reported leaving hospital within 24 hours of birth. Although there was wide variation in length of hospital stay, the majority of women (77%) said that the length of time they spent in hospital after the birth of their baby was about right (Table 23).

Table 23: Length of stay in hospital after birth

Question: How long did you stay in hospital after your baby was born?				
	Per cent	Frequency (n=2,311)	Confidence interval (%)	
Up to 12 hours	11	250	9.6	11.7
More than 12 hours but less than 24 hours	16	384	15.1	17.7
1 to 2 days	36	845	34.7	38.2
3 to 4 days	25	566	23.4	26.5
5 or more days	12	266	10.4	12.7
Question: Looking back, do you feel that the length of your stay in hospital after the birth was...				
	Per cent	Frequency (n=2,261)	Confidence interval (%)	
About right	77	1,743	75.2	78.3
Too long	14	294	12.4	15.0
Too short	10	224	8.5	10.6

Care, information and advice

- 4.5. The survey found that over 50% of women remain in hospital for less than three days after the birth. During this short period mothers and their babies will receive essential assessments of their health and wellbeing and mothers should receive the information, support and advice that they require to care for themselves and their babies when they return home. Women were asked whether they were given the information and explanations that they needed and if they were always treated with kindness and understanding while in hospital after the birth of their baby.
- 4.6. The survey results suggest that some women are not always receiving the support and advice that they needed at this time. Only 61% of women said they were always given the information and explanations they needed (Table 24) ranging from 55% of women in NHS Grampian to 74% of women in NHS Fife and 88% of women resident in the Western Isles. Sixty-seven per cent of women said that they were always treated with kindness and understanding. However 28% said sometimes and 5% said that they were not (Table 24).

Table 24: Care, information and advice

Question: Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?				
	Per cent	Frequency (n=2,311)	Confidence interval (%)	
Yes, always	61	1,436	59.4	62.9
Yes, sometimes	30	684	28.6	31.9
No	9	191	7.5	9.6
Question: Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?				
	Per cent	Frequency (n=2,316)	Confidence intervals (%)	
Yes, always	67	1,580	65.4	68.8
Yes, sometimes	28	630	26.4	29.7
No	5	106	4.0	5.6

Hospital environment

- 4.7. Postnatal care within the maternity unit should always be provided in a safe and clean environment. Women were asked to rate the cleanliness of their hospital room/ ward and bathroom and toilet facilities. Almost all women (97%) reported that their room or ward was either very clean or fairly clean and 94% said the toilets and bathrooms they used were either very or fairly clean (Table 25).
- 4.8. For mainland boards women in NHS Fife were more likely to report that their hospital room/ward was very clean (89%) and that the toilet and bathroom facilities were very clean (86%) compared to 58% and 47% respectively for women in NHS Grampian. All the women in NHS Western Isles reported that the hospital room/ward was very clean (100%) and 88% that toilet and bathroom facilities in the hospital were very clean.

Table 25: Hospital environment

Question: Thinking about your stay in hospital, how clean was the hospital room or ward you were in?				
	Per cent	Frequency (n=2,307)	Confidence interval (%)	
Very clean	69	1,626	67.6	70.9
Fairly clean	28	624	26.7	29.9
Not very clean	2	46	1.5	2.5
Not at all clean	1	11	0.2	0.8

Question: Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?				
	Per cent	Frequency (n=2,301)	Confidence interval (%)	
Very clean	60	1,426	58.4	61.8
Fairly clean	34	744	32.1	35.5
Not very clean	5	100	3.8	5.4
Not at all clean	2	31	1.0	2.0

How women rated their postnatal care in hospital

4.9. Overall 83% of women rated the care they received in hospital after the birth of their baby as either excellent or good (Figure 6) ranging from 77% in NHS Greater Glasgow and Clyde and NHS Grampian to 93% in NHS Borders.

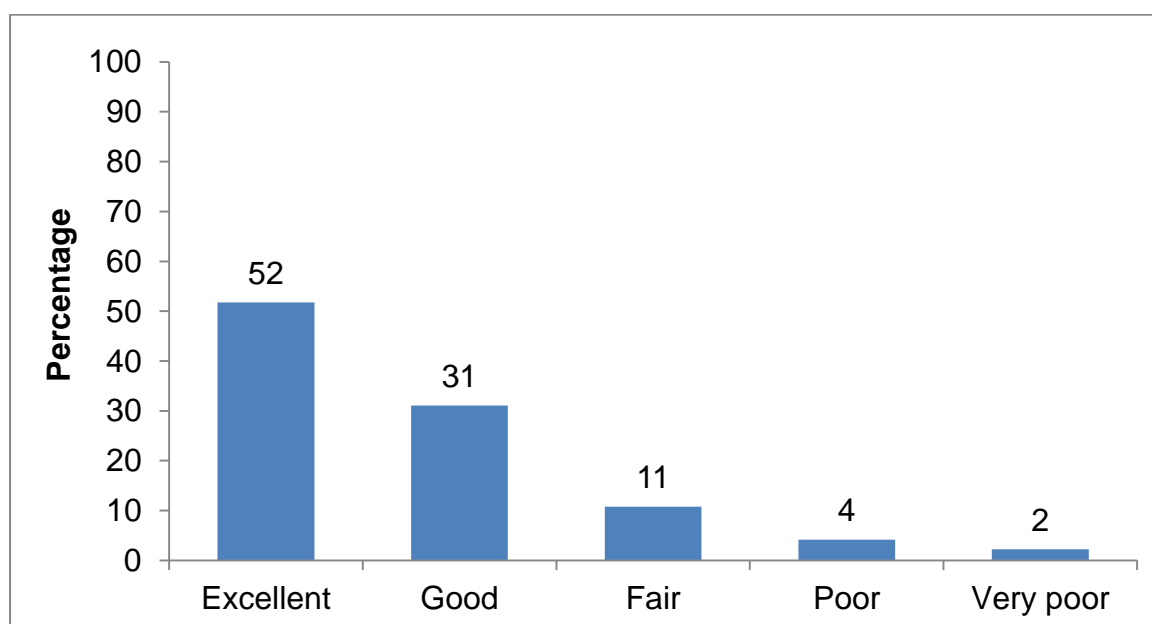


Figure 6: Overall rating of postnatal care in hospital

Infant feeding

- 4.10. Establishing competence and confidence in infant feeding is a key element of parenting in the earliest days and weeks following birth. The rate of breastfeeding in Scotland has remained below recommended levels,³⁶ and improving the rate of successful breastfeeding across Scotland is a key target for health improvement. Previous research suggests that women often report receiving conflicting advice and lack of support to assist them to establish infant feeding³⁵ and this may apply to women who have chosen formula feeding as well as those who wish to breastfeed their baby. All women should receive the information, support and advice that they need to establish their choice of infant feeding whether they are breast or formula feeding their baby.¹⁶
- 4.11. The survey asked women whether they felt that they had received relevant information about feeding their baby from midwives or their midwifery team (this could have included midwives and maternity support workers), before they gave birth. The majority of women (68%) reported that they definitely had (Table 26) ranging from 62% in NHS Lothian to 82% in NHS Dumfries and Galloway and 83% in NHS Western Isles. However, 32% of women overall, said no, or only to some extent.

Table 26: Antenatal information about infant feeding

Question: During your pregnancy did midwives or the midwifery team provide relevant information about feeding your baby?				
	Per cent	Frequency (n=2,212)	Confidence interval (%)	
Yes, definitely	68	1,528	66.7	70.2
Yes, to some extent	26	573	24.6	28.0
No	5	111	4.4	6.1

- 4.12. Women were asked how their baby was fed in the first few days after birth. Almost half of women reported that their baby had been fed breast milk only during the first few days (Table 27). For mainland boards this ranged from 40% in NHS Forth Valley to 61% in NHS Highland, for island health boards the range was 65% for women resident in Western Isles to 87% for women in Shetland.
- 4.13. Women who said that their baby was formula fed were asked whether they had put their baby to the breast on even one occasion. Of these women only 23% said that they had ever put their baby to the breast.

Table 27: Infant feeding

Question: In the first few days after the birth how was your baby fed?				
	Per cent	Frequency (n=2,340)	Confidence interval (%)	
Breast milk (or expressed breast milk) only	49	1,176	46.8	50.4
Both breast and formula (bottle) milk	21	475	19.4	22.3
Formula (bottle) milk only	30	669	28.1	31.4
Other	1	19	0.5	1.1
Not sure	0	1	0.0	0.1
Question: Did you ever put your baby to the breast (even if it was only once)?				
	Per cent	Frequency (n=687)	Confidence interval (%)	
Yes	23	152	19.3	25.8
No	77	535	74.2	80.7

Infant feeding - support and advice

- 4.14. Women were asked whether they felt that their feeding decisions were respected by staff and whether they always received the active support and encouragement that they required about feeding their baby. Finally, they were asked whether they felt that they were always given consistent advice about infant feeding. These questions referred to women's experience of care both in hospital and at home following the birth.
- 4.15. While the majority of women (82%) reported that their feeding decisions were always respected by staff, women were not so positive about feeding support and advice received. Thirty-seven per cent of women said that they felt that they either only sometimes, or did not receive support and encouragement about feeding their baby (Table 28).
- 4.16. Only 57% of women reported always receiving consistent advice about feeding their baby. Twenty-seven per cent reported only sometimes, and 16% said that they did not receive consistent feeding advice (Table 28). For mainland boards the proportion of women reporting always receiving consistent advice ranged from 51% in NHS Lothian to 70% in NHS Fife. For women resident in island health board areas this ranged from 52% in NHS Shetland to 77% in NHS Western Isles.

Table 28: Were your feeding decisions respected by staff?

Question: Were your decisions about how you wanted to feed your baby respected by staff?				
	Per cent	Frequency (n=2,314)	Confidence interval (%)	
Yes, always	82	1,902	80.5	83.3
Yes, sometimes	15	339	13.6	16.1
No	3	73	2.6	3.9
Question: Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?				
	Per cent	Frequency (n=2,186)	Confidence interval (%)	
Yes, always	63	1,397	61.0	64.7
Yes, sometimes	26	568	24.8	28.1
No	11	221	9.5	11.9
Question: Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby?				
	Per cent	Frequency (n=2,141)	Confidence interval (%)	
Yes, always	57	1,228	55.0	58.8
Yes, sometimes	27	581	25.6	29.0
No	16	332	14.4	17.2

Care at home after the birth

Continuity of care

- 4.17. Current maternity care guidance advises that following discharge from hospital women will continue to receive care from a midwife or midwifery team until at least ten days following the birth and for as long as necessary thereafter.⁸ During this time most women will receive three or four home visits from a midwife. After around ten days the midwife will usually transfer responsibility for care of the mother and baby to a health visitor who may visit or provide health advice and information via a local clinic.
- 4.18. Continuity of midwifery care is key element of high quality maternity care and an aspect of care that is as important in postnatal care as at other stages of a woman's maternity care journey. Scottish Government maternity care policy⁶ recommends that during their postnatal care at home women should receive continuity of care, ideally from their named midwife.
- 4.19. Almost all women said that they had been visited at home by a midwife following the birth of their baby (98%; Table 29); this ranged from 94% to 99% of women in the mainland boards .
- 4.20. Women who said that they were visited by a midwife were then asked to recall roughly how many times they saw a midwife after they went home. About half

of the women were visited three to four times by the midwife (50%; Table 29). These women were asked whether they saw the same midwife at every visit, and whether this was their named midwife. Fifty-one per cent said that they saw the same midwife at all or most visits. In NHS Tayside 41% of women said they saw the same midwife at all or most visits compared to 70% in NHS Fife. Overall 47% of women said this was their named midwife ranging from 25% in NHS Tayside to 63% in NHS Fife (Table 29).

- 4.21. Women were also asked whether they saw the same midwife for both antenatal and postnatal care; 44% of women said that they did either all or most of the time ranging from 27% in NHS Tayside to 58% in NHS Fife. Twenty-eight per cent of women did not see the same midwife for their care before and after birth, but would have liked to have done while 28% said that they did not mind not seeing the same midwife for both antenatal and postnatal care (Table 29).
- 4.22. Finally women were asked whether they would have liked to have seen a midwife more or less often. While the majority of women said that they saw a midwife as much as they wanted, 16% said that they would have liked to have seen a midwife more often. Only 3% of the women would have liked to see the midwife less often (Table 30).

Table 29: Continuity of care: Postnatal care by midwife/midwifery team

Question: Since your baby's birth have you been visited at home by a midwife?				
	Per cent	Frequency (n=2,341)	Confidence interval (%)	
Yes	97	2,269	96.4	97.6
Yes, but I had to contact them to ask them to visit	1	22	0.6	1.4
No, I visited the midwife or saw a midwife in a clinic	<0.5	7	0.1	0.4
No, I was not offered a visit	<0.5	1	0.0	0.1
No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU)	1	37	1.0	1.9
No, for another reason	<0.5	5	0.1	0.4
Question: How many times in total did you see a midwife after you went home?				
	Per cent	Frequency (n=2268)	Confidence interval (%)	
1 to 2	9	208	8.2	10.4
3 to 4	50	1,104	48.1	51.8
5 to 6	26	614	24.8	28.0
7 times or more	14	342	13.1	15.6

Question: If you saw a midwife for your care at home after birth, did you see the same one every time?				
	Per cent	Frequency (n=2,254)	Confidence interval (%)	
Yes, every time	17	378	15.8	18.6
Yes, most of the time	34	763	32.3	35.8
No	49	1,113	46.9	50.6
Question				
Question: Was this your named midwife?				
	Per cent	Frequency (n=1,646)	Confidence interval (%)	
Yes	47	761	44.7	49.1
No	53	885	50.9	55.3
Question: Did you see the same midwife for both your antenatal and postnatal care?				
	Per cent	Frequency (n=2,308)	Confidence interval (%)	
Yes, always	10	218	8.6	10.8
Yes, most of the time	34	793	32.6	36.1
No, but I would have liked to	28	632	26.4	29.7
No, but I did not mind	28	665	26.3	29.6

Table 30: How often would you have liked to see a midwife?

Question: Would you have liked to have seen a midwife...				
	Per cent	Frequency (n=2,331)	Confidence interval (%)	
More often	16	351	14.3	16.9
Less often	3	81	2.8	4.1
I saw a midwife as much as I wanted	81	1,899	79.5	82.4

Accessibility of services

- 4.23. At home following the birth of their baby all women need to have timely access to maternity care services if they need advice or support. Women were asked whether they had a telephone number for a midwife or midwifery team that they could contact when they were at home after the birth of their baby. Women who said that they had tried to contact a midwife or midwifery team were then asked whether they were given the help that they needed.
- 4.24. Almost all women reported that they did have a telephone contact number (98%) and this was the case across all health board areas. The majority of women who used this number reported that they were always given the help that they needed (86%; Table 31).

Table 31: Accessibility of services at home following the birth of a baby

Question: When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?				
	Per cent	Frequency (n=2,318)	Confidence interval (%)	
Yes	98	2,273	97.6	98.6
No	2	45	1.4	2.4
Question: If you contacted a midwife or midwifery team were you given the help you needed?				
	Per cent	Frequency (n=1,418)	Confidence interval (%)	
Yes, always	86	1,225	84.5	87.9
Yes, sometimes	10	138	8.4	11.4
No	2	31	1.5	2.9
No as I was not able to contact a midwife	2	24	1.0	2.3

Woman centred care

- 4.25. Patient centred care is one of the key indicators of care quality care described in the Scottish Government Healthcare Quality Strategy.²⁰ All women have different needs for care, advice and support following the birth of their baby and some of these may only become apparent after the mother and baby return home. It is important that the care women receive at this time is tailored to their own needs (i.e. women centred). In this section of the report aspects of women centred care included; being listened to, having personal circumstances taken into account in being given advice, and being asked about emotional and physical wellbeing and recovery. Women were asked if they felt that the midwife or midwives that they saw always listened to them and if they felt that they took their personal circumstances into account when giving advice.
- 4.26. Overall 78% of women said that they always felt listened to (Table 32) although there was some variation between health boards, with 66% of women in NHS Borders reporting always feeling listened to compared to 89% in NHS Highland. Seventy-eight per cent of women said that their personal circumstances were always taken into account when being given advice and this was fairly consistent across mainland boards, ranging from 72% in NHS Borders to 88% in NHS Fife and NHS Western Isles.

Table 32: Women centred care – being listened to

Question: Did you feel that the midwife or midwives that you saw always listened to you?				
	Per cent	Frequency (n=2,323)	Confidence interval (%)	
Yes, always	78	1,814	76.5	79.5
Yes, sometimes	19	440	17.6	20.4
No	3	69	2.4	3.7
Question: Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?				
	Per cent	Frequency (n=2,052)	Confidence interval (%)	
Yes, always	78	1,613	76.6	79.9
Yes, sometimes	19	377	17.1	20.2
No	3	62	2.4	3.8

- 4.27. Almost all women (96%) said that a midwife or health visitor asked how they were feeling emotionally (Table 33) and this was consistently the case across all health boards. However, when asked if they were given enough information about their own recovery after the birth only 64% said that they were definitely given enough information, with wide variation between health boards (53% of women in NHS Borders to 75% in NHS Highland and 81% in NHS Western Isles). Overall, 28% of women said only to some extent and 8% said no (Table 33). Almost all women reported that they were told that they would need to arrange a postnatal check-up of their own health (Table 33).

Table 33: Advice and support from midwives/health visitors about women's health after the birth of their baby

Question: Did a midwife or health visitor ask you how you were feeling emotionally?				
	Per cent	Frequency (n=2,274)	Confidence interval (%)	
Yes	96	2,176	94.8	96.4
No	4	98	3.6	5.2
Question: Were you given enough information about your own recovery after the birth?				
	Per cent	Frequency (n=2,299)	Confidence interval (%)	
Yes, definitely	64	1,480	62.5	66.0
Yes, to some extent	28	646	26.5	29.7
No	8	173	6.6	8.6
Question: Did a midwife tell you that you would need to arrange a postnatal check-up of your own health? (Around 4-8 weeks after the birth)				
	Per cent	Frequency (n=2,260)	Confidence interval (%)	
Yes	93	2,094	91.7	93.7
No	7	166	6.3	8.3

4.28. Women were asked if they had trust and confidence in the midwives and midwifery team that they saw after they went home and while the majority of women (78%) reported always having trust and confidence, ranging from 70% in NHS Lanarkshire to 87% in NHS Highland and 91% in NHS Shetland. It is concerning that 19% of women overall, said that they only sometimes did, while 3% of women said no (Table 34).

Table 34: Confidence and trust in midwives/midwifery team after going home

Question: Did you have confidence and trust in the midwives and midwifery team you saw after going home?				
	Per cent	Frequency (n=2,315)	Confidence interval (%)	
Yes, always	78	1,813	76.3	79.3
Yes, sometimes	19	428	17.5	20.4
No	3	74	2.6	3.9

In the six weeks after birth...

4.29. The survey asked women about their experience of care in the six weeks following the birth of their baby. During this time the responsibility for care and support for the majority of women will have been transferred from the midwife to the woman's health visitor and to the continuing care of the GP.⁸

- 4.30. Women were asked whether during the six weeks following the birth of their baby they received help and advice about feeding their baby and about their baby's health and progress. They were asked whether they were given enough information about emotional changes that they might experience and if they were offered advice about contraception.
- 4.31. The survey found that there was considerable variation in the advice and support women received. While most (78%) said that they definitely received help and advice about their babies health and progress, less said that they definitely received advice and help about feeding their baby (67%). While almost all women said that they received contraceptive advice (92%), only 59% said that they were given enough information about the emotional changes they might experience, 30% of women said that they only received this information to some extent, and 11% reported that they did not receive this important information (Table 35).

Table 35: Help and advice in the six weeks after the birth

Question: In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?				
	Per cent	Frequency (n=2,000)	Confidence interval (%)	
Yes, definitely	67	1,353	65.5	69.3
Yes, to some extent	26	509	24.0	27.5
No	7	138	5.8	7.8
Question: In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress?				
	Per cent	Frequency (n=2,241)	Confidence interval (%)	
Yes, definitely	78	1,758	76.4	79.5
Yes, to some extent	20	438	18.5	21.6
No	2	45	1.5	2.5
Question: Were you given enough information about any emotional changes you might experience after the birth?				
	Per cent	Frequency (n=2,197)	Confidence interval (%)	
Yes, definitely	59	1,308	57.1	60.8
Yes, to some extent	30	660	28.5	31.9
No	11	229	9.6	12.0
Question: Were you given information or offered advice from a health professional about contraception?				
	Per cent	Frequency (n=2,295)	Confidence interval (%)	
Yes	92	2,124	91.5	93.4
No	8	171	6.6	8.5

Overall rating of care at home after the birth

4.32. Asked to rate the care that they received at home after the birth of their baby, 58% of women rated their care as excellent and 33% said their care was good (Figure 7). When comparing the mainland boards 97% of the women in NHS Dumfries and Galloway described their care at home after their birth as excellent or good, compared to 86% of the women in the NHS Borders and NHS Lanarkshire. Of the island boards women in NHS Shetland were more likely to report their care at home after the birth of their baby as excellent or good (94%), compared to 88% of the women in NHS Western Isles and NHS Orkney.

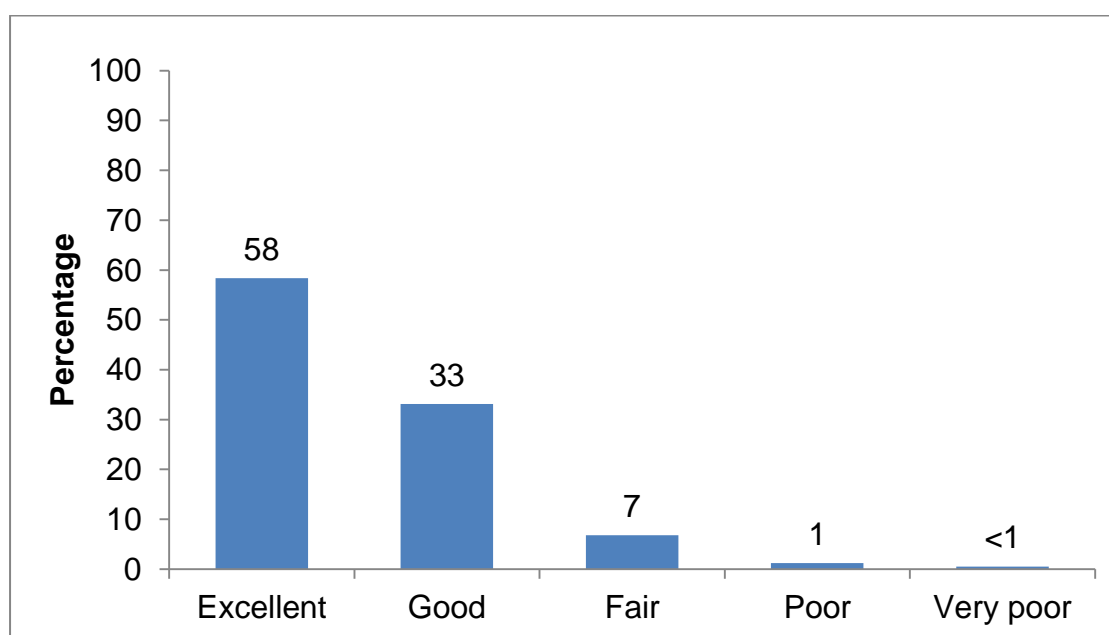


Figure 7: Overall rating of care at home after birth

Conclusions Postnatal care

4.33. Care in hospital after the birth was rated lower than the other stages of maternity care. This is a similar finding to other surveys that have reported women as less satisfied with postnatal care.^{12, 35} This survey focussed on three main aspects of postnatal care in hospital; cleanliness, information and advice, and kindness and understanding. The findings of the survey do not provide an explanation of which particular aspects of maternity care in hospital contributed to the overall lower rating of care and other factors may have been involved. However, almost 40% of women said that they were not always given the information and explanations they needed and one third felt that they were only sometimes or that they were not, treated with kindness and understanding. Postnatal care in hospital is generally provided in a context of time and workload pressure. The survey found that 27% of women were discharged home less than 24 hrs and over 60% within 48 hours of giving birth. This rapid turnover means that it is likely that admission and discharge

procedures will take up much of the staff time available. During the short postnatal hospital stay a considerable volume of health assessments, advice and education have to be delivered by a range of care staff who may then have little time available to fully answer questions or to provide women centred care. The first few days following childbirth are crucial in promoting mothers parenting confidence, bonding and physical recovery. Scottish Government Health Policy has prioritised health and social care in the early years through the policy Getting it Right for Every Child,⁹ it is essential that maternity care in the earliest days following birth is also given the high priority and staffing resource that it merits if women's experience is to be improved.

- 4.34. These results do not make a distinction between mothers who chose to breast or formula feed their infants. A secondary analysis will produce data for these subgroups of mothers. Nevertheless, all mothers should receive support and encouragement, and consistent advice about infant feeding. Over a third of women felt that this was not always their experience; lack of advice about infant feeding was reported by almost one third of women up to six weeks after birth.
- 4.35. Continuity of care has been a key element of Scottish Government maternity care policy for over 20 years. It is an encouraging finding of this survey that around half of women responding said that they saw the same midwife for postnatal visits all or most of the time and that for 44% of women this was a midwife who had also provided antenatal care. However, conversely around 50% of women did not receive continuity of care. Recent research on continuity of midwifery care¹⁸ has focussed on antenatal care and care in labour, there is less evidence for benefit in postnatal care. However, seeing the same person for care will reduce the need for women to repeat information or concerns and provide more opportunity for staff to identify emerging problems over a series of visits and to provide consistent advice. It is interesting that the health board in which the highest proportion of women reported seeing the same midwife for all or most of postnatal care at home (NHS Fife - 70%), and women who reported seeing the same midwife for antenatal and postnatal care (58%) also achieved the highest proportion of women who reported always receiving consistent feeding advice (70%) and always having personal circumstances taken into account (88%).
- 4.36. The findings suggest that women felt they received sufficient information about their baby's wellbeing and about practical aspects such as arranging a postnatal health check and contraception. However, more information and advice is required on aspects of women's own recovery and wellbeing. Over 40% of women felt they did not get enough information about potential emotional changes and 36% did not get enough information about their own recovery. Other research² has found that as many as 19% of women will experience postnatal depression and many women experience enduring physical problems following birth.³⁷ It is therefore essential that women are given appropriate and timely advice about their own recovery and emotional wellbeing so that they are equipped to recognise potential health problems and seek help promptly.

5. CHAPTER 5: NHS BOARD COMPARISONS

- 5.1. This section of the report compares the survey results for each mainland NHS Board with results for the rest of Scotland. In particular it provides information on areas where patients at Boards reported significantly more positive experiences compared to the rest of Scotland, and areas where patients were significantly less likely to describe a positive experience.
- 5.2. Results for the island NHS boards (NHS Orkney, NHS Shetland, NHS Western Isles) have not been presented here due to the relatively small number of births involved.
- 5.3. The responses considered as 'positive' and the responses we have excluded as part of the calculation are detailed in the technical report:
<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/maternitysurvey/results>
- 5.4. Only results where the difference between the board and the rest of Scotland is statistically significant have been presented here. The full results for each mainland NHS Boards are available at the same link as above. Full results for individual islands boards are not available due to the small number of respondents.
- 5.5. Significance testing is done at the 5% level. This means that there is a one in twenty chance that a difference found to be significantly different is actually due to random variation rather than a real difference. Due to the large number of comparisons being made there will be some differences shown as being statistically significant, that are actually due to random variation. For this reason it is best to look at the overall patterns in the results rather than differences in results for individual questions
- 5.6. In interpreting the results consideration should also be given to the different characteristics of NHS Boards in Scotland. Across Boards there is a large variation in geographic coverage, population sizes and health facilities, which should be borne in mind when reviewing survey findings.
- 5.7. The percentage of patients answering positively for the health board in question and the percentage point difference from the total Scottish figure are shown in brackets beside each question.

NHS Ayrshire & Arran

Women in NHS Ayrshire and Arran were significantly more likely to provide positive feedback on the following questions:

- If you saw a midwife for your antenatal check-ups, did you see the same one every time? (71%; + 8)
- Was [the midwife you saw for your antenatal check-ups] your named midwife? (78%; + 8)
- Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth? (96%; + 6)
- Thinking about your care during labour and birth, were you involved enough in decisions about your care? (87%; + 9)
- Did you have confidence and trust in the staff caring for you during your labour and birth? (89%; + 6)
- Overall, how would you rate the care you received during your labour and birth? (97%; + 4)
- Thinking about your stay in hospital, how clean was the hospital room or ward you were in? (81%; + 12)
- Thinking about your stay in hospital, how clean were the toilets and bathrooms you used? (80%; + 20)
- During your pregnancy did midwives or the midwifery team provide relevant information about feeding your baby? (76%; + 7)
- When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact? (100%; + 2)
- If you contacted a midwife or midwifery team were you given the help you needed? (94%; + 8)
- Since your baby's birth have you been visited at home by a midwife? (100%; + 1)
- In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress? (86%; + 8)
- Were you given information or offered advice from a health professional about contraception? (98%; + 5)

NHS Borders

Women in NHS Borders were significantly more likely to provide positive feedback on the following questions:

- Overall, how would you rate your antenatal care? (96%; + 5)
- 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? (98%; + 14)
- Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth? (97%; + 6)
- If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted? (100%; + 5)
- When you called did you receive assistance within a reasonable time? (88%; + 9)
- Overall, how would you rate the care you received during your labour and birth? (99%; + 5)
- Overall, how would you rate the care you received in hospital after the birth? (93%; + 10)
- Since your baby's birth have you been visited at home by a midwife? (100%; + 1)
- Did you see the same midwife for both your antenatal and postnatal care? (81%; + 20)
- Would you have liked to have seen a midwife... (89%; + 8)
- Did a midwife tell you that you would need to arrange a postnatal check-up of your own health? (Around 4-8 weeks after the birth) (97%; + 4)

Women in NHS Borders were significantly less likely to provide positive feedback on the following questions:

- Did you feel that the midwife or midwives that you saw always listened to you? (66%; -12)

NHS Dumfries & Galloway

Women in NHS Dumfries & Galloway were significantly more likely to provide positive feedback on the following questions:

- During your pregnancy were you given a choice about where your antenatal check-ups would take place? (41%; + 21)
- During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact? (100%; + 1)
- During your labour, were you able to move around and choose the position that made you most comfortable? (85%; + 11)
- Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth? (97%; + 6)
- Thinking about your stay in hospital, how clean were the toilets and bathrooms you used? (78%; + 18)
- Overall, how would you rate the care you received in hospital after the birth? (90%; + 8)
- During your pregnancy did midwives or the midwifery team provide relevant information about feeding your baby? (82%; + 14)
- Would you have liked to have seen a midwife... (92%; + 11)
- Did you have confidence and trust in the midwives and midwifery team you saw after going home? (87%; + 9)
- In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby? (78%; + 10)
- Overall, how would you rate the care you received at home after the birth? (97%; + 6)

Women in NHS Dumfries & Galloway were significantly less likely to provide positive feedback on the following questions:

- Was [the midwife you saw for care at home after the birth] your named midwife? (32%; -15)

NHS Fife

Women in NHS Fife were significantly more likely to provide positive feedback on the following questions:

- If you saw a midwife for your antenatal check-ups, did you see the same one every time? (70%; + 8)
- When you called did you receive assistance within a reasonable time? (86%; + 8)
- Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed? (74%; + 13)
- Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding? (76%; + 9)
- Thinking about your stay in hospital, how clean was the hospital room or ward you were in? (89%; + 20)
- Thinking about your stay in hospital, how clean were the toilets and bathrooms you used? (86%; + 26)
- Overall, how would you rate the care you received in hospital after the birth? (89%; + 6)
- During your pregnancy did midwives or the midwifery team provide relevant information about feeding your baby? (78%; + 9)
- Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby? (70%; + 13)
- If you contacted a midwife or midwifery team were you given the help you needed? (92%; + 6)
- If you saw a midwife for your care at home after birth, did you see the same one every time? (70%; + 19)
- Was [the midwife you saw for care at home after the birth] your named midwife? (63%; + 16)
- Did you see the same midwife for both your antenatal and postnatal care? (72%; + 10)
- Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice? (88%; + 10)
- Did you have confidence and trust in the midwives and midwifery team you saw after going home? (86%; + 8)
- Did a midwife tell you that you would need to arrange a postnatal check-up of your own health? (Around 4-8 weeks after the birth) (96%; + 3)

Women in NHS Fife were significantly less likely to provide positive feedback on the following questions:

- During your pregnancy were you given a choice about where your antenatal check-ups would take place? (14%; -7)

NHS Forth Valley

Women in NHS Forth Valley were significantly more likely to provide positive feedback on the following questions:

- Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed? (70%; + 9)
- Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding? (77%; + 10)
- Thinking about your stay in hospital, how clean was the hospital room or ward you were in? (85%; + 16)
- Thinking about your stay in hospital, how clean were the toilets and bathrooms you used? (82%; + 22)
- Overall, how would you rate the care you received in hospital after the birth? (89%; + 7)
- Since your baby's birth have you been visited at home by a midwife? (100%; + 1)
- Did a midwife or health visitor ask you how you were feeling emotionally? (98%; + 2)
- Were you given enough information about your own recovery after the birth? (74%; + 9)
- Were you given enough information about any emotional changes you might experience after the birth? (71%; + 12)

Women in NHS Forth Valley were significantly less likely to provide positive feedback on the following questions:

- During your pregnancy were you given a choice about where your antenatal check-ups would take place? (9%; -11)
- If you saw a midwife for your antenatal check-ups, did you see the same one every time? (53%; -9)

- Was [the midwife you saw for your antenatal check-ups] your named midwife? (48%; -23)
- During your labour, were you able to move around and choose the position that made you most comfortable? (61%; -13)
- If you saw a midwife for your care at home after birth, did you see the same one every time? (43%; -8)
- Did you see the same midwife for both your antenatal and postnatal care? (47%; -14)

NHS Grampian

Women in NHS Grampian were significantly more likely to provide positive feedback on the following questions:

- If you saw a midwife for your antenatal check-ups, did you see the same one every time? (77%; + 14)
- Was [the midwife you saw for your antenatal check-ups] your named midwife? (79%; + 9)
- Thinking about your antenatal care, were you involved enough in decisions about your care? (83%; + 4)
- Did you see the same midwife for both your antenatal and postnatal care? (67%; + 6)

Women in NHS Grampian were significantly less likely to provide positive feedback on the following questions

- Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed? (55%; -6)
- Thinking about your stay in hospital, how clean was the hospital room or ward you were in? (58%; -11)
- Thinking about your stay in hospital, how clean were the toilets and bathrooms you used? (47%; -13)
- Overall, how would you rate the care you received in hospital after the birth? (77%; -6)
- Were your decisions about how you wanted to feed your baby respected by staff? (76%; -6)
- Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby? (55%; -8)

NHS Greater Glasgow and Clyde

Women in NHS Greater Glasgow and Clyde were significantly more likely to provide positive feedback on the following questions:

- During your pregnancy were you given a choice about where your antenatal check-ups would take place? (28%; + 8)
- Did a midwife tell you that you would need to arrange a postnatal check-up of your own health? (Around 4-8 weeks after the birth) (95%; + 2)

Women in NHS Greater Glasgow and Clyde were significantly less likely to provide positive feedback on the following questions:

- If you saw a midwife for your antenatal check-ups, did you see the same one every time? (43%; -19)
- Was [the midwife you saw for your antenatal check-ups] your named midwife? (54%; -17)
- If you contacted a midwife or the midwifery team, were you given the help you needed? (77%; -4)
- Thinking about your antenatal care, were you involved enough in decisions about your care? (74%; -4)
- 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? (81%; -4)
- During your labour, were you able to move around and choose the position that made you most comfortable? (69%; -5)
- When you called did you receive assistance within a reasonable time? (75%; -4)
- Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed? (56%; -5)
- Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding? (61%; -6)
- Thinking about your stay in hospital, how clean was the hospital room or ward you were in? (63%; -7)
- Thinking about your stay in hospital, how clean were the toilets and bathrooms you used? (52%; -8)
- Overall, how would you rate the care you received in hospital after the birth? (77%; -6)

- During your pregnancy did midwives or the midwifery team provide relevant information about feeding your baby? (64%; -5)
- If you saw a midwife for your care at home after birth, did you see the same one every time? (47%; -5)
- Was [the midwife you saw for your antenatal check-ups] your named midwife? (41%; -6)
- Did you see the same midwife for both your antenatal and postnatal care? (52%; -9)
- Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice? (74%; -4)

NHS Highland

Women in NHS Highland were significantly more likely to provide positive feedback on the following questions:

- Did you get enough information from either a midwife or doctor to help you decide where to have your baby? (74%; + 18)
- During your pregnancy were you given a choice about where your antenatal check-ups would take place? (29%; + 8)
- During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy? (93%; + 10)
- During your antenatal checkups, were you listened to? (91%; + 9)
- If you contacted a midwife or the midwifery team, were you given the help you needed? (89%; + 9)
- Thinking about your antenatal care, were you spoken to in a way you could understand? (94%; + 6)
- Thinking about your antenatal care, were you involved enough in decisions about your care? (90%; + 11)
- Overall, how would you rate your antenatal care? (96%; + 5)
- 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? (94%; + 9)
- If you raised a concern during labour and birth, did you feel that it was taken seriously? (93%; + 9)

- When you called did you receive assistance within a reasonable time? (93%; + 15)
- Thinking about your care during labour and birth, were you spoken to in a way you could understand? (94%; + 5)
- Thinking about your care during labour and birth, were you involved enough in decisions about your care? (85%; + 6)
- Did you have confidence and trust in the staff caring for you during your labour and birth? (89%; + 6)
- Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed? (71%; + 10)
- Thinking about your stay in hospital, how clean was the hospital room or ward you were in? (82%; + 13)
- Thinking about your stay in hospital, how clean were the toilets and bathrooms you used? (72%; + 12)
- Overall, how would you rate the care you received in hospital after the birth? (91%; + 8)
- During your pregnancy did midwives or the midwifery team provide relevant information about feeding your baby? (76%; + 8)
- Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby? (66%; + 9)
- Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby? (75%; + 12)
- If you contacted a midwife or midwifery team were you given the help you needed? (95%; + 8)
- Since your baby's birth have you been visited at home by a midwife? (100%; + 1)
- Did you see the same midwife for both your antenatal and postnatal care? (70%; + 8)
- Would you have liked to have seen a midwife... (87%; + 6)
- Did you feel that the midwife or midwives that you saw always listened to you? (89%; + 11)
- Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice? (86%; + 8)

- Did you have confidence and trust in the midwives and midwifery team you saw after going home? (87%; + 9)
- Were you given enough information about your own recovery after the birth? (75%; + 11)
- In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress? (84%; + 6)
- Were you given enough information about any emotional changes you might experience after the birth? (76%; + 17)
- Were you given information or offered advice from a health professional about contraception? (96%; + 4)

NHS Lanarkshire

Women in NHS Lanarkshire were significantly more likely to provide positive feedback on the following questions:

- If you saw a midwife for your antenatal check-ups, did you see the same one every time? (74%; + 12)
- Was [the midwife you saw for your antenatal check-ups] your named midwife? (76%; + 5)

Women in NHS Lanarkshire were significantly less likely to provide positive feedback on the following questions:

- Did you get enough information from either a midwife or doctor to help you decide where to have your baby? (46%; -10)
- During your pregnancy were you given a choice about where your antenatal check-ups would take place? (13%; -8)
- During your antenatal checkups, were you listened to? (76%; -6)
- Overall, how would you rate your antenatal care? (83%; -8)
- Thinking about your stay in hospital, how clean was the hospital room or ward you were in? (60%; -9)
- Thinking about your stay in hospital, how clean were the toilets and bathrooms you used? (52%; -8)

- Did you have confidence and trust in the midwives and midwifery team you saw after going home? (70%; -8)
- Overall, how would you rate the care you received at home after the birth? (86%; -5)

NHS Lothian

Women in NHS Lothian were significantly more likely to provide positive feedback on the following questions:

- If you saw a midwife for your antenatal check-ups, did you see the same one every time? (76%; + 14)
- Was [the midwife you saw for your antenatal check-ups] your named midwife? (82%; + 11)
- During your labour, were you able to move around and choose the position that made you most comfortable? (81%; + 7)
- Did you see the same midwife for both your antenatal and postnatal care? (69%; + 8)

Women in NHS Lothian were significantly less likely to provide positive feedback on the following questions:

- During your pregnancy were you given a choice about where your antenatal check-ups would take place? (14%; -6)
- Thinking about your stay in hospital, how clean were the toilets and bathrooms you used? (54%; -6)
- During your pregnancy did midwives or the midwifery team provide relevant information about feeding your baby? (62%; -7)
- Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby? (51%; -6)
- Did a midwife tell you that you would need to arrange a postnatal check-up of your own health? (Around 4-8 weeks after the birth) (90%; -3)
- In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress? (72%; -6)
- Were you given enough information about any emotional changes you might experience after the birth? (53%; -6)

NHS Tayside

Women in NHS Tayside were significantly more likely to provide positive feedback on the following questions:

- During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact? (100%; + 1)
- Overall, how would you rate your antenatal care? (95%; + 4)
- Were your decisions about how you wanted to feed your baby respected by staff? (88%; + 6)

Women in NHS Tayside were significantly less likely to provide positive feedback on the following questions:

- If you saw a midwife for your antenatal check-ups, did you see the same one every time? (54%; -8)
- Was this your named midwife? (61%; -10)
- If you saw a midwife for your care at home after birth, did you see the same one every time? (41%; -10)
- Was [the midwife you saw for care at home after the birth] your named midwife? (25%; -22)
- Did you see the same midwife for both your antenatal and postnatal care? (41%; -20)
- Were you given information or offered advice from a health professional about contraception? (87%; -6)

6. CHAPTER 6: COMPARISON OF RESULTS WITH THE ENGLISH MATERNITY SERVICES SURVEY 2013

- 6.1. 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 however 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 is included in this report as Appendix 2. Comparisons have only been made where questions were the same or very similarly worded in both questionnaires.
- 6.2. 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. The report of the English maternity survey is available at: <http://www.cqc.org.uk/public/publications/surveys/maternity-services-survey-2013>.
- 6.3. Both surveys obtained a very similar response rate (46% England; 48% Scotland) and both received similar response rates for first time mothers and mothers who have had babies previously (Appendix 2, Table 36). The demographic details of each questionnaire are more relevant to their specific context rather than to cross country comparison therefore comparisons have only been made for questions relating to women's experiences of care. Broadly, comparisons appear to show that women's experiences of care are very similar across all of the stages of maternity care. Differences highlighted below are likely to be significant however, they are likely to reflect known factors such as greater population density in England meaning that a wider range of maternity units are accessible to women, different maternity staffing levels and behavioural differences such as long standing lower rates of breastfeeding in Scotland.
- 6.4. Considering care during pregnancy the surveys both found that around 90% of women had their booking visit by 12 weeks of pregnancy and that around one third of women first saw their midwife when they thought they were pregnant (Appendix 2, Table 38). A higher proportion of women responding to the English survey reported being given choice of place of birth than in the Scottish survey, for example 60% of women in England compared to 41% in Scotland said that they were offered a choice of hospital for birth and 38% in England compared with 25% in Scotland said they were offered a choice of home birth (Appendix 2, Table 42).

- 6.5. Almost all women in both surveys said that they were given a telephone contact number for their midwife/ midwifery team. For the women who used this telephone number during their pregnancy 82% in Scotland and 70% in England said that they were always given the help they needed (Appendix 2, Table 40). Women in Scotland were more likely to report that they were always given enough time to ask questions during their antenatal check-ups compared to women in England (82% and 74%, respectively) (Appendix 2, Table 45).
- 6.6. During labour and birth there were very few differences apparent in women's experience of care. Slightly more women in Scotland give birth by caesarean section and more women in England said that they were left alone during labour or birth at a time when it worried them (25% in England compared to 20% in Scotland) (Appendix 2, Table 52).
- 6.7. There were some differences in women's experiences of postnatal care. More women in the English survey said that they left hospital within 24 hours of giving birth (36% in England compared to 27% in Scotland) (Appendix 2, Table 55). Women in Scotland reported seeing a midwife more often than women in England, for example 9% of women in the Scottish survey said that they saw a midwife only one or two times compared to 25% of women in the English survey. Sixteen per cent of women in the Scottish survey said that they would like to see a midwife more often compared to 21% of women in England (Appendix 2, Tables 61 & 62). In the six weeks following birth 78% of women in Scotland said that they definitely received help and advice about their baby's health and progress, compared to 70% of women in England (Appendix 2, Table 67).
- 6.8. A strength of the English maternity service survey 2013 is that it is the third in a series of similar surveys, the most recent conducted in 2010. Results 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 women's experience that may give some cause for concern. For example, the percentage of women in the 2013 survey, who reported that they were left alone when it concerned them during labour and birth had decreased from the results of the 2010 survey. In contrast the Scottish survey is the first national survey of maternity care undertaken in recent years 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.
- 6.9. Comparison of results from the Scottish survey with the English survey results has identified far more similarities than differences between women's experiences of maternity care. Both report similar positive findings particularly in relation to examples of good communication between mothers and midwives at all stages of care and the achievement of targets in relation to early antenatal access to maternity care. Similar areas for concern were also identified, for example both surveys found that advice about infant feeding was sometimes lacking or inconsistent and that recommended levels of

continuity of care were not always met. However 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. However, aspirations for quality of maternity care are the same and it appears that maternity services in both countries face very similar challenges to improvement in women's experience of maternity care.

7. OVERALL CONCLUSIONS AND RECOMMENDATIONS

- 7.1. The results of the first National Survey of Women's Experiences of Maternity Care in Scotland for over 15 years provide a valuable insight into maternity care in Scotland in 2013. The findings provide a benchmark that will be used at local health board and national government levels to target healthcare improvements and inform future maternity policy directions.
- 7.2. Women who gave birth in Scotland during February and March 2013 returned questionnaires; the response rate of 48% is comparable to that obtained by the concurrent maternity care survey undertaken in England. Although this represents a relatively small sample of women who gave birth in Scotland during 2013 the survey method used a random sampling approach stratified by health board size and the questionnaires and reminders were sent directly to women's homes, this gives us some confidence that the findings are likely to be somewhat representative of the overall experiences of women giving birth in Scotland in 2013.
- 7.3. Although the survey is likely to represent the views of the 'average' woman, some groups were under represented in the survey results for example, younger women and women from some ethnic minority groups. Other groups of women were deliberately excluded altogether; women who experienced the loss of their baby were not sent a questionnaire as it contained several sections that were not appropriate for them. Most similar surveys use the same approach; however, it is imperative that the views and experiences of women who have experienced the loss of their baby are sought. The Scottish Government Refreshed Framework for Maternity Care in Scotland highlights the importance of seeking the views of all groups of maternity service users. Further work is required to develop appropriate survey and other methods tailored to the needs of this important group of women and their families as well as those of other groups of women who are less likely to respond to large scale surveys.
- 7.4. Further analysis of survey findings will now be conducted to produce a variations report to describe the experiences of specific groups of women who responded to the questionnaire. This report will identify differences in the maternity care experiences of groups such as first time mothers, mothers from lower socio-economic groups or mothers from rural communities and will provide further insights into some of the issues highlighted in this report. For example, this report has identified that women do not always feel that they have been given the advice and support for infant feeding, however it is not yet clear whether this applies more to specific groups such as first time mothers or to mothers who have chosen to breast feed their babies. This secondary analysis will provide information to inform more specific areas of need for service improvements.
- 7.5. The survey has highlighted many areas of good practice and examples where the aspirations and recommendations of maternity care policy are being achieved. Overall the survey findings indicate that at each stage of the maternity care journey the majority of women's experiences of maternity care

are positive. At each stage a majority of women rated their care as excellent. This was particularly the case for women's care during labour and birth where 73% of women rated their care as excellent. However, it is recognised that women may be reluctant to express negative views of the care they have received.^{14, 24} and this potential for positive bias must be taken into consideration when interpreting the survey results. Women's experiences of key aspects of care provide important information about any differences between care as it is intended and care as it is received. While the survey found women's experiences were in general very positive, important lessons may be learned by focusing on the more negative experiences reported by a significant minority of women.^{14, 24, 25} With this in mind the report highlights a number of areas where care may be improved and where there are wide variations in women's experience between NHS Boards. Some of these are long standing issues which seem resistant to change despite considerable efforts at health policy and practice levels. Multiple factors are likely to form barriers to change; these may include individual and societal attitudes, expectations and traditions as well as service issues and resources. Broader approaches to change may now be required, such as working with women, families and communities to co-design services and solutions to improve women's experience of maternity care.

Key points

- 7.6. The Scottish Government Heat target for early access to maternity care is that 80% of women will have their first antenatal assessment visit by 12 weeks of pregnancy by 2015. The survey results which are in line with other data sources on antenatal access indicate that this target is being achieved overall, although not consistently in every health board area. Most women first contacted a health professional at around six weeks of pregnancy. Encouraging and enabling women to take ownership of their care through self-referral directly to maternity services may result in more women having their first antenatal assessment visit before 10 weeks of pregnancy.
- 7.7. Many women said that they were not always given enough information to enable them to make decisions about place of birth and not all said that they were offered a choice. Choices offered will depend to some extent, on facilities available within health boards. However, in some areas where all options for place of birth were available less than half of women reported being offered a choice. Only about one in four women were offered the option of home birth and very few women ultimately gave birth at home or in a community midwife led unit. Many factors will influence women's choices about where to give birth including individual and societal concerns about safety of birth outside of consultant led maternity units. Community midwife led units and home birth services must be used to capacity if they are to remain viable. A process of shared decision making with local communities and maternity care providers may help to determine, on a societal level, what choices of place of birth should be available and how these choices may be facilitated and maintained.

- 7.8. The majority of women said that they had trust and confidence in the staff caring for them during their labour and birth. However, over one in five women reported that they were left alone during labour at a time when it worried them, most often but not exclusively, during early labour. Not all women felt that they received assistance within a reasonable time when they called and some felt that their concerns were not always taken seriously. During early labour in particular, there may be a mismatch between the care needs expressed by women and their birth partners and the assessments of maternity care staff and this may lead to anxiety and dissatisfaction with care. Sensitive communication between midwives and women and their birth partners is required. However, broader approaches to helping women understand the physiological process of normal labour and challenging unrealistic media representations of labour as a rapid and dangerous process may also be helpful.
- 7.9. Over one quarter of women reported giving birth either lying flat or with their legs in stirrups. This may be necessary in situations where women give birth assisted by forceps or ventouse. However it appears that a number of women who experienced a normal vaginal deliver also gave birth while lying flat, some with their legs in stirrups. There is some evidence that these positions may have negative impacts on the physiological processes of birth. Support for normal birth has been a focus of maternity services in Scotland; and these findings suggest that this remains an area with potential for continued improvement.
- 7.10. Communication between women and maternity care staff appeared to be good at all stages of maternity care. The survey found that when women sought help and advice from the maternity care team particularly during antenatal care and postnatal care at home, most women said they always received it. An exception was postnatal care in hospital when more women said that they only sometimes received the information and advice that they needed. Overall, advice provided about infant feeding during postnatal care was not always consistent and in the six weeks following birth many women said that they were not given enough information about their own recovery or about possible emotional changes they might experience. There is evidence that many women experience psychological and physical health problems following childbirth; it is essential that all women are given appropriate and timely advice about their own recovery and emotional wellbeing so that they are equipped to recognise potential health problems and to seek help promptly.
- 7.11. A concerning finding was that during postnatal care in hospital one third of women felt that they were not always treated with kindness and understanding. The first few days following childbirth are crucial in promoting mothers parenting confidence, bonding and physical recovery. Key to improving women's experience of care is communication, listening and support; however postnatal care in hospital is often provided in a context of time and workload pressure and this may not enable staff to always provide women centred care.

- 7.12. Continuity of care is central to high quality maternity care and research evidence indicates that continuity of midwife led care can result in improved health outcomes for mothers and babies. The survey found that while more women received continuity of carer during their antenatal care, only around half of women appeared to be receiving the recommended level of continuity of carer for both antenatal and post natal care. Within Scotland there are examples of health boards in which higher than average continuity of care is being achieved and this should provide opportunity for sharing best practice.

Recommendations

- Women should be encouraged to access maternity care services directly when they think that they are pregnant. Systems that enable women to easily contact maternity services and that facilitate communication between professional groups should be implemented to support this.
- Women should be provided with unbiased, evidence informed information to help them make informed choices about where to give birth, using decision aids to present risks and benefits of all available choices. Wider consultation between local communities and maternity services should be undertaken to explore concerns and attitudes to place of birth.
- Women's concerns about being left alone in early labour must be taken seriously by maternity care services. Improvements will require both help for women and families to understand and cope with early labour and provision of services co-designed to meet their early labour needs.
- Women should be given information about the potential benefits of using upright positions for birth and enabled and encouraged to do so whenever possible.
- Postnatal care in hospital must be priority area for improvement. It is essential that maternity care in the earliest days following birth is given the high priority and staffing resource that it merits if women's experience is to be improved
- During the six weeks following birth all women should be provided with information and advice about their own physical recovery and about emotional changes that they may experience after childbirth.
- Adoption of models of midwife led maternity care that enable continuity of carer should continue to be a priority for the maternity services for both antenatal and postnatal care.
- Further work is required to develop appropriate survey methods tailored to the needs of women who have experienced the loss of their baby and their families as well as those of other groups of women who are less likely to respond to large scale surveys.

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APPENDICES

Appendix 1 – Survey Questionnaire



Maternity Care Survey

Please read the enclosed letter for more information about this survey.



If you would prefer, you may also complete this survey online at:
www.quality-health.co.uk/SM13
To do this you will need to enter the ID number which can be found on the letter attached with this survey.

Instructions

Please answer all questions, unless the instructions ask you to skip a question. For each question, please put a tick in the box next to the answer that most closely matches your own experience.

For example, if your answer is yes:

Yes

No

Don't worry if you make a mistake. Simply cross it out and tick the correct answer.

Please return in the envelope provided or to:

Quality Health
FREEPOST RSKS-ZERR-UAGY
Unit 1, Holmewood Business Park
Chesterfield Road
Holmewood
Chesterfield
S42 5US



Helpline
0800 783 1775
Monday – Friday
9 am – 5 pm

SECTION A. DATES AND YOUR BABY

- A1.** Did you give birth to a single baby, twins or more in your most recent pregnancy?
- 1 A single baby
 - 2 Twins
 - 3 Triplets, quads or more
- A2.** What time was your baby born? (If you had twins or more than two babies this time, please fill in this question about the baby who was born first)
- 1 Early morning (12:01am-6:00am)
 - 2 Morning (6:01am-12:00 noon)
 - 3 Afternoon (12:01pm-6:00pm)
 - 4 Evening / Night (6:01pm-12:00 midnight)
- A3.** Roughly how many weeks pregnant were you when your baby was born?
- 1 Before I was 37 weeks pregnant
 - 2 When I was 37 weeks pregnant or more

SECTION B. CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)

The start of your care in pregnancy

- B1.** Who was the first health professional you saw when you thought you were pregnant? (Tick **ONE** only)
- 1 GP / family doctor
 - 2 Midwife
 - 3 Other
- B2.** Roughly how many weeks pregnant were you when you first saw this health professional about your pregnancy care?
- 1 When I was 0 to 6 weeks pregnant
 - 2 When I was 7 to 12 weeks pregnant
 - 3 When I was 13 or more weeks pregnant
 - 4 Don't know / Can't remember

- B3.** Roughly how many weeks pregnant were you when you had your 'booking' appointment (the appointment where you were given your pregnancy notes)?
- 1 When I was 0 to 7 weeks pregnant
 - 2 When I was 8 or 9 weeks pregnant
 - 3 When I was 10 or 11 weeks pregnant
 - 4 When I was 12 weeks pregnant
 - 5 When I was 13 or more weeks pregnant
 - 6 Don't know / Can't remember
- B4.** Were you offered any of the following choices about where to have your baby? (Tick **ALL** that apply)
- 1 I was offered a choice of hospitals
 - 2 I was offered a choice of giving birth in a midwife led unit or birth centre
 - 3 I was offered a choice of giving birth in a consultant led unit
 - 4 I was offered a choice of giving birth at home
 - 5 I was not offered any choices
 - 6 I had no choices due to medical reasons
 - 7 Don't know
- B5.** Before your baby was born, did you plan to have a home birth?
- 1 Yes
 - 2 No
- B6.** Did you get enough information from either a midwife or doctor to help you decide where to have your baby?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
 - 4 No, but I did not need this information
 - 5 Don't know / Can't remember

Antenatal check-ups

A 'check-up' is any contact with a doctor or midwife to check the progress of your pregnancy. It usually includes having your blood pressure and urine checked. *Please ignore other appointments that **did not** include these things, such as a visit to the hospital for a scan or a blood test only.*

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

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

B8. Which of the following health professionals did you see for your **antenatal check-ups**? (Tick **ALL** that apply)

- 1 Midwife
- 2 GP (family doctor)
- 3 Hospital doctor (e.g. a consultant)
- 4 Other

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

- 1 Yes, every time
- 2 Most of the time
- 3 No
- 4 I only saw a midwife once
- 5 I did not see a midwife
- 6 Don't know / Can't remember

B10. Was this your named midwife?

- 1 Yes
- 2 No
- 3 I did not have a named midwife
- 4 Don't know / Can't remember

B11. During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know

B12. During your antenatal check-ups, were you listened to?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / Can't remember

During your pregnancy

B13. During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

Still thinking about antenatal care during your pregnancy...

B14. If you contacted a midwife or the midwifery team, were you given the help you needed?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 No, as I was not able to contact a midwife or the midwifery team
- 5 I did not contact a midwife or the midwifery team



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

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / Can't remember

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

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not want / need to be involved
- 5 Don't know / Can't remember

B17. Overall, how would you rate your **antenatal care**?

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor

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

SECTION C. YOUR LABOUR AND THE BIRTH OF YOUR BABY

Note: If you had a planned caesarean please go to Question C6

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?

- 1 Yes
- 2 No
- 3 I did not contact a midwife or the hospital

C2. During your labour, were you able to move around and choose the position that made you most comfortable?

- 1 Yes, most of the time
- 2 Yes, sometimes
- 3 No, not at all
- 4 No, but it was not possible to move around

C3. During your pregnancy, what type of pain relief did you **plan** to use when giving birth? (Tick **ALL** that apply)

- 1 Natural methods (e.g. hypnosis, breathing, massage)
- 2 Water or a birthing pool
- 3 TENS machine (with pads on your back)
- 4 Gas and air (breathing through a mask)
- 5 Injection of pethidine or a similar painkiller
- 6 Epidural (injection in your back, given by an anaesthetist)
- 7 I used another type of pain relief
- 8 I did not want to use pain relief
- 9 I had not decided

C4. Did the pain relief you used change from what you had **originally planned**?

- 1 Yes → Go to C5
- 2 No → Go to C6
- 3 I did not use pain relief → Go to C6
- 4 I did not have a plan → Go to C6

C5. Why did you not use the choice of pain relief that you had **originally planned to**? (Tick **ALL** that apply)

- 1 For medical reasons
- 2 I changed my mind
- 3 I did not need to use this pain relief
- 4 There was not time to use my planned pain relief
- 5 This pain relief did not work
- 6 I was not told why I could not have my choice of pain relief

The birth of your baby

C6. Where was your baby born?

- 1 At a consultant led unit in the hospital
(please write in hospital name)
- 2 In a birth centre/midwifery led unit (please write in hospital name **if it was within the hospital or write the birth centre/unit name if it was not**)
- 3 At home
- 4 Other

C7. Thinking about the birth of your baby, what **type of delivery** did you have? (If you had twins or more than two babies this time, please fill in this question about the baby who was born first)

- 1 A normal vaginal delivery → Go to C8
- 2 An assisted vaginal delivery (e.g. with forceps or ventouse suction cup)
→ Go to C8
- 3 A planned caesarean delivery
→ Go to C10
- 4 An emergency caesarean delivery
→ Go to C10

C8. Where did you give birth? (Tick **ONE** only)

- 1 On a bed
- 2 On a mat on the floor
- 3 In a water or birthing pool
- 4 Other

C9. What position were you in **when your baby was born**? (Tick **ONE** only)

- 1 Sitting / sitting supported by pillows
- 2 On my side
- 3 Standing, squatting or kneeling
- 4 Lying flat / lying supported by pillows
- 5 Lying with legs in stirrups
- 6 Other

C10. Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?

- 1 Yes
- 2 Yes, but I did not want this
- 3 No
- 4 No, but this was not possible for medical reasons
- 5 No, I did not want skin to skin contact with my baby



The staff caring for you

C11. Did the staff caring for you introduce themselves?

- 1 Yes, all of the staff introduced themselves
- 2 Some of the staff introduced themselves
- 3 Very few or none of the staff introduced themselves
- 4 Don't know / Can't remember

C12. If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?

- 1 Yes
- 2 No
- 3 They did not want to be involved
- 4 I did not want them to be involved
- 5 I did not have a partner or a companion with me

C13. Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you? (Tick ALL that apply)

- 1 Yes, during early labour
- 2 Yes, during the later stages of labour
- 3 Yes, during the birth
- 4 Yes, shortly after the birth
- 5 No, not at all

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

- 1 Yes
- 2 No
- 3 I did not raise any concerns.

C15. When you called did you receive assistance within a reasonable time?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / Can't remember

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

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / Can't remember

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

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not want / need to be involved
- 5 Don't know / Can't remember

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

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / Can't remember

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

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know / Can't remember

C20. Overall, how would you rate the care you received during your labour and birth?

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor

If there is anything else you would like to tell us about your labour and birth, please do so here.

Your labour and birth:

SECTION D. CARE IN HOSPITAL AFTER THE BIRTH (POSTNATAL CARE)

Note: If you had a home birth and did not go to hospital, please go to question E1

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

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

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

- 1 About right
- 2 Too long
- 3 Too short
- 4 Not sure / Don't know

D3. Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / Can't remember

D4. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / Can't remember

D5. Thinking about your stay in hospital, how clean was the hospital room or ward you were in?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 Don't know / Can't remember

D6. Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 Don't know / Can't remember
- 6 I did not use the toilet/bathroom

D7. Overall, how would you rate the care you received in hospital after the birth?

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor

If there is anything else you would like to tell us about your care in hospital after the birth, please do so here.

Your care in hospital after the birth:

SECTION E. FEEDING YOUR BABY

E1. During your pregnancy did **midwives or the midwifery team** provide relevant information about feeding your baby?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not want/need this information
- 5 Don't know / Can't remember

E2. In the first few days after the birth how was your baby fed? (**Tick ONE only**)

- 1 Breast milk (or expressed breast milk) only → Go to E4
- 2 Both breast and formula (bottle) milk → Go to E4
- 3 Formula (bottle) milk only → Go to E3
- 4 Other → Go to E3
- 5 Not sure → Go to E3

E3. Did you ever put your baby to the breast (even if it was only once)?

- 1 Yes
- 2 No

E4. Were your decisions about how you wanted to feed your baby respected by staff?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / Can't remember

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

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not want or need any advice
- 5 I did not receive any advice
- 6 Don't know / Can't remember

E6. Did you feel that midwives and other health professionals gave you active **support and encouragement** about **feeding your baby**?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not want/need this
- 5 Don't know / Can't remember

SECTION F. CARE AT HOME AFTER THE BIRTH

F1. When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

F2. If you contacted a midwife or midwifery team were you given the help you needed?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 No as I was not able to contact a midwife
- 5 I did not contact a midwife

F3. Since your baby's birth have you been visited at home by a midwife?

- 1 Yes → **Go to F4**
- 2 Yes, but I had to contact them to ask them to visit → **Go to F4**
- 3 No, I visited the midwife or saw a midwife in a clinic → **Go to F6**
- 4 No, I was not offered a visit → **Go to F6**
- 5 No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU) → **Go to F6**
- 6 No, for another reason → **Go to F6**

F4. If you saw a midwife for your care at home after birth, did you see the same one every time?

- 1 Yes, every time
- 2 Yes, most of the time
- 3 No
- 4 I only saw a midwife **once**
- 5 I did not see a midwife
- 6 Don't know / Can't remember

F5. Was this your named midwife?

- 1 Yes
- 2 No
- 3 I did not have a named midwife
- 4 Don't know / Can't remember

Thinking about all the times you were visited at home or seen in a clinic by a midwife after the birth...

F6. How many times in total did you see a midwife after you went home?

- 1 1 - 2
- 2 3 - 4
- 3 5 - 6
- 4 7 times or more
- 5 Don't know / Can't remember

F7. Did you see the same midwife for both your antenatal and postnatal care?

- 1 Yes, always
- 2 Yes, most of the time
- 3 No, but I would have liked to
- 4 No, but I did not mind
- 5 Don't know / Can't remember

F8. Would you have liked to have seen a midwife...

- 1 More often?
- 2 Less often?
- 3 I saw a midwife as much as I wanted

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

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / Can't remember

F10. Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 This was not necessary
- 5 Don't know / Can't remember

F11. Did a midwife or health visitor ask you how you were feeling emotionally?

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

F12. Did you have confidence and trust in the midwives and midwifery team you saw after going home?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / Can't remember

F13. Did a midwife tell you that you would need to arrange a postnatal check-up of your own health? (Around 4-8 weeks after the birth)

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

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

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 No, but I did not need this information
- 5 Don't know / Can't remember

F15. In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about **feeding your baby**?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need any
- 5 Don't know / Can't remember

F16. In the six weeks after the birth of your baby did you receive help and advice from health professionals about your **baby's health and progress**?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need any
- 5 Don't know / Can't remember

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

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 No, but I did not need this information
- 5 Don't know / Can't remember

F18. Were you given information or offered advice from a health professional about contraception?

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

F19. Overall, how would you rate the care you received at home after the birth?

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor

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

SECTION G. ABOUT YOU

Your answers will help us to describe the women taking part in the survey and to find out if different groups of women have different experiences of their maternity care. If you would prefer not to answer a particular question then you can miss it out.

G1. What was your age on your last birthday?

G2. Have you had a previous pregnancy?

- 1 Yes → Go to G3
- 2 No → Go to G4

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

- 1 None
- 2 1-2
- 3 3 or more

G4. How would you rate your health in general?

- 1 Very good
- 2 Good
- 3 Fair
- 4 Bad
- 5 Very bad

G5. Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

- 1 Yes → Go to G6
- 2 No → Go to G7

G6. Does your condition or illness reduce your ability to carry-out day-to-day activities?

- 1 Yes, a lot
- 2 Yes, a little
- 3 Not at all



G7. What religion, religious denomination or body do you belong to?

- 1 None
- 2 Church of Scotland
- 3 Roman Catholic
- 4 Other Christian
- 5 Muslim
- 6 Buddhist
- 7 Sikh
- 8 Jewish
- 9 Hindu
- 10 Pagan
- 11 Another religion (non-Christian)

G8. Which of the following best describes how you think of yourself?

- 1 Heterosexual / straight
- 2 Gay / lesbian
- 3 Bisexual
- 4 Other

G9. What is your ethnic group?

Tick **ONE** box which **best describes** your ethnic group

- 1 White
- 2 Mixed or multiple ethnic groups
- 3 Asian, Asian Scottish or Asian British
- 4 African
- 5 Caribbean or Black
- 6 Other ethnic group

NHS Statisticians hold information about your stay in hospital. We would like your permission to add your survey results to this information. Your information will be used only for research and will not identify you individually.

If you give your permission to add your survey results to this information it will not be shared with the people who looked after you and will in no way affect your current or future treatment or care.

G10. Do you give your permission for NHS Statisticians to add your survey results to information held about your hospital stay?

- 1 Yes
- 2 No

G11. University of Stirling may be conducting further research in order that they can learn more about the experiences of patients. Would you like to be considered as a participant in this future research?

- 1 Yes, I would like to take part in any future research
- 2 No, I would not like to take part in any future research

THANK YOU VERY MUCH FOR YOUR HELP

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed

Appendix 2 – Comparisons of Scottish results with English results

The following tables provide comparable figures from the Scottish and English maternity care surveys.

Care should be taken when comparing results, as not every difference between the two sets of results will be statistically significant. A general guide would be that differences of 5 percentage points or more are likely to be statistically significant.

Women who responded to the questionnaire

Table 36: Description of survey respondents

Question: What was your age on your last birthday?		
	Scotland	England
Under 24	15%	11%
25-34	57%	58%
Over 35	28%	31%
Question: Have you had a previous pregnancy?		
	Scotland	England
Yes	58%	59%
No	42%	41%
Question: How many babies have you given birth to before this pregnancy?		
	Scotland	England
None	12%	13%
1-2	80%	79%
3 or more	8%	9%

Table 37: Dates and your baby

Question: Did you give birth to a single baby, twins or more in your most recent pregnancy?		
	Scotland	England
Single baby	99%	98%
Twins	1%	2%
Triplets, quads or more	0%	0%
Question: What time was your baby* born?		
	Scotland	England
Early morning (24.01-6.00)	23%	25%
Morning (6:01 -12:00)	30%	27%
Afternoon (12:01-18.00)	25%	25%
Evening/Night (18.00-24.00)	22%	23%

Question: Roughly how many weeks pregnant were you when your baby was born?		
	Scotland	England
Before 37 weeks	7%	7%
37 weeks or more	93%	93%

Antenatal care

Table 38: Early access to maternity care

Question: Roughly how many weeks pregnant were you when you first saw a health professional about your pregnancy care?		
	Scotland	England
0 to 6 weeks	58%	53%
7 to 12 weeks	38%	44%
13 or more weeks	4%	4%

Question: Roughly how many weeks pregnant were you when you had your booking appointment?		
	Scotland	England
0 to 7 weeks	16%	18%
8 or 9 weeks	35%	42%
10 or 11 weeks	19%	22%
12 weeks	18%	11%
13 or more weeks	13%	8%

Table 39: First health professional seen by pregnant women

Question: Who was the first health professional you saw when you thought you were pregnant?		
	Scotland	England
GP / family doctor	60%	63%
Midwife	35%	32%
Other	5%	5%

Table 40: Accessibility of maternity services

Question: During your pregnancy were you given a choice about where your antenatal check-ups would take place?		
	Scotland	England
Yes	21%	28%
No	79%	72%
Question: During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?		
	Scotland	England
Yes	99%	97%
No	1%	3%
Question: If you contacted a midwife or the midwifery team, were you given the help you needed?		
	Scotland	England*
Yes, always	82%	74%
Yes, sometimes	16%	20%
No	2%	3%

*The English Survey also had the option "No, as I was not able to contact a midwife", which accounted for 4%.

Table 41: Continuity of care in antenatal care

Question: Which of the following health professionals did you see for your antenatal check-ups?		
	Scotland	England
Midwife	98%	98%
GP (family doctor)	12%	18%
Hospital doctor (e.g. a consultant)	37%	42%
Other	1%	2%

Table 42: Choices where to have your baby

Question: Did you get enough information from either a midwife or doctor to help you decide where to have your baby?		
	Scotland	England
Yes, definitely	56%	55%
Yes, to some extent	26%	29%
No	18%	16%
Question: Were you offered any of the following choices about where to have your baby?		
	Scotland	England
A choice of hospitals	41%	60%
A choice of giving birth in a midwife led unit or birth centre	23%	35%
A choice of giving birth in a consultant led unit	12%	16%
A choice of giving birth at home	25%	38%
I was not offered any choices	25%	18%
I had no choices due to medical reasons*	13%	-
Question: Before your baby was born, did you plan to have a home birth?		
	Scotland	England
Yes	2%	4%
No	98%	96%

*The English Survey did not have this option in their questionnaire.

Table 43: Involvement in decision making for your antenatal care

Question: Thinking about your antenatal care, were you involved enough in decisions about your care?		
	Scotland	England
Yes, always	78%	77%
Yes, sometimes	18%	19%
No	4%	4%
I did not want / need to be involved*	1%	-

*The English Survey did not have this option in their questionnaire.

Table 44: Communication in antenatal care

Question: Thinking about your antenatal care, were you spoken to in way that you could understand?		
	Scotland	England
Yes, always	88%	88%
Yes, sometimes	10%	11%
No	1%	1%

Table 45: Listened to and given enough time to ask questions

Question: During your antenatal check-ups, were you listened to?		
	Scotland	England
Yes, always	82%	79%
Yes, sometimes	17%	19%
No	2%	2%
Question: During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?		
	Scotland	England
Yes, always	82%	74%
Yes, sometimes	16%	22%
No	2%	4%

The birth of your baby: section C6 to (Intrapartum care)

Table 46: Support for normal birth

Question: During your labour, were you able to move around and choose the position that made you most comfortable?		
	Scotland	England
Yes, most of the time	74%	71%
Yes, sometimes	20%	21%
No, not at all	6%	8%

Table 47: Pain relief in labour and birth

Question: During your pregnancy what type of pain relief did you plan to use when giving birth?		
	Scotland	England
Natural methods	33%	34%
Water or a birthing pool	34%	34%
TENS machine	18%	20%
Gas and air	76%	75%
Injection of pethidine or similar painkiller	22%	21%
Epidural	22%	23%
Other*	1%	-
I did not want to use pain relief	5%	6%
I had not decided	10%	9%
Question: Did the pain relief you used change from what you had originally planned?		
	Scotland	England
Yes	52%	52%
No	48%	48%
Question: Why did you not use the choice of pain relief that you had originally planned to?		
	Scotland	England**
For medical reasons	38%	31%
I changed my mind	18%	16%
I did not need to use this pain relief	8%	9%
There was not time to use my planned pain relief	26%	25%
This pain relief did not work	18%	17%
I was not told why I could not have my choice of pain relief	6%	4%

*The English Survey did not have this option in their questionnaire; **The England Survey also had the options "I was told there were not enough staff to provide my chosen pain relief" (4%) and other (14%).

Table 48: Type of birth

Question: Thinking about the birth of your baby, what type of delivery did you have?		
	Scotland	England
A normal vaginal delivery	56%	60%
An assisted vaginal delivery (forceps or ventouse)	14%	14%
A planned caesarean delivery	13%	11%
An emergency caesarean delivery	17%	15%

Table 49: Where did you give birth?

Question: Where did you give birth?		
	Scotland	England
On a bed	88%	85%
On a mat on the floor	2%	5%
In a water or birthing pool	6%	8%
Other	4%	2%

Table 50: What position were you in when your baby was born?

Question: What position were you in when your baby was born?		
	Scotland	England
Sitting / sitting supported by pillows	19%	18%
On my side	7%	5%
Standing, squatting or kneeling	14%	16%
Lying flat / lying supported by pillows	26%	26%
Lying with legs in stirrups	31%	32%
Other	3%	3%

Table 51: Skin to skin contact shortly after birth

Question: Did you have skin to skin contact with your baby shortly after birth?		
	Scotland	England
Yes	90%	90%
Yes, but I did not want this	1%	1%
No	9%	10%

Table 52: Trust and confidence in staff

Question: Did you have confidence and trust in the staff caring for you during your labour and birth?		
	Scotland	England
Yes, definitely	83%	78%
Yes, to some extent	15%	19%
No	2%	3%
Question: Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?		
	Scotland	England
Yes, during early labour	10%	13%
Yes, during the later stages of labour	7%	9%
Yes, during the birth	1%	2%
Yes, shortly after the birth	6%	9%
No, not at all	80%	75%
Question: If you raised a concern during labour and birth, did you feel that it was taken seriously?		
	Scotland	England
Yes	84%	81%
No	16%	19%

Table 53: Respect and dignity

Question: Did the staff caring for you introduce themselves?		
	Scotland	England
Yes, all of the staff introduced themselves	81%	83%
Some of the staff introduced themselves	17%	16%
Very few or none of the staff introduced themselves	2%	2%
Question: Thinking about your care during labour and birth, were you treated with respect and dignity?		
	Scotland	England
Yes, always	88%	85%
Yes, sometimes	10%	12%
No	2%	3%

Table 54: Advice and support from midwives at hospital

Question: 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?		
	Scotland	England
Yes	85%	85%
No	15%	15%
Question: Thinking about your care during labour and birth, were you spoken to in a way you could understand?		
	Scotland	England
Yes, always	89%	87%
Yes, sometimes	9%	12%
No	1%	2%
Question: Thinking about your care during labour and birth, were you involved enough in decisions about your care?		
	Scotland	England
Yes, always	78%	74%
Yes, sometimes	17%	21%
No	5%	5%
Question: If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?		
	Scotland	England
Yes	95%	95%
No	5%	5%

Postnatal care

Table 55: Length of stay

Question: How long did you stay in hospital after your baby was born?		
	Scotland	England
Up to 12 hours	11%	17%
More than 12 hours but less than 24 hours	16%	19%
1 to 2 days	36%	37%
3 to 4 days	25%	18%
5 or more days	12%	9%
Question: Looking back, do you feel that the length of your stay in hospital after the birth was...		
	Scotland	England
About right	77%	72%
Too long	14%	16%
Too short	10%	12%

Table 56: Care, information and advice in hospital after the birth

Question: Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?		
	Scotland	England
Yes, always	61%	59%
Yes, sometimes	30%	30%
No	9%	11%
Question: Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?		
	Scotland	England
Yes, always	67%	66%
Yes, sometimes	28%	28%
No	5%	6%

Table 57: Hospital environment

Question: Thinking about your stay in hospital, how clean was the hospital room or ward you were in?		
	Scotland	England
Very clean	69%	63%
Fairly clean	28%	32%
Not very clean	2%	3%
Not at all clean	1%	1%
Question: Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?		
	Scotland	England
Very clean	60%	52%
Fairly clean	34%	38%
Not very clean	5%	7%
Not at all clean	2%	2%

Feeding your baby

Table 58: Antenatal information about infant feeding

Question: During your pregnancy did midwives or the midwifery team provide relevant information about feeding your baby?		
	Scotland	England
Yes, definitely	68%	61%
Yes, to some extent	26%	30%
No	5%	10%

Table 59: Infant feeding

Question: In the first few days after the birth how was your baby fed?		
	Scotland	England
Breast milk (or expressed breast milk) only	49%	59%
Both breast and formula (bottle) milk	21%	21%
Formula (bottle) milk only	30%	20%
Other*	1%	-
Not sure*	<0.5%	-
Question: Did you ever put your baby to the breast (even if it was only once)?		
	Scotland	England
Yes	23%	26%
No	77%	74%

*The English Survey did not have this option in their questionnaire.

Table 60: Were your feeding decisions respected by staff?

Question: Were your decisions about how you wanted to feed your baby respected by staff?*		
	Scotland	England
Yes, always	82%	81%
Yes, sometimes	15%	15%
No	3%	4%
Question: Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?		
	Scotland	England
Yes, always	63%	61%
Yes, sometimes	26%	28%
No	11%	11%
Question: Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby?*		
	Scotland	England
Yes, always	57%	54%
Yes, sometimes	27%	26%
No	16%	18%

*The English Survey worded this question slightly different: "Were your decisions about how you wanted to feed your baby respected by midwives?"; ** The English Survey also had an option "I did not receive any advice" (2%).

Care at home after birth

Table 61: Postnatal care by midwife/midwifery team

Question: Since your baby's birth have you been visited at home by a midwife?		
	Scotland	England
Yes	97%	95%
Yes, but I had to contact them to ask them to visit	1%	2%
No, I visited the midwife or saw a midwife in a clinic	<0.5%	1%
No, I was not offered a visit	<0.5%	<0.5%
No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU)	1%	1%
No, for another reason	<0.5%	<0.5%
Question: How many times in total did you see a midwife after you went home?		
	Scotland	England
1 to 2	9%	25%
3 to 4	50%	53%
5 to 6	26%	16%
7 times or more	14%	6%

Table 62: How often would you have liked to see a midwife?

Question: Would you have liked to have seen a midwife...		
	Scotland	England
More often	16%	21%
Less often	3%	4%
I saw a midwife as much as I wanted	81%	75%

Table 63: Accessibility of services at home following the birth of a baby

Question: When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?		
	Scotland	England
Yes	98%	97%
No	2%	3%
Question: If you contacted a midwife or midwifery team were you given the help you needed?		
	Scotland	England
Yes, always	86%	77%
Yes, sometimes	10%	18%
No	2%	3%
No as I was not able to contact a midwife	2%	2%

Table 64: Women centred care

Question: Did you feel that the midwife or midwives that you saw always listened to you?		
	Scotland	England
Yes, always	78%	76%
Yes, sometimes	19%	20%
No	3%	3%
Question: Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?		
	Scotland	England
Yes, always	78%	74%
Yes, sometimes	19%	22%
No	3%	4%

Table 65: Advice and support from midwives/health visitors about women's health after the birth of their baby

Question: Did a midwife or health visitor ask you how you were feeling emotionally?		
	Scotland	England
Yes	96%	96%
No	4%	4%
Question: Were you given enough information about your own recovery after the birth?		
	Scotland	England
Yes, definitely	64%	61%
Yes, to some extent	28%	30%
No	8%	9%
Question: Did a midwife tell you that you would need to arrange a postnatal check-up of your own health? (Around 4-8 weeks after the birth)		
	Scotland	England
Yes	93%	91%
No	7%	9%

Table 66: Confidence and trust in midwives/midwifery team after going home

Question: Did you have confidence and trust in the midwives and midwifery team you saw after going home?*		
	Scotland	England
Yes, always	78%	71%
Yes, sometimes	19%	25%
No	3%	3%

*The scale for this question was worded differently in the English survey: "Yes, definitely", "Yes, to some extent", and "No".

Table 67: Help and advice in the six weeks after the birth

Question: In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?		
	Scotland	England
Yes, definitely	67%	63%
Yes, to some extent	26%	27%
No	7%	11%
Question: In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress?		
	Scotland	England
Yes, definitely	78%	70%
Yes, to some extent	20%	25%
No	2%	5%
Question: Were you given enough information about any emotional changes you might experience after the birth?		
	Scotland	England
Yes, definitely	59%	56%
Yes, to some extent	30%	30%
No	11%	14%
Question: Were you given information or offered advice from a health professional about contraception?		
	Scotland	England
Yes	92%	90%
No	8%	10%

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