

## Maternity transformation evaluation

Thank you for taking this survey, which will explore your views and experiences of maternity care, from antenatal through to postnatal care. This survey will capture important insights for our evaluation of the transformation of maternity services in seven sites across England, including Surrey.

It should take no more than 10 minutes to complete, and your feedback will help us understand the quality and effectiveness of maternity services in your area.

The survey contains a mixture of tick box and open-ended questions. You do not have to answer every question if you don't want to, and taking part is voluntary.

Your responses will be confidential. We do not ask for your name or any identifying details. Responses will be stored securely by SQW (the independent researchers conducting the evaluation). SQW will hold your responses on a secure internal server only accessible by the SQW research team. All partially and fully completed responses will be analysed by SQW, with findings reported back to NHS England and local maternity service leads in early 2019. Anonymised data will also be shared with NHS England.

This survey will remain open for responses until 14th January 2019.

If you have any questions regarding the survey or evaluation, please contact Peter Farrar ([pfarrar@sqw.co.uk](mailto:pfarrar@sqw.co.uk)), Jenny Rawlinson ([jenny.rawlinson2@nhs.net](mailto:jenny.rawlinson2@nhs.net)) or Paulette Kerr ([paulette.kerr1@nhs.net](mailto:paulette.kerr1@nhs.net)).

Thank you for taking the time to complete the survey.

**1. Where did you have your antenatal appointments?**

**2. Please tick one option for each question:**

	Yes, always	Yes, sometimes	No	I did not want / need this
During your antenatal check-ups, did the midwives appear to be aware of the medical history of you and your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you find yourself having to repeat information at different care interactions during your pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have confidence and trust in the staff caring for you during your labour and birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. When you were at home after the birth of your baby, did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?**

- Yes
- No
- Don't know/can't remember
- Not applicable – have not yet given birth

**4. Throughout your pregnancy, was your care provided by:**

- The same two, named midwives
- The same team of 4-8 named midwives
- Neither of the above / other
- Don't know / can't remember

**5. During labour, were you seen by a midwife you already knew?**

- Yes
- No
- Don't know / can't remember
- Not applicable - have not yet given birth

**6. During your pregnancy, did you have a telephone number for the Surrey Heartlands Pregnancy Advice Line?**

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

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

- Yes
- Yes, but I did not want this
- No
- No, but this was not possible for medical reasons
- I have not yet given birth
- I did not want skin to skin contact with my baby at that point
- Prefer not to answer

**8. Did you have three or more contacts with your named midwife/midwives after giving birth?**

- Yes
- No
- Don't know / can't remember
- I have not yet given birth
- Not applicable

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

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

**10. Were you offered any of the following choices about where to have your baby? Please tick all which apply.**

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

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

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

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

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

**13. Which stage in your maternity are you currently at?**

- 1-12 weeks pregnant (first trimester)
- 13-27 weeks pregnant (second trimester)
- 28-41+ weeks pregnant (third trimester)
- 0-6 weeks after giving birth
- 7+ weeks after giving birth

***If you are currently pregnant, please skip to question Q18 (page 7)***

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

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

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

- Home
- Midwife-led unit
- Hospital
- Other (please write in):

**16. Was this your first choice place of birth?**

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

**17. If no, is there a reason why you did not give birth in your preferred location?**

**18. Were you given a copy of your individual care plan (maternity notes)?**

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

**19. To what extent do you agree or disagree with the following statements:**

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable - I did not receive a care plan
I fully understood my care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to fully influence my care plan throughout my pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My needs were fully met through my care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20. Did/do you have access to an electronic copy of your maternity care plan (on BadgerNet)?**

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

***If selected no or don't know / can't remember, please skip to Q24 (page 9)***

**21. Did you access/have you accessed your electronic maternity care plan?**

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

***If selected no or don't know / can't remember, please skip to Q24.***

**22. What features, content and/or functionality of your electronic care plan worked well or were useful?**

**23. What features, content and/or functionality of your electronic care plan do you think could be improved?**



**24. To what extent do you agree or disagree that the Surrey Heartlands Pregnancy Advice Line fully met your needs during pregnancy?**

- Strongly agree
- Agree
- Not sure/don't remember
- Disagree
- Strongly disagree
- Not applicable to me - I didn't call the Pregnancy Advice Line
- Prefer not to answer

**25. Were you offered a birth reflections session by a midwife you already knew?**

- Yes
- No, I was offered a session with a new midwife
- No, I was not offered a birth reflections session
- No, but I did not want/need one
- Don't know / can't remember
- Not applicable – have not yet given birth
- Prefer not to answer

***If you were not or do not remember being offered a birth reflections session, please skip to Q27 (page 10).***

***If you are still pregnant, please skip to Q43 (page 15).***

**26. Did you take up the offer of a birth reflections session?**

- Yes
- No
- Don't know / can't remember
- Prefer not to answer

## When you were at home after the birth of your baby

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

- Yes, always
- Yes, sometimes
- No, I was not able to contact a midwife
- No
- Don't know

28. Please complete the below by ticking one option for each of the questions:

	Yes	No	Don't know/can't remember	Not applicable
Did a midwife or health visitor ask how you were feeling emotionally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you told who you could contact if you needed advice about any emotional changes you might experience after the birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes, definitely
- Yes, to some extent
- No
- No, but I did not need this information
- Not applicable
- Prefer not to answer

**30. Did you find yourself having to repeat information at different points throughout your postnatal care?**

- Yes, frequently
- Yes, occasionally
- No
- Don't know / can't remember
- Prefer not to answer

**31. When you were at home after birth, did you have a telephone number for a midwife or midwifery team that you could contact?**

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

**32. When you were at home after birth, did you have a telephone number for a health visitor or health visiting team that you could contact?**

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

**33. If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?**

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

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

- Yes, and it fully met my needs
- Yes, and to some extent it met my needs
- Yes, but it did not meet my needs
- No, I did not receive help and advice, despite needing it
- I did not need any help or advice
- Don't know / can't remember
- Prefer not to answer

**35. To what extent do you agree or disagree that your emotional needs were fully met during your postnatal care?**

- Strongly agree
- Agree
- Don't know / not sure
- Disagree
- Strongly disagree
- Prefer not to answer

**36. To what extent do you agree or disagree that your physical health needs were fully met during postnatal care?**

- Strongly agree
- Agree
- Don't know / not sure
- Disagree
- Strongly disagree
- Prefer not to answer

**37. To what extent do you agree or disagree that you were fully supported to care for your child during the six weeks after birth?**

- Strongly agree
- Agree
- Don't know / not sure
- Disagree
- Strongly disagree
- Prefer not to answer

**38. Were you aware that advice on feeding was available via the Pregnancy Advice Line?**

- Yes, and I accessed this
- Yes, but I did not want/need to access it
- No, but I would have wanted this
- No, but I would not have needed it
- Prefer not to answer

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

- Yes, always
- Yes, sometimes
- No
- I did not want or need any advice
- I did not receive any advice
- Don't know / can't remember

**40. To what extent do you agree or disagree that you were well informed about your own health and nutrition following birth?**

- Strongly agree
- Agree
- Don't know / not sure
- Disagree
- Strongly disagree
- Prefer not to answer

**41. To what extent do you agree or disagree that you were well informed about your child's health and nutrition following birth?**

- Strongly agree
- Agree
- Don't know / not sure
- Disagree
- Strongly disagree
- Prefer not to say

**42. Please explain your responses below.**

**Overall experience**

**43. To what extent do you agree or disagree that throughout your pregnancy you had access to unbiased information and advice about where to give birth?**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to answer

## **Antenatal**

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

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

**45. How likely are you to recommend the antenatal service to friends and family for their maternity care?**

- Extremely likely
- Likely
- Neither
- Unlikely
- Extremely unlikely
- Don't know

## **Birth**

**46. How likely are you to recommend the labour ward/birthing unit/homebirth service to friends and family for their maternity care?**

- Extremely likely
- Likely
- Neither
- Unlikely
- Extremely unlikely
- Don't know
- Not applicable / have not yet given birth

***If you have not yet given birth, please skip to Q53 (page 18).***



## Postnatal phase

**47. How likely are you to recommend the postnatal ward to friends and family for their maternity care?**

- Extremely likely
- Likely
- Neither
- Unlikely
- Extremely unlikely
- Don't know
- Not applicable / did not stay on one

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

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

**49. How likely are you to recommend the postnatal community service to friends and family for their maternity care?**

- Extremely likely
- Likely
- Neither
- Unlikely
- Extremely unlikely
- Don't know
- Not applicable - I have not accessed this

**50. How satisfied were you with your postnatal care?**

- Very dissatisfied
- Dissatisfied
- OK
- Satisfied
- Very satisfied
- Not applicable

**51. Is this the first time you have given birth in Surrey?**

- Yes
- No

**52. Do you feel postnatal care has improved since your last baby?**

- Yes
- No
- Don't know/unsure

**53. Please provide any final comments regarding your maternity care in the space below:**

**Thank you for your feedback.**  
**If you have any questions about this survey then please contact Peter Farrar at SQW (pfarrar@sqw.co.uk), Jenny Rawlinson (jenny.rawlinson2@nhs.net) or Paulette Kerr (paulette.kerr1@nhs.net).**