

MATERNITY CARE SURVEY



What is the survey about?

The National Maternity Experience Survey is a nationwide survey asking women who have recently given birth about the maternity care they received.

Please use this survey to provide feedback about your experience of maternity care. Should you wish to discuss your care with the Patient Advocacy Service which can provide information and support to patients who want to make a formal complaint to the HSE, please call **0818 293 003** or visit www.patientadvocacyservice.ie

Why did I get this survey?

You got this survey because you have recently given birth and we would like to hear your feedback on your maternity care experience. Your feedback will help to improve the safety and quality of Ireland's maternity services.

Can I do the survey online?

Yes, please go to survey.yourexperience.ie to complete the survey online.

Can I ask someone to help me fill in the survey?

Yes, you can ask someone to help you fill in the survey. You may also ask someone to fill in the survey on your behalf. However, please make sure that the answers given reflect your experience of care.

Completing the survey

- For each question please clearly tick one box using a black or a blue pen.
- Please read the information in the boxes that accompany some of the questions as these provide important information to help you complete the questionnaire.
- Do not worry if you make a mistake; simply fill in the box and put a tick in the correct box.
- **There is space under the *Other Comments* section for your comments. These open boxes are included to provide you with an opportunity to inform us about anything you feel is not covered at all or not adequately covered in the questions posed in the survey.**
- Please do not write your name or address anywhere on the questionnaire.
- **The survey takes approximately 15 minutes to complete.**

If you have any questions about the survey, please call our Freephone number on **1800 314 093** (Monday-Friday, 9am-5pm), visit survey.yourexperience.ie/faqs or email us at info@yourexperience.ie.

To opt out of this survey, call the Freephone number on **1800 314 093** or go to survey.yourexperience.ie

Your answers will remain anonymous and confidential.

Your feedback will not affect your future care in any way.

Survey Code:

We're committed to excellence in healthcare



Seirbhís Sláinte
Níos Fearr
& Forbairt

Building a
Better Health
Service



An Roinn Sláinte
Department of Health

Stage 1 - Care while you were pregnant (Antenatal care)

The following section asks about your experiences of care **during your pregnancy**.

Q1. In your most recent pregnancy, did you give birth to.....

- ¹ A single baby
- ² Twins
- ³ Triplets, quads or more

Q2. Who was the first health care professional you saw when you thought you were pregnant?

- ¹ GP / family doctor
- ² Midwife
- ³ Other

Q3. Were you offered a choice about the type of maternity care you would receive?

- ¹ Yes → GO TO Q4.
- ² I was not offered any choices → GO TO Q5.
- ³ I had no choices due to medical reasons → GO TO Q5.
- ⁴ Don't know or can't remember → GO TO Q5.

Q4. Which of the following choices were you offered? Please tick all that apply

1 <input type="checkbox"/>	Public care. Also known as combined care or shared care. Regular antenatal check-ups with midwives and/or obstetricians in the hospital and, in most cases, with your General Practitioner (GP). Labour and birth in the hospital. Postnatal care in a public ward in the hospital with subsequent postnatal check-ups in a community setting.
2 <input type="checkbox"/>	Consultant-led care private or semi-private. Antenatal check-ups with a private obstetrician (who you choose) with the option of sharing these with your GP as part of combined/shared care if you choose. Labour and birth in the hospital with care provided by your obstetrician/your obstetrician's team and hospital midwives. Postnatal care in a private or semi-private ward in the hospital with subsequent postnatal check-ups in a community setting.
3 <input type="checkbox"/>	DOMINO (Domiciliary In and Out). Antenatal check-ups with one midwife or a small team of midwives in the hospital or in a community setting, with the option of sharing these antenatal checks-ups with your GP as part of combined/shared care if you choose. Labour and birth in the hospital. Transfer home within 12-24 hours after birth. Postnatal care in a public ward in the hospital with subsequent postnatal check-ups in a community setting.
4 <input type="checkbox"/>	Midwifery-led care with birth in a midwifery-led unit (Cavan General and Our Lady of Lourdes Hospital Drogheda only). Antenatal check-ups with a midwife or a small team of midwives in a midwifery-led unit or in a community setting. Labour and birth in a midwifery-led unit. Postnatal care in a midwifery-led unit with subsequent postnatal check-ups in a community setting.
5 <input type="checkbox"/>	Community midwifery team care. Antenatal check-ups with a midwife or a small team of midwives in the hospital or in a community setting, with the option of sharing these antenatal check-ups with your GP as part of combined/shared care if you choose. Labour and birth in the hospital. Postnatal care in a public ward in the hospital with subsequent postnatal check-ups in a community setting.
6 <input type="checkbox"/>	Home birth with hospital based or self-employed community midwives (SECM). Antenatal check-ups at home or in a community setting with either a hospital-based or self-employed community midwife (who you choose). Labour and birth at home with care provided by a midwife. Postnatal care in a community setting.
7 <input type="checkbox"/>	Don't know or can't remember

Q5. What type of maternity care did you have? Please tick one box only

- Public care
- Consultant-led care private or semi-private
- DOMINO (Domiciliary In and Out)
Midwifery-led care with birth in a midwifery led unit (Cavan General and Our Lady of Lourdes Hospital Drogheda only)
- Community midwifery team care
Home birth with hospital based or self-employed community midwives (SECM)
- Care with a private home birth midwife with transfer to obstetric-led care for labour and birth
- Don't know or can't remember

Q6. During your pregnancy were you offered any antenatal classes or courses?

- Yes, and I did them → **GO TO Q8.**
- Yes, but I did not do them → **GO TO Q7.**
- No → **GO TO Q8.**
- Don't know or can't remember → **GO TO Q8.**

Q7. Are there any particular reasons you did not go to antenatal classes or courses? Please tick all that apply

- It was not my first baby
- It was my first baby but I didn't want to go to classes
- There were no available spaces/they were booked out
- I couldn't find classes that were right for me
- There were no classes near me
- I had other commitments
- Other

Q8. Thinking about the care you received during your pregnancy, did you receive enough information about physical changes in your body?

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

Q9. Thinking about the care you received during your pregnancy, did you receive enough information about mental health changes that may occur?

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

Q10. Thinking about the care you received during your pregnancy, did you receive enough information about nutrition during pregnancy?

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

Q11. Thinking about the care you received during your pregnancy, did you receive enough information about giving up smoking and other tobacco related products (e-cigarettes, vaping devices etc)?

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

Q12. Thinking about the care you received during your pregnancy, did you receive enough information about the impact of alcohol and/or drug abuse on you and your baby?

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

Q13. Thinking about the care you received during your pregnancy, did you feel that you were involved in decisions about your care?

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

Q14. Thinking about the care you received during your pregnancy, did you feel that you were treated with respect and dignity?

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

Q15. Thinking about the care you received during your pregnancy, did you have confidence and trust in the health care professionals treating/caring for you?

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

Q16. Thinking about the care you received during your pregnancy, were your questions answered in a way that you could understand?

- Yes, always
- Yes, sometimes
- No
- I did not have any questions
- Don't know or can't remember

Q17. Thinking about the care you received during your pregnancy, did you have a health care professional that you could talk to about your worries and fears?

- Yes, always
- Yes, sometimes
- No
- I had no worries or fears
- Don't know or can't remember

Stage 2 - Care during your labour and birth

The following section asks about your experiences of care **around the time of your labour and birth** of your baby. 'Birth' includes babies born vaginally or by caesarean.

Q18. Thinking about the birth of your baby, was your labour induced?

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

Q19. What type of birth did you have?

- A vaginal birth (no forceps or ventouse suction cup)
- An assisted vaginal birth (e.g., with forceps or ventouse suction cup)
- A planned caesarean birth
- An unplanned caesarean birth

Q20. Thinking about the care you received during your labour and birth, did you feel that you were involved in decisions about your care?

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

Q21. Thinking about the care you received during your labour and birth, were your questions answered in a way that you could understand?

- Yes, always
- Yes, sometimes
- No
- I did not have any questions
- Don't know or can't remember

Q22. Before you had any tests, procedures and treatments, were the benefits and risks explained to you in a way you could understand?

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

Q23. Were you (and/or your partner or companion) left alone by health care professionals at a time when it worried you? Please tick all that apply

- Yes, during early labour
- Yes, during the later stages of labour
- Yes, during the birth
- Yes, shortly after the birth
- No, not at all

Q24. Do you think your health care professionals did everything they could to help manage your pain during labour and birth?

- Yes, definitely
- Yes, to some extent
- No
- I did not need any help
- Not relevant to my situation
- Don't know or can't remember

Q25. Did you have skin to skin contact (baby naked on your chest or tummy) with your baby shortly after the birth?

- Yes
- No
- No, but this was not possible for medical reasons
- I did not want skin to skin contact with my baby
- Don't know or can't remember

Q26. Was your partner and/or companion involved in your care during labour and birth as much as you wanted them to be?

- Yes
- No
- They did not want to be involved/ they could not be involved
- I did not want them to be involved
- I did not have a partner/companion with me

Q27. Did you have confidence and trust in the health care professionals caring for you during your labour and birth?

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

Stage 3 - Care in hospital after the birth of your baby

If you had a home birth and did not go to hospital, please go to Question 37.

The following section asks about your experiences of care **in hospital after the birth of your baby.**

Q28. After your baby was born, did you have the opportunity to ask questions about your labour and the birth (often called 'debriefing')?

- Yes, definitely
- Yes, to some extent
- No
- I did not have any questions
- Don't know or can't remember

Q29. If you needed assistance *while you were in hospital after the birth*, were you able to get a health care professional to assist you when you needed it?

- Yes, always
- Yes, sometimes
- No
- I did not need any assistance
- Don't know or can't remember

Q30. Thinking about the care you received *after the birth of your baby while you were in hospital*, did you feel that you were involved in decisions about your care?

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

Q31. Thinking about the care you received *after the birth of your baby while you were in hospital*, did you feel that your questions were answered in a way that you could understand?

- Yes, always
- Yes, sometimes
- No
- I did not have any questions
- Don't know or can't remember

Q32. Thinking about the care you received *after the birth of your baby while you were in hospital*, did you have a health care professional that you could talk to about your worries and fears?

- Yes, always
- Yes, sometimes
- No
- I had no worries or fears
- Don't know or can't remember

Q33. Before you were discharged from hospital, were you given information about your own physical recovery?

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

Q34. Before you were discharged from hospital, were you given information about any changes you might experience with your mental health?

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

Q35. Before you were discharged from hospital, were you told who to contact if you were worried about your health or your baby's health after you left hospital?

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

Q36. Thinking about the care you received *in hospital*, did you feel that you were treated with respect and dignity?

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

Stage 4 – Specialised care for your baby

After birth some babies need specialist care, e.g. help with breathing, and are admitted to a neonatal unit. The following section asks about your experiences of care if **your baby was admitted to a neonatal unit**.

Q37. Following the birth, did your baby spend any time in the neonatal unit?

- ¹ Yes → GO TO Q38.
 ² No → GO TO Q40.
 ³ Don't know or can't remember → GO TO Q40.

Q38. While your baby was in the neonatal unit, did you receive enough emotional support from health care professionals?

- ¹ Yes, always
 ² Yes, sometimes
 ³ No
 ⁴ I did not want or need any emotional support
 ⁵ Don't know or can't remember

Q39. Overall, how would you rate your experience of the care your baby received in the neonatal unit?

I had a very **poor** experience I had a very **good** experience

←—————→

0 1 2 3 4 5 6 7 8 9 10

Stage 5 – Feeding your baby

The following section asks about your experiences of care in terms of **feeding your baby**.

Q40. Did your health care professionals discuss with you the different options for feeding your baby? Please tick all that apply

- ¹ Yes, during pregnancy
 ² Yes, during labour or immediately after birth
 ³ Yes, after birth while in hospital
 ⁴ Yes, after birth while at home
 ⁵ No
 ⁶ I did not want or need discussion of different options
 ⁷ Don't know or can't remember

Q41. In the first few days after the birth, how was your baby fed? Please tick one box only

- ¹ Breast milk (or expressed breast milk) only
 ² Both breast and formula (bottle) milk
 ³ Formula (bottle) milk only
 ⁴ Don't know or can't remember

Q42. Were your decisions about how you wanted to feed your baby respected by your health care professionals?

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

Q43. *If you had a home birth, please go to Q44.*

During your stay in hospital, did your health care professionals give you adequate support and encouragement with feeding your baby?

- ¹ Yes, always
- ² Yes, sometimes
- ³ No
- ⁴ I did not want or need support and encouragement
- ⁵ Don't know or can't remember

Q44. *At home after the birth of your baby, did your health care professionals give you adequate support and encouragement with feeding your baby?*

- ¹ Yes, always
- ² Yes, sometimes
- ³ No
- ⁴ I did not want or need support and encouragement
- ⁵ Don't know or can't remember

Stage 6 - Care at home after the birth of your baby

The following section asks about your experiences of care when you were **visited at home or seen by a health care professional in the community after the birth of your baby.**

Q45. *When you were at home after the birth of your baby, if you contacted a health care professional were you given the help you needed?*

- ¹ Yes, always
- ² Yes, sometimes
- ³ No
- ⁴ I did not need any help
- ⁵ Don't know or can't remember

Q46. *Since your baby's birth have you been visited at home by a public health nurse?*

- ¹ Yes → GO TO Q47.
- ² No → GO TO Q50.
- ³ Not relevant to my situation → GO TO Q50.
- ⁴ Don't know or can't remember → GO TO Q50.

Q47. *Did the public health nurse take your personal circumstances into account when giving you advice?*

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

Q48. Did you feel that your questions were answered by the public health nurse in a way that you could understand?

- ¹ Yes, always
 - ² Yes, sometimes
 - ³ No
 - ⁴ I did not have any questions
 - ⁵ Don't know or can't remember
-

Q49. Did you receive help and advice from the public health nurse about your baby's health and progress?

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

Q50. Did your baby receive a 2-week check-up with your General Practitioner (GP)?

- ¹ Yes
 - ² No, I did not know about the check-up
 - ³ No, I knew about the check-up but did not attend
 - ⁴ I attended another health care professional for the 2-week check-up
 - ⁵ Not relevant to my situation
 - ⁶ Don't know or can't remember
-

Q51. Thinking about the care you received at the postnatal check-up, around 6 weeks after the birth, did the GP or practice nurse/midwife spend enough time talking to you about your own physical health?

- ¹ Yes, definitely
 - ² Yes, to some extent
 - ³ No
 - ⁴ I have not had a postnatal check-up
 - ⁵ Don't know or can't remember
-

Q52. Thinking about the care you received at the postnatal check-up, did the GP or practice nurse/midwife spend enough time talking to you about your own mental health?

- ¹ Yes, definitely
 - ² Yes, to some extent
 - ³ No
 - ⁴ I have not had a postnatal check-up
 - ⁵ Don't know or can't remember
-

Q53. Did you feel that your questions were answered by the GP or practice nurse/midwife in a way that you could understand?

- ¹ Yes, always
- ² Yes, sometimes
- ³ No
- ⁴ I did not have any questions
- ⁵ Don't know or can't remember

Other Comments

Please note that the comments you provide will be looked at in full by the National Care Experience Programme. We will remove any information that could identify you before publishing any of your feedback.

Q61. What was particularly good about your maternity care?

Q62. Was there anything that could be improved?

Q63. Were there any other important parts of your maternity care experience that are not covered by the questions in this survey?

Stage 8 – You and your household

The following questions will help us to describe the women taking part in the survey and to find out whether or not the care offered to women is the same regardless of their background or circumstances.

Q64. What year were you born?

(Please write in)

e.g.

1	9	8	1
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Y	Y	Y	Y
---	---	---	---

Q65. How many babies have you given birth to before this pregnancy?

- None
- 1 or 2
- 3 or more

Q66. What is your ethnic group?

White:

- Irish
- Irish Traveller
- Roma
- Any other White background

Black or Black Irish:

- African
- Any other Black background

Asian or Asian Irish:

- Chinese
- Indian/ Pakistani/ Bangladeshi
- Any other Asian background

Other, including mixed group/background:

- Arabic
- Mixed, *please specify*

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- Other, *please write your ethnic group here:*

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Q67. What is your county of residence?

- | | | | |
|------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1 Carlow | <input type="checkbox"/> 8 Kerry | <input type="checkbox"/> 15 Louth | <input type="checkbox"/> 22 Tipperary |
| <input type="checkbox"/> 2 Cavan | <input type="checkbox"/> 9 Kildare | <input type="checkbox"/> 16 Mayo | <input type="checkbox"/> 23 Waterford |
| <input type="checkbox"/> 3 Clare | <input type="checkbox"/> 10 Kilkenny | <input type="checkbox"/> 17 Meath | <input type="checkbox"/> 24 Westmeath |
| <input type="checkbox"/> 4 Cork | <input type="checkbox"/> 11 Laois | <input type="checkbox"/> 18 Monaghan | <input type="checkbox"/> 25 Wexford |
| <input type="checkbox"/> 5 Donegal | <input type="checkbox"/> 12 Leitrim | <input type="checkbox"/> 19 Offaly | <input type="checkbox"/> 26 Wicklow |
| <input type="checkbox"/> 6 Dublin | <input type="checkbox"/> 13 Limerick | <input type="checkbox"/> 20 Roscommon | |
| <input type="checkbox"/> 7 Galway | <input type="checkbox"/> 14 Longford | <input type="checkbox"/> 21 Sligo | |

Q68. Do you have any of the following on a long-term basis?

Please tick all that apply

- | | |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1 Blindness or a serious vision impairment | <input type="checkbox"/> 7 Difficulty in dressing, bathing or getting around inside the home |
| <input type="checkbox"/> 2 Deafness or a serious hearing impairment | <input type="checkbox"/> 8 Difficulty in going outside home alone |
| <input type="checkbox"/> 3 A condition that substantially limits one or more basic physical activities | <input type="checkbox"/> 9 Difficulty in working or attending school/college |
| <input type="checkbox"/> 4 An intellectual disability | <input type="checkbox"/> 10 Difficulty in taking part in other activities |
| <input type="checkbox"/> 5 Difficulty in learning, remembering or concentrating | <input type="checkbox"/> 11 Other disability, including chronic illness |
| <input type="checkbox"/> 6 Mental health, psychological or emotional condition | <input type="checkbox"/> 12 None of the above |

THANK YOU FOR YOUR HELP WITH THIS VERY IMPORTANT NATIONAL SURVEY

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