

# National Maternity Experience Survey 2020

**Technical Report** 

## About the National Maternity Experience Survey

The National Maternity Experience Survey offers women the opportunity to share their experiences of Ireland's maternity services. The survey is part of the National Care Experience Programme, a joint initiative by the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The National Care Experience Programme seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback. The survey reflects a commitment made in the National Maternity Strategy 2016-2026 to evaluate maternity services from the perspectives of the women who use them.<sup>(1)</sup>

The aim of the survey is to learn from the experiences of women to improve the safety and quality of the care that they and their baby receive. HIQA, the HSE and the Department of Health have committed to acting on the findings of the National Maternity Experience Survey to improve the quality of maternity care services in Ireland. Quality improvement plans have been developed by the HSE at national and local levels to address the issues highlighted in the survey.

The survey questionnaire contains 68 questions which capture the whole maternity pathway from antenatal care, through labour and birth, to postnatal care in the community. 6,357 women who gave birth in October and November 2019<sup>1</sup> were invited to participate in the first National Maternity Experience Survey. In total, 3,204 women took part in the survey, resulting in a response rate of 50%.<sup>2</sup>

<sup>&</sup>lt;sup>2</sup> It is important to note that the COVID-19 pandemic may have had an impact on the number of survey responses received. However, the women who were invited to take part gave birth prior to the pandemic and the maternity care they received was thus unlikely to have been affected.



<sup>&</sup>lt;sup>1</sup> In order to ensure a sufficient sample size, women who gave birth in October and November 2019 in smaller maternity units were invited to take part. In larger maternity units women who gave birth in October 2019 only were invited to take part.

## National Maternity Experience Survey 2020 – Technical Report

### **Purpose of the report**

This report provides a comprehensive technical description of the model, methodology, methods and procedures implemented during the National Maternity Experience Survey 2020. It has been designed to provide sufficient detail for repetition, replication and review. This document does not report in detail on the survey results. The reports on the survey findings can be downloaded from <a href="https://yourexperience.ie/">https://yourexperience.ie/</a>.



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## **1. Overview**

## **1.1 The National Maternity Experience Survey**

The National Maternity Experience Survey contains 68 questions which capture the whole maternity pathway from antenatal care, through labour and birth, to postnatal care in the community. The National Maternity Experience Survey includes questions taken or adapted from a library of questions developed by the National University of Ireland, Galway (NUIG) in collaboration with the National Care Experience Programme. Over 250 people, including women who had recently used maternity services, women's representatives, midwives, public health nurses, GPs, obstetricians, policymakers, data analysts and academics were involved in developing and selecting the questions most relevant to the Irish context.

The aim of the survey is to learn from the experiences of women to improve the safety and quality of the care that they and their babies receive. In Ireland, maternity care is provided by a mix of hospital-based and community-based services.<sup>3</sup> HIQA, the HSE and the Department of Health have committed to acting on the findings of the National Maternity Experience Survey to improve the quality of maternity care services in Ireland. Quality improvement plans have been developed by the HSE at national and local levels to address the issues highlighted in the survey. More information on the survey design can be found at https://yourexperience.ie/maternity/about-the-survey.

The last survey questionnaires were accepted on 30 April 2020. 81% of participants completed the survey online; the remaining 19% returned the questionnaire by post. The results of the survey were published in October 2020. The national, home births, and 19 maternity hospital and unit reports are available to download from <a href="https://yourexperience.ie">https://yourexperience.ie</a>.

## **1.2 Management of the National Maternity Experience Survey**

HIQA, as the lead partner in the National Maternity Experience Survey, contracted a managed service to administer the survey and to process the responses received. The managed service was responsible for:

- receiving and quality assuring the lists of sampled persons from participating hospitals
- printing and distributing the questionnaire
- creating and testing an online survey platform

<sup>&</sup>lt;sup>3</sup> Please see Appendix 1 for a description of the Maternity Networks and Community Healthcare Organisations.



- logging returns, opt-outs and ineligible respondents
- providing information to respondents via a dedicated survey helpline
- data processing and quality assuring survey responses
- hosting a secure back-end database to allow hospitals and community healthcare areas to view their survey results on an online reporting platform prior to the publication of the results
- secure storage and destruction of paper responses.

## **1.3 Survey design**

#### **1.3.1 Survey methodology**

The National Maternity Experience Survey was based on a concurrent mixed-mode response design, which allowed participants to complete the survey online or by returning a hard-copy questionnaire in the post. The mode of contact, however, was via post only. The initial invitation letter contained an online survey code only; a paper copy of the questionnaire was not included. The administration of two reminder letters was built into the survey design: the first reminder consisted of an information letter and the online survey code, the second reminder included a paper copy of the questionnaire. Internationally, the second reminder has been shown to increase response rates significantly.<sup>(2, 3)</sup>

All eligible new mothers were contacted by post in February and March 2020. In similar surveys in other countries, women are generally contacted between two and four months after giving birth.<sup>(4)</sup> This allows time to capture women's experiences of postnatal care, facilitates checks for women and babies who have died in the intervening period, and provides time for women to reflect on their experiences.

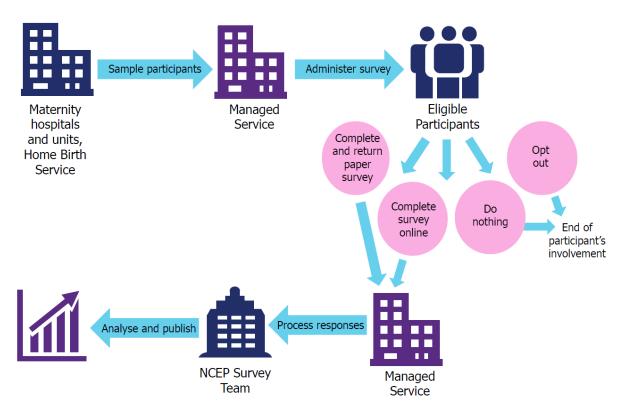
Participants could opt out of the survey in one of five ways:

While in hospital or under home birth care
By calling the Freephone number
Online at <u>https://yourexperience.ie</u>
By emailing <u>info@yourexperience.ie</u>
By not responding to the survey



The managed service processed the returned questionnaires. The data were subsequently analysed by researchers in HIQA who reported on the survey findings (see Chapter 3).

Figure 1.1 outlines the model and design of the National Maternity Experience Survey. This model is closely aligned to that of the National Inpatient Experience Survey.



### Figure 1.1 The National Maternity Experience Survey process

#### 1.3.2 Sample

In total, 19 maternity hospitals and units and the National Home Birth Services participated in the National Maternity Experience Survey 2020. Women aged 16 or over who gave birth in October or November 2019 and who had a postal address in the Republic of Ireland were invited to participate in the survey.<sup>4</sup> In maternity hospitals and units with a higher number of births, women who gave birth in

<sup>&</sup>lt;sup>4</sup> The National Care Experience Programme is currently developing a dedicated survey for women who experience a negative maternity outcome such as a miscarriage, stillbirth or neonatal death. The scope of this survey is currently being defined and will be available from <u>https://yourexperience.ie</u> once finalised.



October 2019 were invited to participate. To ensure an adequate sample size, women who gave birth in smaller hospitals and units in November 2019 were also eligible to participate in the survey. Eligible participants were identified through each maternity hospital or unit's internal patient administration system (PAS). The list of participating hospitals and their relevant survey months is provided in Table 1.1.

National Maternity Experience Survey hospital sampling 2019				
October 2019	October and November 2019			
National Maternity Hospital	Cavan General Hospital			
Rotunda Hospital	Letterkenny University Hospital			
Coombe Women and Infants University Hospital	Mayo University Hospital			
Cork University Maternity Hospital	Midland Regional Hospital Mullingar			
University Maternity Hospital Limerick	Midland Regional Hospital Portlaoise			
Our Lady of Lourdes Hospital	Portiuncula University Hospital			
University Hospital Galway	Sligo University Hospital			
	South Tipperary General Hospital			
	St. Luke's General Hospital			
	University Hospital Kerry			
	University Hospital Waterford			
	Wexford General Hospital			
	National Home Birth Services			

Table 1.1 National Maternity Experience Survey hospital sampling

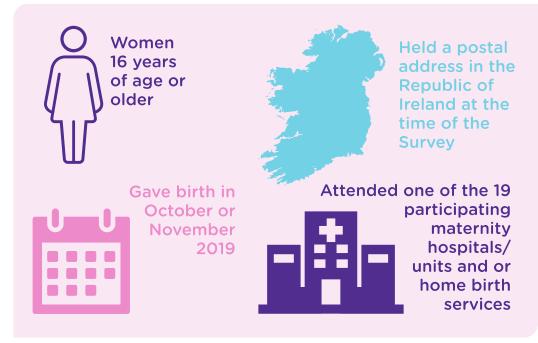
The inclusion criteria are summarised in Figure 1.2. Women were excluded if they opted out of the survey, were under the age of 16 years, did not have a postal address in the Republic of Ireland, had a concealed pregnancy, were admitted for a termination of pregnancy procedure or experienced a pregnancy loss or stillbirth (including during a multiple birth). Women who died or whose baby died during or since birth, and women whose baby was taken into care, were also excluded.<sup>5</sup>

All eligible new mothers were contacted by post in February and March 2020. Women were provided with information on the survey and a link to the online questionnaire. In March and April, two reminder letters were sent to the women who were invited to participate but had not yet returned a survey. The second reminder contained a paper copy of the questionnaire and a Freepost return envelope.

<sup>&</sup>lt;sup>5</sup> The National Care Experience Programme is currently developing a separate survey for women who have experienced a pregnancy loss or perinatal bereavement.



A total of 6,423 eligible women were invited to take part in the survey. Two women opted out of the survey and 64 were not contactable. In total, 3,204 women responded to the survey, representing a response rate of 50%.



#### Figure 1.2. Inclusion criteria

### 1.3.3 The questionnaire

The survey covers women's experiences of maternity services from their antenatal care through to labour and birth and their care after birth, in hospital, the community and at home.

The development steps are outlined below:

- 1. A systematic review of the literature on questionnaires to measure women's experiences of their maternity care was conducted by NUIG. The review identified 19 relevant, international maternity care experience surveys, from which each question was categorised to be considered for inclusion in the final questionnaire.
- 2. An international review of maternity care experience surveys identified international experience and best practice with regard to the models and methodologies employed to deliver a national maternity experience survey.
- 3. Focus groups, involving users and providers of maternity care in Ireland, identified the most important question areas in maternity care.



- 4. A gap analysis, including a review of the National Maternity Strategy<sup>(1)</sup> and the National Standards for Safer Better Maternity Services,<sup>(5)</sup> further identified questions which are relevant to the Irish context of maternity care.
- A list of 396 questions was assembled from the previous steps, of which a Delphi study<sup>6</sup> identified 95 priority questions.
- 6. Picker Institute Europe checked the measurement and analytic quality of the questions.
- 7. Further review by experts, for example, the Department of Health, HIQA, Picker Institute Europe and the National Maternity Experience Survey Programme Board prioritised questions.
- 8. Ten cognitive interviews took place with women who have used maternity services to assess the clarity and appropriateness of the proposed National Maternity Experience Survey questionnaire.

The final questionnaire is included in Appendix 2.

### **1.3.4 Ethical approval**

Ethical approval for the National Maternity Experience Survey was obtained from the Royal College of Physicians in Ireland (RCPI) as an addendum to the ethical approval for the National Inpatient Experience Survey. This was confirmed by e-mail from the RCPI on 28 January 2019.

### 1.3.5 Privacy Impact Assessment

A Data Protection Impact Assessment (DPIA) must be carried out to identify and mitigate risks to the privacy of data subjects prior to the processing of any personal and sensitive data. Given that the administration of the National Maternity Experience Survey required the processing of personally identifiable information (for example, contact details and dates of birth), a DPIA was conducted in 2019. The DPIA is available to download from <a href="https://yourexperience.ie/wp-content/uploads/2020/02/NMES\_DPIA\_2020\_Summary.pdf">https://yourexperience.ie/wp-content/uploads/2020/02/NMES\_DPIA\_2020\_Summary.pdf</a>.

### **1.3.6 Information governance**

Information governance is a means of ensuring that all data, including personal information, is handled in line with all relevant legislation, guidance and evidence-

<sup>&</sup>lt;sup>6</sup> A Delphi study is a consensus building technique that consists of a number of 'rounds', which were used to build consensus on the most important questions for inclusion in the survey.

based practices. The National Care Experience Programme developed a comprehensive information governance framework to ensure that any information it collects is handled safely and securely.

The National Care Experience Programme information governance framework comprises policies, procedures and processes covering: data protection and confidentiality, data subject access requests, record retention and destruction, security, data breach management, data quality, access control, business continuity and record management. A statement of purpose and statement of information practices detailing the information-handling practices of the National Maternity Experience Survey are available from <a href="https://yourexperience.ie/about/information-governance/">https://yourexperience.ie/about/information-governance/</a>.

#### 1.3.7 Data retention and destruction

Women's contact details were used to distribute the survey invitations to their home addresses. Information on date of birth and other relevant variables was collected in order to describe the characteristics of the sample. Women's names and addresses (with the exception of 'county name') were deleted at the close of the survey period in line with the National Care Experience Programme data retention and destruction schedule. Hard copies of the survey questionnaire were destroyed once all answers had been coded and correctly uploaded to the response file. By this stage, the survey responses were fully anonymised, meaning that the responses could not be linked back to the person who completed the survey.



## **2. Survey fieldwork**

## 2.1 Data extraction

Data extraction refers to the sampling procedures undertaken to identify women eligible to participate in the survey. During the survey period, maternity hospitals, units and the National Home Birth Services were required to extract personal information (such as names and addresses) for every eligible woman who gave birth in October and November 2019. Adhering to agreed protocols, hospitals and units securely shared this information with the managed service, who subsequently sent invitation letters and online survey codes via post to eligible participants. Hospitals were also required to quality assure the sample, for example, by checking that all relevant data fields were completed.

Personnel responsible for data extraction and quality assurance of data extracts were required to follow data-extraction and quality-assurance procedures during every step of the process to ensure a standardised and consistent approach to the implementation of the survey across all participating maternity hospitals and units.

## 2.2 Survey administration

The survey fieldwork was carried out from 1 February to 30 April 2020. Survey invitations containing online survey codes were sent to eligible women by post; a paper copy of the questionnaire was not included in the initial mailing. Two reminders were sent out at fortnightly intervals to individuals who had not yet returned a survey. The first reminder consisted of an information letter and the online survey code, the second reminder included a paper version of the questionnaire, a Freepost envelope for return of the questionnaire, as well as a copy of the information letter. Participants could return their questionnaires until 30 April 2020.

Each participating maternity hospital and unit carried out one data extraction for October 2019 births, and one data extraction for November 2019 births (where applicable), as outlined in Table 2.1 below. The following information was collected: the woman's name, address, date of birth, date of birth of the baby, date of discharge, hospital group, and hospital name details.<sup>7</sup> Each maternity hospital or unit (or National Home Birth Services) was required to apply the eligibility criteria. Each maternity hospital or unit was also responsible for identifying deceased mothers and babies. This involved contacting the Director of Public Health Nursing

<sup>&</sup>lt;sup>7</sup> The transfer of participant data between hospitals (data controllers) and the managed service (data processor on behalf of HIQA) was in all instances mandated by data sharing agreements.



for the community healthcare area to ascertain if any mothers or babies had died. The process of ensuring that deceased women and mothers of deceased babies were omitted from the National Maternity Experience Survey contact dataset was conducted up to:

- **4 February 2020** for all live births from 1 October to 31 October 2019
- **3 March 2020** for all live births from 1 November to 30 November 2019.

#### Table 2.1 Schedule for data extraction

Extract coverage	Deadline for sharing with the managed service
1 to 31 October 2019	22 January 2020
1 to 30 November 2019	19 February 2020

Data transfers to the managed service occurred through a secure transfer mechanism, ensuring the safety of personal information while in transfer. Upon receipt of the data files, the women's details were uploaded to a master file.

## 2.3 Sampling and operational outcomes

A total of 6,423 women were eligible to participate in the National Maternity Experience Survey 2020. 64 survey invitations could not be delivered to the intended recipient and were returned to sender. Two individuals actively opted out of the survey. A total of 5,129 first reminders and 4,141 second reminders were sent out during the survey period.

## 2.4 Response rates

Of the 6,423 women who were eligible to participate, 3,204 returned a valid survey questionnaire prior to the survey closing date of 30 April 2020, resulting in a national response rate of 50% (Table 2.2). 2,602 women (81.2%) completed the survey online, with 602 (18.8%) completing a paper copy of the survey (Table 2.3).

Response rates were calculated by dividing the number of valid surveys received by the number of initial invitations sent, minus the number of questionnaires returned to sender. Figure 2.1 shows the cumulative response rates by week during the survey period (1 February to 30 April 2020).



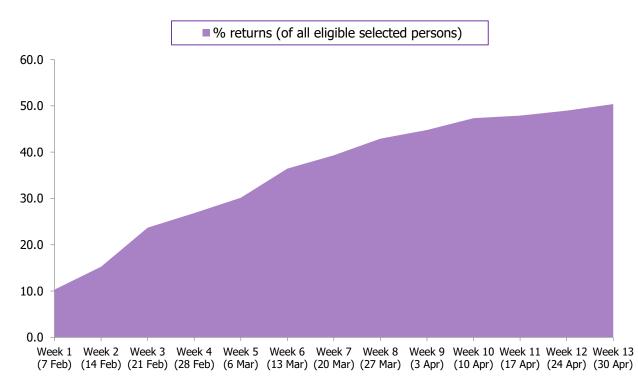


Figure 2.1. Cumulative response rates by week of the survey period

The number of women who responded is broken down by the hospital where they gave birth in Table 2.2, and by age and length of stay in Table 2.3. Women aged 35 to 39 years had the highest response rate (57%) of any age group. Women under the age of 25 years were least likely to respond to the survey, with only 22% of those invited returning a valid questionnaire. Women who stayed in hospital between four and five days were most likely to return a survey compared with those who had shorter or longer stays. Appendix 3 includes a detailed breakdown of operational outcomes and response rates by hospital group and individual hospital, as well as response rates by county of residence.



Group	Eligible sample	Responses received	Response rate
Saolta University Health Care Group	1256	629	50%
Letterkenny University Hospital	270	122	45%
Mayo University Hospital	279	157	56%
Portiuncula University Hospital	239	106	44%
Sligo University Hospital	229	126	55%
University Hospital Galway	239	118	49%
University Limerick Hospital Group	373	183	<b>49%</b>
University Maternity Hospital Limerick	373	183	49%
Ireland East Hospital Group	1435	770	54%
Midland Regional Hospital Mullingar	295	151	51%
National Maternity Hospital	646	361	56%
St Lukes General Hospital	214	109	51%
Wexford General Hospital	280	149	53%
Dublin Midlands Hospital Group	860	424	<b>49</b> %
Coombe Women and Infants University Hospital	615	301	49%
Midland Regional Hospital Portlaoise	245	123	50%
RCSI Hospital Group	1197	558	47%
Cavan General Hospital	246	118	48%
Our Lady of Lourdes Hospital	243	105	43%
Rotunda Hospital	708	335	47%
South/South West Hospital Group	1212	622	51%
Cork University Maternity Hospital	564	301	53%
South Tipperary General Hospital	142	71	50%
University Hospital Kerry	218	111	51%
University Hospital Waterford	288	139	48%
Office of the Nursing and Midwifery Services Director	26	18	69%
National Home Birth Services	26	18	69%

## Table 2.2. Response rate by maternity hospital/unit and home births



0	Total	Deserved		No	Completed	Completed	Response
Group	discharged	Deceased	Opted out	response	(paper)	(online)	rate
All respondents	6423	0	2	3153	602	2602	<b>50%</b>
Age							
16-24 years	385	0	0	292	17	67	22%
25-29 years	870	0	0	540	67	245	37%
30-34 years	1812	0	1	882	179	729	51%
35-39 years	2326	0	1	992	241	1083	57%
40 years or older	1030	0	0	447	98	478	56%
Length of stay							
0-1 day	1274	0	1	670	122	466	47%
2-3 days	3599	0	1	1753	320	1490	51%
4-5 days	1338	0	0	630	137	560	53%
6 or more days	212	0	0	100	23	86	52%

## Table 2.3. Response and non-response composition 2020

## **2.5 Survey operations**

During the survey period of 1 February to 30 April 2020, 29 calls were recorded by helpline operators. The most common reasons for calling the Freephone helpline were general queries about the survey (eight calls, 28%) and queries about the inpatient survey (four calls, 14%). One call (3%) received during the survey period was from an individual wanting to opt out of the survey. Table 2.4 details the most frequent query types received and logged by operators of the Freephone helpline.

Summary of Call Query	Calls	%
General query about survey (Why are you writing to me?)	8	28%
Query about inpatient survey/acute care	4	14%
Online completion query	3	10%
Caller requires information on health and or social care	3	10%
Comment or complaints about hospital/operation/staff	2	7%
Lost questionnaire/resend me the survey	2	7%
I heard about the survey. Can I participate?	2	7%
Request for survey in Lithuanian	1	3%
Query/request Polish	1	3%
Hospital staff query	1	3%
Opt out	1	3%
Questionnaire submitted online – reset to change answers	1	3%
Grand Total	29	100%

#### Table 2.4. Summary of query types received by the Freephone helpline

In one case, a survey invitation was sent to a mother whose baby had died. The National Care Experience Programme had a process in place, which was followed. A letter of apology from the CEO of the HSE was sent to the mother, and a senior representative of the National Women & Infants Health Programme phoned the mother in apology.



## **3. Data processing, analysis and reporting**

## **3.1 Data processing steps**

Completed questionnaires were received both online and in paper form. The latter were uploaded and merged with the online surveys. The processing of paper questionnaires concluded on 12 June 2020. All completed questionnaires were returned by participants to the managed service where they were opened, date stamped, punched and coded. Data were entered into a customised data entry form developed in Askia software. The form was designed to quality assure the data upon entry. For example, data entry staff could not progress to the next field if an incorrect survey code (ID) was entered. Similarly, out-of-range values were not permitted for any of the numeric fields.

The National Care Experience Programme website allowed participants to input their eight-digit code<sup>8</sup> and complete the survey online. Similar to the paper-based survey, invalid survey codes (IDs) were not permitted on login (an error message appeared asking the user to enter their code again), and the routing in the questionnaire was programmed into the online survey design.

To prepare the data for analysis and reporting, scoring (see section 3.3.2) and a number of post-entry recodes were applied to the survey response file (using SPSS<sup>®</sup> version 24). Age of respondents was calculated using the mother's date of birth and the date of birth of the baby. Age was then collapsed into five age groups (16 to 24, 25 to 29, 30 to 34, 35 to 39, and 40 or above).

The questions on overall experience in the neonatal unit (Q39, rated 0 to 10) and on overall experience (Q60, rated 0 to 10) were collapsed into three groups: very good (score of 9-10), good (7-8), and fair to poor (0-6).

## **3.2 Mapping of survey questions to the stages of care**

Survey questions were grouped into 'stages of care' along the maternity journey. Figure 3.1 provides a brief description of the stages of care and specifies the number of questions corresponding to each stage. Filter questions (that is, questions with the main purpose of routing respondents to the next applicable question) were excluded from this categorisation. Five questions on respondent demographics and the three open-ended questions were also excluded. Appendix 4 shows how individual questions map to the stages of care.

<sup>&</sup>lt;sup>8</sup> Eligible participants received a unique eight-digit survey code, which was provided to them in the initial invitation and subsequent reminder letters.



#### Figure 3.1. Description of stages of care





## 3.3 Quantitative methodology

This section describes how the stage-of-care scores were calculated and describes the quality assurance of the survey data.

#### 3.3.1 Question scores

To calculate scores for the themes described in Section 3.2, the responses to the questions making up these stages of care were assigned a score using methods equivalent to those used in the UK by the Care Quality Commission (CQC).<sup>(6)</sup> The scores applied to each of these questions are shown in Appendix 4.

Figure 3.2 is an example of how response options were converted into scores. It should be noted that only evaluative questions could be scored, that is, questions that assessed an actual experience of care. Routing or demographic questions were not scored. More positive answers were assigned higher scores than more negative ones. In total, 42 questions were scored in this way.

In the example below, 'No' was given a score of 0, 'Yes, sometimes' was given a score of 5 and 'Yes, always' was given a score of 10. The last response option, 'Don't know or can't remember' was categorised as 'missing'. It was not scored as it cannot be evaluated in terms of best practice.

#### Figure 3.2. Example of a scored question in the 2020 survey

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

1 <b>10</b>	Yes, always
2 <b>5</b>	Yes, sometimes
3 <b>0</b>	No
4 <b>M</b>	Don't know or can't remember

Table 3.1 below shows how scores were calculated for a specific question in the survey. In this example, the scores of five respondents are presented. The score for Q13 is calculated by summing the scores in the right-hand column (10+10+5+0+5), before dividing them by the number of people who responded to this question (30/5=6). Thus, the average score for Q13 is 6 out of 10.



Q13. Thinking about the care you received during your pregnancy, did you feel that you were involved in decisions about your care?			
Respondent Score			
1	10		
2	10		
3	5		
4	0		
5 5			
Sum of scores 30			
Average score6			

#### Table 3.1. Sum of scores for Q13 based on five respondents

#### **3.3.2 Stages of care scores**

A stage-of-care score was generated for each respondent with one or more 'scorable' responses on items making up a stage, by calculating the average of all scored items within than stage. Stage-of-care scores ranged from 0 to 10, with higher scores indicating a more positive experience.

Table 3.2 shows an example of the original and scored data for the 'feeding' stage of care. The Feeding stage-of-care score is calculated as the average of the scored responses for the three items included in this stage. Please see Appendix 4 for the wording and response options for the questions shown in Table 3.2.

Original responses			Scored responses			Feeding stage score
Q42	Q43	Q44	Q42	Q43	Q44	score
2	3	2	5	0	5	3.33
1	2	1	10	5	10	8.33
1	2	2	10	5	5	6.67
2	2	2	5	5	5	5.00
1	3	1	10	0	10	6.67
2	3	2	5	0	5	3.33

#### Table 3.2 Example of scored responses for the 'Feeding' stage of care



#### **3.3.3 Comparisons of groups**

Statistical tests were carried out to examine if there were significant differences in maternity experience across the maternity hospitals and units, and across counties.

A 'z-test' was used to compare maternity experience data at the 99% confidence level. A z-test is a statistical test used to examine whether two population mean scores are different when the variances are known and the sample size is large. A statistically significant difference means it is very unlikely that results were obtained by chance alone if there was no real difference. Therefore, when a score is significantly 'above' or 'below' the national average, this is highly unlikely to have occurred by chance.

#### 3.3.4 Quality assurance of quantitative data

Insofar as possible, quality assurance was built into the design of the data capture for the paper-based survey responses. The managed service verified 37 of 605 (6.1%) paper-based surveys through double entry using the Askia software.

Frequency checks on the merged (paper and online) survey data also confirmed that the rate of 'missingness' on the individual survey questions was in the low range, that is, there was no substantial evidence of 'survey fatigue', whereby rates of missing responses would be higher for questions appearing later in the questionnaire. For example, missing responses averaged 0.3% for Q8-Q10 compared with 0.6% for the last three numeric (closed response) questions prior to the demographic section (Q58-Q60). The average rate of missingness for the demographic questions (Q64-Q68) was 4.8%.



## **3.4 Qualitative methodologies**

This section describes the processing of the qualitative data collected via the survey questionnaire, that is, responses to the three open-ended questions:

- 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?

Table 3.3 shows the number of responses received for each question by age group and response mode (paper or online).

# Table 3.3. Number of responses received for Q61, Q62 and Q63 by agegroup and response mode

	Q61	Q62	Q63	Total
Age				
16 to 24	69	64	22	155
25 to 29	252	236	82	570
30 to 34	790	758	288	1,836
35 to 39	1,057	1,014	406	2,477
40 and above	392	350	173	915
Response mode				
Paper	479	456	204	1,139
Online	2,131	2,014	791	4,936
Total	2,610	2,470	995	6,075

#### 3.4.1 Anonymisation of qualitative data

All qualitative responses were anonymised. Whether on paper or online, the same set of procedures was followed. The overarching principle guiding these procedures was the protection of the anonymity of individuals, including respondents and hospital staff. The redaction guidelines can be found in Appendix 5.

#### 3.4.2 Developing thematic codes for the qualitative data

The framework method was used to analyse respondents' comments.<sup>(7)</sup> An analytical framework consisting of 27 themes was developed – this framework helped organise

and systematically reduce the thousands of comments into manageable chunks of information. The coding frame is is shown in Table 3.4.

National Maternity Experience Survey qualitative codes				
Midwives	Pain management			
GPs	Physical comfort			
Public health nurses	Communication/information sharing			
Nurses	Feeling listened to			
Consultants and hospital doctors	Involvement of partner			
General staff/other staff	Dignity, respect and privacy			
Staffing levels/pressure	Feeding			
Type of maternity care	Hospital facilities			
Continuity of care	Food and drink			
Appointments/waiting times	Cleanliness or hygiene			
Pre-natal/antenatal stage	Clinical notes (positive or negative)			
Labour and birth	Health and wellbeing of women			
Post-natal stage	General comment/other			
Neo-natal unit/special care unit/ICU				

#### Table 3.4. Detailed set of codes used for reporting

## **3.5 Treatment of duplicates**

Duplicates could occur within the National Maternity Experience Survey data in two ways: the first was within the data extracts, and the second was within the survey responses, whereby a respondent may have opted to complete a survey online as well as on paper.

The vast majority of duplicates within the data extracts were identified and removed as part of the quality-assurance processes. Duplicates in the survey response file could not occur as the system did not permit entry of a record with a survey ID which was already in the online survey response set. In this sense, a duplicate is defined as a paper-based response that already appeared in the online file. The record in the duplicate set with the older time stamp was the one retained in the final dataset. There were four duplicate questionnaires (0.1%).



## **3.6 Quality assurance of qualitative data**

Three sets of processes assured the quality of the National Maternity Experience Survey data. These included a data quality audit, undertaken on 17 June 2020, to assess the concordance of handwritten comments with those recorded on the online reporting facility. A member of the National Maternity Experience Survey team at HIQA selected 18 survey codes from the universe of survey codes and forwarded these to the managed service in a password-protected file. The managed service located the relevant surveys and uploaded the required pages to the auditor via a secure file transfer platform. The auditor audited the paper copies against the online reporting facility. The auditor then selected varbatim comments from 17 surveys on the online reporting facility and forwarded these to the managed service, who located the relevant paper surveys containing the comments and shared these with the auditor via a secure file transfer platform. The paper surveys were then audited against the online reporting facility.

The National Maternity Experience Survey team at HIQA also reviewed all comments to check that they had been anonymised in accordance with the agreed redaction protocols. Only then were the data released to the online reporting facility for maternity hospitals and units and community healthcare areas to review (also refer to section 3.7).

# **3.7 Publication of national, hospital and National Home Birth Services results**

In October 2020, the National Maternity Experience Survey team published one national report, as well as 19 maternity hospital or unit reports, and one National Home Birth Services report. <u>Tableau data visualisation</u> was embedded on <u>https://yourexperience.ie/</u> and allows site visitors to further examine the results. It should be noted that maternity hospital and unit staff and other stakeholders had been granted access to a 'real-time' online reporting platform where they could view their performance in the survey as the data were being processed. Access to this information prior to the publication of reports allows maternity hospitals and units to be proactive and to identify opportunities for improvement at an early stage.

Taken together, the national, home birth and hospital reports were designed to:

- provide a clear description of the key features of maternity experience at national and local levels, pointing to areas of good experience and areas needing improvement in the system at national, hospital and local community levels
- together with other data and information sources, provide a robust basis for the development of quality improvement plans at hospital and local community levels



- together with other data and information sources, enable the identification of policy priorities at the national level
- provide a basis for benchmarking progress over time following future surveys.

All published reports can be downloaded from https://yourexperience.ie/maternity/.

## **3.8 Survey findings, quality improvement and next steps**

The HSE has used the survey results to develop quality improvement plans at national and local levels. These quality improvement plans describe the steps that will be taken to address the findings of the survey and improve maternity care. The quality improvement plans are available from <a href="https://yourexperience.ie">https://yourexperience.ie</a>. The plant of Health will continue to use the information gathered to inform the development of policy and strategy in relation to maternity care. Finally, the findings of the survey will inform HIQA's approach to the monitoring and regulation of maternity care services.



## 4. International comparisons

## 4.1 Comparisons with international data

Maternity surveys are undertaken in a number of countries using a wide variety of approaches and survey tools. This brief review compares results from the Irish National Maternity Experience Survey with the findings of maternity surveys conducted in England, Scotland and New South Wales, Australia. A summary of the approaches taken in each jurisdiction and how they compare with the National Maternity Experience Survey is provided in Table 4.1.

A comparison of results across selected questions is provided in Table 4.2. Comparing maternity experience across jurisdictions is challenging due to variations in maternity service provision, differences in survey instruments and methods, as well as cultural differences in how encounters with maternity services are perceived and reported. Comparisons of survey results across jurisdictions should therefore be made with caution. Nevertheless, there are some common aspects in survey approaches across jurisdictions and comparisons of results on similar questions can be useful.

Comparisons are only made for questions with identical or near identical wording and response options across the various national surveys. In Table 4.2, questions are numbered and ordered according to where they appear in the National Maternity Experience Survey. These questions may be numbered and categorised differently in other surveys.



# Table 4.1 Overview of maternity experience surveys in England, Scotland, and New South Wales, Australia

Jurisdiction	Survey information	Differences from National Maternity Experience Survey approach
England	Maternity Services Survey 2019 Survey results organised by: care while pregnant (antenatal care), perinatal mental health, care during labour and birth, postnatal care in hospital, infant feeding, postnatal care at home, continuity of care. The survey is administered by post, with two reminder letters sent to non- respondents.	Participants sampled between January and February 2019. Questionnaires were distributed in April to August 2019. The Maternity Services Survey first ran in 2007 and currently runs every year.
Scotland	Maternity Care Survey 2018 Survey results organised by: antenatal care, labour & birth, care in hospital, neonatal care, feeding your baby, postnatal care. The survey is administered by post, with two reminder letters sent to non- respondents. Response is via post, online, or telephone helpline.	Women aged 17 and over are eligible. Participants sampled between February and March 2018. Questionnaires were distributed in May to August 2018. The Maternity Care Survey first ran in 2013, and currently runs every 3 years.
New South Wales, Australia	Maternity Care Survey 2017 Survey results organised by antenatal care, care during labour and birth, follow-up care in hospital and at home. Response is via post or online.	Women aged 18 and over are eligible. The first Maternity Care Survey was conducted in 2015, and currently runs every two years.



#### Table 4.2 Comparison of question scores across jurisdictions

	Ireland 2020	England <sup>9</sup> 2019	Scotland <sup>10</sup> 2018	New South Wales <sup>11</sup> 2017
Response rate	50%	37%	40%	35%
Previous births (≥1)	58%	57%	49%	53%
Single birth	98%	99%	99%	99%
Age (24-34 years)	51%	58%	61%	65%
Care during pregnancy (antenatal care)				
Q2. Who was the first healthcare professional you saw when you thought you were pregnant? (% GP/family doctor)	87%	42%		
Q8. Thinking about the care you received during your pregnancy, did you receive enough information about physical changes in your body? (% yes, definitely)	42%		54%	
Q13. Thinking about the care you received during your pregnancy, did you feel that you were involved in decisions about your care? (% yes, always)	60%	82%		
Q15. Thinking about the care you received during you pregnancy, did you have confidence and trust in the healthcare professionals treating/caring for you? (% yes, always)	72%			82%
Care during labour and birth				
Q18. Thinking about the birth of your baby, was your labour induced? (% yes)	39%	44%		38%
Q19. What type of birth did you have? (% vaginal birth (no forceps or ventouse suction cup))	51%	57%	50%	61%

<sup>9</sup> The results for the Maternity Services Survey 2019 conducted in England are available from:

https://www.cqc.org.uk/sites/default/files/20200128 mat19 statisticalrelease.pdf

<sup>10</sup> The results for the Maternity Care Survey 2018 conducted in Scotland are available from:

https://www.gov.scot/publications/maternity-care-survey-2018-national-results/

<sup>11</sup> The results for the Maternity Care Survey 2017 conducted in New South Wales, Australia, are available from:

https://www.bhi.nsw.gov.au/BHI reports/patient survey results/Maternity-Care-Survey



	Ireland 2020	England 2019	Scotland 2018	New South Wales 2017
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)	65%	78%		
Q23. Were you (and or your partner or a companion) left alone by healthcare professionals at a time when it worried you? (% no, not at all)	76%	78%	81%	
Q25. Did you have skin to skin contact (baby naked on your chest or tummy) with your baby shortly after the birth? (% yes)	93%	93%	94%	
Q27. Did you have confidence and trust in the healthcare professionals caring for you during your labour and birth? (% yes, always)	82%	84%		87%
Care in hospital after the birth				
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)	40%	56%		
Feeding your baby				
Q41. In the first few days after the birth, how was your baby fed? (% breast milk or expressed breast milk only)	42%	58%	52%	
Q42. Were your decisions about how you wanted to feed your baby respected by your healthcare professionals? (% yes, always)	75%		81%	81%
Care at home				
Q51. Thinking about the care you received at the postnatal check-up, around 6weeks after the birth, did the GP or practice nurse/midwife spend enough time talking to you about your own physical health? (% yes, definitely)	47%	42%		
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? (% yes, definitely)	40%	40%		

## References

1. Department of Health. Creating a Detter Future Together: National Maternity Strategy 2016-2026. 2016.

2. Health Information and Quality Authority. International Review on Patient Experience Surveys. <u>https://www.patientexperience.ie/about-the-survey/survey-questionnaire/</u>; 2016.

3. Barron DN, West E, Reeves R, Hawkes D. It takes patience and persistence to get negative feedback about patients' experiences: a secondary analysis of national inpatient survey data. BMC Health Services Research. 2014;14(1):153.

4. National Care Experience Programme. International Review of Maternity Care Experience Surveys. Cork, Ireland: Health Information and Quality Authority; 2019.

 Authority HIaQ. National Standards for Safer Better Maternity Services. 2016.
 Care Quality Commission. NHS Patient Survey Programme: Survey Scoring Method 2015.

7. Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Medical Research Methodology. 2013;13(1):117.



## **Appendix 1**

Maternity Network	Maternity Hospitals and Units
	Cork University Maternity Hospital
South/South West	University Hospital Waterford
Hospital Group	South Tipperary General Hospital
	University Hospital Kerry
	National Maternity Hospital
Ireland East Hospital Group	St Luke's General Hospital
Telaliu East Hospital Group	Wexford General Hospital
	Midland Regional Hospital Mullingar
	Rotunda Hospital
RCSI Hospital Group	Cavan and Monaghan Hospital Group
	Our Lady of Lourdes Hospital
UL Hospitals	University Maternity Hospital Limerick
	Portiuncula University Hospital
Coolto University	University Hospital Galway
Saolta University Health Care Group	Mayo University Hospital
Treatth Care Group	Sligo University Hospital
	Letterkenny University Hospital
Dublin Midlanda Hospital Crown	Coombe Women and Infants University Hospital
Dublin Midlands Hospital Group	Midland Regional Hospital Portlaoise

The Community Healthcare Organisations (CHO) and associated areas of Ireland are described in Table A2.

СНО	Associated areas
CHO 1	Donegal/ Sligo/Leitrim/West Cavan/Cavan/Monaghan
CHO 2	Galway/Roscommon/Mayo
CHO 3	Clare/Limerick/North Tipperary/East Limerick
CHO 4	Kerry/North Cork/West Cork/ North Lee/South Lee
CHO 5	South Tipperary/Carlow/Kilkenny/Waterford/Wexford
CHO 6	Wicklow/Dun Laoghaire/Dublin South East
<b>CHO 7</b>	Kildare/West Wicklow/Dublin West/Dublin South City/Dublin South West
CHO 8	Laois/Offaly/ Longford/Westmeath/Louth/Meath
CHO 9	Dublin North/Dublin North Central/Dublin North West

#### Table A2. Description of Community Healthcare Organisations



# Appendix 2 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 www.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  $\overline{\square}$  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  $\blacksquare$  and put a tick  $\heartsuit$  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 www.yourexperience.ie or email us at info@yourexperience.ie.

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



Stage 1 - Care	while you we	re pregnant (A	Antenatal care)
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The following section asks about your experiences of care **during your pregnancy**.

Q1.	In your most recent pregnancy	v. did vou give birth to
<u> </u>		

- 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?

- <sup>1</sup> GP / family doctor
- 2 Midwife
- ₃ Other

Q3.	Were	Were you offered a choice about the type of maternity care you would receive?		
	1	Yes	ightarrow GO TO Q4.	
	2	I was not offered any choices	ightarrow GO TO Q5.	
	3	I had no choices due to medical reasons	ightarrow GO TO Q5.	
	4	Don't know or can't remember	ightarrow GO TO Q5.	



Q4.	Which of the following choices were you offered? Please tick all that apply			
	1	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	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	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	Midwifery-led care with birth in a midwifery-led unit (Cavan General and Our Lady of Lourdes Hospital Drogheda only). <i>Antenatal check-ups with a</i> <i>midwife or a small team of midwives in a midwifery-led unit or in a</i> <i>community setting. Labour and birth in a midwifery-led unit. Postnatal care</i> <i>in a midwifery-led unit with subsequent postnatal check-ups in a community</i> <i>setting.</i>		
	5	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	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	Don't know or can't remember		



Q5.	What <i>type</i> of maternity care did you have? <i>Please tick one box only</i>		Q7.	not g	Are there any particular reasons you did not go to antenatal classes or courses? <i>Please tick all that apply</i>		
	1	Public care			1	It was not my first baby	
	2 Consultant-led care p semi-private		e private or		2	It was my first baby but I didn't want to go to classes	
	3	DOMINO (Domicil	iary In and Out)		- □	There were no available	
Midwifery-led care w midwifery led unit (Ca and Our Lady of Loure Drogheda only)		: (Cavan General		3	spaces/they were booked out I couldn't find classes that were right for me		
	5	Community midwi	ifery team care		5	There were no classes near me	
		Home birth with h			6	I had other commitments	
	6	self-employed con midwives (SECM)	nmunity		7	Other	
	7	Care with a private midwife with trans led care for labour	sfer to obstetric- r and birth	Q8.	<i>durin</i> enou	king about the care you received <i>g your pregnancy,</i> did you receive gh information about physical ges in your body?	
	<ul> <li>8 Don't know or can't remember</li> <li>Q6. During your pregnancy were you</li> </ul>			1	Yes, definitely		
Q6.			-		2	Yes, to some extent	
	cours	ed any antenatal cla es?	asses or		3	No	
	1	Yes, and I did them	→ GO TO Q8.		4	l did not want or need this information	
	₂  Yes, but I did r do them		→ GO TO Q7.		5	Don't know or can't remember	
	3	No	ightarrow GO TO Q8.	Q9.		king about the care you received	
	4	Don't know or can't remember	→ GO TO Q8.		enou	<i>g your pregnancy,</i> did you receive gh information about mental h changes that may occur?	
					1	Yes, definitely	
					2	Yes, to some extent	
					3	No	
					4	l did not want or need this information	
					5	Don't know or can't remember	



Q10.	<i>durin</i> enou	ing about the care you received g your pregnancy, did you receive gh information about nutrition g pregnancy?	Q13.	Thinking about the care you received <i>during your pregnancy,</i> did you feel that you were involved in decisions about your care?		
	1	Yes, definitely		1	Yes, always	
	2	Yes, to some extent		2	Yes, sometimes	
	3	No		3	No	
	4	l did not want or need this information		4	Don't know or can't remember	
	5	Don't know or can't remember	Q14.	durin	king about the care you received g your pregnancy, did you feel you were treated with respect and	
Q11.		ing about the care you received <i>g your pregnancy,</i> did you receive		digni		
	enou	gh information about giving up		1	Yes, always	
		ing and other tobacco related ucts (e-cigarettes, vaping devices		2	Yes, sometimes	
	etc)?			3	No	
	1	Yes, definitely		4	Don't know or can't remember	
	2	Yes, to some extent		Think		
	3	No	Q15.	Thinking about the care you received <i>during your pregnancy,</i> did you have		
	4	I did not want or need this information			dence and trust in the health care essionals treating/caring for you?	
	5	Don't know or can't remember		1	Yes, always	
012	Think	ing about the care you received		2	Yes, sometimes	
QIZ.	durin	g your pregnancy, did you receive		3	No	
	enough information about the impact of alcohol and/or drug abuse on you and your baby?			4	Don't know or can't remember	
	1	Yes, definitely	Q16.	durin	king about the care you received g your pregnancy, were your	
	2	Yes, to some extent		•	tions answered in a way that you I understand?	
	3	No		1	Yes, always	
	4	I did not want or need this information		2	Yes, sometimes	
	5	Don't know or can't remember		3	No	
				4	I did not have any questions	
				5	Don't know or can't remember	



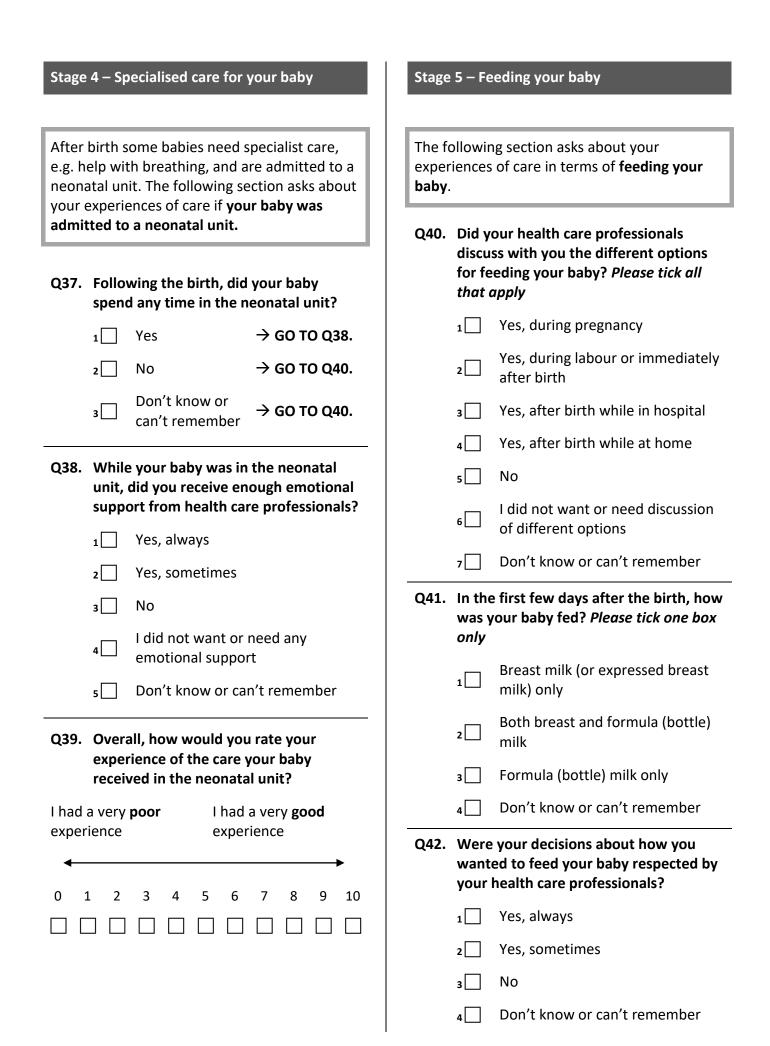
Q17. Thinking about the care you received during your pregnancy, did you have a health care professional that you could talk to about your worries and fears?	Thinking about the care you receivedQ20.during your labour and birth, did youfeel that you were involved in decisionsabout your care?
1 Yes, always	1 Yes, always
2 Yes, sometimes	2 Yes, sometimes
3 NO	3 No
4 I had no worries or fears	4 Don't know or can't remember
₅ 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
Stage 2 - Care during your labour and birth	could understand?
	1 Yes, always
The following section asks about your	2 Yes, sometimes
experiences of care <b>around the time of your</b> <b>labour and birth</b> of your baby. 'Birth' includes	3 NO
babies born vaginally or by caesarean.	I did not have any questions
	₅ Don't know or can't remember
Q18. Thinking about the birth of your baby, was your labour induced?	Q22. Before you had any tests, procedures and treatments, were the benefits and risks explained to you in a way you
was your labour induced?	and treatments, were the benefits and risks explained to you in a way you
was your labour induced?	and treatments, were the benefits and risks explained to you in a way you could understand?
was your labour induced?	and treatments, were the benefits and risks explained to you in a way you could understand? 1 Yes, always
<ul> <li>was your labour induced?</li> <li>1 Yes</li> <li>2 No</li> <li>3 Don't know or can't remember</li> </ul>	and treatments, were the benefits and risks explained to you in a way you could understand? 1 Yes, always 2 Yes, sometimes 3 No 4 Don't know or can't remember
<pre>was your labour induced? 1 Yes 2 No 3 Don't know or can't remember Q19. What type of birth did you have? A vaginal birth (no forceps or</pre>	and treatments, were the benefits and risks explained to you in a way you could understand? 1 Yes, always 2 Yes, sometimes 3 No
was your labour induced? $1 \square$ Yes $2 \square$ No $3 \square$ Don't know or can't rememberQ19. What type of birth did you have? $1 \square$ A vaginal birth (no forceps or ventouse suction cup) $1 \square$ An assisted vaginal birth (e.g., with forceps or ventouse suction	and treatments, were the benefits and risks explained to you in a way you could understand?         1       Yes, always         2       Yes, sometimes         3       No         4       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
was your labour induced? $1 \square$ Yes $2 \square$ No $3 \square$ Don't know or can't rememberQ19. What type of birth did you have? $1 \square$ A vaginal birth (no forceps or ventouse suction cup) $1 \square$ An assisted vaginal birth (e.g., with forceps or ventouse suction cup)	and treatments, were the benefits and risks explained to you in a way you could understand? 1 Yes, always 2 Yes, sometimes 3 No 4 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
was your labour induced?   1   Yes   2   No   3   Don't know or can't remember     Q19.   What type of birth did you have?   1   A vaginal birth (no forceps or ventouse suction cup)   2   An assisted vaginal birth (e.g., with forceps or ventouse suction cup)   3   A planned caesarean birth	and treatments, were the benefits and risks explained to you in a way you could understand?   1   Yes, always   2   Yes, sometimes   3   No   4   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 1 Yes, during early labour Yes, during the later stages of
was your labour induced?   1   Yes   2   No   3   Don't know or can't remember     Q19.   What type of birth did you have?   1   A vaginal birth (no forceps or ventouse suction cup)   2   An assisted vaginal birth (e.g., with forceps or ventouse suction cup)   3   A planned caesarean birth	and treatments, were the benefits and risks explained to you in a way you could understand?   1   Yes, always   2   Yes, sometimes   3   No   4   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 1 Yes, during early labour 2 Yes, during the later stages of labour

Q24.	Do you think your healthcare professionals did everything they could to help manage your pain during labour and birth?	Q27. Did you have confidence and trust in the healthcare professionals caring for you during your labour and birth?			
	<sup>1</sup> Yes, definitely	1 Yes, always			
	<sup>2</sup> Yes, to some extent	2 Yes, sometimes			
	₃ No	3 NO			
	<sup>4</sup> I did not need any help	4 Don't know or can't remember			
	₅ Not relevant to my situation	Stage 3 - Care in hospital after the birth of			
	6 Don't know or can't remember	your baby			
Q25.	Did you have skin to skin contact (baby naked on your chest or tummy) with your baby shortly after the birth?	If you had a home birth and did not go to hospital, please go to Question 37. The following section asks about your			
	1 Yes	experiences of care in hospital after the birth			
	2 NO	of your baby.			
	<ul> <li>No, but this was not possible for medical reasons</li> <li>I did not want skin to skin contact with my haby</li> </ul>	Q28. After your baby was born, did you have the opportunity to ask questions about your labour and the birth (often called 'debriefing')?			
	<ul><li>with my baby</li><li>₅ Don't know or can't remember</li></ul>	1Yes, definitely2Yes, to some extent			
Q26.	Was your partner and/or companion	3 NO			
	involved in your care during labour and birth as much as you wanted them to	₄ I did not have any questions			
	be?	5 Don't know or can't remember			
	1 Yes	Q29. If you needed assistance while you were			
	2 NO	<i>in hospital after the birth,</i> were you able to get a health care professional to			
	They did not want to be involved/ they could not be involved	assist you when you needed it?			
	<sup>4</sup> I did not want them to be involved	1 Yes, always			
	I did not have a	2 Yes, sometimes			
	<sup>5</sup> partner/companion with me	3 NO			
		<sup>4</sup> I did not need any assistance			
		₅ Don't know or can't remember			



l

Q30.	Thinking about the care you received after the birth of your baby while you were in hospital, did you feel that you	Q33.	Before you were discharged from hospital, were you given information about your own physical recovery?		
	were involved in decisions about your care?		1 Yes, definitely		
	1 Yes, always		2 Yes, to some extent		
	2 Yes, sometimes		3 No		
	3 No		No, but I did not need this information		
	₄ Don't know or can't remember		5 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?	Q34.	Before you were discharged from hospital, were you given information about any changes you might experience with your mental health?		
	1 Yes, always		<sup>1</sup> Yes, definitely		
	2 Yes, sometimes		<sup>2</sup> Yes, to some extent		
	3 NO		3 NO		
	<sup>4</sup> I did not have any questions		A No, but I did not need this information		
	5 Don't know or can't remember		5 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?	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?		
	1 Yes, always		1 Yes		
	2 Yes, sometimes		2 No		
	3 NO		3 Don't know or can't remember		
	<sup>4</sup> I had no worries or fears	Q36.	Thinking about the care you received in		
	5 Don't know or can't remember		hospital, did you feel that you were treated with respect and dignity?		
			1 Yes, always		
			2 Yes, sometimes		
			3 NO		
			<sup>4</sup> Don't know or can't remember		





Q43.	If you had a home birth, please go to Q44.	Stage 6 - Care at home after the birth of your baby					
	During your stay in hospital, did your health care professionals give you						
	adequate support and encouragement with feeding your baby?	The following section asks about your experiences of care when you were visited at					
	1 Yes, always	home or seen by a health care professional in the community after the birth of your baby.					
	2 Yes, sometimes	O45 When you were at home after the birth					
	3 NO	Q45. When you were at home after the birth of your baby, if you contacted a health					
	↓ I did not want or need support and encouragement	care professional were you given the help you needed?					
	5 Don't know or can't remember	1 Yes, always					
Q44.	At home after the birth of your baby,	2 Yes, sometimes					
	did your health care professionals give	3 NO					
	you adequate support and encouragement with feeding your	<sup>4</sup> I did not need any help					
	baby?	₅ Don't know or can't remember					
	1 Yes, always	Q46. Since your baby's birth have you been					
	2 Yes, sometimes	visited at home by a public health nurse?					
	3 No	$\rightarrow$ GO TO Q47.					
	I did not want or need support and encouragement	$2$ No $\rightarrow$ GO TO Q50.					
	5 Don't know or can't remember	${}_{3}\square \qquad \begin{array}{c} \text{Not relevant to} \\ \text{my situation} \end{array} \rightarrow \textbf{GO TO Q50.}$					
		<sup>4</sup> □ 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					
		<sup>4</sup> Don't know or can't remember					



Q48.	answ	ou feel that your questions were ered by the public health nurse in y that you could understand? Yes, always Yes, sometimes	Q51.	the p after nurse	ting about the care you received at ostnatal check-up, around 6 weeks the birth, did the GP or practice e/midwife spend enough time ng to you about your own physical h?	
	3	No		1	Yes, definitely	
	4	I did not have any questions		2	Yes, to some extent	
	5	Don't know or can't remember		3	No	
Q49.	the p	you receive help and advice from public health nurse about your y's health and progress?		4	I have not had a postnatal check- up Don't know or can't remember	
	1 Yes, definitely		Q52.	Thinking about the care you received <i>at the postnatal check-up</i> , did the GP or		
	2	Yes, to some extent		pract	ice nurse/midwife spend enough	
	3 No			time talking to you about your own mental health?		
	4	I did not need any help		1	Yes, definitely	
	5	Don't know or can't remember		2	Yes, to some extent	
Q50.	Did your baby receive a 2-week check- up with your General Practitioner (GP)?			3	No I have not had a postnatal check-	
	1	] Yes		4	up	
	2	No, I did not know about the		5	Don't know or can't remember	
	2 <u> </u>	check-up	Q53.	Did you feel that your questions were		
	3	No, I knew about the check-up but did not attend		nurse	ered by the GP or practice e/midwife in a way that you could rstand?	
	4	I attended another health care professional for the 2-week check-		1	Yes, always	
	_	up		2	Yes, sometimes	
	5	Not relevant to my situation		3	No	
	6	Don't know or can't remember		4	I did not have any questions	
				5	Don't know or can't remember	



Q54.	Since the birth of your baby, did you feel that you were adequately informed about vaccinations?	Q58. Thinking about the care you received <i>at</i> <i>home after the birth of your baby,</i> did you feel that you were treated with respect and dignity?
	$1 \qquad Yes, definitely$	1 Yes, always
	<sup>2</sup> Yes, to some extent <sup>3</sup> No	<sup>2</sup> Yes, sometimes
	No, but I did not need this	3 No
	<sup>4</sup> information	₄ Don't know or can't remember
	5 Don't know or can't remember	Stage 7 – Overall Care
Q55.	Did you use local support groups e.g. mother and baby groups, feeding support groups, etc?	Q59. Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?
	2 No	1 Yes
	 ₃ Don't know or can't remember	2 NO
Q56.	Thinking about the care you received <i>at</i> <i>home after the birth of your baby,</i> did you have confidence and trust in the	3 ☐ I did not wish to give feedback or make a complaint Q60. Overall, how would you rate your
	health care professionals caring for you? 1 Yes, always	experience of the care you and your baby received during pregnancy, labour and birth and after your baby was born?
	2 Yes, sometimes	I had a very <b>poor</b> I had a very <b>good</b>
	<ul> <li>3 No</li> <li>4 Don't know or can't remember</li> </ul>	experience experience
Q57.	Thinking about the care you received at home after the birth of your baby, did you feel that you were involved in decisions about your health? 1 Yes, always 2 Yes, sometimes	
	<ul> <li>₃ No</li> <li>₄ Don't know or can't remember</li> </ul>	



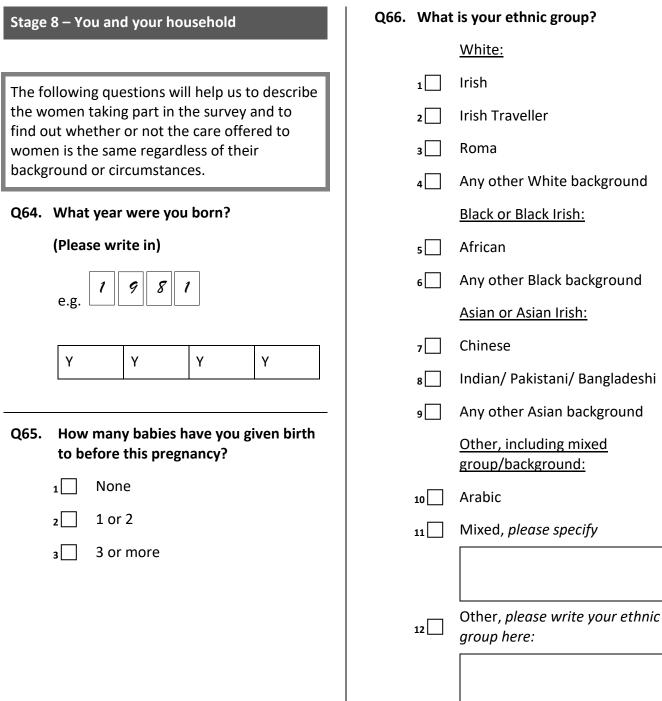
Please note that the comments you provide will be looked at in full by the National Care Experience Programme. We will remove any information that could identify you before publishing any of your feedback.

#### 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?

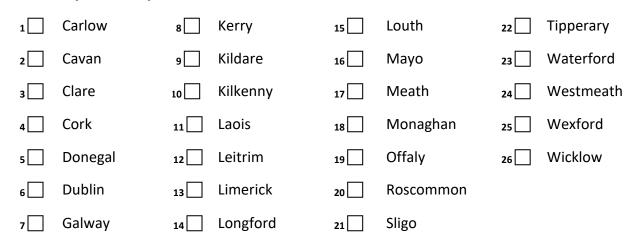




#### Q66. What is your ethnic group?

#### National Maternity Experience Survey

#### Q67. What is your county of residence?



## Q68. Do you have any of the following on a long-term basis? *Please tick all that apply*

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

# THANK YOU FOR YOUR HELP WITH THIS VERY IMPORTANT NATIONAL SURVEY



## **Appendix 3**

Table A3. Response and non-response by maternity hospital/unit and hospital group

Group	Total discharged	Deceased	Opted out	No response	Completed (paper)	Completed (online)	Response rate
All respondents	6423	0	2	3153	602	2602	50%
Saolta University Health Care Group	1269	0	0	626	132	497	50%
Letterkenny University Hospital	270	0	0	148	27	95	45%
Mayo University Hospital	279	0	0	122	39	118	56%
Portiuncula University Hospital	241	0	1	132	30	76	44%
Sligo University Hospital	232	0	0	103	15	111	55%
University Hospital Galway	247	0	0	121	21	97	49%
University Limerick Hospital Group	378	0	0	190	30	153	<b>49%</b>
University Maternity Hospital Limerick	378	0	0	190	30	153	49%
Ireland East Hospital Group	1444	0	0	665	133	637	54%
Midland Regional Hospital Mullingar	296	0	0	144	31	120	51%
National Maternity Hospital	650	0	0	285	56	305	56%
St Lukes General Hospital	216	0	0	105	23	86	51%
Wexford General Hospital	282	0	0	131	23	126	53%
Dublin Midlands Hospital Group	866	0	0	436	68	356	<b>49%</b>
Coombe Women and Infants University Hospital	617	0	0	314	40	261	49%
Midland Regional Hospital Portlaoise	249	0	0	122	28	95	50%
RCSI Hospital Group	1212	0	0	639	97	461	47%
Cavan General Hospital	248	0	0	128	34	84	48%
Our Lady of Lourdes Hospital	245	0	0	138	19	86	43%
Rotunda Hospital	719	0	0	373	44	291	47%



Group	Total discharged	Deceased	Opted out	No response	Completed (paper)	Completed (online)	Response rate
South/South West Hospital Group	1228	0	0	589	141	481	51%
Cork University Maternity Hospital	571	0	0	263	67	234	53%
South Tipperary General Hospital	148	0	0	71	22	49	50%
University Hospital Kerry	220	0	1	106	24	87	51%
University Hospital Waterford	289	0	0	149	28	111	48%
Office of the Nursing and Midwifery Services Director	26	0	0	8	1	17	69%
National Home Birth Services	26	0	0	8	1	17	69%



County	Eligible sample	Responses received	Response rate
Carlow	106	55	52%
Cavan	159	81	51%
Clare	113	57	<b>50%</b>
Cork	527	281	53%
Donegal	296	136	<b>46%</b>
Dublin	1436	704	<b>49%</b>
Galway	313	152	48%
Kerry	233	121	52%
Kildare	274	151	55%
Kilkenny	165	93	56%
Laois	168	78	<b>46%</b>

72

233

84

148

263

266

87

130

122

120

244

194

167

284

153

42

112

39

62

150

143

41

64

57

67

131

85

88

147

67

58%

48%

46%

42%

57%

54%

47% 49%

47% 56%

54%

44%

53%

52%

44%

### Table A4. Response rate by participant's county of residence

Leitrim

Limerick

Longford

Louth

Mayo

Meath

Offaly

Sligo

Monaghan

Roscommon

Tipperary

Waterford

Westmeath

Wexford

Wicklow



## **Appendix 4**

### Table A4. Question wording, response options, corresponding scores and mapping to stages of care

		Question	Response options with corresponding scores in parentheses
Care during pregnancy (Antenatal care)	Q8	Thinking about the care you received during your pregnancy, did you receive enough information about physical changes in your body?	Yes, definitely (10); Yes, to some extent (5); No (0); I did not want or need this information (M); Don't know or can't remember (M)
	Q9	Thinking about the care you received during your pregnancy, did you receive enough information about mental health changes that may occur?	Yes, definitely (10); Yes, to some extent (5); No (0); I did not want or need this information (M); Don't know or can't remember (M)
	Q10	Thinking about the care you received during your pregnancy, did you receive enough information about nutrition during pregnancy?	Yes, definitely (10); Yes, to some extent (5); No (0); I did not want or need this information (M); Don't know or can't remember (M)
	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 (10); Yes, to some extent (5); No (0); I did not want or need this information (M); Don't know or can't remember (M)
	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 (10); Yes, to some extent (5); No (0); I did not want or need this information (M); Don't know or can't remember (M)
	Q13	Thinking about the care you received during your pregnancy, did you feel that you were involved in decisions about your care?	Yes, always (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)
	Q14	Thinking about the care you received during your pregnancy, did you feel that you were treated with respect and dignity?	Yes, always (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)
	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 (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)
	Q16	Thinking about the care you received during your pregnancy, were your questions answered in a way that you could understand?	Yes, always (10); Yes, sometimes (5); No (0); I did not have any questions (M); Don't know or can't remember (M)
	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 (10); Yes, sometimes (5); No (0); I had no worries or fears (M); Don't know or can't remember (M)



		Question	Response options with corresponding scores in parentheses
	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 (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)
	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 (10); Yes, sometimes (5); No (0); I did not have any questions (M); Don't know or can't remember (M)
	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 (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)
Labour and Birth	Q24	Do you think your health care professionals did everything they could to help manage your pain during labour and birth?	Yes, definitely (10); Yes, to some extent (5); No (0); I did not need any help (M); Not relevant to my situation (M); Don't know or can't remember (M)
	Q25	Did you have skin to skin contact (baby naked on your chest or tummy) with your baby shortly after the birth?	Yes (10); No (0); No, but this was not possible for medical reasons (M); I did not want skin to skin contact with my baby (M); Don't know or can't remember (M)
	Q26	Was your partner and/or companion involved in your care during labour and birth as much as you wanted them to be?	Yes (10); No (0); They did not want to be involved/they could not be involved (M); I did not want them to be involved (M); I did not have a partner/companion with me (M)
	Q27	Did you have confidence and trust in the health care professionals caring for you during your labour and birth?	Yes, always (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)
	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 (10); Yes, to some extent (5); No (0); I did not have any questions (M); Don't know or can't remember (M)
Care in hospital after the birth	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 (10); Yes, sometimes (5); No (0); I did not need any assistance (M); Don't know or can't remember (M)
	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 (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)
	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 (10); Yes, sometimes (5); No (0); I did not have any questions (M); Don't know or can't remember (M)



		Question	Response options with corresponding scores in parentheses
Care in hospital after the birth	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 (10); Yes, sometimes (5); No (0); I had no worries or fears (M); Don't know or can't remember (M)
	Q33	Before you were discharged from hospital, were you given information about your own physical recovery?	Yes, definitely (10); Yes, to some extent (5); No (0); No, but I did not need this information (M); Don't know or can't remember (M)
	Q34	Before you were discharged from hospital, were you given information about any changes you might experience with your mental health?	Yes, definitely (10); Yes, to some extent (5); No (0); No, but I did not need this information (M); Don't know or can't remember (M)
	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 (10); No (0); Don't know or can't remember (M)
	Q36	Thinking about the care you received in hospital, did you feel that you were treated with respect and dignity?	Yes, always (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)
Specialised	Q38	While your baby was in the neonatal unit, did you receive enough emotional support from health care professionals?	Yes, always (10); Yes, sometimes (5); No (0); I did not want or need any emotional support (M); Don't know or can't remember (M)
care	Q39	Overall, how would you rate your experience of the care your baby received in the neonatal unit?	I had a very poor experience (0) to I had a very good experience (10)
	Q42	Were your decisions about how you wanted to feed your baby respected by your health care professionals?	Yes, always (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)
Feeding	Q43	During your stay in hospital, did your health care professionals give you adequate support and encouragement with feeding your baby?	Yes, always (10); Yes, sometimes (5); No (0); I did not want or need support and encouragement (M); Don't know or can't remember (M)
	Q44	At home after the birth of your baby, did your health care professionals give you adequate support and encouragement with feeding your baby?	Yes, always (10); Yes, sometimes (5); No (0); I did not want or need support and encouragement (M); Don't know or can't remember (M)
Care at home after the birth	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?	Yes, always (10); Yes, sometimes (5); No (0); I did not need any help (M); Don't know or can't remember (M)
	Q47	Did the public health nurse take your personal circumstances into account when giving you advice?	Yes, always (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)

		Question	Response options with corresponding scores in parentheses
	Q48	Did you feel that your questions were answered by the public health nurse in a way that you could understand?	Yes, always (10); Yes, sometimes (5); No (0); I did not have any questions (M); Don't know or can't remember (M)
	Q49	Did you receive help and advice from the public health nurse about your baby's health and progress?	Yes, definitely (10); Yes, to some extent (5); No (0); I did not need any help (M); Don't know or can't remember (M)
Care at home after	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?	Yes, definitely (10); Yes, to some extent (5); No (0); I have not had a postnatal check-up (M); Don't know or can't remember (M)
the birth	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?	Yes, definitely (10); Yes, to some extent (5); No (0); I have not had a postnatal check-up (M); Don't know or can't remember (M)
	Q53	Did you feel that your questions were answered by the GP or practice nurse/midwife in a way that you could understand?	Yes, always (10); Yes, sometimes (5); No (0); I did not have any questions (M); Don't know or can't remember (M)
	Q54	Since the birth of your baby, did you feel that you were adequately informed about vaccinations?	Yes, definitely (10); Yes, to some extent (5); No (0); No, but I did not need this information (M); Don't know or can't remember (M)
	Q56	Thinking about the care you received at home after the birth of your baby, did you have confidence and trust in the health care professionals caring for you?	Yes, always (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)
	Q57	Thinking about the care you received at home after the birth of your baby, did you feel that you were involved in decisions about your health?	Yes, always (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)
	Q58	Thinking about the care you received at home after the birth of your baby, did you feel that you were treated with respect and dignity?	Yes, always (10); Yes, sometimes (5); No (0); Don't know or can't remember (M)
Overall care	Q52	Overall, how would you rate your experience of the care you and your baby received during pregnancy, labour and birth and after your baby was born?	I had a very poor experience (0) to I had a very good experience (10)



## **Appendix 5**

### Guidelines for the redaction of qualitative comments

Names and titles[Dr. Nr.Dr. Mr.[Dr. Name] [Mr Name]James, Mary[First Name]Nurse Pat, Nurse O'Brien[Nurse Name]GenderNo redactionMale (nurse), male care assistantNo redactionFemale (nurse)No redactionSpecialist Healthcare professionalsNo redactionSenior nurse, renal nurse, orthopaedic doctorNo redactionGeneral categories of health carespecialists - in pluralThe Nurses, Doctors, ConsultantsNo redactionSpecific categories of health carespecialistsAnaesthetist, Physio, DieticianNo redactionSpecific grades of healthcareNo redactionJunior doctor, the internNo redactionDates and Days & timesNo redactionMonday, tues etcNo redactionWeekendNo redactionWard name (so James's Ward)[Date]Emergency DepartmentOperating TheatreCancer WardWard name (so James's Ward)RecoveryIsolationJoalationAMAU (Acute medical assessment unit)Religions, Nationality[Rel] [Nat] [eth] No redactionMuslim doctor, Indian, Pakistani etc.[Rel] [Nat] [eth] No redactionGeneric use of term like foreignNo redactionHoraction lidentifiersNo redaction	Example	Recommended redaction
James, Mary Nurse Pat, Nurse O'Brien[First Name]Gender Male (nurse), male care assistant Female (nurse)No redactionSpecialist Healthcare professionals Senior nurse, renal nurse, orthopaedic doctorNo redactionGeneral categories of health care specialists – in plural The Nurses, Doctors, ConsultantsNo redactionSpecific categories of health care specialistsNo redactionSpecific categories of health care specialists Anaesthetist, Physio, DieticianNo redactionSpecific grades of healthcare professional Junior doctor, the internNo redactionDates and Days & times Monday, tues etc Weekend Was waiting between 7 and 9.30No redaction24th May[Date]Departments & Wards Emergency Department Operating Theatre Cancer Ward Ward name (so James's Ward) Recovery IsolationNo redactionReligions, Nationality Muslim doctor, Indian, Pakistani etc. Generic use of term like foreign[Rel] [Nat] [eth] No redactionHousian doctor, Indian, Pakistani etc. Generic use of term like foreignNo redactionHospital Names In the Mater, Vincent's etc.No redaction	-	
Nurse Pat, Nurse O'Brien[Nurse Name]GenderMale (nurse), male care assistant Female (nurse)No redactionSpecialist Healthcare professionals Senior nurse, renal nurse, orthopaedic doctorNo redactionGeneral categories of health care specialists – in plural The Nurses, Doctors, ConsultantsNo redactionSpecialist JeattorNo redactionSpecialist JeattorNo redactionSpecialists – in plural The Nurses, Doctors, ConsultantsNo redactionSpecific categories of health care specialists Anaesthetist, Physio, DieticianNo redactionSpecific grades of healthcare professional Junior doctor, the internNo redactionDates and Days & times Monday, tues etc Weekend bank holiday weekend Was waiting between 7 and 9.30No redaction24th May[Date]Departments & Wards Emergency Department Operating Theatre Cancer Ward Ward name (so James's Ward) Recovery Isolation AMAU (Acute medical assessment unit)No redactionReligions, Nationality Muslim doctor, Indian, Pakistani etc. Generic use of term like foreign[Rel] [Nat] [eth] No redactionRuspital Names In the Mater, Vincent's etc.No redaction	Dr. Mr.	[Dr. Name] [Mr Name]
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Location identifiers	In the Mater, Vincent's etc.	
	Location identifiers	



The consultant from Donegal	[County]
Procedures and Operations Lumbar puncture By pass Appendix operation Eye surgery	[Proc. Name]
Operation (generic) Caesarean/C-section Epidural	No redaction
<b>Specific therapies</b> Intravenous antibiotic drip, fasting on IV fluids etc.	No redaction
<b>Conditions</b> Diabetes Type 1, Breast Cancer, Renal failure, colon cancer,	[Cond. name]
Heart attack, High blood pressure	[Cond. type]
Gestational diabetes	No redaction
<b>Medication</b> Specific drug doses Eg. I was put on Xanax / 650mg of Tramadol daily for one week etc.	[Med.]
Illegible text	[] and continue to the next legible part of the comment. Aim to get a balance between capturing the maximum amount of information possible and time spent on deciphering handwriting.
Any bad, racist or derogatory remarks are typed as you see them.	Redact in the normal way (i.e. if nationality mentioned, redact etc.) but type in the precise remarks as you seem them.
Correcting spelling mistakes	Correction should be of minor and obvious spelling mistakes e.g. their/there This is to facilitate understanding and 'readability' of the qualitative data, it should in no way impact on meaning.
<b>Other</b> Wheelchairs and other medical devices Referring to number of children (> 4 children)	[Assistive device] [Number]









Seirbhís Sláinte | Building a Níos Fearr | Better Health á Forbairt | Service



**An Roinn Sláinte** Department of Health