

MATERNITY CARE SURVEY



Why did I get this survey?

You are invited to take part in the National Maternity Experience Survey, a nationwide survey that asks women who have recently given birth in Ireland about the maternity care they received. The aim of the survey is to learn from the experiences of women to improve the safety and quality of Ireland's maternity services.

All women who gave birth in February or March 2025 and are aged 16 years or older are eligible to take part. The survey is being carried out by the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE), and the Department of Health.

Participation is voluntary. Your decision about whether to take part in the survey or not will not affect the care you receive now or in the future.

Will my answers be treated confidentially?

The survey is completely confidential. Your maternity hospital or service will only see anonymous responses to the survey questions. For further information about how the anonymised survey data will be used, please visit the Frequently Asked Questions on www.yourexperience.ie.

How do I take part in the survey?

You need to fill in and return this questionnaire to the National Maternity Experience Survey, Milltown House, Milltown, Business Reply, Dublin 6 by **Friday 18 July**. **Please return this questionnaire in the Freepost envelope provided. No stamp is needed.**

How to complete 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 at the end of the survey for you to share comments in your own words.
- Please do not share your name or address in the comments.

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

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

How do I opt out?

To opt out of this survey, call the Freephone number on **1800 314 093** or email us at info@yourexperience.ie.

How to contact us:

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.

Information on further support

Taking part in the survey may cause you to reflect on your care and birth experience. If you want to discuss the details about your care and birth experience you can contact the hospital or service you attended to organise an appointment at their Birth Reflections Clinic. You can also contact the Patient Advocacy Service, which can provide information and support to patients who want to make a formal complaint about their care, please call **0818 293 003** or visit www.patientadvocacyservice.ie.

Survey Code:

Improving care experiences together



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.....

- A single baby
- Twins
- Triplets, quads or more

Q2. Who was the first healthcare professional you saw when you were pregnant?

- General Practitioner (GP) or family doctor
- Midwife at maternity service
- Obstetrician (doctor or consultant doctor) at maternity service
- Healthcare professional at private scan clinic
- Other

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

- Yes
- I was not offered any choices
- I was not offered any choices due to medical reasons
- Don't know or can't remember

Q4. What type of maternity care did you have for your regular check-ups in pregnancy? (If you had more than one type of care, please choose the option where you had most of your care in pregnancy)

PUBLIC (FREE) CARE:

- Obstetrician (doctor or consultant doctor) clinic at the hospital
- Midwife clinic at the hospital
- 'Domino scheme': midwife-led care in community clinic
- Community midwife clinic in (or near) your local community
- Midwife clinic at midwifery-led unit (only available at Cavan General and Our Lady of Lourdes Hospital Drogheda)

- Self-employed community midwife care (as part of the HSE Home Birth Service)

SEMI-PRIVATE CARE (Dublin maternity hospitals only):

- Obstetrician (doctor or consultant doctor) care at semi-private clinic at the hospital

PRIVATE CARE:

- Obstetrician (doctor or consultant doctor) care at private clinic at the hospital

OTHER:

- I had my pregnancy check-ups in another country → **GO TO Q18.**
- I did not have any check-ups in pregnancy → **GO TO Q18.**
- I attended my pregnancy check-ups at another service (for example a private midwife service, not provided by the HSE)

Q5. Did you receive enough information about the types of maternity care available to you?

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

Q6. Did you have some of your regular antenatal care appointments and check-ups in pregnancy with your GP? (This is sometimes referred to as 'shared care' or 'combined care')

- Yes, I had some of my regular check-ups in pregnancy with my GP
No, I chose not to have any regular check-ups in pregnancy with my GP → **GO TO Q8.**
 - No, my GP does not provide regular check-ups in pregnancy → **GO TO Q8.**
 - No, I do not have a GP → **GO TO Q8.**
-

Q7. Did you feel that there was good communication about your care in pregnancy between the maternity service (midwives, doctors) and your GP?

- Yes, definitely
 - Yes, to some extent
 - No
 - Don't know or can't remember
 - I did not have any check-ups with a GP
-

Q8. During your pregnancy were you offered any antenatal classes or courses?

- Yes, and I did them
 - Yes, but I did not do them
 - No
 - Don't know or can't remember
-

Q9. 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
-

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 the impact of smoking, alcohol or drug use 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

Q12. Thinking about the care you received *during your pregnancy*, were you given enough support for your mental health?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not want or need support
- 5 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?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 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?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 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 healthcare professionals caring for you?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 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?

- 1 Yes, always
- 2 Yes, sometimes
- 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 healthcare professional that you could talk to about your worries and fears?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not need to talk to a healthcare professional in pregnancy about worries or fears
- 5 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?

- 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 (with forceps or ventouse suction cup)
 - ³ A planned caesarean birth
 - ⁴ 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?

- ¹ Yes, always
 - ² Yes, sometimes
 - ³ No
 - ⁴ 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?

- ¹ Yes, always
 - ² Yes, sometimes
 - ³ No
 - ⁴ I did not have any questions
 - ⁵ 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?

- 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 healthcare 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
 - ³ Yes, during the birth
 - ⁴ Yes, shortly after the birth
 - ⁵ No
-

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

- ¹ Yes, definitely
 - ² Yes, to some extent
 - ³ No
 - ⁴ I did not want or need any help
 - ⁵ Not relevant to my situation
 - ⁶ Don't know or can't remember
-

Q25. Was your partner or companion involved in your care during labour and birth as much as you wanted them to be?

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

Q26. Did you have confidence and trust in the healthcare professionals caring for you during your labour and birth?

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

Q27. Shortly after your baby was born, did you have the opportunity to ask the midwives or doctors questions about your labour and the birth?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not have any questions
- 5 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 Q36.

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

Q28. If you needed assistance while you were in hospital after the birth, were you able to get a healthcare professional to assist you when you needed it?

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

Q29. While you were in hospital after the birth of your baby, do you think your healthcare professionals did everything they could to help manage your pain?

- 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

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

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

Q31. While you were in hospital after the birth of your baby, did you feel that your questions were answered 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

Q32. While you were in hospital after the birth of your baby, did you have a healthcare professional that you could talk to about your worries and fears?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not need to talk to a healthcare professional about any worries or fears
- 5 Don't know or can't remember

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

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

Q34. 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
- ² No
- ³ Don't know or can't remember

Q35. Thinking about the care you received in hospital after the birth of your baby, did you feel that you were treated with respect and dignity?

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

Stage 4 – Specialised care for your baby

After birth some babies need specialist care (for example, 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.**

Q36. Following the birth, did your baby spend any time in the neonatal unit?

- ¹ Yes → GO TO Q37.
- ² No → GO TO Q39.
- ³ Don't know or can't remember → GO TO Q39.

Q37. While your baby was in the neonatal unit, did you receive enough emotional support from healthcare 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

Q38. 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.**

Q39. Did your healthcare 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 or in the community
- ⁵ No
- ⁶ I did not want or need discussion of different options
- ⁷ Don't know or can't remember

Q40. 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
-

Q41. Were your decisions about how you wanted to feed your baby respected by your healthcare professionals?

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

Q42. Did your healthcare professionals give you adequate support and encouragement with feeding your baby, shortly after your baby was born (either in the hospital or at home if you had a home birth)?

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

Q43. In the days and weeks after your baby was born, did your healthcare professionals give you adequate support and encouragement with feeding your baby at home?

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

Q44. If you wanted to breastfeed your baby, did you receive support with breastfeeding from any of the following people? Please tick all that apply

- ¹ Midwife(s) in hospital
- ² Hospital lactation consultant
- ³ Homebirth midwife
- ⁴ Postnatal community midwives (who come to the home after birth)
- ⁵ Postnatal hub midwife
- ⁶ Public health nurse
- ⁷ GP
- ⁸ Practice nurse
- ⁹ Community breastfeeding support groups or volunteers
- ¹⁰ Private lactation consultant
- ¹¹ Friends or family
- ¹² I did not need support
- ¹³ I did not want to breastfeed my baby

Stage 6 - Care at home and in the community 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 healthcare professional in the community after the birth of your baby.**

Q45. *After the birth of your baby, did you meet with any of the following healthcare professionals? Please tick all that apply*

- 1 Postnatal community midwife at home
- 2 Postnatal community midwife at a community clinic (including a Postnatal Hub)
- 3 Public Health Nurse at home
- 4 Public Health Nurse at a community clinic
- 5 GP
- 6 Obstetrician (doctor or consultant doctor) at hospital clinic
- 7 Midwives and or paediatricians at hospital baby clinic
- 8 Other professionals
- 9 None of the above

Q46. *After the birth of your baby, if you contacted a healthcare 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

Q47. *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 I did not see a Public Health Nurse → **GO TO Q49.**
- 6 Don't know or can't remember

Q48. *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

Q49. *Thinking about the care you received at the postnatal check-up, around 6 weeks after the birth, did the GP spend enough time talking to you about your own physical health and recovery?*

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I have not had a postnatal check-up with a GP → **GO TO Q51.**
- 5 Don't know or can't remember

Q50. Did you feel that your questions were answered by the GP 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

Q51. Were you given enough support for your mental health *after the birth of your baby*?

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

Q52. Did you receive support for your mental health from any of the following healthcare professionals *during your pregnancy and or after the birth*? Please tick all that apply

- ¹ GP
- ² Public health nurse
- ³ Midwife
- ⁴ Obstetrician
- ⁵ Perinatal mental health midwife
- ⁶ Perinatal mental health nurse
- ⁷ Psychiatrist
- ⁸ Psychologist
- ⁹ Mental health social worker
- ¹⁰ Other professionals
- ¹¹ None of the above

Q53. Thinking about the care you received at home or in the community *after the birth of your baby*, did you have confidence and trust in the healthcare professionals caring for you?

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

Q54. Thinking about the care you received at home or in the community *after the birth of your baby*, did you feel that you were involved in decisions about your health?

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

Q55. Thinking about the care you received at home or in the community *after the birth of your baby*, did you feel that you were treated with respect and dignity?

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

Stage 7 – Overall Care

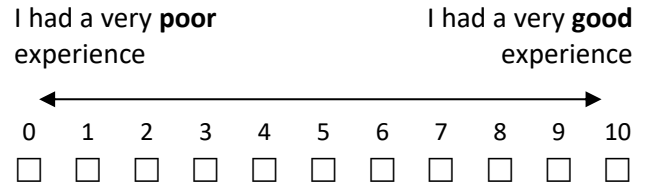
Q56. Thinking about your overall care, were your decisions about your maternity care respected by healthcare staff?

- ¹ Yes, always
- ² Yes, sometimes
- ³ No

Q57. Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?

- ¹ Yes
- ² No
- ³ I did not wish to give feedback or make a complaint

Q58. 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?



Q59. What was particularly good about your maternity care?

Q60. Was there anything that could be improved?

Q61. 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.

Q62. How many babies have you given birth to before this pregnancy?

- None
 1 or 2
 3 or more

Q63. 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:

- Arab
 Mixed, please specify

- Other, please write your ethnic group here:

Q.64 Do you have any of the following on a long-term basis?

Please tick all that apply

- Blindness or a serious vision impairment
 Deafness or a serious hearing impairment
 A condition that substantially limits one or more basic physical activities
 An intellectual disability
 Difficulty in learning, remembering or concentrating
 Mental health, psychological or emotional condition
 Difficulty in dressing, bathing or getting around inside the home
 Difficulty in going outside home alone
 Difficulty in working or attending school or college
 Difficulty in taking part in other activities
 Other disability, including chronic illness
 None of the above

THANK YOU FOR YOUR HELP WITH THIS VERY IMPORTANT NATIONAL SURVEY

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