

Findings of the **Maternity Survey**

2025

Thank you

Thank you to everyone who took part in the National Maternity Experience Survey 2025. Without your support and participation the survey would not have been possible.

This survey ensures that your voices are heard. The information you provided for the survey will be used by services, policy-makers and representatives of people using services, working together to deliver person-centred healthcare in Ireland. By putting the voices of people using maternity services at the centre of maternity care, we can make sure that their needs and wishes are met and prioritised.

Thank you also to the staff working across maternity care and community care services for contributing to the success of the survey. In particular, we would like to thank you for engaging with and informing people about the survey while it was ongoing.

The survey was overseen by a national advisory group and a steering group, whose direction and guidance is much appreciated. Appendix 1 of this report lists the members of these groups and the core project team.

About the National Care Experience Programme

The National Maternity Experience Survey is part of the work of the National Care Experience Programme. The 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 National Care Experience Programme is a joint initiative from the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE), the Department of Health and patient and or other community partners.

The National Care Experience Programme has a range of surveys that capture the experiences of people using different services. Surveys are designed to capture people's experiences across both community settings and a variety of acute settings, in order to provide a holistic understanding of people using these services. The National Care Experience Programme gathers feedback at each stage of the care journey; from the community to hospital admission, and post discharge to better understand the continuity of care from the perspective of people using these services.

The National Care Experience Programme operates the following surveys:

- National Inpatient Experience Survey
- National Maternity Experience Survey
- National Nursing Home Experience Survey
- National Maternity Bereavement Experience Survey
- National End of Life Survey
- National Mental Health Experience Survey (in development)
- National Cancer Care Experience Survey (in development).

Each survey aims to learn from peoples' feedback to identify what is working well and what needs to be improved regarding care in health and social services. The findings are published to support and enable sustained improvements in overall care experiences.

The National Care Experience Programme publishes survey findings and data, engages in academic research, and develops educational material to help people understand care experience surveys. All National Care Experience Programme publications and academic papers are published [here](#).

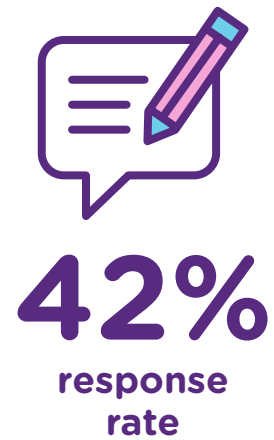
Find out more about the National Care Experience Programme at www.yourexperience.ie



19 maternity services



Summary



Areas of good experience

Most survey participants reported that:

- ✓ they were treated with respect and dignity during their pregnancy
- ✓ they had confidence and trust in the healthcare professionals caring for them during labour and birth
- ✓ their decisions about their maternity care were respected by healthcare staff.

Areas for improvement

People using maternity services need:

- ! better communication between the maternity service and their general practitioner (GP)
- ! opportunities to ask questions about their labour and birth to healthcare professionals
- ! a healthcare professional to talk to about worries and fears after the birth.



About the National Maternity Experience Survey

The National Maternity Experience Survey offers people the opportunity to share their experiences of Ireland's maternity care services. The survey is part of the National Care Experience Programme. It reflects a commitment made in the National Maternity Strategy 2016-2026 to evaluate maternity care services from the perspectives of those who use them. The first National Maternity Experience Survey was conducted in 2020* and the second was conducted in 2025.

All 19 maternity hospitals and maternity units in Ireland participated in the National Maternity Experience Survey 2025. A text message invitation to take part in the survey was sent to 7,982 people who gave birth in the maternity services, or at home, in February and March 2025. In total, 3,354 people took part in the survey, resulting in a response rate of 42%.

The questions from the 2020 National Maternity Experience Survey were reviewed and updated for the 2025 survey. The 2025 survey questionnaire contained 64 questions, which explored participants' experiences of:

- care during pregnancy
- care during labour and birth
- care in hospital after the birth
- specialised care in the neonatal unit
- feeding
- care at home and in the community after the birth.

Additionally, participants were asked to provide some demographic information so that differences between groups, in their experiences of care, could be identified.

The aim of the survey was to learn about people's experiences of maternity services and to use their feedback to identify areas of good experience and areas for improvement. HIQA, the HSE and the Department of Health have committed to acting on the findings of the National Maternity Experience Survey 2025, to improve the quality of maternity care services in Ireland.

* The first National Maternity Experience Survey asked people about their experiences of maternity care in October and November 2019, before the impact of the Covid-19 pandemic.

What were the main findings of the 2025 survey?

Survey participants shared their experiences of the care they received, from pregnancy through to postnatal care. For most of the survey questions, participants' responses were converted to scores out of 10.

Participants were also asked to rate their overall experience of maternity care, out of 10. Almost half of participants (49%) rated the care they received as 'very good' (overall rating of 9 or 10), 35% as 'good' (overall rating of 7 or 8), and 17% rated the maternity care they received as 'fair to poor' (overall rating of 0-6).

Nationally, 62% of participants said that they were offered a choice regarding the type of maternity care they could receive in pregnancy.

Responses to questions where most participants had good experiences of care and responses to questions where there is the most room for improvement were identified. These responses to questions are highlighted in this report due to their strong relationship with participants' overall ratings of their maternity care.

Areas of good experience

- Most participants felt they were always treated with respect and dignity in the care they received during their pregnancy (81%) and in the care they received in hospital after the birth of their baby (76%).
- A majority of participants always had confidence and trust in the healthcare professionals caring for them in pregnancy (71%), and during labour and birth (80%).
- Three-quarters of survey participants (75%) said their questions during labour and birth were always answered in a way they could understand.
- A new question in the 2025 survey asked participants whether their decisions about their maternity care were respected by healthcare professionals. The majority of participants (75%) believed their decisions were always respected.

Areas for improvement

- Among the survey participants who had regular appointments with their GP in pregnancy, 30% said that communication about their care between the maternity service and their GP was not good.
- A fifth of survey participants (20%) who wanted support for their mental health in pregnancy said they did not receive enough support.
- A quarter of survey participants (25%) said they did not have the opportunity to ask midwives or doctors questions about their labour and birth, in the period shortly after their baby was born.



- 9% of participants said that they were not able to get assistance from a healthcare professional when needed in hospital after the birth. Over a third of participants (36%) said they were only “sometimes” able to get assistance when needed.
- 15% of participants did not have a healthcare professional they could talk to about their worries or fears in hospital after birth.
- Of the participants who wanted emotional support from healthcare professionals when their baby was in the neonatal unit, 18% said they did not receive enough support.

Comparison with 2020 survey findings

Overall ratings of maternity care experience decreased slightly in the 2025 survey. Statistical analysis compared the 2025 survey results with the 2020 results. In comparison to 2020 scores, seven questions had significantly higher scores in 2025 and eight questions had significantly lower scores.

In 2025, participants felt more involved in decisions about their care during labour and birth, and after birth. The results showed increased opportunity to ask midwives and doctors questions about labour and birth, shortly after the baby is born. Participants also gave more positive ratings of the support and encouragement which healthcare professionals provide in relation to infant feeding, shortly after birth. The 2025 survey results found greater emotional support from healthcare professionals when a baby is in the neonatal unit.

However, the 2025 survey results showed reduced scores for the information provided during pregnancy about physical changes and nutrition. While the majority of participants reported that they had confidence and trust in the healthcare professionals caring for them during labour and birth, the average score for this question decreased between 2020 and 2025.

The 2025 survey results also showed reduced scores for several aspects of postnatal care at home and in the community. In comparison to 2020, there was a lower score for the support provided from healthcare professionals with infant feeding at home in the days and weeks after birth in 2025. There were also lower scores for help and advice from the Public Health Nurse and receiving clear answers to questions from the Public Health Nurse and GP.

Comparisons between groups

The 2025 survey found significant differences between participants in their experiences of maternity care. There were significant differences in scores for a wide range of survey questions, depending on:

- the maternity hospital or unit
- the type of maternity care received
- the type of birth experienced
- the participant's age
- whether the participant had previously given birth
- whether the participant had a long-term condition or disability
- the level of deprivation in the area where the participant lived.

It is likely that many of the above issues interacted with one another to contribute to the differences in experiences between survey participants.

When participants' overall ratings of care were compared by the type of maternity care they received, the highest ratings were from participants who had a home birth and participants who attended a private obstetrician or a midwifery-led unit. The lowest ratings of care were from participants who attended a semi-private obstetrician-led clinic.

When comparing participants' overall ratings of care by the type of birth they had, the highest ratings were from participants who had a vaginal birth (without the use of forceps or ventouse), or a planned caesarean birth. The lowest rating was from participants who had an unplanned caesarean birth.

The youngest survey participants (those aged less than 25) reported more negative experiences with many different aspects of their maternity care, compared to other age groups. Participants who were first-time mothers were more likely to report poorer experiences with aspects of their maternity care related to communication from healthcare professionals and feeding support.

Participants who had a long-term condition or disability, reported poorer experiences with aspects of their postnatal care in hospital after birth, compared to participants with no disability.

Participants living in disadvantaged areas were more likely to say they had positive experiences with aspects of the postnatal care they received at home or in the community after birth. Participants living in affluent areas were more likely to feel involved in their care during pregnancy and during birth, and they were more likely to say they had a healthcare professional to talk to about their worries and fears in pregnancy.



Comments about maternity care experience

In three open-ended survey questions, participants were asked to describe what was good about their care, what could be improved and whether there were any other important parts of their maternity care experience that were not covered by the survey questions. Survey participants made 6,728 comments in response to these questions. All comments were redacted and coded (labelled) to analyse the meaning within the comments. The main themes and issues that participants raised in their comments were:

- the interpersonal aspects of care
- information sharing and explanations from healthcare staff
- staff attention and responsiveness to needs
- type of maternity care received
- infant feeding.

Conclusion

The majority of survey participants (83%) who gave birth in February or March 2025 rated their overall experience of maternity care as 'good' or 'very good'. Overall ratings of maternity care decreased slightly since the previous National Maternity Experience Survey in 2020.

In comparison to the 2020 survey results, scores for seven survey questions significantly increased and scores for eight questions significantly decreased in the 2025 survey results.

Areas of good experience in the 2025 survey include being treated with dignity and respect, confidence and trust in healthcare professionals and clear answers to questions during labour and birth.

Areas for improvement in pregnancy care include communication between the maternity service and GPs, and support for mental health. Areas for improvement in care after birth include assistance in hospital, opportunity to talk to a healthcare professional about worries and fears, and opportunity to ask questions about labour and birth.

Survey participants who had experience of care in the neonatal unit indicated that greater emotional support from healthcare professionals is needed, though this has shown improvement since 2020.

Analysis of the survey findings showed that there were differences in scores for survey questions depending on the characteristics of the participants (such as age, level of deprivation associated with where they live, whether they had previously given birth and whether they had a long-term condition or disability) and the type of maternity care and birth that they experienced.

When participants were asked what was good about the maternity care they received, they most frequently referred to the interpersonal aspects of the care they received from healthcare staff in the maternity services. When participants were asked what could be improved in maternity care, they most frequently referred to the need for greater support with feeding their baby, both in hospital and community care services.

What happens next?

The HSE will use the survey results to co-produce quality improvement plans at a local level. These quality improvement plans are the initial steps, based on women's feedback, to improve maternity care. These quality improvement plans will be led by staff from hospitals and health regions, working together with patient partners. The quality improvement plans will be available on www.yourexperience.ie from December 2025.

The findings will inform and underpin the National Women and Infant Health Programme (NWIHP) work across a range of current and future projects and programmes. Responding to these findings, the NWIHP is working with key partners and stakeholders to build these findings into its work programme and to proactively respond to and address gaps and shortcomings identified by women. The Department of Health will continue to use the information gathered to inform the development of policy and strategy in relation to maternity. The findings of the survey will also inform HIQA's approach to developing standards and guidance for maternity care in public hospitals.

For more information on the impact from the first National Maternity Experience Survey in 2020, including quality improvement work that was implemented by the National Women and Infants Health Programme, please visit: <https://yourexperience.ie/maternity/impact/>



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Chapter 1

About the National Maternity Experience Survey

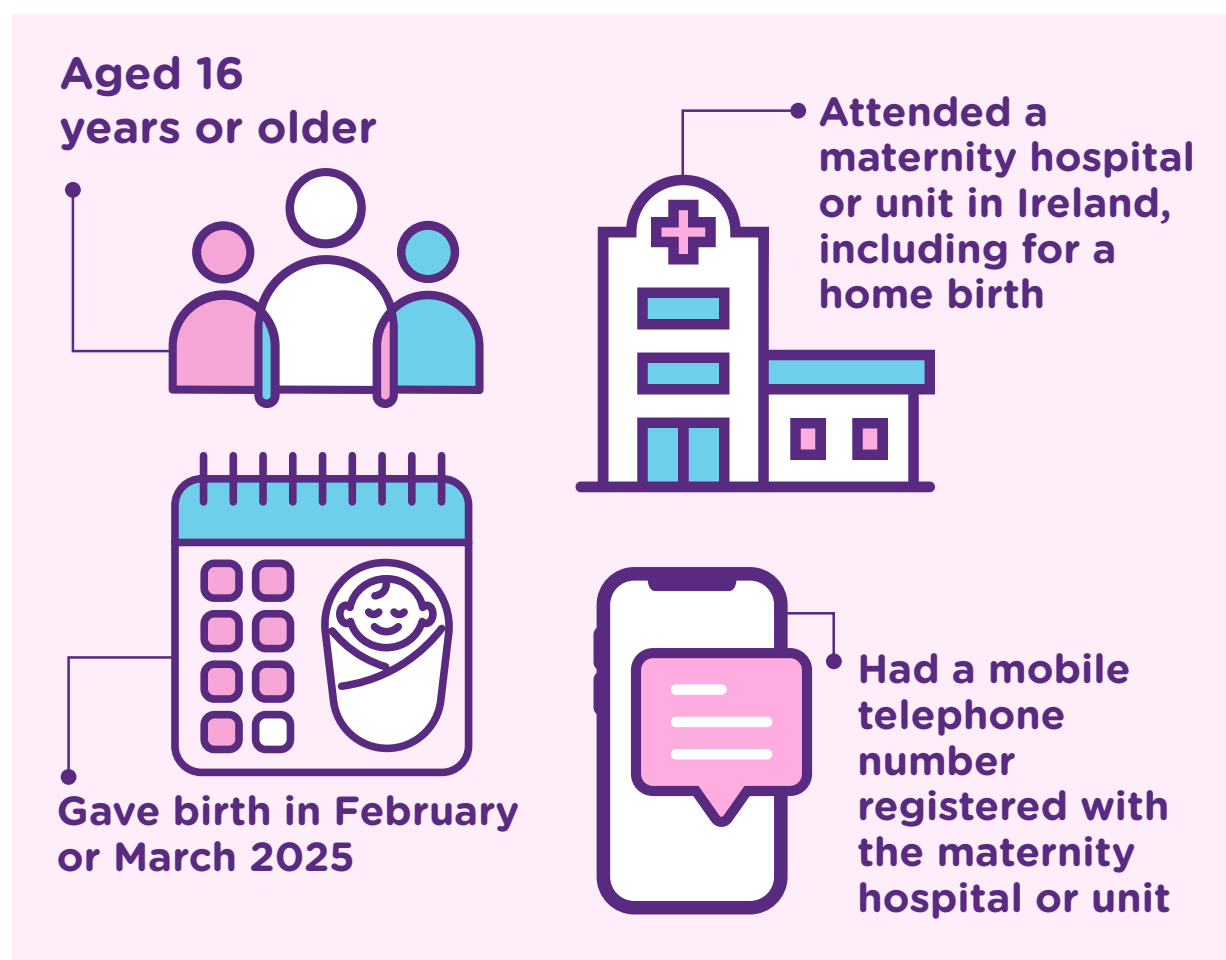


The National Maternity Experience Survey offers people who use maternity services in Ireland the opportunity to share their experiences of maternity care. Care experience surveys gather feedback on people's experiences of healthcare services in a rigorous and systematic way, and provide a good indicator of the quality of healthcare services.^(1,2)

The National Maternity Strategy 2016-2026 recommended that maternity services in Ireland should be woman-centred, and provide integrated, team-based care and increased choice, while ensuring that services are safe.⁽³⁾ Action 27 of the Strategy committed to developing a survey of maternity experiences to evaluate maternity care services from the perspectives of the people who use them. The *National Standards for Safer Better Maternity Services* also highlighted that surveys of people using maternity services are key tools for monitoring the quality and safety of maternity care.⁽⁴⁾

Quality improvement of healthcare services is a priority within the Sláintecare and Programme for Government plan for healthcare in Ireland.⁽⁵⁾ The implementation and reporting of the second National Maternity Experience Survey is a Sláintecare deliverable for 2025.

Who was eligible to take part in the survey?





People were eligible to take part in the National Maternity Experience Survey if they:

- were aged 16 years or older
- gave birth in February or March 2025 in one of the 19 maternity hospitals or units in Ireland, or had a home birth with support from the maternity hospitals or units
- had a mobile telephone number registered with the maternity service where they gave birth.

How was the survey conducted?

All eligible participants were contacted by text message in May and June 2025 to invite them to take part in the survey. The text message contained a link to the online questionnaire. In similar surveys in other countries, eligible participants are similarly contacted between two and four months after giving birth.⁽⁶⁾ This gap allows time to capture experiences of postnatal care, facilitates checks for any eligible participants or babies who have died in the intervening period, and provides time for people to reflect on their care experience.

The online survey was available in English, Irish, Polish and Romanian. Participants were also informed that they could call the survey helpline to request a paper version of the survey questionnaire in English or Irish. Two reminder text messages were sent to those who were invited to participate, but had not yet completed the survey. The survey closed on 18 July 2025.

Participation in the survey was voluntary and confidential. People could opt out of the survey if they did not wish to take part. Ethical approval for the National Maternity Experience Survey was granted from the Royal College of Physicians in Ireland, via approvals for the National Care Experience Programme.

The administration and survey fieldwork was carried out by Ipsos B&A* on behalf of the partner organisations.

What maternity services were included in the survey?

All 19 maternity hospitals and maternity units in Ireland participated in the survey. In Ireland, health and social care services from the Health Service Executive (HSE) are provided by six different health regions. Maternity hospitals and units are grouped by health region (see map, page 4).

The survey also included questions about women's experiences of primary and community care services from general practitioners (GPs) and public health nurses, in pregnancy and after birth.

* Ipsos B&A is a market research agency. More information on the company can be found on their website www.ipsosbanda.ie

What questions were asked in the survey?

The questionnaire used in the first National Maternity Experience Survey in 2020 was developed by the National University of Ireland, Galway, in collaboration with the National Care Experience Programme and a wide range of stakeholders including people using services, midwives, public health nurses, GPs, obstetricians, policymakers, data analysts and academics.⁽⁷⁾ For the 2025 survey, the questionnaire was reviewed and updated in order to:

- reduce the number of questions to meet best-practice for online surveys
- incorporate feedback from stakeholders and survey participants in 2020 about the survey questions
- ensure the 2025 survey questions reflected current priorities in policy and practice.

The updated questionnaire for the 2025 National Maternity Experience Survey contained 64 questions. This questionnaire is included in Appendix 6.

Before the survey was conducted, the survey questions were tested by three different women with recent experience of maternity services, to assess whether the questions were clear and appropriate.

The survey questionnaire explored participants' experiences of:

- care during pregnancy
- care during labour and birth
- care in hospital after the birth
- specialised care in the neonatal unit
- infant feeding
- care at home and in the community after the birth.

Interpreting the survey results

Scores out of 10 were calculated for each question, based on participants' responses. For further information on how scores were calculated, please see Appendix 4. Scores were also calculated for each of the stages of maternity care. A score of 0 indicates a very negative experience and a score of 10 indicates a very positive experience. Some questions simply provided descriptive information, (for example, the type of maternity care, or type of birth) and these questions were not given a score out of 10.

Statistical tests were carried out to examine if there were significant differences between the scores for the survey questions in 2025, and the scores for the same questions in 2020. A statistically significant difference means that the difference in scores is unlikely to have occurred by chance, and likely represents a real difference.



Statistical tests were also carried out to examine if there were significant differences between the scores for each maternity hospital or unit, compared to the national average score for the different stages of care. Although home births are provided by individual maternity hospitals or units, the question scores for participants who had a home birth are analysed and presented separately in this report, due to the small number of survey participants who had a home birth (25 participants, 0.7% of total participants). This allows the experience of home birth maternity care to be represented in the findings.

Throughout this report, quotations from survey participants are used to illustrate particular issues. Quotations have been redacted to remove any information that could identify an individual.

Who participated in the 2025 survey?

In total, 7,982 people who gave birth in February and March 2025 were invited to take part in the survey. Of those invited, 3,354 completed the survey questionnaire, resulting in a response rate of 42%.

Translated versions of the online questionnaire were completed in Polish (23 participants), Romanian (32 participants) and Irish (2 participants). No paper copies of the questionnaire were requested.

A summary of the characteristics of participants is provided in Table 1, with further detail on where participants gave birth in Appendix 2.

Table 1: Characteristics of survey participants

Age category	Number of participants	% of participants
Under 25	190	5.7%
25-29	465	13.9%
30-34	1,262	37.6%
34-39	1,132	33.8%
40 or older	305	9.1%
Previous births		
None	1,475	44.1%
One or two	1,643	49.2%
Three or more	223	6.7%
Ethnic group		
White Irish	2,430	72.7%
Irish Traveller	21	0.6%
Roma	8	0.2%
Any other White background	391	11.7%
Black or Black Irish- African	98	2.9%
Black or Black Irish- Any other Black background	9	0.3%
Asian or Asian Irish- Chinese	9	0.3%
Asian or Asian Irish- Indian/Pakistani/Bangladeshi	225	6.7%
Any other Asian background	48	1.4%
Arab	23	0.7%
Mixed ethnicity	27	0.8%
Other	54	1.6%

The ages of the survey participants in 2025 were broadly in line with the ages of the 2020 survey participants. Appendix 2 provides a breakdown of survey response rate by age group.

The proportion of survey participants who experienced their first birth (44.1%) was also similar to the proportion of first-time mothers in the 2020 survey (42.2%).*

There was higher participation from people from minority ethnic communities in the 2025 survey (27% of survey participants), compared to the 2020 survey (where 17% of participants were from minority ethnic communities).**

* The Irish Maternity Indicator System National Report 2024 (the most recent report) stated that 42.4% of births in Ireland in 2024 were to first-time mothers.

** The CSO births dataset reports nationality of mother, rather than ethnicity. The CSO 2023 births dataset (the most recent dataset) stated that over a quarter of births in Ireland (25.8%) were to mothers born outside of Ireland.



In response to the question about long-term condition or disability, 8.1% of survey participants said they had at least one long-term condition. The most common condition reported was a mental health, psychological or emotional condition (4.9% of survey participants). Appendix 3 presents further information on the long-term conditions or disabilities that were indicated by participants.

The National Maternity Experience Survey 2025 explored whether participants' experiences of maternity care services in Ireland differed by the level of deprivation where they live. The level of deprivation for each participant's home address was calculated using the Pobal HP Deprivation Index.* There are eight categories within the Pobal HP Deprivation Index. These categories are listed in Table 2 below, along with the number and percentage of National Maternity Experience Survey 2025 participants within each category.

Table 2: Categories of deprivation index and survey participants

Index category	Number of participants	% of participants
Extremely disadvantaged	21	0.6%
Very disadvantaged	82	2.4%
Disadvantaged	282	8.4%
Marginally below average	991	29.5%
Marginally above average	1,326	39.5%
Affluent	575	17.1%
Very affluent	76	2.3%
Extremely affluent	-	-

People living in areas with higher levels of deprivation were less likely to take part in the National Maternity Experience Survey than those living in affluent areas, see Appendix 2 for response rates by categories of deprivation index. There were no births in maternity services in February or March 2025 for people living in areas categorised as extremely affluent.

* This index provides an estimate of the level of deprivation for each small area (approximately 100 households) in Ireland, using data from the 2022 Census about a number of different measures of disadvantage for each household within that area, including education level, unemployment rate, and age dependency.

Chapter 2

Changes in maternity care experience 2020-2025

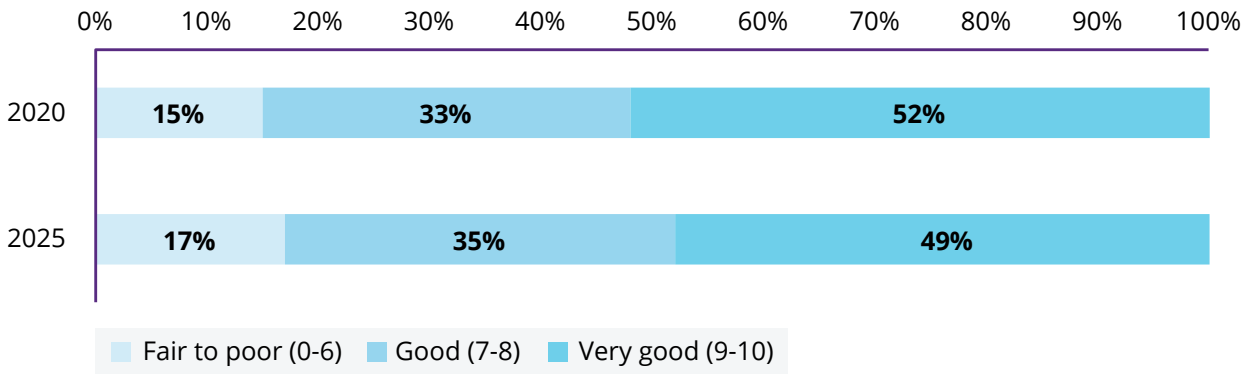




This chapter outlines changes in survey findings between the first National Maternity Experience Survey in 2020* and the second survey in 2025.

The 2025 survey findings showed that overall ratings of maternity care experience decreased slightly since 2020, see Figure 1 below.**

Figure 1: Overall ratings of maternity care experience in 2020 and 2025



Using methodology outlined in Appendix 4, statistical analysis was conducted to see which survey question scores had significantly increased or decreased since 2020.

The 2025 survey contained 40 scored questions. The analysis showed that:

- seven questions had significantly higher scores in 2025 compared to 2020
- eight questions had significantly lower scores in 2025 compared to 2020
- 19 questions had no significant increase or decrease in score
- six questions were new or amended questions, so they could not be included in any comparison analysis.

Table 3 shows the questions which have increased or decreased in score in 2025 compared to 2020.

* The first National Maternity Experience Survey asked people about their experiences of maternity care in October and November 2019, before the impact of the Covid-19 pandemic.

** Due to rounding of figures, total percentages may exceed 100%.

Table 3: Questions with increased or decreased scores since 2020**Increased score since 2020**

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

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

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

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?

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

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

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)?

Decreased score since 2020

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

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

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

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

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?

Did you feel that your questions were answered by the Public Health Nurse in a way that you could understand?

Did you receive help and advice from the Public Health Nurse about your baby's health and progress?

Thinking about the care you received at the postnatal check-up, around 6 weeks after the birth, did you feel that your questions were answered by the GP in a way that you could understand?



The 2025 survey findings indicated that since 2020, there have been improvements in several areas of maternity care experience:

- Survey participants in 2025 were significantly more likely to feel involved in decisions about their care during labour and birth, and after birth.
- Improvements have been made in the opportunities that participants were given to ask questions about their labour and birth, shortly after the birth.
- Survey participants in 2025 received greater emotional support from healthcare professionals if their baby was in the neonatal unit, compared to survey participants in 2020.
- Improvements have also been made in the provision of information before leaving hospital about who to contact if there are health concerns.
- Survey participants in 2025 were more likely to feel that their decisions about feeding their baby were respected by healthcare professionals. They were also more likely to feel supported with feeding their baby shortly after birth, compared to survey participants in 2020.

Four of the above areas were recommended for quality improvement in the 2020 survey report (involvement in decision-making after birth; opportunities to ask questions after birth; emotional support in neonatal unit; and feeding support in hospital). The increase in scores for these areas in 2025 may indicate some positive impact from the 2020 survey.

However, the analysis of the 2025 survey findings also showed reduced scores since 2020, in several different areas of maternity care:

- Survey participants in 2025 were less likely to say they received enough information in pregnancy about physical changes in their body and nutrition.
- There has been a decrease in the level of confidence and trust in healthcare professionals during labour and birth.
- Survey participants in 2025 were less likely to report that their partner or companion was involved in their care during labour and birth, as much as they wanted them to be.
- There has been a decrease in scores for several areas of postnatal care at home or in the community. Survey participants in 2025 were less likely to receive enough support with feeding their baby at home. They were also less likely to receive clear answers to their questions from the GP or public health nurse, or to receive help and advice from the public health nurse, in comparison to survey participants in 2020.

Chapter 3

Areas of good experience and areas for improvement in the 2025 survey





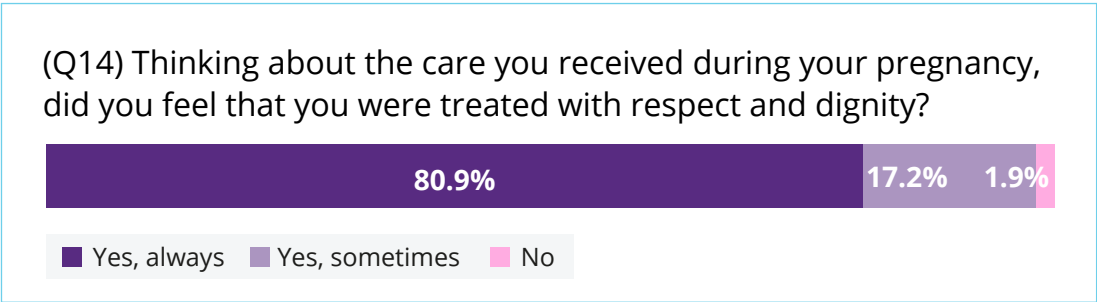
This chapter outlines the question responses that show where most participants in the 2025 survey had a positive experience and the question responses that show where there is the most room for improvement. Appendix 4 explains in more detail how these areas were identified.

Areas of good experience

There are six areas of maternity care experience highlighted below. These areas had a high average score out of 10 in the 2025 survey and are strongly related to participants' overall ratings of their experience of care. It is important to note that some participants had negative experiences in these areas. The full breakdown of responses to the questions is presented below.*

Respect and dignity in pregnancy care | Q14.

- The national average score for this question was 8.9 out of 10.
- 2,685 of the 3,319 participants (80.9%) who responded to this question said that they were always treated with respect and dignity in the care they received, while they were pregnant.
- 570 participants (17.2%) said they were sometimes treated with respect and dignity in pregnancy.
- 64 participants (1.9%) said that they were not treated with respect and dignity in pregnancy.



* Due to rounding, the total percentage responses to each question that are presented in this chapter may be slightly above or below 100%.

Confidence and trust in healthcare professionals in pregnancy | Q15.

- The national average score for this question was 8.4 out of 10.
- 2,367 of the 3,318 participants (71.3%) who responded to this question said that they always had confidence and trust in the healthcare professionals that cared for them while they were pregnant.
- 841 participants (25.3%) said that they sometimes had confidence and trust.
- 110 participants (3.3%) did not have confidence and trust in the healthcare professionals caring for them in pregnancy.

(Q15) Thinking about the care you received during your pregnancy, did you have confidence and trust in the healthcare professionals caring for you?



Clear answers to questions during labour and birth | Q21.

- The national average score for this question was 8.5 out of 10.
- 2,466 of the 3,286 participants (75%) who responded to this question said that their questions during labour and birth were always answered in a way that they could understand.
- 664 participants (20.2%) said that their questions were sometimes answered in a way they could understand.
- 156 participants (4.7%) said that their questions during labour and birth were not answered in a way that they could understand.

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

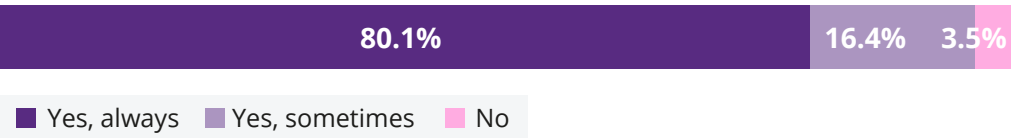




Confidence and trust in healthcare professionals during labour and birth | Q26.

- The national average score for this question was 8.8 out of 10.
- 2,667 of the 3,329 participants (80.1%) who responded to this question said that they always had confidence and trust in the health care professionals that cared for them during labour and birth.
- 545 participants (16.4%) said they sometimes had confidence and trust.
- 117 participants (3.5%) said that they did not have confidence and trust in the healthcare professionals caring for them during labour and birth.

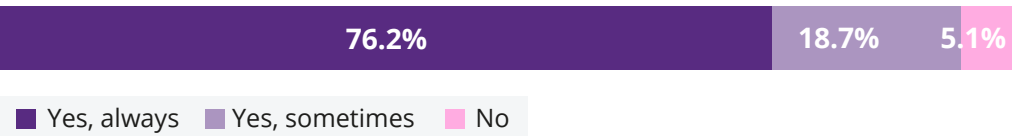
(Q26) Did you have confidence and trust in the healthcare professionals caring for you during your labour and birth?



Respect and dignity in hospital after birth | Q35.

- The national average score for this question was 8.6 out of 10.
- 2,530 of the 3319 participants (76.2%) who responded to this question said that they were always treated with respect and dignity in hospital after the birth of their baby.
- 621 participants (18.7%) said they were sometimes treated with respect and dignity in hospital after birth.
- 168 participants (5.1%) said that they were not treated with respect and dignity when cared for in hospital after the birth of their baby.

(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?



Decisions about maternity care respected | Q56.

- This was a new question in the 2025 survey. The national average score for this question was 8.6 out of 10.
- 2,508 of the 3,343 participants (75%) who responded to this question said that their decisions about their maternity care were always respected by healthcare staff.
- 748 participants (22.4%) said that their decisions were sometimes respected.
- 86 participants (2.6%) said that their decisions about their maternity care were not respected by healthcare staff.

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





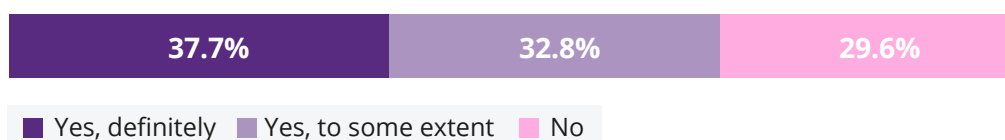
Areas for improvement

There are six areas of maternity care experience highlighted below, which were some of the lowest-scoring questions in the 2025 survey. These areas are highlighted because they have a stronger relationship with how people rate their overall maternity care experience, so they should be an important focus for quality improvement initiatives. Many participants also had positive experiences in these areas. The full breakdown of responses to the questions is presented below.

Communication between maternity service and GP | Q7.

- The national average score for this question was 5.4 out of 10. This was a new question in the 2025 National Maternity Experience Survey and it was the lowest-scoring question in the survey.
- 805 of the 2,723 survey participants (29.6%) who responded to this question, did not feel that there was good communication about their care between the maternity service and their GP.
- 892 participants (32.8%) felt that there was good communication to some extent between the maternity service and their GP.
- 1,026 participants (37.7%) felt that there was definitely good communication about their care in pregnancy between the maternity service and their GP.

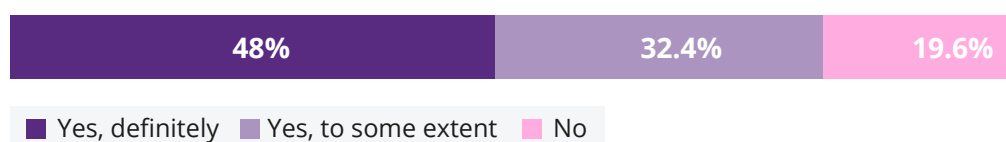
(Q7) Did you feel that there was good communication about your care in pregnancy between the maternity service and your GP?



Support for mental health in pregnancy | Q12.

- The national average score for this question was 6.4 out of 10. This was a new question in the 2025 National Maternity Experience Survey.
- Of the 2,982 participants who indicated that they wanted or needed support for their mental health in pregnancy, 584 (19.6%) said that they were not given enough support.
- 966 participants (32.4%) said that they were given enough support for their mental health to some extent.
- 1,432 participants (48%) said that they were definitely given enough support for their mental health in pregnancy.

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



Opportunity to ask questions about labour and birth | Q27.

- The national average score for this question was 6.3 out of 10.
- 744 out of the 3,034 participants (24.5%) who had questions about their labour and birth shortly after their baby was born, said that they did not have the opportunity to ask questions to midwives and doctors.
- 783 participants (25.8%) said that they had the opportunity to some extent to ask questions about the labour and birth.
- 1,507 participants (49.7%) said that they definitely had the opportunity to ask questions about their labour and birth.

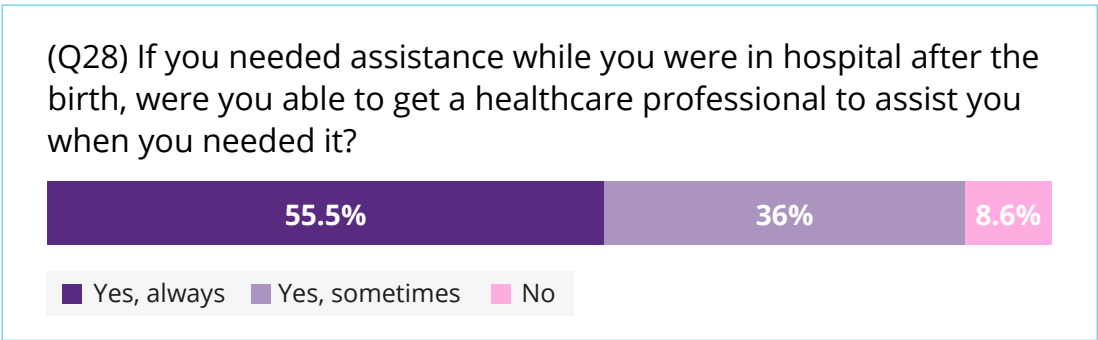
(Q27) Shortly after your baby was born, did you have the opportunity to ask the midwives or doctors questions about your labour and the birth?





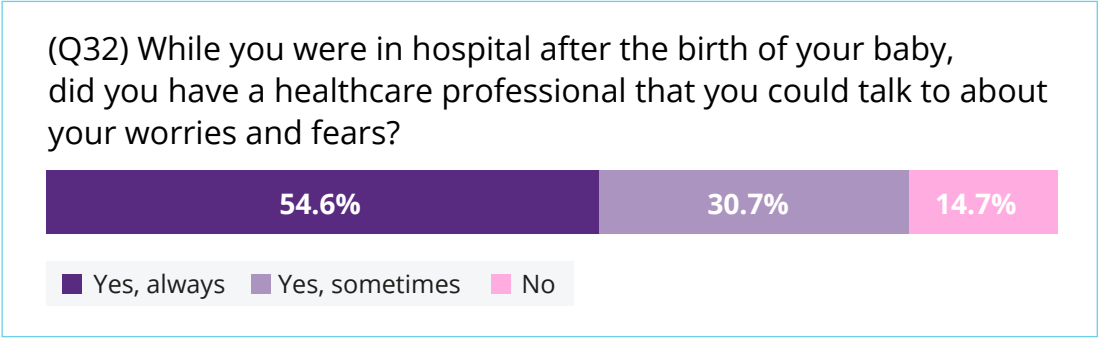
Assistance from healthcare professionals in hospital after birth | Q28.

- The national average score for this question was 7.3 out of 10.
- 264 of the 3,080 participants (8.6%) who needed assistance in hospital after the birth, said that they were not able to get a healthcare professional to assist them when they needed it.
- 1,108 participants (36%) said that they were sometimes able to get assistance from a healthcare professional when needed.
- 1,708 participants (55.5%) said that they were always able to get assistance from a healthcare professional when needed in hospital after the birth.



Someone to talk to about worries and fears after birth | Q32.

- The national average score for this question was 7 out of 10.
- Of the 3,045 participants who wanted to talk to a healthcare professional about their worries and fears while in hospital after the birth, 447 participants (14.7%) said that they did not have a healthcare professional to talk to.
- 934 participants (30.7%) said that they were sometimes able to talk to a healthcare professional about their worries and fears.
- 1,664 participants (54.6%) said that they were always able to talk to a healthcare professional about their worries and fears while in hospital after the birth.



Emotional support in neonatal unit | Q37.

- The national average score for this question was 7 out of 10.
- Of the 544 participants who wanted or needed emotional support while their baby was in the neonatal unit, 98 participants (18%) said that they did not get enough emotional support from healthcare professionals.
- 132 participants (24.3%) said that they sometimes got enough emotional support from healthcare professionals.
- 314 participants (57.7%) said that they always got enough emotional support from healthcare professionals when their baby was in the neonatal unit.

(Q37) While your baby was in the neonatal unit, did you receive enough emotional support from healthcare professionals?





Chapter 4

Results for each stage of maternity care



The stages of maternity care

The National Maternity Experience Survey follows the maternity care journey from care received during pregnancy through to care after birth. The survey questions are grouped into six stages:

- care in pregnancy
- care during labour and birth
- care in hospital after the birth
- specialised care in the neonatal unit
- infant feeding
- care at home and in the community after the birth.

Survey participants were also asked to rate their overall experience of maternity care from 0 to 10, where 0 was a very poor experience of care and 10 was a very good experience of care.

A short description of the grouped questions in the 2025 survey is provided on the next page. The number of questions related to each stage is also shown.

Care while you were pregnant (antenatal care)

Experiences of the type of maternity care received, information provided and communication with healthcare professionals during pregnancy.



17 questions

Care during your labour and birth

Experiences of interactions with healthcare professionals, pain management and involvement in decisions during labour and when giving birth.



10 questions

Care in hospital after the birth of your baby*

Experiences in hospital, such as the support and assistance provided by staff, and information provided on care and recovery.



8 questions

Specialised care**

Experiences of support in the neonatal unit, and overall ratings of the care received by the baby while in the unit.



3 questions

Feeding

Experiences of receiving information and support for feeding the baby.



6 questions

Care at home and in the community after the birth

Experiences of support and advice from GPs, public health nurses and other healthcare professionals, while at home or in the community after birth.



11 questions

* Participants who had a home birth were not asked these questions.

** These questions were only relevant to survey participants whose babies were admitted to a neonatal unit.

Care in pregnancy

"I enjoyed all of my antenatal check-ups and felt the midwives to be very warm and welcoming that I dealt with. Everything was explained very clearly all through the pregnancy."

"Clinics are overscheduled with too many patients given the same time slots causing long wait times. Patients are given an entire sheet of phone numbers and yet it was difficult to get someone to answer phone or to know which number to call when you have a question."

"Being able to attend the local clinic for antenatal appointments was very convenient. As it was a small clinic I got to know the two midwives and felt very comfortable asking questions at each appointment and felt like I was given as much time as I wanted to ask questions."



"Being pregnant with twins, I had more follow-up and specialised care through the multiple pregnancy clinic. The healthcare professionals were very kind and compassionate. Even though English isn't my first language, they always made an effort to explain everything clearly. They gave me all the tools I needed for a healthy and successful pregnancy, which made me feel very supported and confident throughout the process."

"During my pregnancy I was seen by different doctors for my antenatal appointments. I think it would have been better to see the same person all the time and they could keep track of things better."

"My GP did not have access to any of the information from the hospital so each appointment was me telling the GP what happened at each hospital appointment. He also did not seem to be aware of how to refer back to the hospital for postnatal care such as the mental health clinic."



Care in pregnancy

This stage of care was the largest section of the survey, with 17 questions. The first group of questions asked participants to provide information about the healthcare professionals they saw in pregnancy, the choices they were offered in relation to their maternity care, and their attendance at antenatal classes. The responses to these questions are presented first. There were also 11 scored questions about care in pregnancy, which are presented in Figure 4.

Of the 2025 survey participants, 3,315 (99%) said they gave birth to a single baby, 32 (1%) gave birth to twins, while three participants (0.1%) gave birth to triplets, quads or more.

First healthcare professional seen in pregnancy

The first healthcare professional seen in pregnancy was typically a GP, which was reported by 2,566 survey participants (76.6%), as seen in Table 4. The Maternity and Infant Care Scheme provides a programme of free maternity care to all who are ordinarily resident in Ireland. Under this scheme, care is provided by the GP and the maternity service, which is known as ‘shared care’, or ‘combined care’. As part of this programme of shared care, a GP will typically provide an initial antenatal appointment in early pregnancy.

Of the remaining participants, 247 (7.4%) said they first saw an obstetrician in pregnancy, 233 participants (7%) first saw a healthcare professional at a private scan clinic and 212 participants (6.3%) first saw a midwife at the maternity service.

Table 4: First healthcare professional seen in pregnancy

Q2. Who was the first health care professional you saw when you were pregnant?		
	Number	%
GP or family doctor	2,566	76.6%
Obstetrician at maternity service	247	7.4%
Healthcare professional at private scan clinic	233	7.0%
Midwife at maternity service	212	6.3%
Other	92	2.7%

Choice in maternity care

The National Maternity Strategy 2016 – 2026 emphasises that women should be offered choice in their maternity care. Of the survey participants, 2,070 (62%) said that they were offered a choice about the type of maternity care they could receive in pregnancy, while 656 participants (19.6%) said they were not offered any choices about type of care. 214 participants (6.4%) said they were not offered any choices due to medical reasons and 399 participants (11.9%) did not know or could not remember if they were offered a choice of maternity care. The responses to this question are presented in Table 5.

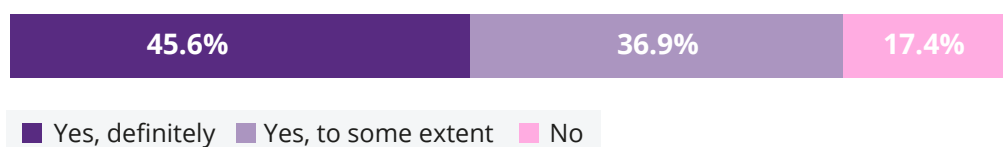
Table 5: Choice in maternity care

Q3. Were you offered a choice about the type of maternity care you would receive?		
	Number	%
Yes	2,070	62%
I was not offered any choices	656	19.6%
I was not offered any choices due to medical reasons	214	6.4%
Don't know or can't remember	399	11.9%

Survey participants were also asked if they received enough information about the types of maternity care available to them. This was a scored question and the national average score for this question was 6.4 out of 10.

Of the 3,007 participants who answered this question, 1,372 (45.6%) said they definitely received enough information about types of maternity care available. 1,111 participants (36.9%) said they received enough information to some extent, while 524 participants (17.4%) said they did not receive enough information about the types of maternity care available to them.

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





Type of maternity care

Survey participants were asked about the type of maternity care they had for their regular check-ups in pregnancy. Table 6 below displays the type of maternity care that survey participants received.

The majority of survey participants (73.3%) received public maternity care; 35.6% of survey participants said they received their care in pregnancy at a public, hospital-based obstetrician clinic, and 19.9% of participants said they received their care at a public, hospital-based midwife clinic, while 14.4% of survey participants said they received public, community-based midwifery care (via 'Domino' scheme or other community midwifery-led clinics) and 2.6% of survey participants received their pregnancy care from public, midwifery-led units (which are provided at Cavan General Hospital and Our Lady of Lourdes hospital). Less than 1% of survey participants said they received care in pregnancy from home birth midwives.

A quarter of survey participants received a form of private maternity care for their pregnancy; 18.4% of participants received pregnancy care from a private obstetrician, while 7% of participants received care at a semi-private obstetrician clinic.*

* Semi-private care is only available in maternity hospitals in Dublin. While private maternity care involves care from a specific, individual consultant obstetrician throughout pregnancy, semi-private care involves care from a consultant-led obstetric team.

Table 6: Type of maternity care received in pregnancy

	Number	%
Public care - Obstetrician (doctor or consultant doctor) clinic at the hospital	1,192	35.6%
Public care - Midwife clinic at the hospital	665	19.9%
Private care - Obstetrician (doctor or consultant doctor) care at private clinic at the hospital	617	18.4%
Public care - Community midwife clinic in (or near) local community	265	7.9%
Semi-private care - Obstetrician (doctor or consultant doctor) care at semi-private clinic at the hospital	233	7.0%
Public care - 'Domino scheme': midwife-led care in community clinic	218	6.5%
Public care - Midwife clinic at midwifery-led unit <i>(only available at Cavan General and Our Lady of Lourdes Hospital Drogheda)</i>	87	2.6%
Self-employed community midwife care <i>(as part of the HSE Home Birth Service)</i>	28*	0.8%
Attended pregnancy check-ups at another service**	19	0.6%
Had pregnancy check-ups in another country	15	0.4%
Did not have any check-ups in pregnancy	10	0.3%

Care from general practitioners (GPs) in pregnancy

The majority of survey participants (85.1%, or 2,821 participants) said that they had some of their regular antenatal care appointments and check-ups in pregnancy with their GP. This is in line with the shared model of care between GPs and maternity services, provided by the Maternity and Infant Care Scheme.

Of the remaining participants, 12.1% (401) chose not to have any regular check-ups in pregnancy with their GP, 2.4% of participants (78) said their GP did not provide regular check-ups in pregnancy and 0.4% of survey participants (14) said they did not have a GP. The responses to this question are provided in Table 7.

* This number is higher than the 25 survey participants who had a home birth. It may be that some participants had care in pregnancy from a home birth midwife, but transferred their care in the later stages of pregnancy and did not have a home birth.

** This may have included cases where the participant changed their care from one maternity service to another during their pregnancy.

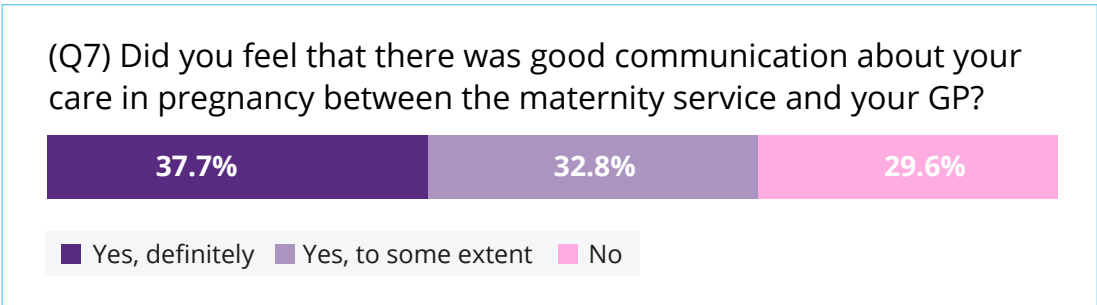


Table 7: Appointments with GP in pregnancy

Q6. Did you have some of your regular antenatal care appointments and check-ups in pregnancy with your GP?		
	Number	%
Yes, I had some of my regular check-ups with my GP	2,821	85.1%
No, I chose not to have any regular check-ups with my GP	401	12.1%
No, my GP does not provide regular check-ups in pregnancy	78	2.4%
No, I do not have a GP	14	0.4%

Survey participants who had regular appointments with their GP in pregnancy were asked if they felt there was good communication about their care in pregnancy between the maternity service and their GP. This was a scored question and the national average score for this question was 5.4 out of 10. This was the lowest-scoring question in the 2025 National Maternity Experience Survey.

29.6% of participants who attended their GP in pregnancy (805 of the 2,723 participants) did not feel that there was good communication about their care between the maternity service and the GP. 32.8% (892 participants) said that there was good communication to some extent between the maternity service and their GP, while 37.7% (1,026 participants) said that there was definitely good communication about their care between the maternity service and their GP.



Antenatal classes or courses

Survey participants were asked if they were offered antenatal classes or courses in their pregnancy and whether they attended the classes. As presented in Table 8, 85.9% of survey participants said that they were offered antenatal classes or courses during their pregnancy. 47.6% of participants did the classes that they were offered, while 38.3% of participants did not do the antenatal classes they were offered.

12.7% of survey participants said that they were not offered any antenatal classes or courses in pregnancy, and 1.4% of participants did not know or could not remember if they were offered antenatal classes.

Table 8: Antenatal classes

Q8. During your pregnancy were you offered any antenatal classes or courses?		
	Number	%
Yes, and I did them	1,583	47.6%
Yes, but I did not do them	1,274	38.3%
No	423	12.7%
Don't know or can't remember	46	1.4%

The findings for this question were further analysed to see if participants were more likely to attend antenatal classes for their first birth. The majority of participants who were first-time mothers attended antenatal classes (77.5%), while less than a quarter of participants who had previously given birth attended antenatal classes (23.9%).

Of the participants who were first-time mothers, 3.6% said they were not offered antenatal classes. Of the participants who had previously given birth, 19.9% said that they were not offered antenatal classes in pregnancy.

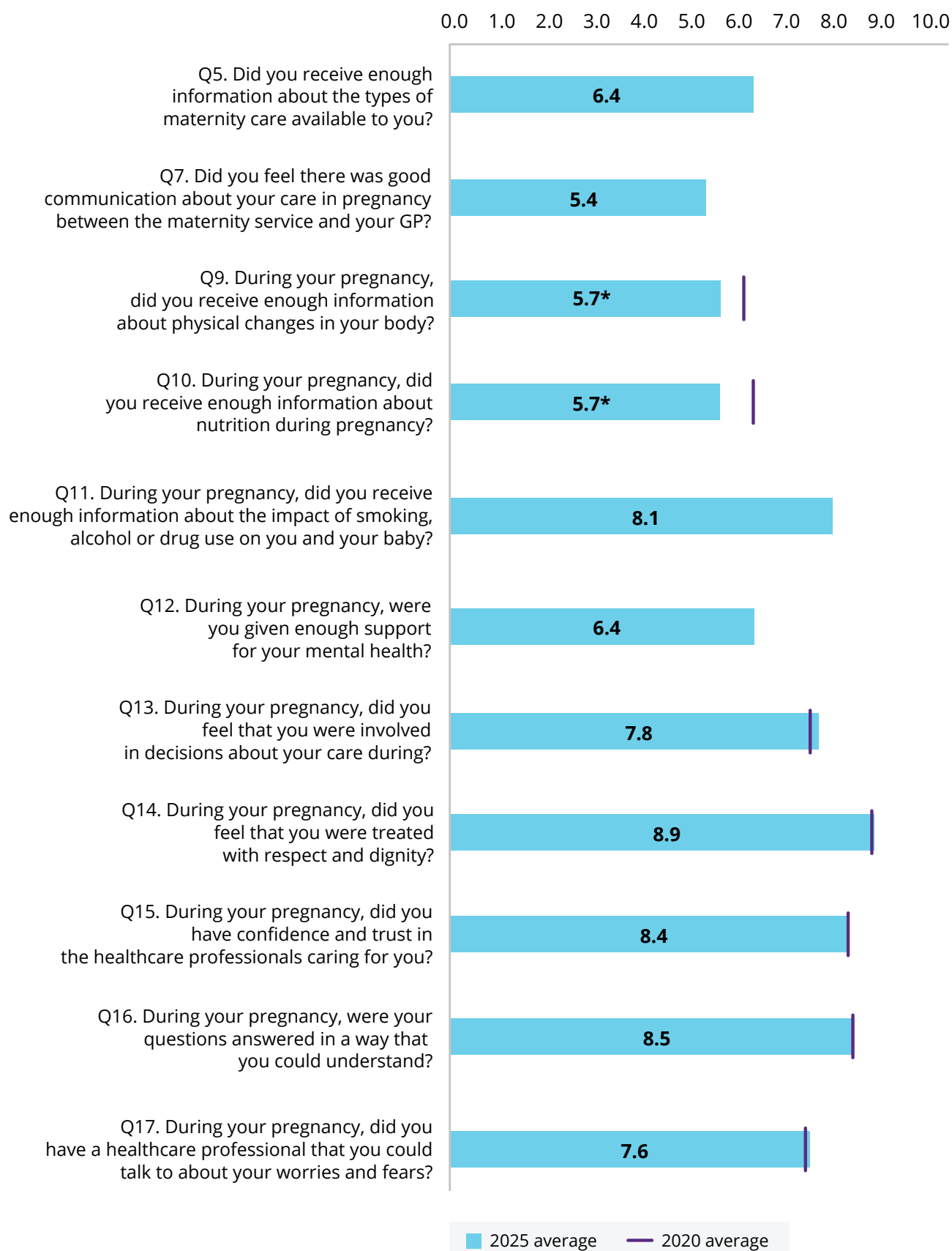
Scored questions on care in pregnancy

The average national score for the pregnancy stage of maternity care was 7.2 out of 10, a decrease since the average score of 7.4 out of 10 for this stage of care in 2020. It is important to note that there were changes to some of the questions asked in this stage of care in the updated 2025 questionnaire and these changes likely affected the average score for this stage of care.

Eleven questions asked whether participants received enough information on their health and care in pregnancy, were involved in decisions about their pregnancy care and had confidence and trust in their healthcare professionals. These questions were each given a score out of 10. Figure 4 presents the scores for these questions, compared with the scores for the same questions in 2020.*

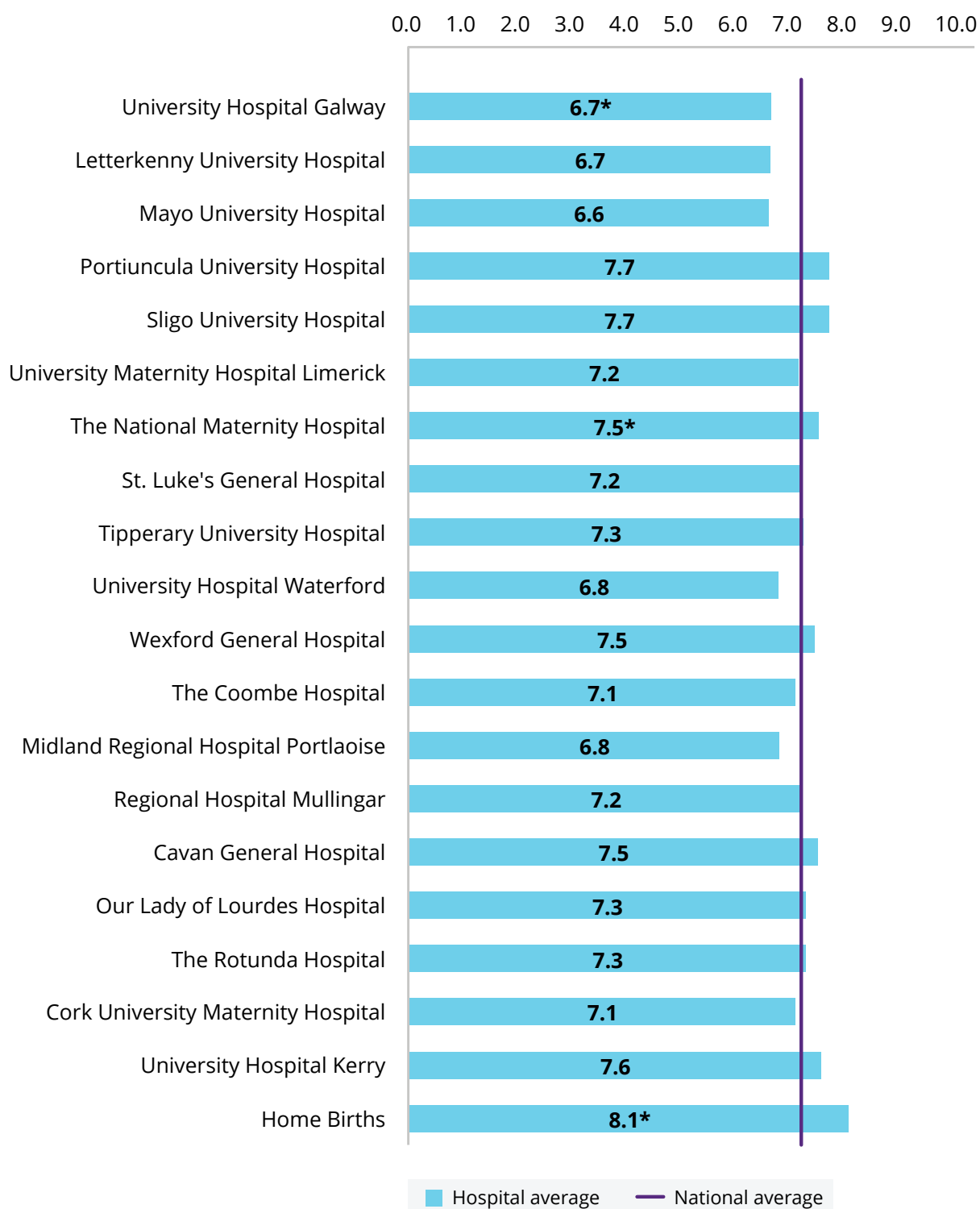
Figure 5 presents the average score for care in pregnancy by maternity service, compared with the national average.

* New or amended questions on the 2025 survey do not have comparison data for 2020.

**Figure 4: Individual question scores for care in pregnancy (antenatal care)**

*indicates statistically significant difference in score between 2025 and 2020.

Figure 5: Scores for care in pregnancy (antenatal care) by maternity service, compared with the national average



*indicates statistically significant difference from national average.



The highest-scoring question for this stage of care related to being treated with respect and dignity during pregnancy, with 2,685 participants (80.9%) saying that they were always treated with respect and dignity while they were pregnant.

As outlined previously, the lowest scoring question for the care in pregnancy stage was in relation to communication between the maternity service and the GP. The other lowest-scoring questions for this stage of care related to the information provided about physical changes in pregnancy (5.7 out of 10) and nutrition in pregnancy (5.7 out of 10);

- 732 participants (23.2%) said that they did not receive enough information about physical changes in their body during pregnancy
- 786 participants (24.8%) said they did not receive enough information about nutrition during pregnancy.

Care in pregnancy: Key findings

- The highest-scoring question for this stage of care was about respect and dignity in pregnancy care (8.9 out of 10), which had the same score in 2020.
- The majority of survey participants had regular antenatal appointments with their GP during pregnancy. However, the lowest-scoring question in the 2025 survey was about communication between the GP and the maternity service about care (5.4 out of 10).
- The 2025 survey findings showed significantly reduced scores for the information provided about physical changes and nutrition in pregnancy.
- The National Maternity Strategy 2016 – 2026 emphasises that women should be offered choice in their maternity care. 62% of survey participants said that they were offered a choice about the type of maternity care they could receive in pregnancy.



Care during labour and birth

"The midwives on the labour and delivery ward in my hospital were exceptional. They were very professional and caring. I felt very safe in their hands. They communicated very clearly to me exactly what was happening and the steps that were likely to happen next. They answered all the questions that both myself and my partner had at the time of the birth."

"During early labour I felt very alone. I felt I was just left to labour in the ward with little pain management. Felt very undignified labouring through pain in a room where people had family members come visit them. Felt as a first time Mum I was fobbed off when I said I was in pain and asked to be checked."



"I had a water birth with support from the DOMINO midwives, it was a very calm and comfortable experience. The midwives were wonderful, the support I received was second to none. My final baby and I was so lucky to experience a birth like that."

"I was not provided with a debriefing session after my birth. I was asked how I was physically, but no one discussed the actual birth with me and what happened and how I felt about it all."

"I was very nervous before the birth in the theatre and all the staff were excellent at keeping me calm, they were extremely reassuring and even had some humour to take my mind off it all while we were waiting. There were on top of my pain and my worries, talking to me the entire time through the birth."

"I think something that needs to be improved is the way things are posed to the patient. Something like a vaginal exam is posed like, 'I'm just going to check you now' rather than, 'Is it okay if I check you now?' which a lot of people, myself included, don't feel like they can say no to. When I was in labour and came in to the hospital, I was even given a vaginal exam without a word, only 'Feet up knees open' which is hard to say no to when you're in labour!"



Care during labour and birth

This stage of the survey included three questions that asked participants about the birth of their baby and whether they were left alone at any point during the labour and birth. The results for these questions are shown in Table 9 below.*

There were seven other questions about participants' experiences of labour and birth that were converted to scores out of 10, with the results shown in Figure 6.

Table 9: Results for questions on induction of labour, type of birth and being left alone

Q18. Thinking about the birth of your baby, was your labour induced?		
	Number	%
Yes	1,453	43.6%
No	1,866	56.0%
Don't know or can't remember	16	0.5%

Q19. What type of birth did you have?		
	Number	%
A vaginal birth (no forceps or ventouse suction cup)	1,447	43.3%
An assisted vaginal birth (with forceps or ventouse suction cup)	463	13.8%
A planned caesarean birth	824	24.6%
An unplanned caesarean birth	611	18.3%

Q23. Were you (and or your partner or companion) left alone by healthcare professionals at a time when it worried you?		
	Number	%
Yes, during early labour	386	11.6%
Yes, during the later stages of labour	183	5.5%
Yes, during the birth	62	1.9%
Yes, shortly after the birth	280	8.4%
No, not at all	2,598	77.8%

* For question 23, the percentages that are presented in Table 9 exceed 100%, because some participants indicated that they were left alone by healthcare professionals at more than one time during labour or birth.

Most survey participants (56%) said that their labour was not induced.* The most common type of birth was a vaginal birth (with no forceps or ventouse suction cup), which 43.3% of survey participants said they had, while 13.8% of participants had an assisted vaginal birth. Almost a quarter of survey participants (24.6%) had a planned caesarean birth and 18.3% of participants had an unplanned caesarean birth.**

The majority of survey participants (77.8%) said that they were not left alone by healthcare professionals during their labour or birth, at a time that worried them. The remaining 22.2% of survey participants said that they were left alone at a time that worried them, most commonly during early labour.

Scored questions on care during labour and birth

The average national score for the labour and birth stage of maternity care was 8.2 out of 10, a decrease since the average score of 8.6 out of 10 in 2020. It is important to note that there were changes to some of the questions asked in this stage of care in the updated 2025 questionnaire and these changes likely affected the average score for this stage of care.

Figure 6 presents the 2025 scores for the survey questions in this stage of care, compared with the scores for the same questions in 2020.***

Figure 7 presents the average score for care in labour and birth by maternity service, compared with the national average.

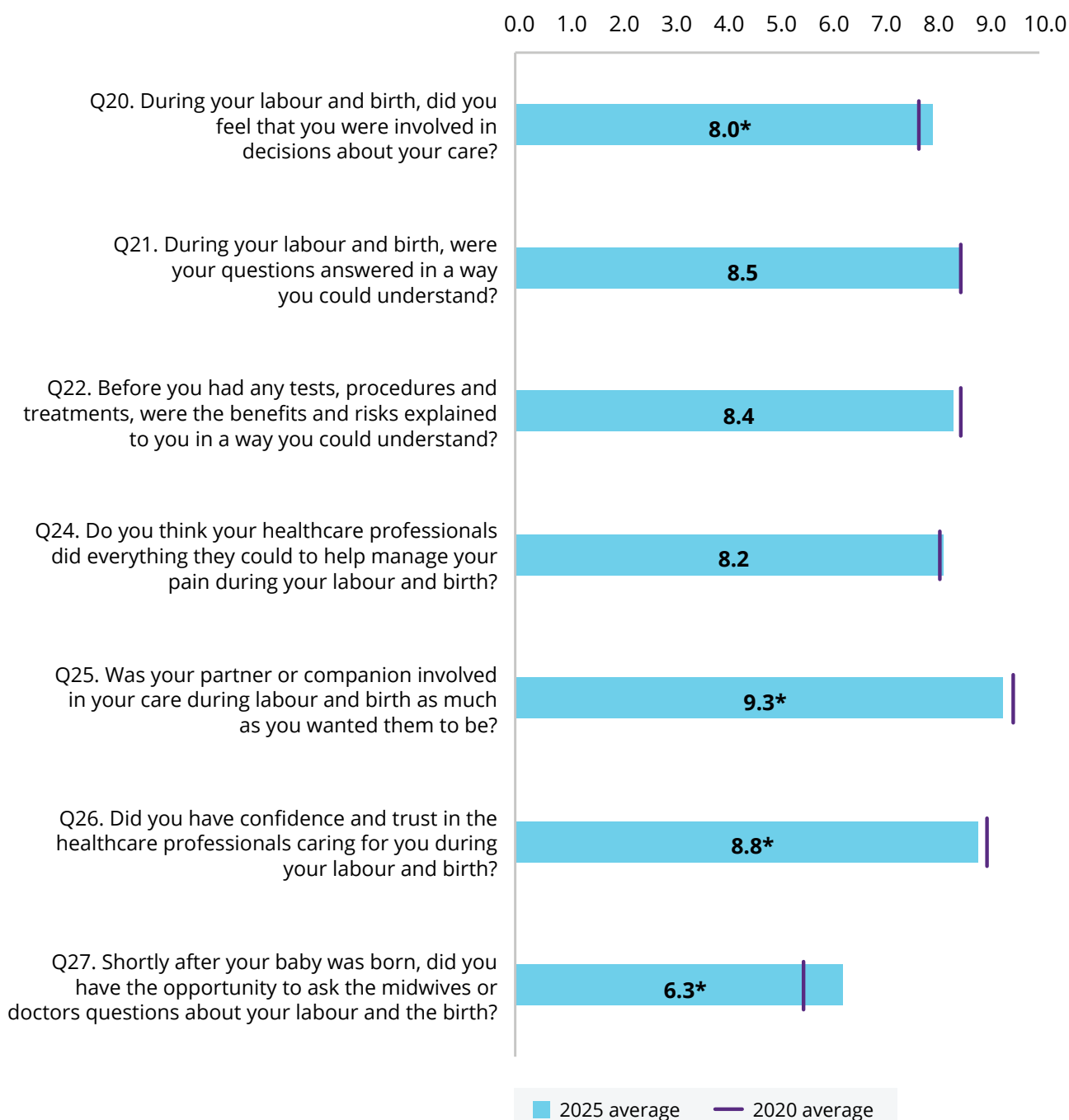
* The rate of induction of labour reported in the Irish Maternity Indicator System National Report 2024 was 38.5%.

** The Irish Maternity Indicator System National Report 2024 reported a 13.8% rate of assisted vaginal delivery in Ireland in 2024 and a 40.6% rate of caesarean section.

*** New or amended questions on the 2025 survey do not have comparison data for 2020.

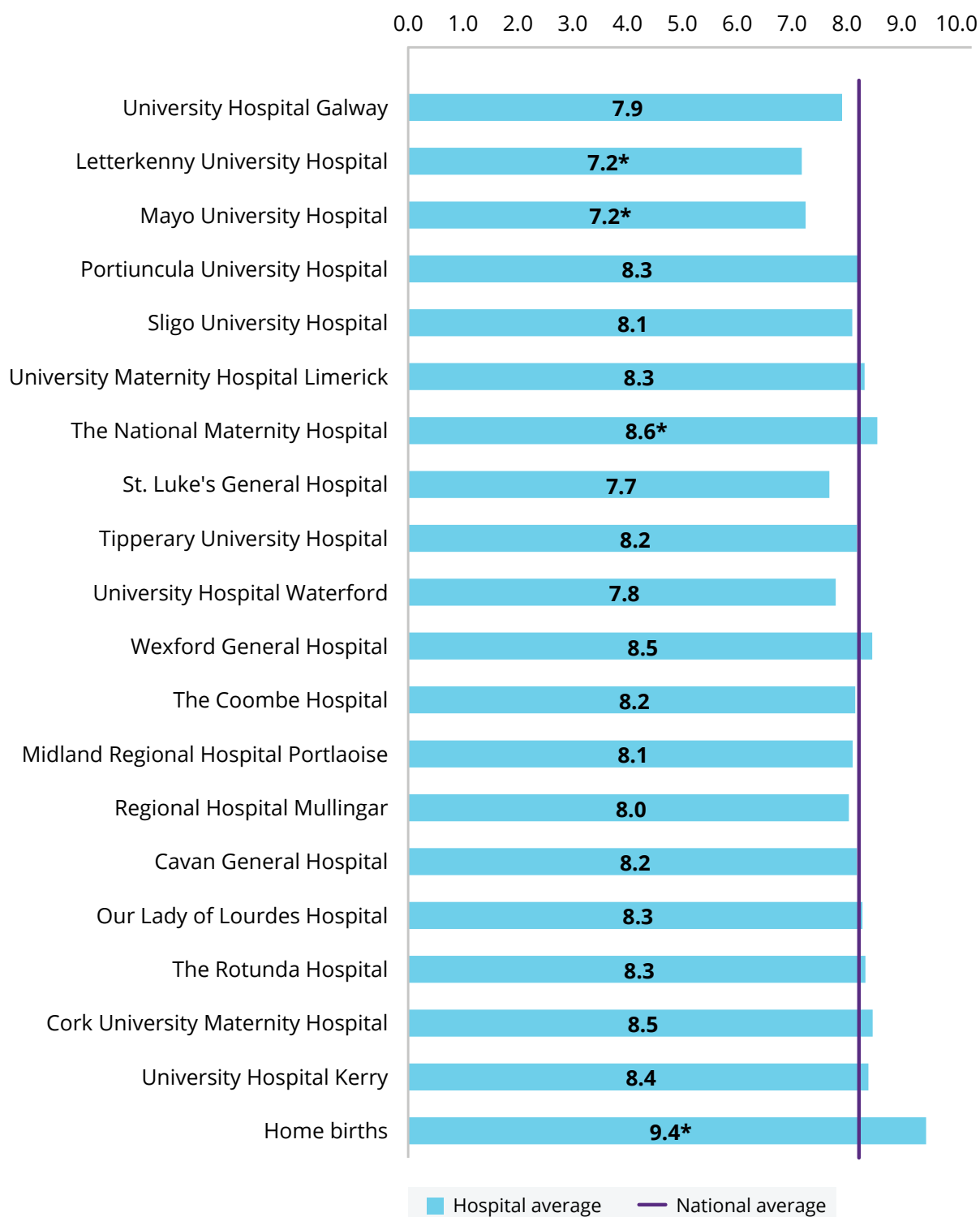


Figure 6: Individual question scores for care during labour and birth



*indicates statistically significant difference in score between 2025 and 2020.

Figure 7: Scores for care during labour and birth by maternity service, compared with the national average



*indicates statistically significant difference from national average.



The highest-scoring question for this stage of care was partner involvement in care; 3,026 participants (93.1%) said that their partner or companion was involved in their care during labour and birth as much as they wanted them to be.

The lowest-scoring question for this stage of care related to opportunities to ask questions about labour and birth, shortly after the birth. 744 participants (24.5%) said that they did not have the opportunity to ask the midwives and doctors questions about their labour and birth.

Care during labour and birth: Key findings

- The highest-scoring question for this stage of care was about partner involvement in care during labour and birth, though this score showed a decrease since 2020.
- The lowest-scoring question for this stage of care was about opportunity to ask questions shortly after birth, though this score showed an increase since 2020.
- Survey participants in 2025 felt more involved in decisions about their care during labour and birth, compared to survey participants in 2020.
- The score for confidence and trust in healthcare professionals during labour and birth decreased between 2020 and 2025.



Care in hospital after the birth

"I met amazing midwives in the postnatal ward, they were like angels. They loved and cared for the baby and I like family. I was high-risk due to high blood pressure. The staff monitored and helped control my BP throughout. I had a caesarean and they constantly checked if I needed pain relief medications."

"I always felt supported, and felt very comfortable asking for help as the midwives were quick to come and help with any need I had. This was my third baby so I knew what to expect but even at that the midwives made me feel so comfortable with my stay in the hospital, I didn't want to leave."

"The staff in the hospital are earth's angels but very overworked and overstretched. I felt like they tried their best, even if I was waiting for pain medication for longer than I probably should have been, I always felt that they were trying their best."

"The midwives on the ward after labour were not good. No help with assisting with newborn, no help with breastfeeding, ignore the bell at times and make you feel like you are a burden when they do come to assist."



"Some of the midwives in the hospital seemed to be too busy to help. I was left without any light after a c-section to care for my newborn after asking for assistance. No one ever came to fix my light in the days I was there."

"During the stay in postnatal ward, as I was going through physical and mental trauma, most of the senior nurses were utterly rude to me, might be (because) I am [Ethnicity]. Night midwife was also very rude to me many times. Felt insecure to ask for any assistance even though I was in severe pain, as I felt embarrassed asking when they shouted many times as if I did something wrong... All together in postnatal period I had bad experience."



Care in hospital after the birth

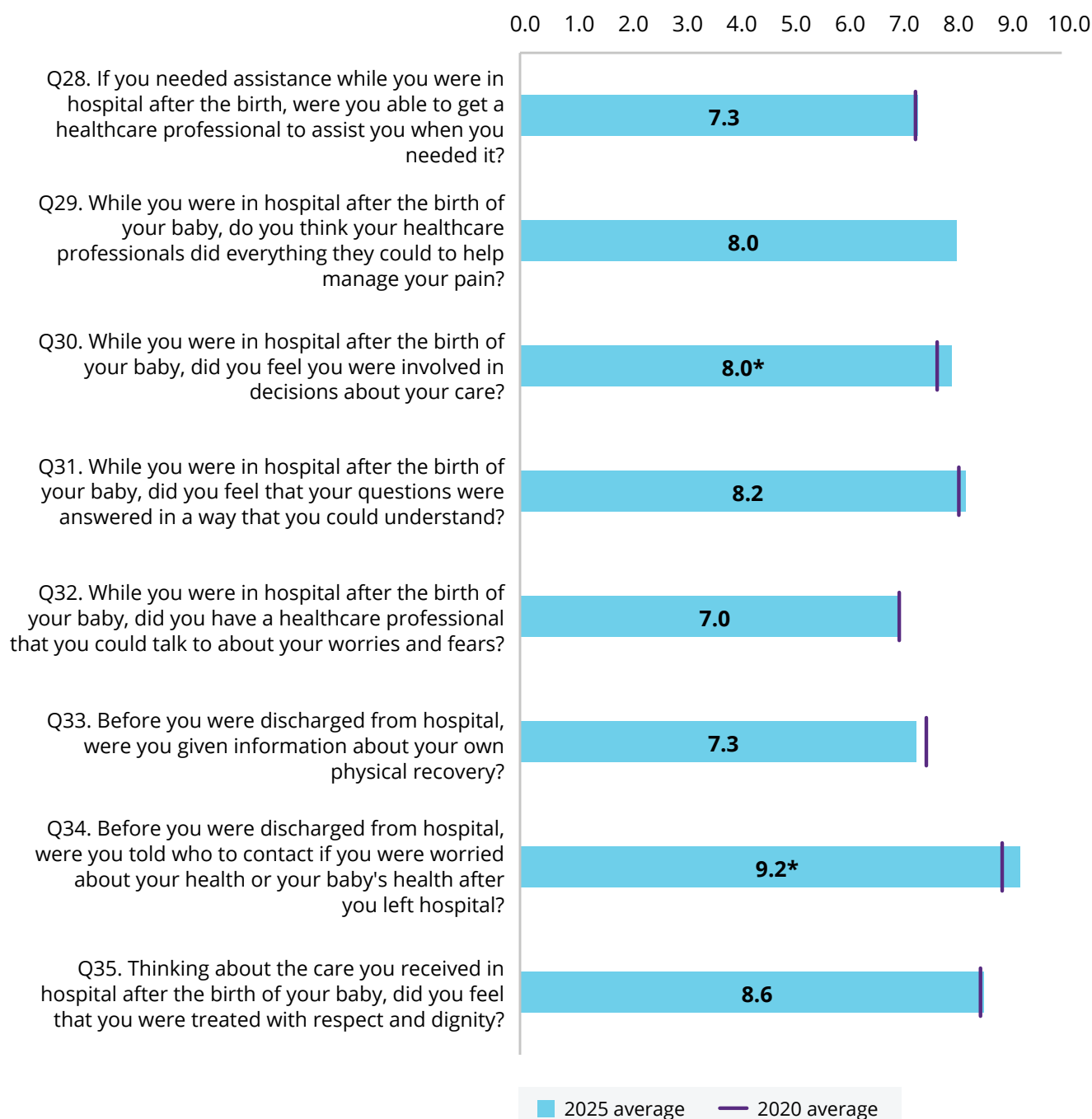
The average national score for care in hospital after the birth was 8 out of 10, an increase since the average score of 7.5 out of 10 in 2020. It is important to note that there were changes to some of the questions asked in this stage of care in the updated 2025 questionnaire and these changes likely affected the average score for this stage of care.

All of the questions for this stage of care were given a score out of 10. The results are presented in Figure 8, compared with the scores for the same questions in 2020. Survey participants who had a home birth did not answer these questions.

Figure 9 presents the average score for care in hospital after birth by maternity service, compared with the national average.

The highest-scoring question for this stage was participants being told who to contact if they were worried about their health or their baby's health after they left the hospital; 2,936 participants (92.2%) said they were told who to contact prior to discharge.

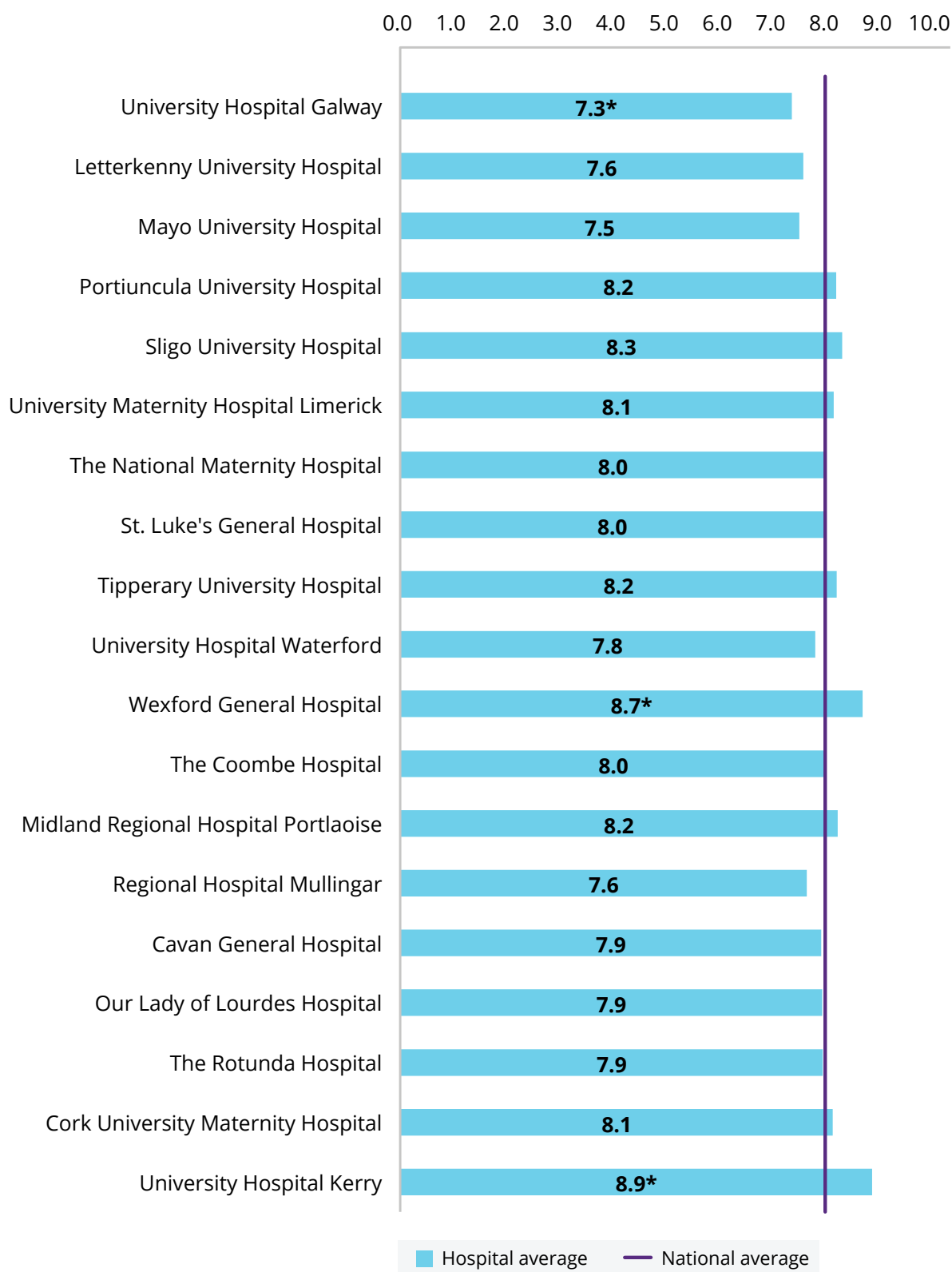
The lowest-scoring question for this stage of care related to having a healthcare professional to talk to about worries and fears while in hospital after birth; 447 participants (14.7%) who wanted to talk to a healthcare professional about their worries and fears said that they did not have a healthcare professional to talk to.

Figure 8: Individual question scores for care in hospital after birth

*indicates statistically significant difference in score between 2025 and 2020.



Figure 9: Scores for care in hospital after birth by maternity service, compared with the national average



*indicates statistically significant difference from national average.

Care in hospital after birth: Key findings

- The highest-scoring question for this stage of care was about being told who to contact if worried after leaving hospital (9.2 out of 10). The score for this question increased since 2020.
- The lowest-scoring question for this stage was about having a healthcare professional to talk to about worries and fears after birth (7 out of 10), which had the same score in 2020.
- Survey participants in 2025 felt more involved in decisions about their care in hospital after birth, compared to survey participants in 2020.
- The question about assistance from healthcare staff in hospital after birth was a lower-scoring survey question (7.3 out of 10), which had the same score in 2020.





Specialised care in the neonatal unit

"The team went above and beyond to look after both my baby and me. Every member of staff was fantastic, they gave us so much time, care, and reassurance. By the time we were discharged, we felt confident bringing our baby home, knowing our baby was safe and ready after spending time in NICU."

"As baby was in Neo, pain medications were not kept up. I was made unaware of times I should be back up to ward to receive medications in order to recover. After a planned section this was not an ideal situation."



"One of the NICU nurses went out of her way to help me fulfil my wishes of exclusively feeding my baby on the breast even though I wasn't able to physically go down to NICU for the first 24 hours post section. She was very supportive and caring and I will always remember her."

"The only negative thing was my baby was admitted to NICU straight from theatre and I didn't get an update for 10 hours. I had to keep begging for an update. I was left in a ward with other ladies and children, while I couldn't get out of bed."

"Care in NICU was fantastic, the time given by the consultants, registrars, etc. on rounds was so reassuring. The nurses in NICU were incredible. Leaving our babies at night is unimaginably hard, but made a lot easier feeling they were in hands that deeply cared about them."

"I was quite disappointed with the care provided in the special care unit for my baby. I had many questions that went unanswered, and several decisions were made regarding my baby without proper explanation or my informed consent. I was pressured to give my baby formula without a thorough explanation, and a nurse insisted I give a pacifier, which I was not comfortable with. It felt as though some choices were made for the convenience of the staff rather than the wellbeing of my baby or in collaboration with me as the parent."

Specialised care in the neonatal unit

Of the participants in the 2025 National Maternity Experience Survey, 16.6% (548 participants) said their baby spent time in a neonatal unit after birth.

These participants were asked if they received enough emotional support from healthcare professionals while their baby was in the neonatal unit. The results for this question are shown in Table 10, below. Over half of participants (55.9%) said that they always got enough emotional support from healthcare professionals while their baby was in the neonatal unit. 23.5% of participants said that they sometimes received enough support, while 17.4% of participants said that they did not receive enough support. 2.1% of participants said that they did not want or need emotional support while their baby was in the neonatal unit and 1.1% said that they did not know, or could not remember, if they received enough support. The national average score for this question was 7 out of 10.

Table 10: Emotional support in the neonatal unit

Q37. While your baby was in the neonatal unit, did you receive enough emotional support from healthcare professionals?		
	Number	%
Yes, always	314	55.9%
Yes, sometimes	132	23.5%
No	98	17.4%
I did not want or need any emotional support	12	2.1%
Don't know or can't remember	6	1.1%

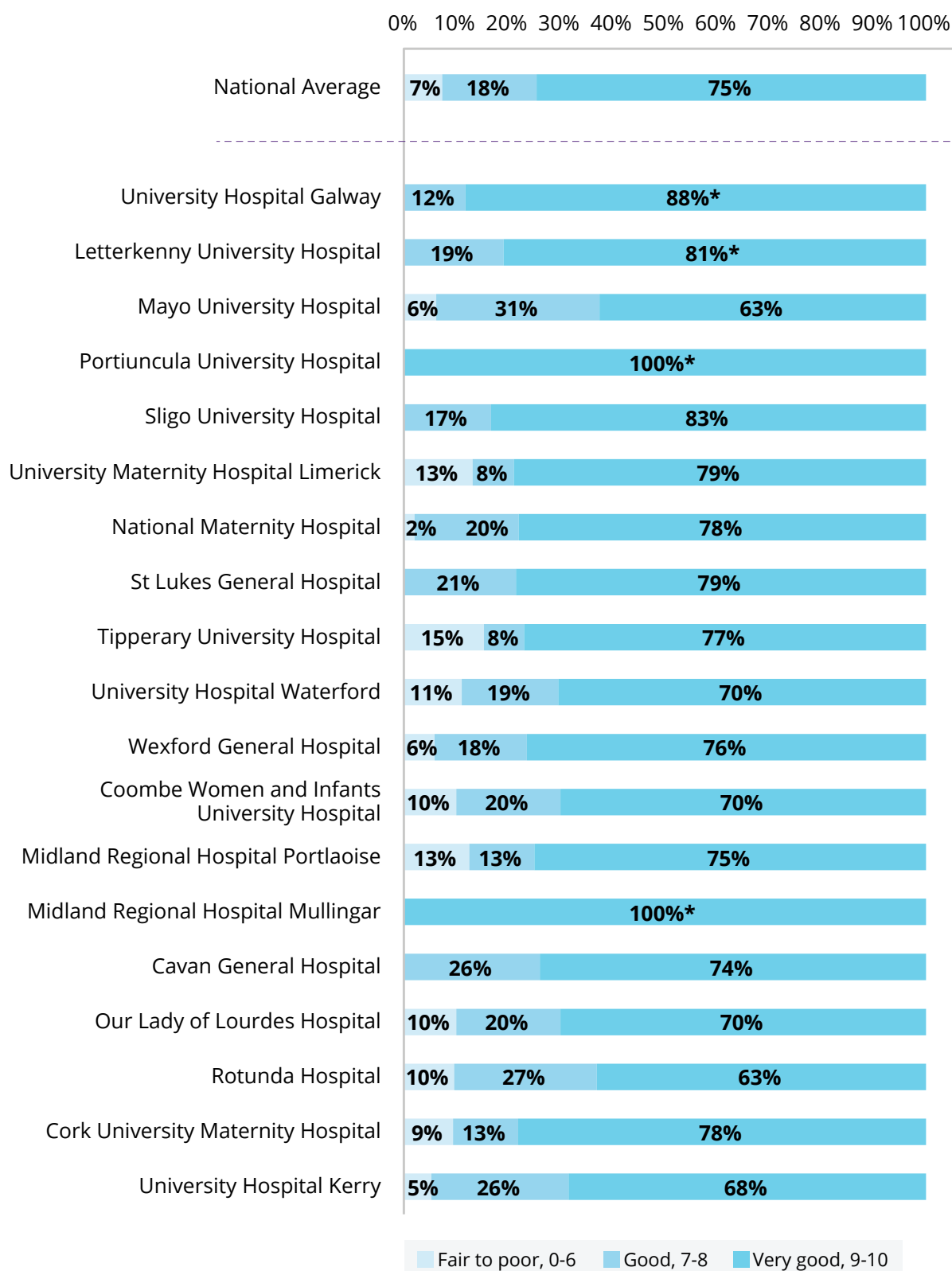
Participants with experience of the neonatal unit were asked to rate their experience of the care their baby received in the unit, by selecting a number between 0 ("I had a very poor experience") and 10 ("I had a very good experience").

The majority of these participants (75% or 407 participants) rated their experience of the care their baby received in the neonatal unit as 'very good' (a score of 9 or 10). 99 participants (18.1%) rated the care in the neonatal unit as 'good' (a score of 7 or 8) and 40 (7.3%) rated it as 'fair to poor' (a score of 0 to 6 out of 10). Ratings of care experience in the neonatal unit have improved since the 2020 survey.

Figure 10 shows the overall ratings of care in the neonatal unit for each maternity service, in comparison with the national average rating.



Figure 10: Ratings of overall experience of care in neonatal unit by maternity service, compared with the national average



*indicates statistically significant difference from national average.

Specialised care in the neonatal unit: Key findings

- The 2025 survey found more positive ratings of experience with care in the neonatal unit, compared to 2020.
- The 2025 survey also found greater emotional support from healthcare professionals when a baby is in the neonatal unit, though this remains a lower-scoring question in the survey.





Infant feeding

"The postnatal breastfeeding support I received in hospital was exceptional. I attribute my successful breastfeeding journey to the group lactation classes on the postnatal ward which I was encouraged and reminded to attend each morning. The one-to-one time with a lactation consultant and feeding in "public" straight away with other women was invaluable to me and built confidence straight away. Forever grateful for such a positive experience."

"Breastfeeding did not work out for me but the hospital lactation consultant was really supportive and didn't make me feel guilty for moving to bottle feeding so I feel encouraged to try breastfeed in any future pregnancies."

"One service that I must really commend is the breastfeeding group that occurs on Wednesdays in my local town. The Public Health Nurses provide a fantastic service and I know I would have been lost without their knowledge and help."

"I wanted to breastfeed but was put under so much pressure by the midwives to stop the baby losing weight (which I now know is normal in the days post birth) that I felt like I had no choice but to change over to formula feeding before I left the hospital. There was no support for breastfeeding and the focus on the baby's weight is overwhelming and I felt bullied into formula feeding."



"I did find the hospital lactation consultant a bit pushy towards breastfeeding and very anti-bottle feeding which made me feel slightly like a failure if I had to introduce a bottle, which ultimately I had to because my baby was dehydrated on day 2."

"Disappointed with referral to lactation consultant through Public Health Nurse. I had to wait 4 weeks for appointment even though I was in a lot of pain. My appointment was then cancelled as the lactation consultant was sick, so I ended up giving up breastfeeding altogether."

Infant feeding

Survey participants were asked six questions about feeding their baby. Firstly, participants were asked when healthcare professionals discussed different feeding options. Participants were also asked how they fed their baby in the first few days after birth, and the sources of support they received for breastfeeding. The results for these three questions are shown in Table 11.

The other three questions in this stage of the survey explored whether participants felt supported and respected by healthcare professionals in feeding their baby, both in the hospital and after they had returned home. The results for these scored questions are shown in Figure 11.

Survey participants reported that healthcare professionals were most likely to discuss different feeding options during pregnancy, with 58.3% of participants having a discussion about feeding at this stage. Almost 10% of survey participants said that a healthcare professional did not discuss feeding options with them.

Regarding how the baby was fed:

- 35.8% of participants reported that their baby was fed with only breast milk in the first few days after birth (a 6% decrease in exclusive breastfeeding compared to the 2020 survey participants).
- 34% of participants fed their baby with both breast milk and formula milk (a 5% increase in combination feeding since 2020).
- 30.1% of participants fed their baby with formula milk only (a 1% increase compared to 2020 survey participants).

The largest source of breastfeeding support for survey participants was midwives in hospital, with 51.8% of participants saying they received breastfeeding support from midwives in hospital. Other main sources of breastfeeding support were public health nurses (for 37.6% of participants), hospital lactation consultants (for 31.7% of participants) and friends and family (for 22.4% of participants).

Responses showed that 23.3% of survey participants did not want to breastfeed their baby.

**Table 11: Results for questions on infant feeding****Q40. Did your healthcare professionals discuss with you the different options for feeding your baby?**

	Number	%
Yes, during pregnancy	1,951	58.3%
Yes, during labour or immediately after birth	839	25.1%
Yes, after birth while in hospital	1,262	37.7%
Yes, after birth while at home	582	17.4%
No	325	9.7%
I did not want or need discussion of different options	342	10.2%
Don't know or can't remember	32	1.0%

Q41. In the first few days after the birth, how was your baby fed?

	Number	%
Breast milk (or expressed breast milk) only	1,197	35.8%
Both breast and formula (bottle) milk	1,134	34.0%
Formula (bottle) milk only	1,007	30.1%
Don't know or can't remember	2	0.1%

Q44. If you wanted to breastfeed your baby, did you receive support with breastfeeding from any of the following people?*

	Number	%
Midwife(s) in hospital	1,697	51.8%
Public Health Nurse	1232	37.6%
Hospital lactation consultant	1038	31.7%
Friends or family	734	22.4%
Postnatal community midwives	466	14.2%
Community breastfeeding support groups or volunteers	348	10.6%
Private lactation consultant	312	9.5%
GP	251	7.7%
Practice nurse	81	2.5%
Home birth midwife	67**	2.0%
Postnatal hub midwife	59	1.8%
Did not need support	174	5.3%
Did not want to breastfeed	763	23.3%

* The percentages reported in this table exceed 100% as many participants received support from more than one source.

** This figure is higher than the number of participants who had a home birth. It may be that some participants confused the category 'homebirth midwife' with support they received from a postnatal midwife who came to their home.

Scored questions on infant feeding

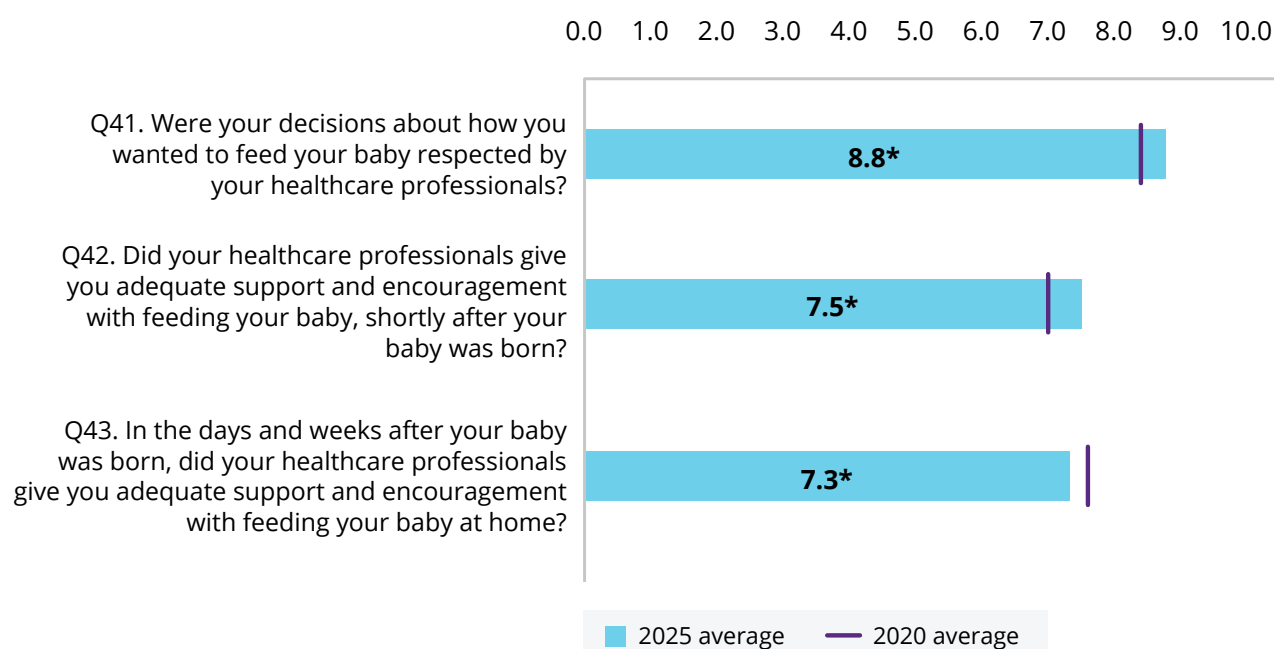
The average national score for the questions on infant feeding was 7.9 out of 10, an increase since the score of 7.8 in 2020.

Figure 11 presents the scores for the individual survey questions on infant feeding, compared with the scores for the same questions in 2020. Figure 12 presents the average score for infant feeding by maternity service, compared with the national average.

The highest-scoring question about infant feeding was whether participants felt their decisions about feeding their baby were respected by healthcare professionals; 2,661 participants (79.9%) said that their decisions about how they wanted to feed their baby were always respected by healthcare professionals.

The lowest-scoring question for this stage related to the support and encouragement received for feeding the baby at home in the days and weeks after birth; 476 participants (15.7%) said that they did not receive adequate support from healthcare professionals with feeding their baby at home.

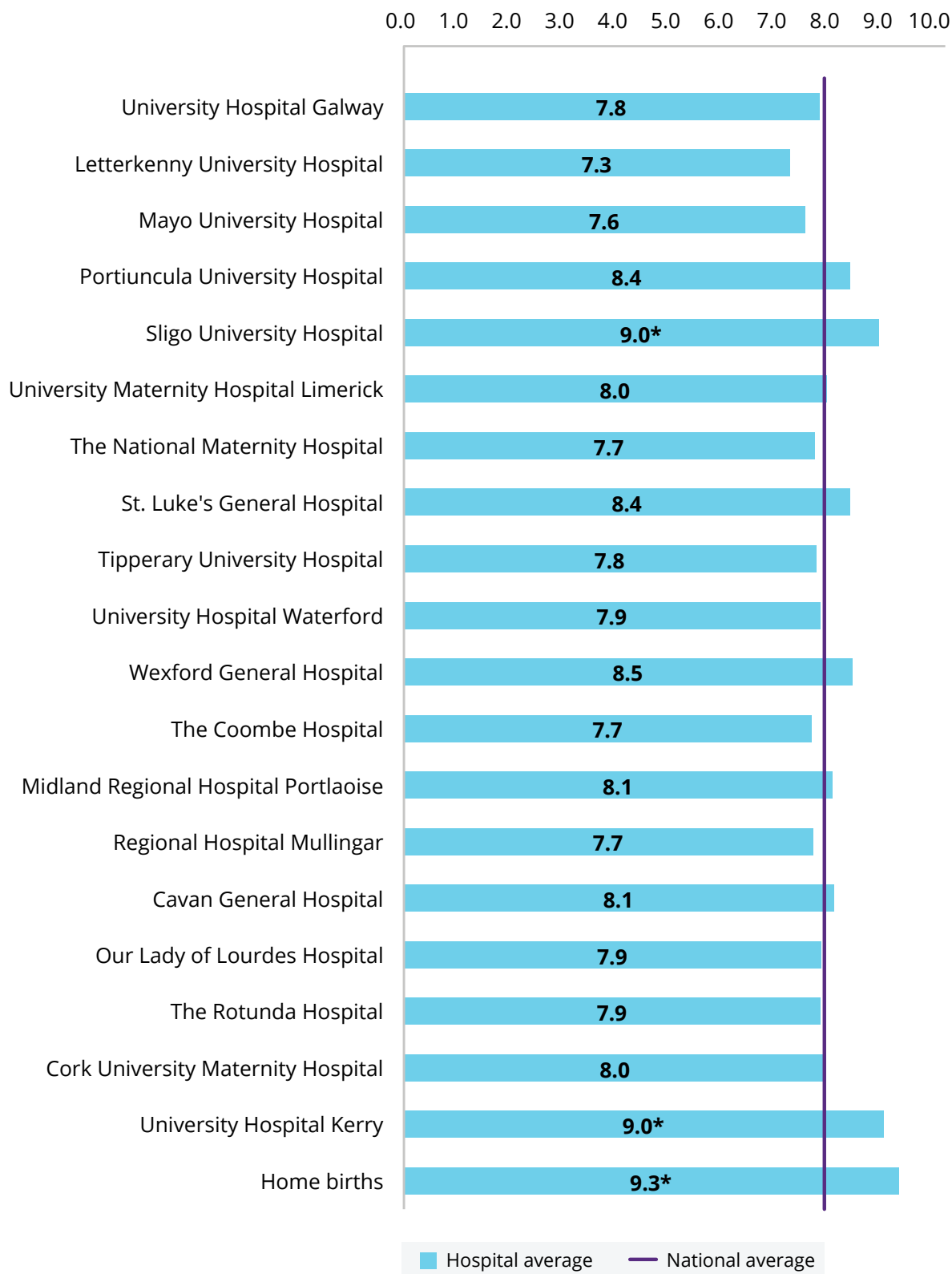
Figure 11: Individual question scores for infant feeding



*indicates statistically significant difference in score between 2025 and 2020.



Figure 12: Scores for infant feeding by maternity service, compared with the national average



*indicates statistically significant difference from national average.

Feeding: Key findings

- The overall average score for the questions about infant feeding increased between 2020 and 2025.
- In 2025, survey participants were more likely to say that healthcare professionals respected their decisions about feeding their baby and supported them with feeding shortly after birth, compared to participants in 2020.
- In 2025, participants were less likely to say that they received enough support with feeding their baby at home or in the community, compared to participants in 2020.





Care at home and in the community after birth

"I was able to avail of the early transfer scheme, whereby midwives visited me at home in the days following my birth and these visits were truly exceptional. It gave me such comfort to be treated in my own home and they had huge amounts of patience in answering any queries myself or my husband had."

"The Public Health Nurse service was very much lacking. I had contact only twice and when I reached out I received no further support, this service is severely understaffed."



"The time and quality of care that I received at my GP appointments was outstanding. The time and quality of care that I received during my in-home Public Health Nurse visits immediately following my delivery and post-surgery was invaluable."

"I had a tough recovery with an episiotomy. I would have appreciated a follow-up with a nurse/doctor to check my healing at the 6 week mark. Instead, there was no care to ensure all healing going to plan."

"The postnatal hub midwives arrange groups to go to after you're home from the hospital with your baby. And also that they have a phone number where you can call them and ask them questions 7 days a week."

"My 6 week check-up with the doctor was non-existent. It was done the same time as my baby's check. And all I got asked was if I thought about contraception and if I'm feeling OK. This was done by the nurse and not even the doctor. This appointment should be available for the mum to come alone, so that if she is struggling she has the time to sit and talk and not have to worry about settling a baby."

Care at home and in the community after birth

The questions for this stage of maternity care explored participants' experiences of postnatal care in the community, including care provided by public health nurses and general practitioners (GPs).

The first question in this stage of the survey asked participants about the healthcare professionals they met with after the birth of their baby. The responses to this question are shown in Table 12 below.

Responses showed that 90.4% of survey participants had been visited at home by a Public Health Nurse since their baby was born and 70.6% of participants had met with a GP since the birth.

Table 12: Healthcare professionals seen after birth at home or in the community

Q45. After the birth of your baby, did you meet with any of the following healthcare professionals?		
	Number	%
Public Health Nurse at home	3,028	90.4%
GP	2,363	70.6%
Public Health Nurse at a community clinic	692	20.7%
Postnatal community midwife at home	691	20.6%
Obstetrician (doctor or consultant doctor) at hospital clinic	623	18.6%
Midwives and or paediatricians at hospital baby clinic	385	11.5%
Postnatal community midwife at a community clinic (including a Postnatal Hub)	216	6.4%
Other professionals	244	7.3%
None of the above	12	0.4%



Scored questions on care at home and in community after birth

The remaining survey questions for this stage of care were scored questions about the information and support that participants received at home or in the community after the birth of their baby. The national average score for this stage of care was 8.1 out of 10, a decrease since the score of 8.3 out of 10 in 2020. It is important to note that there were changes to some of the questions asked in this stage of care in the updated 2025 questionnaire and these changes likely affected the average score for this stage of care.

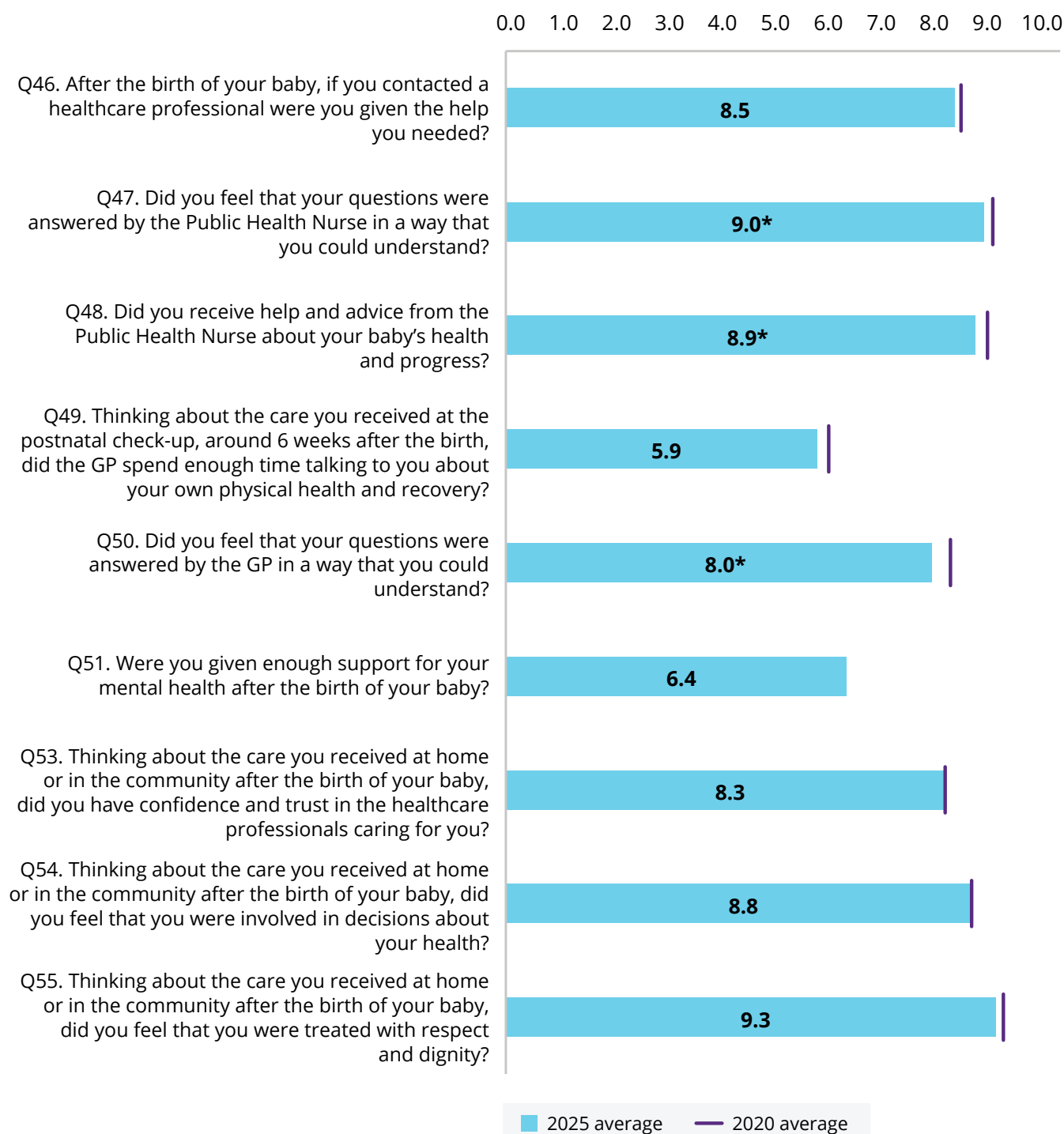
The scores for the individual questions in this stage of care are shown in Figure 13, with a comparison to the scores for the same questions in 2020.

Figure 14 presents the average score for care at home and in the community by maternity service, compared with the national average.

In Ireland, community healthcare from GPs and public health nursing is organised by 32 different HSE Local Health Offices that come under the remit of the six health regions. Figure 15 shows the average score for the care in the community survey questions for each Local Health Office, compared to the national average.

The highest-scoring question for this stage of care related to being treated with respect and dignity in the care received at home or in the community after birth; 2,882 survey participants (86.8%) said that they were always treated with respect and dignity in the postnatal care they received in the community after the birth.

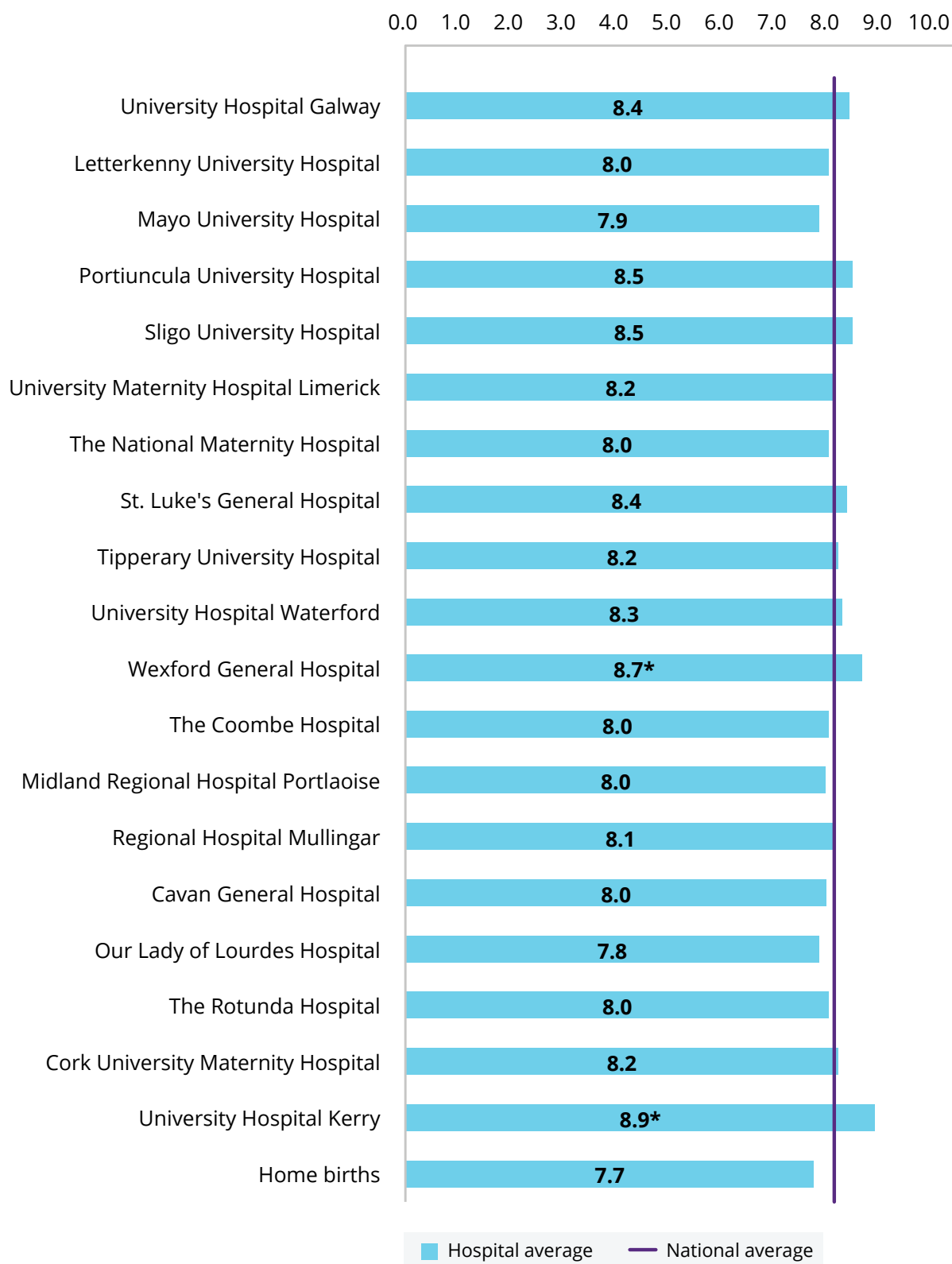
The lowest-scoring question for this stage of care related to the time the GP spent talking about physical health and recovery after birth; 28.1% of survey participants (903 participants) said that their GP did not spend enough time talking to them at their 6-week postnatal check-up about their physical health and recovery.

Figure 13: Individual question scores for care at home or in the community after birth

*indicates statistically significant difference in score between 2025 and 2020.

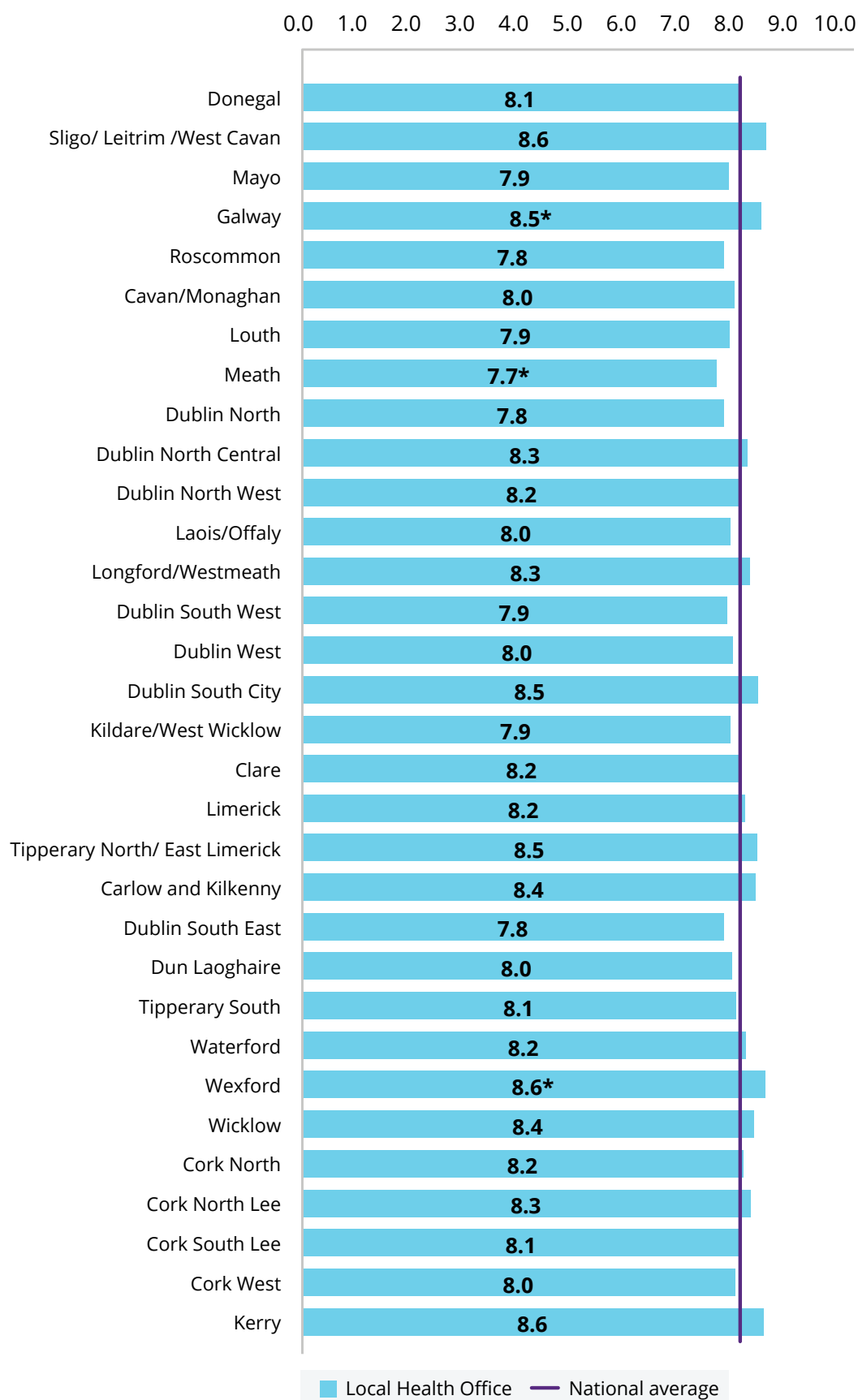


Figure 14: Scores for care at home and in the community after birth by maternity service



*indicates statistically significant difference from national average.

Figure 15: Scores for care at home and in the community after birth by Local Health Office, compared with the national average



*indicates statistically significant difference from national average.

Care at home and in the community after birth: Key findings

- The highest-scoring question for this stage of care was about being treated with respect and dignity in the care provided at home and in the community (9.3 out of 10).
- The lowest-scoring question for this stage of care was the time that the GP spent talking about physical health and recovery at the 6-week postnatal check-up (5.9 out of 10).
- In 2025, there were lower scores for the questions about help and advice from the Public Health Nurse, and clear answers to questions from the Public Health Nurse and GP after birth, compared to scores from 2020.



Support for mental health

"I had a previous traumatic birth with my first and suffered from post-partum anxiety after, so my decision to have an elective c-section with my second was a hard decision for me, but accepted by the doctors and consultants no problem. Also throughout my pregnancy and after, they really focused on my mental health, making sure I was OK this time."

"I had a previous very traumatic birth, but it was not considered during or after birth how this birth might be triggering. I received no follow up care or mental health assistance."



"I felt so well looked after re: mental health. When I mentioned to my GP and Consultant that I was struggling a little with my mental health during pregnancy, they were both very quick to refer me to the peri mental health services. I was well looked after there and I still received follow up appointments after the birth which really helped."

"Having discussed with several midwives and doctors my history with poor mental health, I feel mental health supports could have been better. I was given the information on how to contact the mental health midwife at my initial appointment in the hospital and it was not discussed or offered again."

"The perinatal mental health midwife took the time to meet with me (because of) previously having postpartum depression. This service wasn't available on my last pregnancy. I really felt the support was there this time."

"My GP wasn't great when I told her I had been feeling quite down at the 6 week check. She straight away asked if I wanted anti-depressants instead of asking me how I'd been feeling, how long I'd been feeling that way etc. It felt a bit lazy on her part."



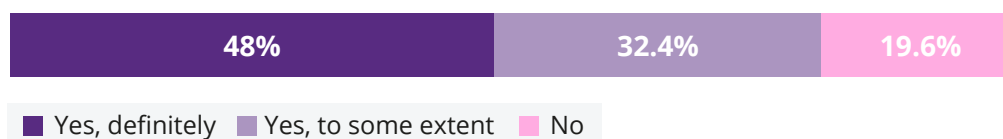
Support for mental health

While support for mental health was not a specific stage of care in the National Maternity Experience Survey, mental health is a key focus of national maternity care policy, so findings in relation to mental health are presented in this section.

The 2025 survey asked participants three questions about the support they received for their mental health from maternity care services. In the 'care in pregnancy' stage of the survey, participants were asked whether they were given enough support for their mental health in pregnancy. This was a new question in the 2025 survey.

- The average national score for this question was 6.4 out of 10.
- 1,432 participants (48%) said they were definitely given enough support for their mental health in pregnancy.
- 966 participants (32.4%) said they were given enough support to some extent.
- 584 participants (19.6%) said they were not given enough support for their mental health in pregnancy.

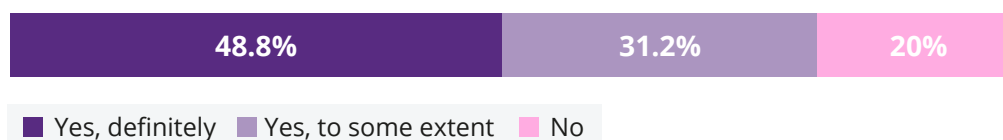
(Q12) Thinking about the care you received during your pregnancy, were you given enough support for your mental health?



In the 'care at home and in the community' stage of the survey, participants were asked whether they were given enough support for their mental health after the birth of their baby. This was a new question in the 2025 survey.

- The average national score for this question was also 6.4 out of 10.
- 1,397 participants (48.8%) said they were definitely given enough support for their mental health after birth.
- 892 participants (31.2%) said they were given enough support to some extent.
- 573 participants (20%) said they were not given enough support for their mental health after birth.

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



Survey participants were also asked whether they received support for their mental health from healthcare professionals during pregnancy and or after birth. Table 13 shows the sources of mental health support from healthcare professionals for survey participants.

Table 13: Sources of professional support for mental health

Q52. Did you receive support for your mental health from any of the following healthcare professionals during your pregnancy and or after the birth?*		
	Number	%
GP	1,045	32.2%
Public Health Nurse	1,033	31.9%
Midwife	532	16.4%
Obstetrician	179	5.5%
Perinatal mental health midwife	122	3.8%
Perinatal mental health nurse	96	3.0%
Psychiatrist	65	2.0%
Psychologist	59	1.8%
Mental health social worker	52	1.6%
Other professionals	95	2.9%
None of the above	1,504	46.4%

The most commonly reported professional source of support for mental health in pregnancy and after birth was from a GP (32.2% of survey participants), closely followed by a public health nurse (31.9%), while 122 survey participants (3.8%) said that they received support in pregnancy or after birth from a specialist perinatal mental health midwife.

Support for mental health: Key finding

- Two new questions in the 2025 survey asked participants if they received enough support for their mental health in pregnancy and after birth.
- 20% of survey participants who wanted support for their mental health in pregnancy and after birth said they did not receive enough support.



* The percentages reported in this table exceed 100% as many participants received support from more than one source.



Overall experience of maternity care

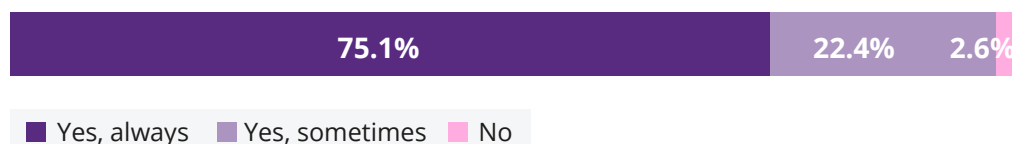
Three survey questions looked at participants' overall experience with maternity care services. Firstly, participants were asked whether their decisions about maternity care were respected by healthcare staff. This was a new question in the 2025 survey. Participants were then asked whether they knew how to give feedback or make a complaint about their care if they wished to do so.

Finally, participants were asked to rate their overall experience of the care received during pregnancy, labour and birth, and after birth, by selecting a number between 0 ("I had a very poor experience") to 10 ("I had a very good experience").

Three quarters of survey participants (2,508 participants) said that their decisions about their maternity care were always respected by healthcare staff, while 748 participants (22.4%) said that their decisions were sometimes respected by healthcare staff and 86 participants (2.6%) said that their decisions about their maternity care were not respected by healthcare staff.

The average national score for this question was 8.6 out of 10. This question had the strongest relationship to participants' overall rating of their care experience.

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



Survey participants were asked if they knew how to give feedback or make a complaint about their care. In response, 1,179 participants (35.3%) answered 'Yes', while 1,358 (40.6%) answered 'No' and 803 participants (24%) said they did not wish to give feedback or make a complaint.

Nationally, the average overall rating of care experience was 8.1 out of 10. This is a slight decrease since 2020, when the rating was 8.2 out of 10. Figure 16 summarises participants' overall ratings of their maternity care experience.

Responses showed that 1,612 participants (48.6%) said that they had a very good experience of maternity care (overall rating of 9 or 10) and 1,148 participants (34.6%) rated their maternity care experience as good (overall rating of 7 or 8), while 560 participants (16.9%) said that their maternity care experience was fair to poor (overall rating of 0-6).

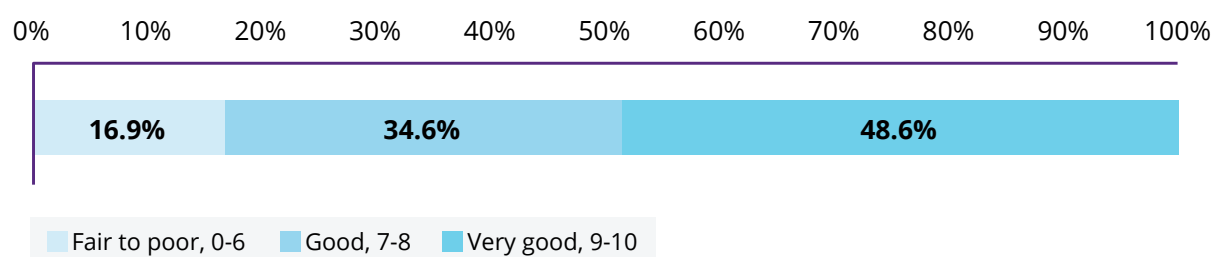
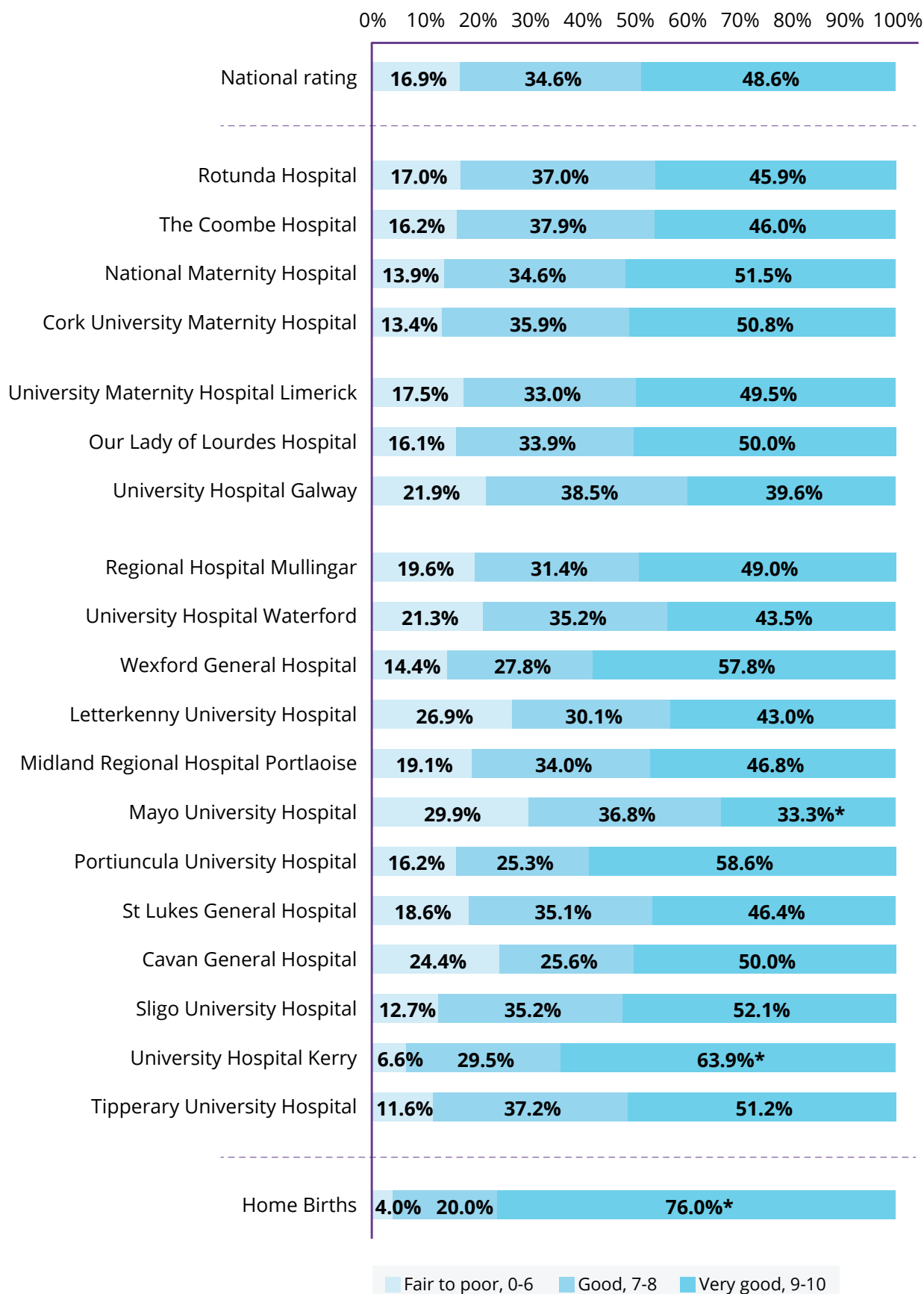
Figure 16: National ratings of overall care experience

Figure 17 shows the ratings of overall experience for each maternity service, compared with the national average. The maternity services on Figure 17 are listed by size, based on the number of births which take place within each service per year.* The services are grouped as large (greater than 6,000 births per year), medium (from 2,000 to 5,999 births per year) and small (less than 2,000 births per year). As seen in Figure 17, there were considerable differences between maternity services in overall ratings of care experience.

* Using figures on number of births per year from the Irish Maternity Indicator System National Report 2024, published in November 2025.

**Figure 17: Ratings of overall care experience by maternity service, compared to national rating**

*indicates statistically significant difference from national average.

Overall experience of care: Key findings

- A new question in the 2025 survey asked participants if their decisions about maternity care were respected by healthcare professionals. This was a higher-scoring question in the survey (8.6 out of 10). This question also had the strongest relationship with participants' overall rating of their care experience.
- 83% of survey participants rated their overall experience of maternity care as good or very good (at least 7 out of 10), a slight decrease since 2020.
- Ratings of care varied by maternity service.



Chapter 5

Comparing survey results across groups



In this chapter, we report the findings of analysis that compared survey results across different groups of participants. Survey results were compared by:

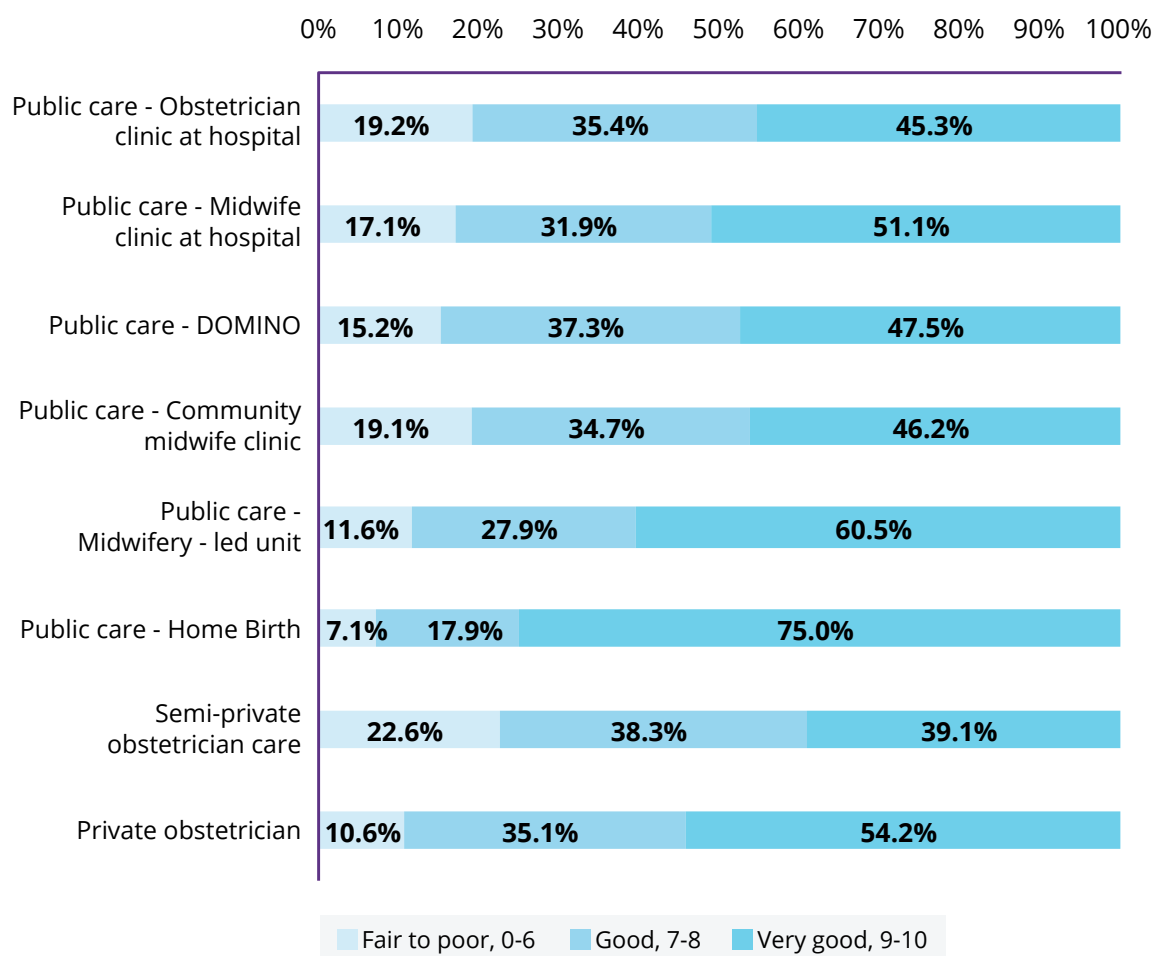
- type of maternity care received
- type of birth experienced
- age of participant
- ethnicity of participant
- whether the participant had previously given birth
- whether the participant had a long-term condition or disability, and
- level of deprivation in the area where the participant lived.

Comparison by type of maternity care received

There were differences in participants' ratings of their overall care experience depending on the type of maternity care they received, see Figure 18.

There were high overall ratings of care from those who attended a midwifery-led unit (60.5% rated their experience as very good) and those who had a home birth (75% rated their experience as very good). As the numbers of participants receiving these models of care were relatively small, care may be needed with the interpretation of these results.

Regarding obstetrician-led care, 54.2% of participants who attended a private obstetrician in pregnancy said that they had a very good overall experience of care, compared with 45.3% of participants who attended a public obstetrician clinic. The lowest overall rating of care experience was from participants who attended a semi-private obstetrician clinic (39.1% of these participants rated their care experience as very good).

**Figure 18: Comparison of overall experience ratings by type of maternity care received**

Statistical analysis showed that there were differences in scores for some survey questions, depending on the type of care that participants received.

Participants who attended a **private obstetrician** reported significantly more positive experiences with many different aspects of their maternity care, compared to average national scores. These participants were more likely to feel respected, involved and supported in the care they received. Participants who attended a private obstetrician had higher levels of confidence and trust in the healthcare professionals caring for them in pregnancy, and during labour and birth. These participants were more likely to say that they received answers to their questions that they could understand, and that they received clear explanations for the benefits and risks of any procedures. However, participants who attended a private obstetrician were also significantly less likely than average to say that they were given adequate support with feeding their baby in hospital and at home.

Participants who had a **home birth** received their maternity care from home birth midwives. These participants were significantly more likely than average to say that they felt involved in decisions about their care during pregnancy and that they received answers to their questions that they could understand.

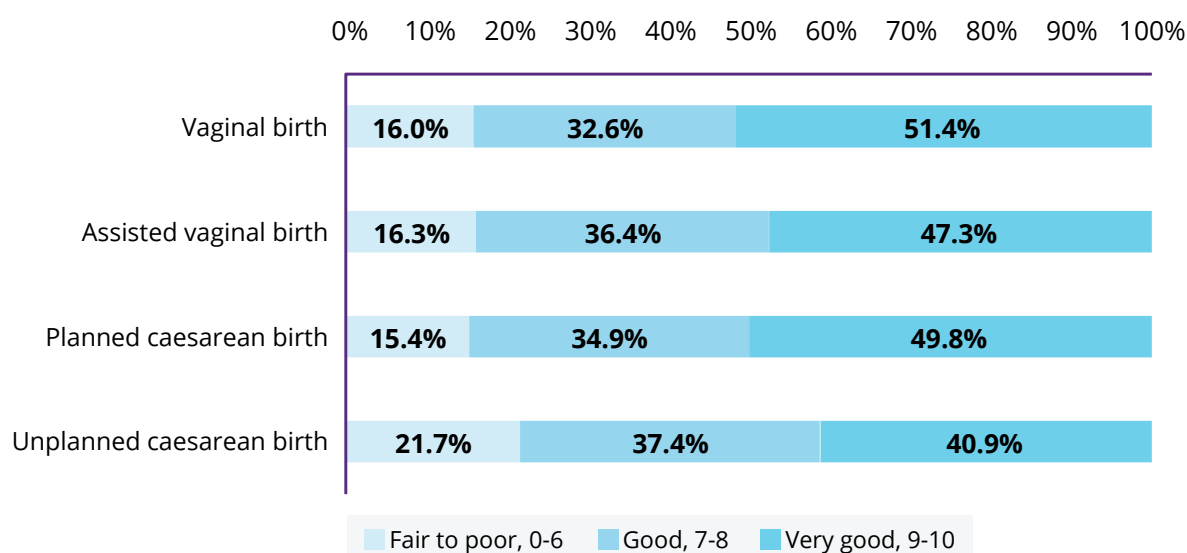
These participants were significantly more likely to say that they had a healthcare professional to talk to about their worries and fears in pregnancy and that they were given enough support for their mental health in pregnancy. They were also more likely to say that they had an opportunity to ask questions after the birth.

Participants who had maternity care from a **public obstetrician clinic** reported significantly poorer experiences in aspects of their pregnancy care, compared to average national scores. These participants were less likely to say they felt involved in their pregnancy care, or that they received answers to their questions that they could understand. Participants who attended a public obstetrician clinic were less likely to say that they had a healthcare professional to talk to about their worries and fears in pregnancy. These participants also had lower levels of confidence and trust in the healthcare professionals caring for them in pregnancy, and they were less likely to report feeling treated with respect and dignity in pregnancy.

Comparison by type of birth

There were differences in participants' ratings of their overall care experience depending on the type of birth they had, see Figure 19. The highest ratings of overall care experience were from participants who had a planned caesarean birth (49.8% rated their experience as very good) and participants who had a vaginal birth without the use of instruments (51.5% rated their experience as very good). The lowest rating of overall care experience was from participants who had an unplanned caesarean birth, where 21.7% said that they had a fair to poor experience of maternity care.

Figure 19: Comparison of overall experience ratings by type of birth





Statistical analysis showed that there were differences in scores for survey questions, depending on the type of birth that participants experienced.

Survey participants who had a vaginal birth (without the use of instruments) were significantly more likely to say that they had an opportunity to ask questions after the birth. However, this group were significantly less likely to think that healthcare professionals did everything they could to manage pain during labour and birth.

Survey participants who had an assisted vaginal birth, with forceps or ventouse suction cup, were significantly less likely to say that they received clear explanations of the risks and benefits of procedures during labour and birth.

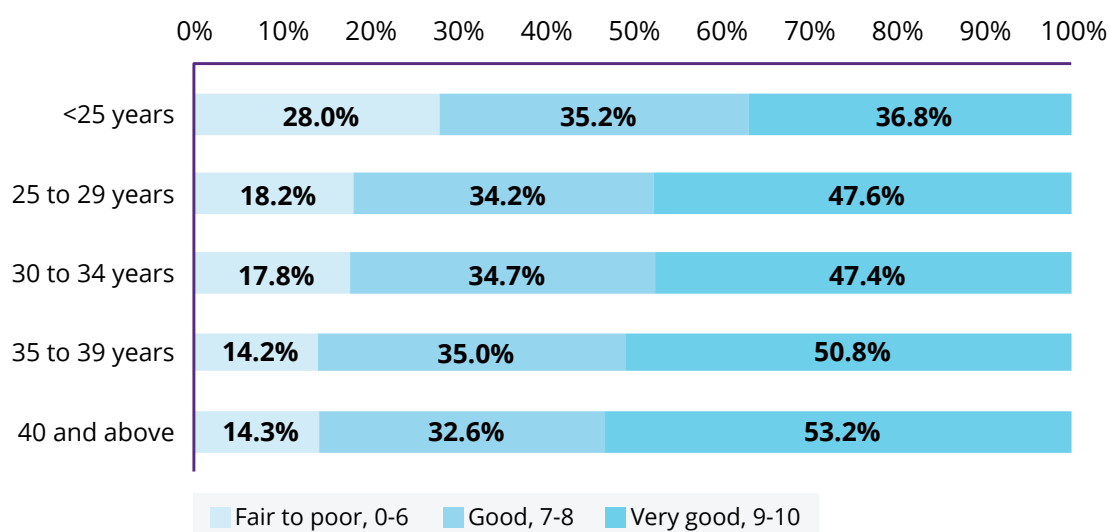
Participants who had a planned caesarean birth were significantly more likely to feel involved in decisions about their care, to receive clear explanations for the benefits and risks of procedures and to have confidence and trust in healthcare professionals during labour and birth. These participants were also significantly more likely to think that healthcare professionals did everything they could to manage pain during labour and birth.

Conversely, participants who had an unplanned caesarean birth felt significantly less involved in their care and had lower levels of confidence and trust in healthcare professionals during labour and birth. These participants were less likely to say that they received clear answers to their questions during labour and birth. Participants who had an unplanned caesarean birth were also less likely to say that they were given an opportunity to ask questions about their labour and birth, shortly after the baby was born.

Comparison by age of participant

There were differences in participants' ratings of their overall care experience depending on their age group, with overall rating of care increasing by age, see Figure 20.

Figure 20: Comparison of overall experience ratings by age group



The survey findings showed that the type of maternity care received and the type of birth experienced, differed by participant age group. It is likely that these aspects of the maternity care journey may have interacted with age to affect the differences in experience reported by age group. Table 14 shows the type of maternity care received by participant age group. Table 15 shows the type of birth by participant age group.

Table 14: Type of maternity care received by participant age group

Age group	Public obstetrician clinic at hospital	Midwife clinic at hospital	DOMINO scheme	Community midwife clinic	Midwifery-led unit	Home birth	Semi-private obstetrician clinic	Private obstetrician
<25 years	36.5%	30.2%	7.9%	12.2%	5.8%	0.5%	3.2%	1.6%
25-29 years	34.1%	30.7%	9.9%	10.6%	3.7%	0.9%	3.2%	3.9%
30-34 years	35.1%	19.2%	7.3%	9%	2.6%	0.9%	7.7%	17.4%
35-39 years	34.6%	15.8%	5.2%	6.3%	2.2%	0.9%	8.1%	26%
40+ years	43.3%	14.8%	2%	2.6%	0.3%	0.7%	7.5%	27.2%

Table 15: Type of birth by participant age group

Age group	Vaginal birth	Assisted vaginal birth	Planned caesarean	Unplanned caesarean
<25 years	55.6%	14.3%	8.5%	21.7%
25-29 years	47.3%	20.5%	12.7%	19.4%
30-34 years	42.1%	16.1%	22.1%	19.7%
35-39 years	43.8%	10.3%	29.4%	16.5%
40+ years	32.2%	7.2%	45.4%	18.3%

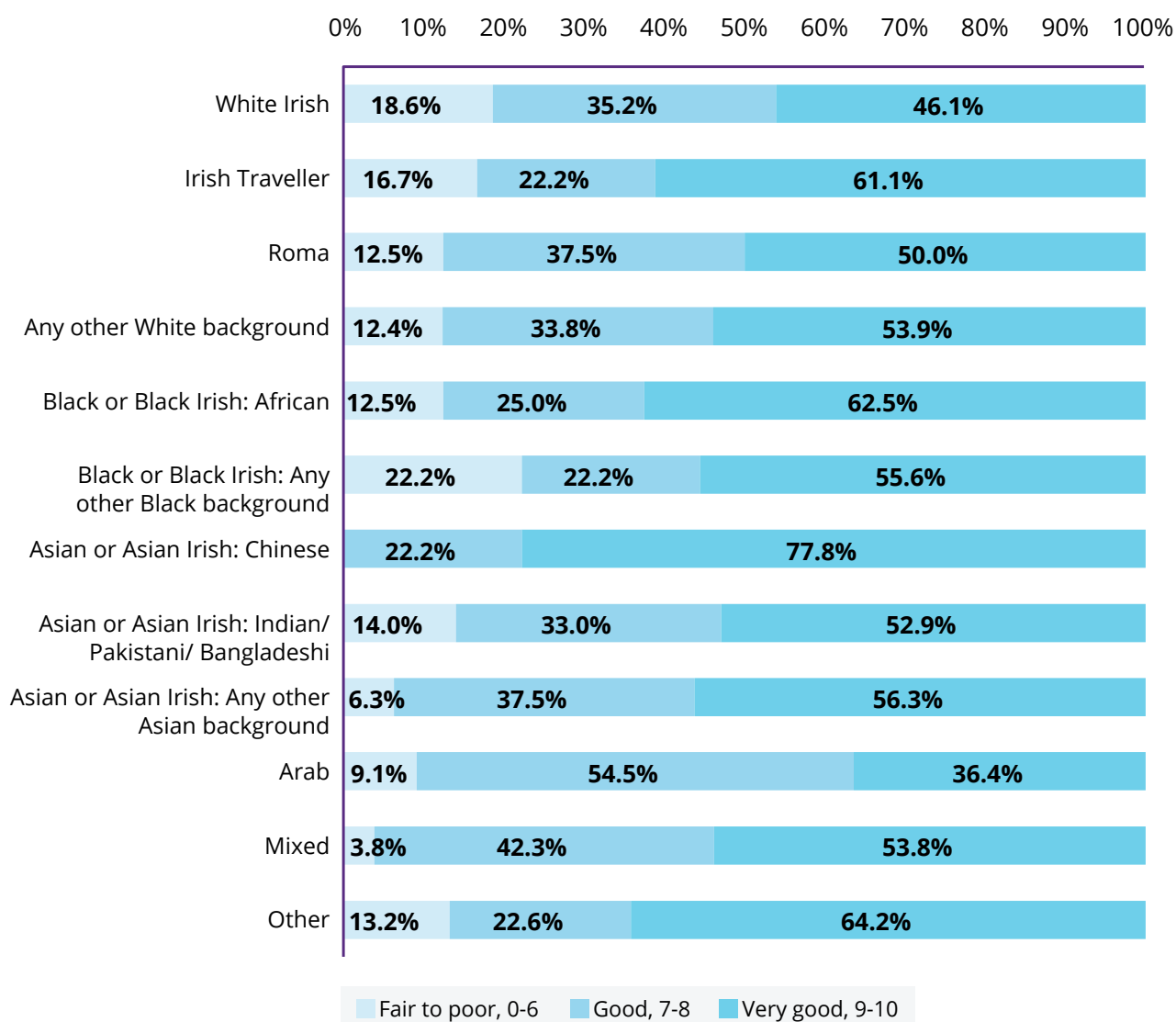
Statistical analysis showed that there were differences in scores for survey questions, depending on the age of the participants. The largest difference was for participants who were aged less than 25 years. These participants were significantly less likely than average to feel involved or respected, at all stages of their maternity care. Participants aged under 25 had lower levels of confidence and trust in the healthcare professionals caring for them during pregnancy and during labour and birth. They were less likely to say that they received clear answers or explanations at all stages of their maternity care, and they were less likely to say that they had a healthcare professional they could talk to about their worries and fears in pregnancy. Notably, there were no significant differences found in the experiences of those aged under 25 with care provided at home or in the community.



Comparison by ethnicity

There were differences in participants' ratings of their overall care experience depending on their ethnic or cultural background, see Figure 21. The numbers of participants in many of the ethnicity categories were too small to conduct statistical analysis on the survey findings by ethnicity.

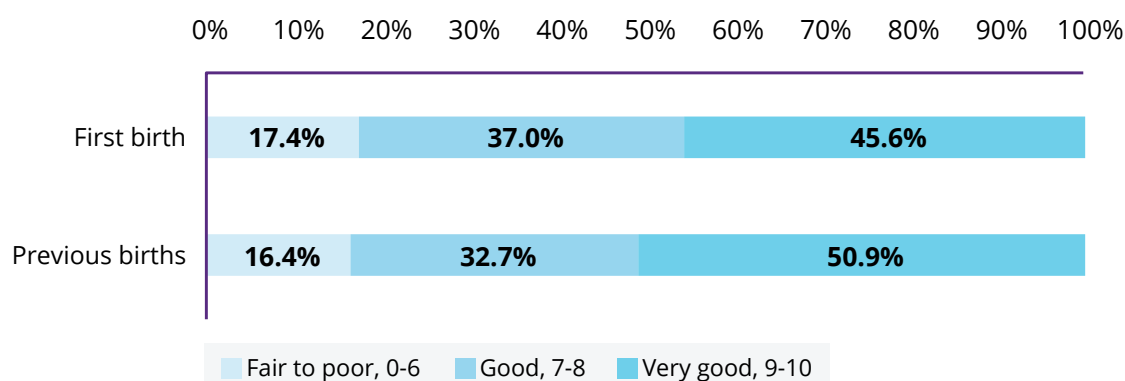
Figure 21: Comparison of overall experience ratings by ethnicity



Comparison by previous birth experience

Figure 22 shows the overall ratings of care experience for participants who had a first birth, compared to participants who had previous birth experience.

Figure 22: Comparison of overall experience ratings by previous births

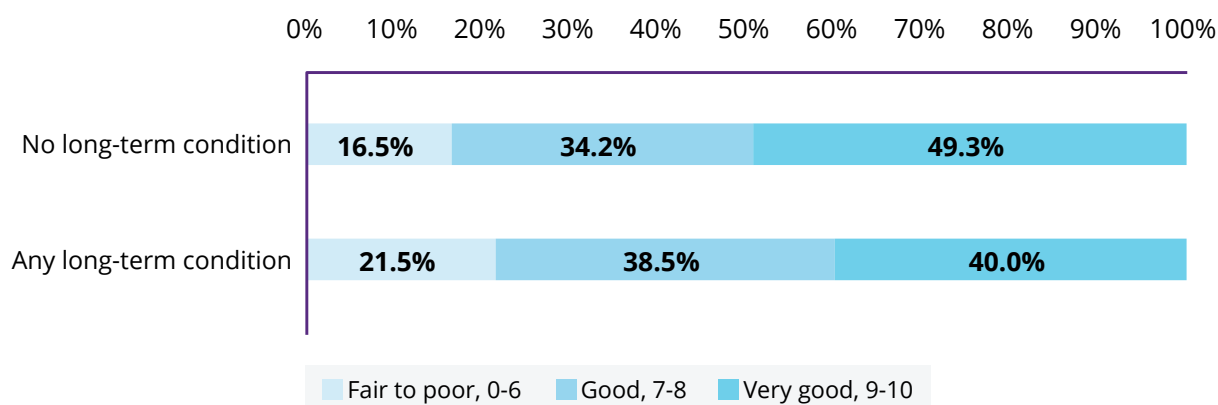


Participants who were first-time mothers had poorer experiences on a number of different aspects of care related to communication with healthcare professionals. In particular, these participants were significantly less likely to say that they had an opportunity to ask questions after the birth. First-time mothers were also less likely to say that their decisions about feeding were respected by healthcare professionals, or that they were supported with feeding their baby shortly after birth.

Comparison by long-term condition or disability status

Survey participants who said they had a long-term condition or disability gave a significantly lower rating of their overall care experience, when compared to participants who did not have a long-term condition or disability, see Figure 23 below.

Figure 23: Comparison of overall experience ratings by long-term condition status



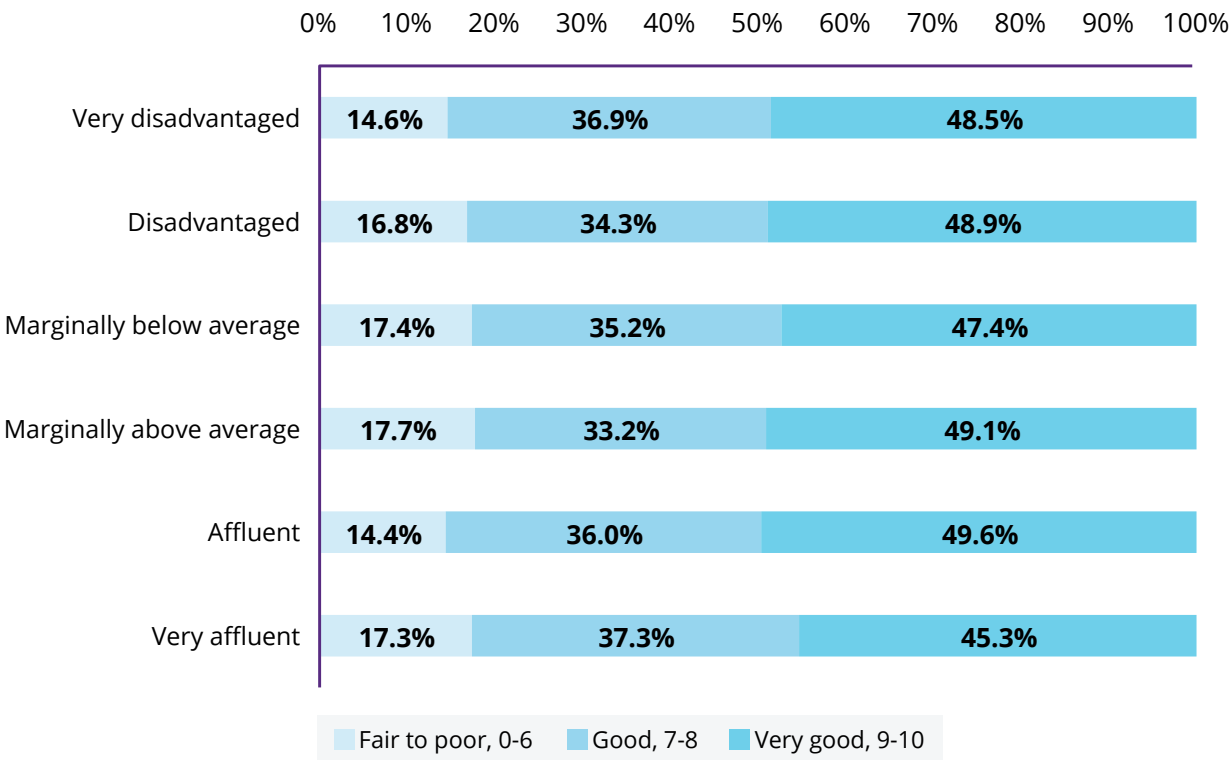


Participants who had a long-term condition or disability were significantly less likely to feel that their decisions about their maternity care were respected by healthcare staff. These participants also reported poorer experiences on certain aspects of their postnatal care. They were less likely to say that they felt involved in decisions or received clear answers to their questions, while they were in hospital after the birth of their baby. Participants who had a long-term condition or disability were also significantly less likely to say that they were given the help they needed if they contacted a healthcare professional after the birth, when at home or in the community.

Comparison by level of deprivation

Figure 24 below shows a comparison of ratings of overall maternity care experience by the level of deprivation in the area where the survey participants lived. As the number of participants in the 'Extremely disadvantaged' category were very small (21 participants, 0.6% of the total participant sample), these participants were merged with the 'Very disadvantaged' category, to allow more reliable analysis and comparison.

Figure 24: Comparison of overall experience ratings by deprivation level



Statistical analysis identified the aspects of maternity care experience that differed significantly by level of deprivation.

Participants living in areas that are disadvantaged were significantly more likely to report positive experiences with certain aspects of the postnatal care they received at home or in the community after birth. These participants were significantly more likely to say that they received help and advice from a Public Health Nurse after birth, and that their GP spent enough time talking about their physical health and recovery at the 6-week postnatal check-up. Participants living in disadvantaged areas had higher levels of confidence and trust in the healthcare professionals caring for them in the community after birth, and they were more likely to feel they were treated with respect and dignity in this period.

Participants living in areas that are affluent were significantly more likely to feel involved in their care during pregnancy and during labour and birth. These participants were also more likely to report better experiences with communication from healthcare professionals and to say that they had a healthcare professional to talk to about their worries and fears during pregnancy.

It is likely that a number of different issues may have also contributed to the differences in experience identified by the level of deprivation where participants lived. The age group of survey participants varied by level of deprivation, as shown in Table 16 below. For example, 32% of survey participants who were less than 25 years of age lived in areas that are disadvantaged, or very disadvantaged, while 8% of survey participants aged 35-39 years of age lived in areas that are disadvantaged, or very disadvantaged.

The survey findings also showed that the type of maternity care that participants received differed by level of deprivation, as shown in Table 17 below. For example, 30% of survey participants living in an affluent area received maternity care from a private obstetrician, compared to 6% of participants living in a disadvantaged area.



Table 16: Participant age group by level of deprivation

Age group	Very disadvantaged	Disadvantaged	Marginally below average	Marginally above average	Affluent	Very affluent
<25 years	12.1%	20%	30%	29.5%	8.4%	0%
25-29 years	4.3%	13.3%	34.6%	34.4%	12.5%	0.9%
30-34 years	2.4%	7.2%	30.1%	40.4%	17%	2.9%
35-39 years	1.9%	5.7%	26.8%	41.8%	20.9%	2.9%
40+ years	3%	8.5%	29.5%	41.6%	16.7%	0.7%

Table 17: Type of maternity care received by level of deprivation

Age group	Public obstetrician clinic at hospital	Midwife clinic at hospital	DOMINO scheme	Community midwife clinic	Midwifery-led unit	Home birth	Semi-private obstetrician clinic	Private obstetrician
Very disadvantaged	43.7%	27.2%	7.8%	7.8%	8.7%	0%	1.9%	1%
Disadvantaged	42.6%	22.3%	8.9%	10.6%	2.8%	0.4%	4.6%	6%
Marginally below average	39.1%	24.4%	5.7%	8.1%	3.7%	0.7%	4.2%	12.4%
Marginally above average	35.6%	17.5%	6.4%	8.2%	2.3%	0.9%	7%	21%
Affluent	26.3%	16.4%	6.6%	5.9%	0.5%	1.2%	12.2%	30%
Very affluent	22.4%	7.9%	7.9%	6.6%	0%	1.3%	18.4%	34.2%

Chapter 6

Comments about maternity care experience





Three survey questions (questions 59 to 61) asked participants to provide additional information, in their own words, on their maternity care experiences. Question 59 asked participants about particularly good aspects of their maternity care. Question 60 asked participants whether there was anything about their maternity care that could be improved. Question 61 asked participants whether there were any other important parts of their maternity care experience that were not covered by the questions in the survey.

The free-text questions allowed participants to give a more in-depth description of specific aspects of their maternity care experience that were important to them. It also allowed them to describe various experiences (good or bad) that could not be captured by the structured questions in the questionnaire. In total, 6,728 comments were received in response to the free-text questions in the 2025 National Maternity Experience Survey. These comments reflected the breadth of experience with the maternity services in February and March 2025.

How were the comments analysed?

Each individual comment from survey participants was reviewed to remove any personal information about the participant themselves or healthcare staff (including name, age, nationality, ethnicity, date of admission). Content analysis of the participants’ comments was then used to sort and categorise the meaning within the comments. All comments were reviewed and coded (labelled), in order to organise the comments into manageable chunks of information. The coding framework contained codes for the healthcare professionals that were mentioned in the comment, the stage of care that was described and the specific issue or theme that was the focus of the comment. Appendix 4 provides examples of how comments were coded.

All comments were coded using the following codes:

Role of healthcare professional
Midwives
Obstetricians and or Consultant Doctors
Maternity Healthcare Assistants
GPs
Anaesthetists
Public Health Nurses
Other hospital staff

Stage of care

Antenatal care
Emergency care
Labour and birth
Postnatal care in hospital
Neonatal care
Postnatal care at home or in the community

Theme

Type of maternity care: Comments about the type or model of care that women received, wanted, or preferred.

Continuity of carer: Comments about seeing (or not seeing) the same healthcare professional at appointments.

Staffing levels or staff pressure: Comments about the number of staff available within the service, or references to staff shortages, or staff being busy.

Staff responsiveness and attention to needs: Comments about attention from healthcare staff and whether staff were, or were not, responsive to participants' needs, including listening to their concerns.

Appointments and or waiting times: Comments about the management, organisation, or administration of appointments, or about waiting times at appointments.

Pain management: Comments about pain management (or lack of) in pregnancy, in labour and birth, and after birth.

Hospital or ward conditions: Comments in relation to the facilities and conditions of the maternity hospital or ward.

Food and Drink: Comments in relation to access to food and drinks at the maternity service and its quality.

Communication between healthcare professionals: Comments about communication (or lack of communication) between healthcare professionals about the participants' care.

Information sharing and explanations from healthcare staff: Comments about information or explanations provided (or lack of information or explanations) from healthcare professionals about pregnancy care, about procedures during labour and birth, and about postnatal care.

Support for preferences and involvement in decisions: Comments about whether the participants had their own wishes or preferences in relation to care during pregnancy, labour and birth, or postnatal care, and whether these wishes and preferences were listened to or supported by staff.



Interpersonal aspects of care: Comments in relation to the interpersonal (social and personal) interactions that healthcare staff had with participants.

Involvement of partner, birth companion or family: Comments in relation to the role of partners, family members or birth companions; their interactions with healthcare staff; or how they were treated by healthcare staff.

Privacy: Comments in relation to privacy for the participants while receiving maternity care services.

Feeding: Comments in relation to infant feeding, including support or lack of support with feeding.

Physical health: Comments about specific health conditions in pregnancy; other physical challenges in pregnancy, including physical disabilities or long-term conditions; or physical health and recovery after birth.

Mental health: Comments about mental health in pregnancy or after the birth; support needs for mental health; and interactions and experiences with mental health care professionals.

Previous maternity care or birth experiences: Comments about previous pregnancy or birth experiences.

Scans: Comments about scans.

C-sections: Comments about caesarean births, including any additional support required in the aftercare and recovery from a caesarean birth.

Traumatic labour and birth experiences: Comments about difficult or upsetting experiences in labour and birth. Also includes comments about the impact of a difficult or traumatic birth.

Baby health: Comments about conditions, illnesses, or procedures for babies at any stage after birth.

Other: Comments about issues that are not covered by the themes above.

General positive comment: Comment that is positive but does not provide specific information about the reason why, so cannot be coded using the above codes.

General negative comment: Comment that is generally negative but does not provide specific information about the reason why, so cannot be coded using the above codes.

Findings from comments

The comments from participants described a wide range of issues and experiences, which were captured by the coding framework. Along with the scored survey questions, the survey comments will be used for the development of national and local quality improvement initiatives.

The most common themes that participants raised in their comments were:

- the interpersonal aspects of care
- type of maternity care
- information sharing and explanations from healthcare staff
- staff responsiveness and attention to needs
- infant feeding

A summary of the content within each of these themes is presented below, with relevant extracts from participants' comments.

Interpersonal aspects of care

When participants were asked what was good about the maternity care they received, they most frequently referred to the interpersonal aspects of their care. Many participants made references to the *"kindness"*, *"compassion"*, *"friendliness"* and *"reassurance"* they were shown by the midwives, obstetricians and other healthcare staff who cared for them during their pregnancy, birth and after birth.

"The majority of the midwives and healthcare assistants on the ward while I was in labour and after having the baby were amazing, so kind and caring when I was in such a vulnerable state."

"Being treated like a human. Staff realising that despite this being their day-to-day job, this pregnancy and baby means the world to us and staff appeared to really understand that."

"I was brought to theatre very quickly in an emergency situation and the midwife who had been taking care of me in labour and delivery came with me and held my hand while I was given a general anaesthetic. This meant the world to me in an incredibly scary moment."



However, when participants were asked about what could be improved with their care, some participants commented on the need for better interpersonal skills from healthcare staff. These participants described feeling upset by negative interactions with some of the healthcare staff they encountered in their maternity care.

"One midwife shouted at me in front of everyone in the ward telling me to get back into bed as my blood pressure was high. I did not need to be shouted at in front of everyone and made to feel like a child at school when I was already very emotional!!"

"I struggled with cervical checks after being induced and there was no respect or understanding around that. Midwife [Name] refused time to let me relax and when I cried after the cervical check she told me to get over it and stop crying because it was done."

Type of maternity care

Many participants commented on the type of maternity care they received and how it affected their experience. The type of maternity care was often raised when participants were describing what was good about their maternity care. In these comments, participants praised the specific type of care they received in pregnancy and during labour and birth, typically referring to care they received from a private obstetrician, the Domino scheme, a midwifery-led unit, or a home birth. Participants' positive and negative comments about types of maternity care largely reflected the overall ratings for each type of maternity care that are presented in Chapter 5.

This theme often overlapped with the theme of continuity of carer. Some participants commented on how the type of care they received allowed them to develop a relationship with a particular healthcare professional.

"I was on the Domino midwife-led scheme and the continuity and level of care was excellent. I was able to attend appointments local to me with zero wait times. I had access to the birthing pool during my labour and found it incredibly beneficial and key to me being able to labour and birth safely with no medical interventions required."

"As a private patient I was scanned at every appointment with my consultant in pregnancy. I also met with my consultant at every appointment and could talk to him about any concerns I had."

Other participants commented that the type of maternity care they received involved seeing different healthcare professionals in their appointments, which prevented the opportunity to develop a one-to-one relationship with any individual healthcare professional.

"For public patients, it's very disruptive having different personnel at each visit. Many of the obstetricians have very different approaches and attitudes so this was tiresome and not a pleasant experience".

"Ante-natal care in the semi-private section was often impersonal and not well organised... .. The OB I was assigned to often wasn't there and I was to see a registrar instead. It would be nice to see the same person each time, as that was what I was paying for. Otherwise I would have gone public."

When commenting on areas for improvement, some participants said they would have liked more information at the start of their pregnancy about the types of maternity care that were available to them. A number of participants also commented that more choice was needed in the type of care options that are available.

"My maternity care options weren't well explained at any point during my pregnancy (public, private, Domino scheme etc.). I made these decisions from asking friends about their experience."

"I would like to see another care option between the home birth and hospital birth."



Information sharing and explanations

The theme of information sharing and explanations from healthcare staff was frequently raised in participants' comments on both positive and negative aspects of their care. Many participants said that their healthcare professionals made sure that they were well informed throughout their pregnancy and birth experience, and answered any questions they had about their care. Some participants also noted that they were given information about different procedures in advance, to support them with making their own decisions about their care.

"I was in the obstetrician-led clinic and I felt my obstetrician always explained everything thoroughly and was very open with me and allowed me to make my decisions. And just to note this was my first pregnancy. When my induction failed to work, I felt my options were really clearly explained to me and it was my decision to have a C-Section and I really appreciated that."

However, other participants commented that improvements were needed in how information is provided by maternity care services. Some participants referred to a lack of consistency in the information they received when they met with multiple different healthcare professionals. Some participants also referred to not being given the information they needed to make an informed decision about their care.

"I was induced at 39 weeks due to excess fluid. This wasn't something that I was given much choice about, the decision was largely made for me. I would have liked to have been offered more details on induction and given time to weigh up whether it was the right choice for us. I ended up with an emergency C section."

A number of participants also noted that more information was needed about what to expect after birth, both mentally and physically. This was often noted by participants who had a caesarean birth, if they felt they did not receive enough information about aftercare and recovery from the procedure.

Staff responsiveness and attention to needs

Participants commented on the attention they received from healthcare staff and whether staff were responsive to their needs. These comments were included in descriptions of both positive and negative experiences of care.

In terms of good experiences, participants referred to midwives and other staff being *“attentive”*- *“quick to come and help with any needs”*- and said they felt comfortable asking for help. A number of participants also referred to being regularly checked in pregnancy, during labour, or after birth and being put at ease.

“All professionals that I had contact with during my pregnancy were really nice and attentive. I never felt left behind or not heard. I had an amazing Public Health Nurse that came to my house and I felt that my condition (I had high blood pressure) was taken into consideration and dealt with really well.”

“I felt that my baby and I were always looked after, care was responsive and thorough.”

Other participants felt that staff responsiveness could be improved in maternity care services. A number of participants said that midwives did not listen to their concerns when they were in early labour, which led to stress during the labour and birth experience and affected options for pain management.

“I was in the antenatal ward and they refused to check me, even when I was having lots of pains. They just told me to breathe through them. When finally someone checked, they realised I was actually in active labour. By the time I got to the labour suite I was told that I was too far along for an epidural. I felt that if I had been listened to initially, there would have still been time to get me one. The surroundings of my particular birthing suite were unwelcoming and was also very cold. When I kept telling the midwife I was cold, she said it was just the adrenaline. There were just many instances when I felt I was not being heard and had to go along with what the midwives were telling me instead.”



Many participants described not receiving enough support and assistance from healthcare staff while they were staying in hospital after the birth of their baby. Participants felt that in many cases this was due to the busy postnatal wards not having enough staff available to help. For this reason, some participants suggested that partners need to be allowed to stay overnight to provide the support required.

"After birth in the ward, I was crying and needed help and none of them [midwives] had time to look after me."

"The midwife assigned to my ward was often very busy and would forget to check on me or bring me my medication. I understand she had lots of patients, but that was also difficult sometimes, as I didn't want to keep asking her... .. It's hard to be there on your own without your partner and to be so exhausted on top of it."

Infant feeding

When participants were asked what could be improved with maternity care, they most frequently referred to information and support around feeding their baby. Many participants who wanted to breastfeed their baby commented that midwives encouraged them to give the baby formula, rather than providing them with breastfeeding support. Often these comments overlapped with the theme of staffing levels and the issue of staff being too busy to provide support with feeding in the first few days after the birth.

"On my second night I unfortunately had to ring the bell for help, I was struggling with my baby not coming off the breast and I was exhausted and wanted to ask for advice. I was told by the midwife that this is what babies do on the second night and that if I wanted to breastfeed that I would be up for the night. The midwife then handed me a bottle and said if I wanted a break to give the bottle and the baby would sleep for two hours. I was also told that they were understaffed and had no health care assistant that night."

Participants described feeling frustrated that some healthcare professionals placed too much emphasis on the baby's weight in the days and weeks after birth, without providing the support needed to breastfeed the baby, in line with their preferences.

There were mixed experiences among participants in their access to lactation consultants to support them with feeding in hospital, or in the community. Some participants commented that there was no lactation consultant available on weekends in their hospital, no lactation consultant available to meet with them in their community, or that the lactation consultant did not have enough time to give them the support they needed. Other participants said they had a very positive experience with hospital or community lactation consultants, who provided them with one-to-one support, or support within a group.

"On my final night I was told I would be referred to the lactation consultant but the following morning was a Saturday and she wasn't working... ...I think a lactation consultant should have been sent to me sooner, as I left the hospital still unable to feed my baby."

"The care around breastfeeding from the lactation team was second to none. Amazing care!"

Some survey participants said they felt pressured by healthcare professionals to breastfeed their baby, even if they did not want to breastfeed, or wanted to try combination feeding (giving breastmilk and formula milk).

"I felt very pressured to breastfeed. I did try at the start but unfortunately it did not work out for me and when I told certain staff I had decided to bottle feed they continued to say I should keep trying. I felt pressure to keep trying even though I didn't want to."

Chapter 7

Conclusion



More than 40% of people who gave birth in Ireland in February and March 2025 took part in the second National Maternity Experience Survey. This level of response demonstrates the commitment among maternity service users to share feedback on their care experience, which can then be used to identify areas of good experience and areas where the quality of maternity care can be improved.

The findings of the 2025 National Maternity Experience Survey showed that participants had a wide variety of experiences, both positive and negative, across their maternity care journey. This chapter provides a summary of the survey findings and shows how they relate to findings from the previous National Maternity Experience Survey in 2020.

Overall rating of maternity care

The majority of survey participants (83%) in 2025 rated their overall experience of maternity care as 'good' or 'very good' (a score of 7+ out of 10). The overall rating of maternity care decreased slightly since the 2020 survey. Ratings of overall care experience varied by maternity service.

Areas of good experience

Analysis of the scores for individual survey questions showed where there were areas of good experience in maternity care for the majority of 2025 survey participants. The questions on respect and dignity in pregnancy and in hospital after birth were higher-scoring questions and were strongly related to overall experience of care. Most participants said they had confidence and trust in the healthcare professionals caring for them during their labour and birth, though the score for this question has decreased since 2020.

The 2025 survey asked participants a new question about whether their decisions about their maternity care were respected by healthcare staff. This was a high-scoring question in the survey and it was the question which was mostly strongly related to participants' overall rating of care.

Areas for improvement

The 2025 survey also identified a number of areas for improvement in maternity care. People who give birth need more opportunities to ask healthcare professionals questions about their labour and birth experience. While the score for this question has increased since 2020, it remains one of the lowest-scoring questions in the survey. The 2025 survey also showed that people who give birth need a member of staff to talk to about their worries and fears while they are in hospital, after the birth of their baby. This question was strongly related to how participants rated their overall experience of maternity care.

Two new questions in the 2025 survey asked participants whether they received enough support for mental health during pregnancy and after birth. In response, 20% of survey participants said they did not receive enough support for their mental health in these periods.



In Ireland, the majority of pregnancy care is split between a GP and the maternity service, as part of the Maternity and Infant Care Scheme. The 2025 survey asked participants whether there was good communication about their care in pregnancy between the maternity service and their GP. This was the lowest-scoring question in the survey.

Comparisons with 2020 survey

Analysis of the scores for individual survey questions showed which areas of maternity care experience had significantly increased or decreased, since 2020.

Which questions showed increased scores?

Seven questions had significantly higher scores in 2025 compared to 2020. Four of these questions related to areas that were recommended for quality improvement in the 2020 survey report: involvement in decision-making after birth; opportunities to ask questions after birth; emotional support in the neonatal unit; and feeding support in hospital. These increased scores may indicate some positive impact from the 2020 survey.

The National Maternity Strategy 2016 – 2026 emphasises the importance of women being empowered to make decisions about their maternity care. In 2025, there was a significant increase in the number of participants that reported feeling involved in decisions about their care during labour and birth, and in hospital after birth. However, analysis of the survey findings also showed that a range of different factors affected whether or not participants felt involved in decisions about their care, including their age, the type of maternity care they received, the type of birth they experienced, the level of deprivation or affluence in the area where they live, and whether they have a disability or long-term condition.

Ratings of care experience in the neonatal unit increased in the 2025 survey, along with an increase in the level of emotional support from healthcare professionals for parents whose baby spent time in the neonatal unit. However, the question about emotional support in the neonatal unit remains one of the lower-scoring questions in the survey.

Survey participants in 2025 were more likely to say that their decisions about how they wanted to feed their baby were respected by healthcare professionals, and that they received enough support and encouragement with feeding their baby shortly after birth, in comparison to those who gave birth in 2020.

Which questions showed decreased scores?

Eight questions had significantly lower scores in 2025 compared to 2020.

Despite the emphasis in the National Maternity Strategy on the promotion of health and wellbeing in antenatal care, survey participants in 2025 were less likely than those in 2020 to say that they were given enough information about physical changes and nutrition in pregnancy.

Since 2020, there has been a decrease in the level of support for feeding at home or in the community after birth. The 2025 survey findings also showed lower average scores for questions about communication with GPs and public health nurses after birth, though scores for care in the community varied geographically by Local Health Office.

Comments from survey participants

Participants in the 2025 National Maternity Experience Survey submitted thousands of comments in their own words, which described the positive aspects and areas for improvement in their maternity care experience. The most common theme in the positive comments related to the interpersonal nature of the care received from healthcare staff in maternity care services. The most common theme in the comments about areas for improvement in maternity care related to the need for greater support with feeding in hospital and at home after birth.

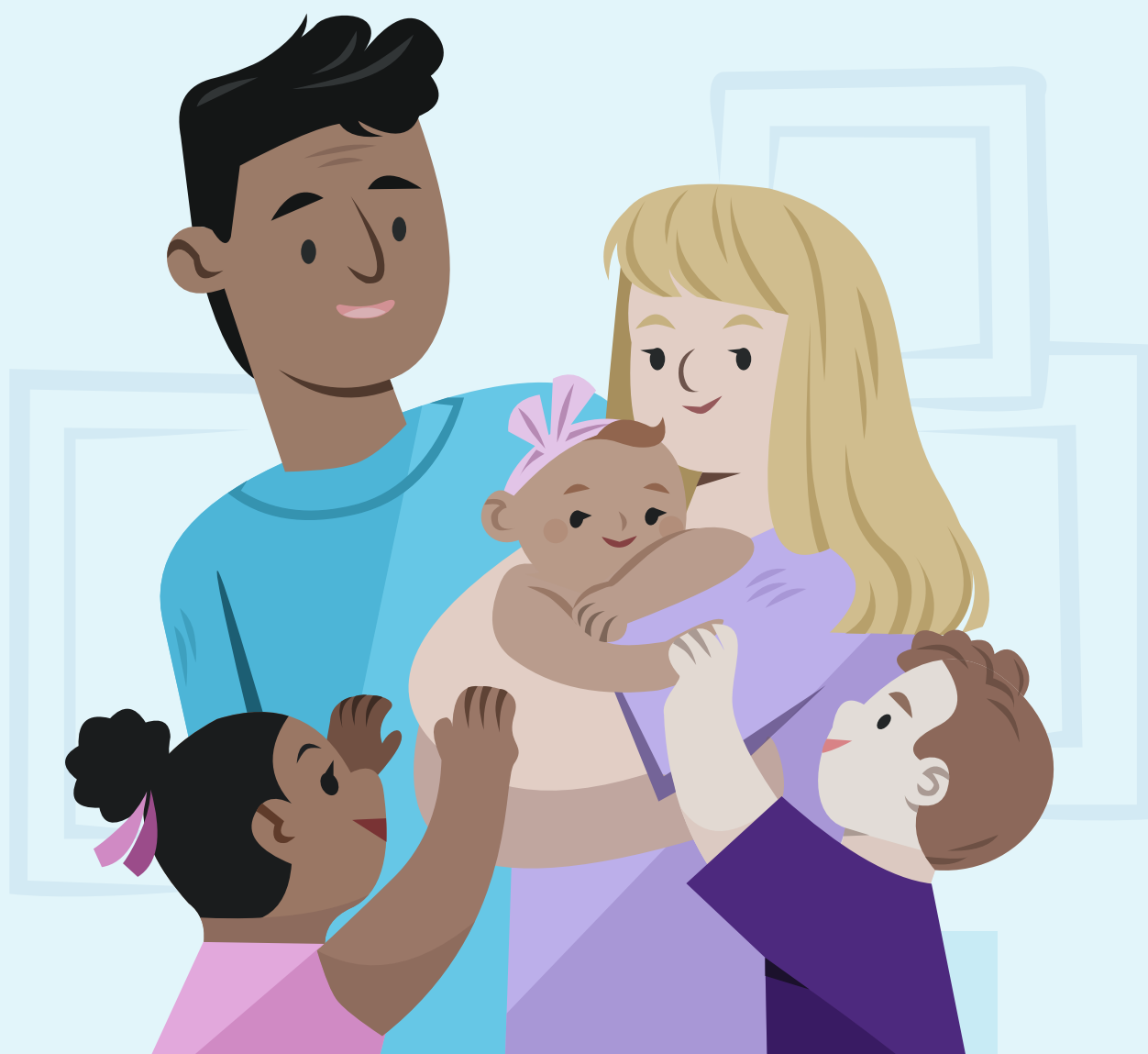
What happens next?

The HSE will use the survey results to co-produce quality improvement plans at a local level. These quality improvement plans are the initial steps, based on women's feedback, to improve maternity care. These quality improvement plans will be led by staff from hospitals and health regions, working together with patient partners. The findings will inform and underpin the National Women and Infant Health Programme (NWIHP) work across a range of current and future projects and programmes. Responding to these findings, the NWIHP is working with key partners and stakeholders to build these findings into its work programme and to proactively respond to and address gaps and shortcomings identified by women. The quality improvement plans will be available on www.yourexperience.ie from December 2025.

The Department of Health will continue to use the information gathered to inform the development of policy and strategy, in relation to maternity. The findings of the survey will also inform HIQA's approach to developing standards and guidance for maternity care in public hospitals.

For more information on the impact from the first National Maternity Experience Survey in 2020, including quality improvement work implemented by the National Women and Infants Health Programme, please visit: <https://yourexperience.ie/maternity/impact/>

Appendices



Appendix 1:

Membership of National Maternity Experience Survey governance groups

National Care Experience Programme, Steering Group:

Angela Fitzgerald	Chief Executive Officer, HIQA (Chair)
Rachel Flynn	Director of National Care Experience Programme (NCEP) and Health Information and Standards, HIQA
Marty Whelan	Head of Communications and Stakeholder Engagement, HIQA
Seán Egan	Director of Healthcare, HIQA
Barry O'Dwyer	Principal Officer, Blood and Organ Transplant Policy, Department of Health (DoH)
Andrew McCartan	Principal Officer, Patient Safety Surveillance and Performance, DoH
Laura Casey	Principal Officer, Older Persons Policy Development, DoH
Joe Ryan	National Director, Public Involvement, Culture and Risk Management, HSE
Sarah Moynihan	Risk and Audit Manager, Compliance, Assurance and Regulatory Affairs HSE
Iolo Eilian	Assistant National Director, Patient and Service User Engagement, HSE
Orla Healy	HSE National Clinical Director Quality and Patient Safety (NQPSD) Office of Chief Clinical Officer
John Farrelly	Chief Executive Officer, Mental Health Commission
Rebecca Carolan	Regional Advocate North East, SAGE
Georgina Cruise	National Manager, Patient Advocacy Service
Joanne Condon	National Manager, National Advocacy Service for People with Disabilities



National Maternity Experience Survey, Advisory Group:

Tracy O'Carroll	Deputy Director, NCEP, HIQA
Denise Lawler	Regional Manager, Regulation Directorate, HIQA
Conor Foley	Programme Manager- Analysis, NCEP, HIQA
Valerie Ferguson	Programme Manager- Operations, NCEP, HIQA
Deirdre Daly	Director, Trinity Centre for Maternity Care Research (TCMCR), Professor in Midwifery, School of Nursing and Midwifery, Trinity College Dublin
Gavin O'Dowd	Assistant Principal Officer, Patient Safety Surveillance and Performance (NPSO), DoH
Aine Jackson	Assistant Principal Officer, Maternity and Gynaecology Policy Unit, DoH
Angela Dunne	National Lead Midwife, National Women and Infants Health Programme (NWHIP), HSE
Cliona Murphy	National Clinical Director, NWHIP, HSE
Krysia Lynch	Chair, AIMS Ireland
Niamh Healy	President, Cuidiú
Breda Dineen	Service user representative
Cara O'Regan Downey*	Business partner/Project Lead, Patient and Service User Engagement Unit, HSE
Elaine Newell**	HSE Operations Manager, NCEP, Patient and Service User Engagement Unit, HSE

*Until March 2025

**From March 2025

National Maternity Experience Survey Team:

Tracy O'Carroll	Deputy Director, NCEP, HIQA
Conor Foley	Programme Manager- Analysis, NCEP, HIQA
Donnacha O'Ceallaigh*	Project Lead, NCEP, HIQA
Tina Boland**	Project Lead, NCEP, HIQA
Lorna Sweeney	Analyst, NCEP, HIQA
Trudi Mason	Project Lead, Data and Digital Solutions
Geneviève Ruiz O'Sullivan	Research Officer, NCEP, HIQA
Rachael Falconer	Project Officer, NCEP, HIQA

*Until July 2025

** From July 2025

Appendix 2:

Survey response rates

A total of 7,982 people who gave birth in February and March 2025 were invited to take part in the survey. In total, 3,354 took part, representing a response rate of 42%.

Table A presents a breakdown of the response rate by each health region and the maternity services within that region.

Table B presents a breakdown of response rate by age group.

Table C presents a breakdown of response rate by the level of deprivation associated with the area where the person was living.



Table A: Response rates by health region and maternity service

	Eligible sample	Invitation not delivered	Responses received	Response rate
HSE Dublin and Midlands	1,510	26	594	40%
The Coombe Hospital	1,004	14	388	39%
Regional Hospital Mullingar	283	9	103	38%
Midland Regional Hospital Portlaoise	212	3	96	46%
Home birth	11	-	7	64%
HSE Dublin and North East	1,882	31	779	42%
The Rotunda Hospital	1,280	22	512	41%
Our Lady of Lourdes Hospital	418	8	188	46%
Cavan General Hospital	184	1	79	43%
HSE Dublin and South East	1,870	45	790	43%
The National Maternity Hospital	1,086	19	440	41%
University Hospital Waterford	241	11	109	47%
Wexford General Hospital	222	7	91	42%
St. Luke's General Hospital	210	4	98	48%
Tipperary University Hospital	98	2	43	45%
Home birth	13	2	9	82%
HSE Mid West	563	19	197	36%
University Maternity Hospital Limerick	563	19	197	36%
HSE South West	1,111	20	469	43%
Cork University Maternity Hospital	941	15	399	43%
University Hospital Kerry	162	5	63	40%
Home birth	8	-	7	88%
HSE West and North West	1,209	22	525	44%
University Hospital Galway	417	9	170	42%
Mayo University Hospital	204	1	87	43%
Letterkenny University Hospital	208	3	95	46%
Portiuncula University Hospital	205	3	99	49%
Sligo University Hospital	173	6	72	43%
Home birth	2	-	2	100%

Table B: Response rates by age group

	Eligible sample	Invitation not delivered	Responses received	Response rate
Aged 16-24 years	698	46	190	29%
Aged 25-29 years	1,379	34	465	35%
Aged 30-34 years	2,988	49	1,262	43%
Aged 35-39 years	2,421	29	1,132	47%
Aged 40 years +	658	5	305	47%

Table C: Response rates by categories of deprivation index

	Eligible sample	Invitation not delivered	Responses received	Response rate
Extremely disadvantaged	81	4	21	27%
Very disadvantaged	281	11	82	30%
Disadvantaged	789	16	282	36%
Marginally below average	2,377	48	991	43%
Marginally above average	3,130	62	1,326	43%
Affluent	1,297	18	576	45%
Very affluent	184	1	76	42%



Appendix 3:

Long-term conditions or disabilities of survey participants

In response to the question about long-term condition or disability, 8.1% of survey participants said they had at least one long-term condition or disability. Table D presents the breakdown of the types of long-term conditions or disabilities reported by survey participants.*

Table D: Long-term conditions and disabilities reported by survey participants

Long-term condition or disability		
	Number	%
Blindness	10	0.3
Deafness	13	0.4
Condition that limits basic physical activities	18	0.5
Intellectual disability	8	0.2
Difficulty learning, remembering, concentrating	32	1.0
Mental health, psychological, or emotional condition	165	4.9
Difficulty dressing, bathing	8	0.2
Difficulty going outside alone	17	0.5
Difficulty working	11	0.3
Difficulty taking part in other activities	9	0.3
Other disability, including chronic illness	60	1.8

* The percentages in Table D exceed 8.1% because some participants reported more than one long-term condition or disability.

Appendix 4:

A technical note on analyses and interpretations

Preliminary note

Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

Scoring methodology

The survey questions were grouped into six stages of care: antenatal care; labour and birth; care in hospital after the birth, specialised care; infant feeding; and care at home after the birth. Scores are presented for individual questions within a stage of care. The responses to the scored questions in each stage were also summarised to form overall scores ranging from 0-10.

The National Maternity Experience Survey scoring methodology is based on the methodology used in the National Inpatient Experience Survey, which was in turn based on the approach used by the Care Quality Commission on behalf of the National Health Service (NHS) in England.

It should be noted that only evaluative questions could be scored, that is questions which assessed an actual experience of care. Other questions, such as questions about type of maternity care, type of birth, and healthcare professionals seen, were not scored. Routing or demographic questions were not scored. More 'positive' answers were assigned higher scores than more 'negative' ones. For example, '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, 'I had no need to ask any questions' was categorised as 'missing'. It was not scored as it cannot be evaluated in terms of best practice.

The table below shows how scores were calculated for a specific question. In this example, the scores of five respondents are presented. The score for Q9 is calculated by adding 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 Q9 is 6 out of 10.

**Q9. Thinking about the care you received during your pregnancy, did you receive enough information about physical changes in your body?**

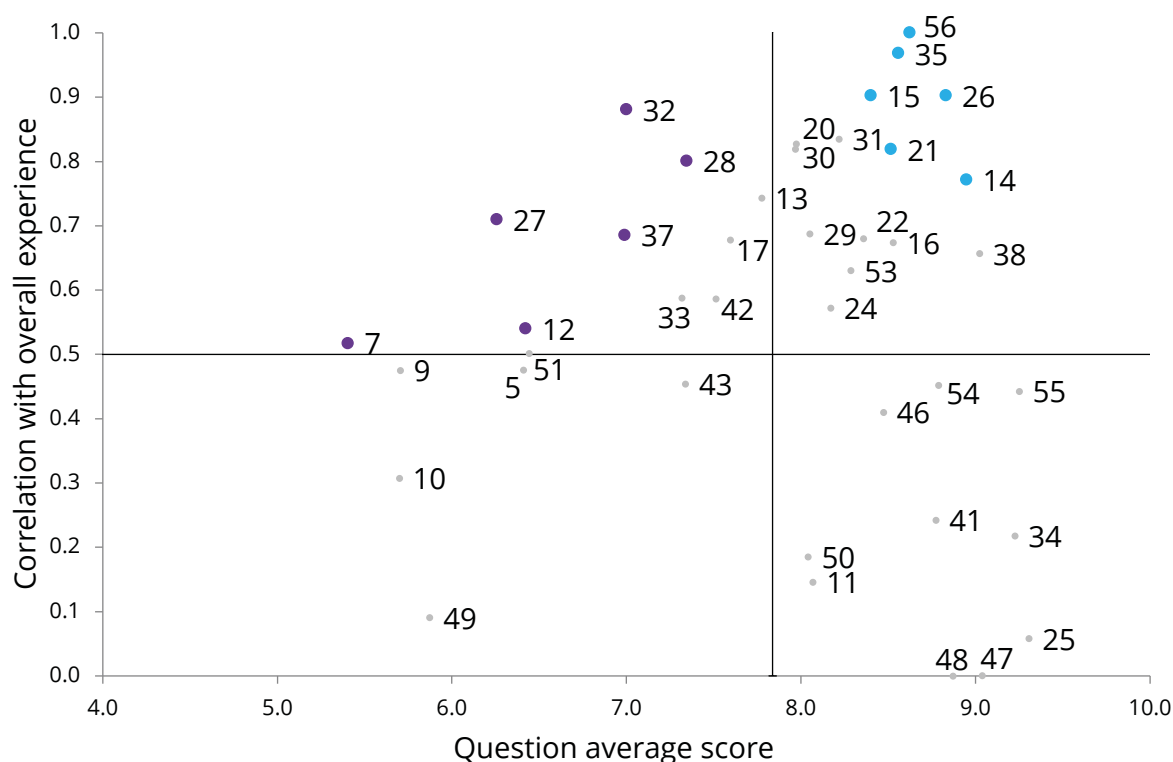
Respondent	Score
1	10
2	10
3	5
4	0
5	5
Sum of scores	30

Scores for the stages of care were constructed by calculating the average scores for all scored questions belonging to that stage.

Identifying areas of good experience and areas for improvement

Figure A shows the average score out of 10 for each question on the survey, and how strong a relationship it has with participants' overall experience. The strength of this relationship was identified in a correlation analysis. Questions with high average scores out of 10, and a strong relationship with participants' overall rating of their experience are areas of good experience, highlighted in blue. Questions with lower average scores out of 10 and a strong relationship with participants' overall rating of their experience are areas for improvement, highlighted in purple.

Figure A: Overall care experience map



Comparing groups

When is a difference a 'real' difference?

Statistical tests were carried out to examine if there were significant differences in participants' experiences, across maternity services and across groups of participants.

A 'z-test' was used to compare care 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 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.

Individual question scores for 2020 and 2025 were compared using a 't-test' at the 99% confidence level. A t-test is a statistical test used to compare the average scores of two groups. 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 'higher than' or 'lower than' a comparison group, this is highly unlikely to have occurred by chance.

Survey analysis and reporting

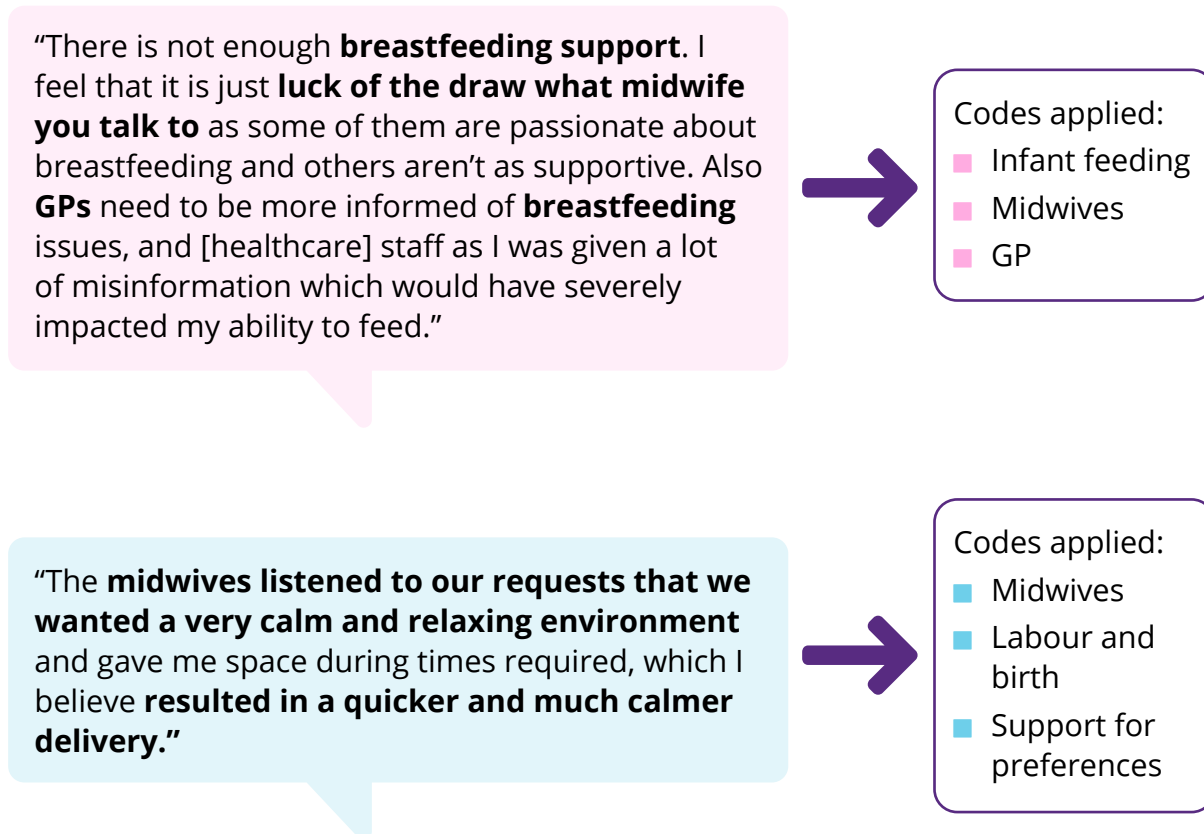
The survey data was analysed by the National Maternity Experience Survey team based in the Health Information and Quality Authority (HIQA).

Quantitative survey data was analysed using the statistical package SPSS (Version 29).

As outlined in Chapter 6, participants' comments were coded using a coding framework. Figure B below provides examples of how codes were applied to comments.



Figure B: Examples of coding of comments

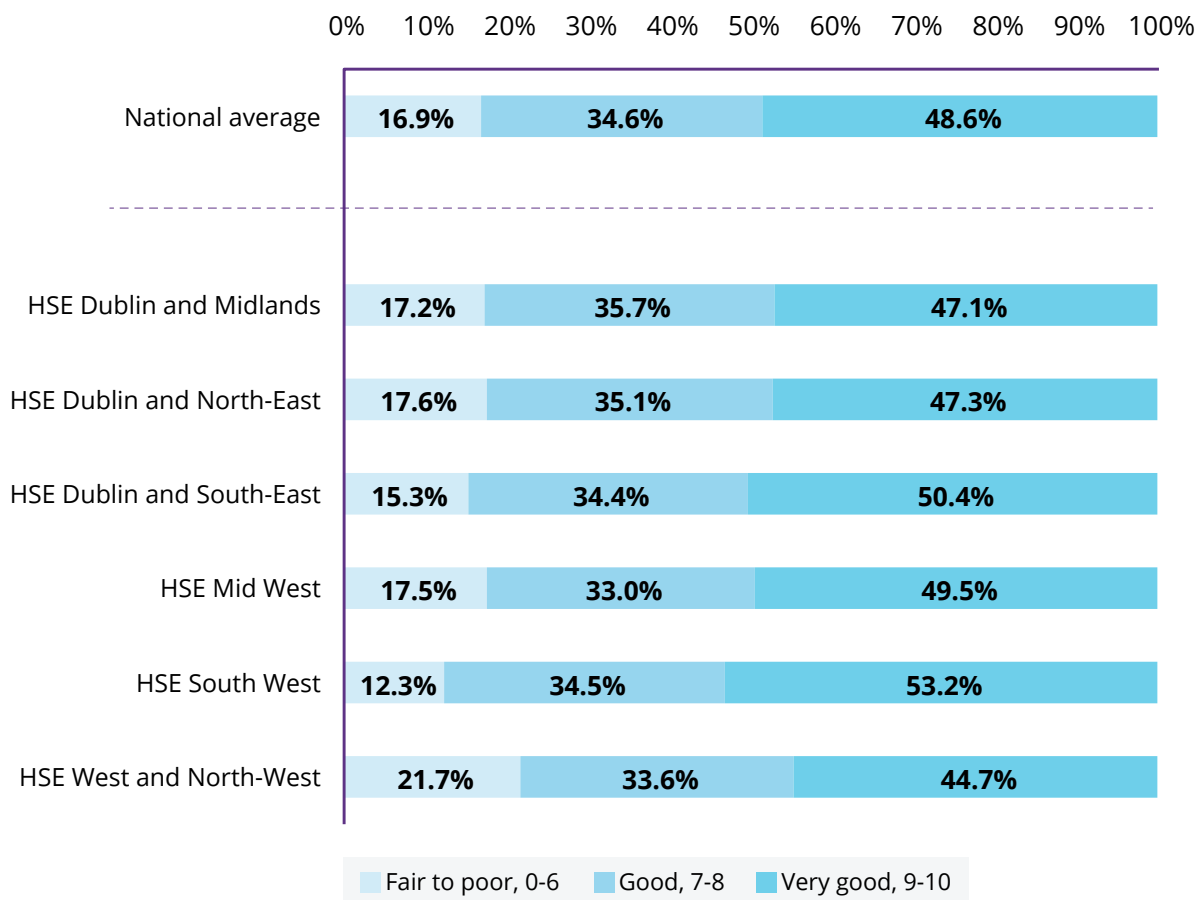


Appendix 5:

Findings by health region

Figure C presents participants' ratings of their overall maternity care experience by health region.

Figure C: Comparison of overall experience ratings by health region





Figures D-I below show the average scores for each stage of care by health region.

Figure D: Average stage of care scores for HSE Dublin and Midlands

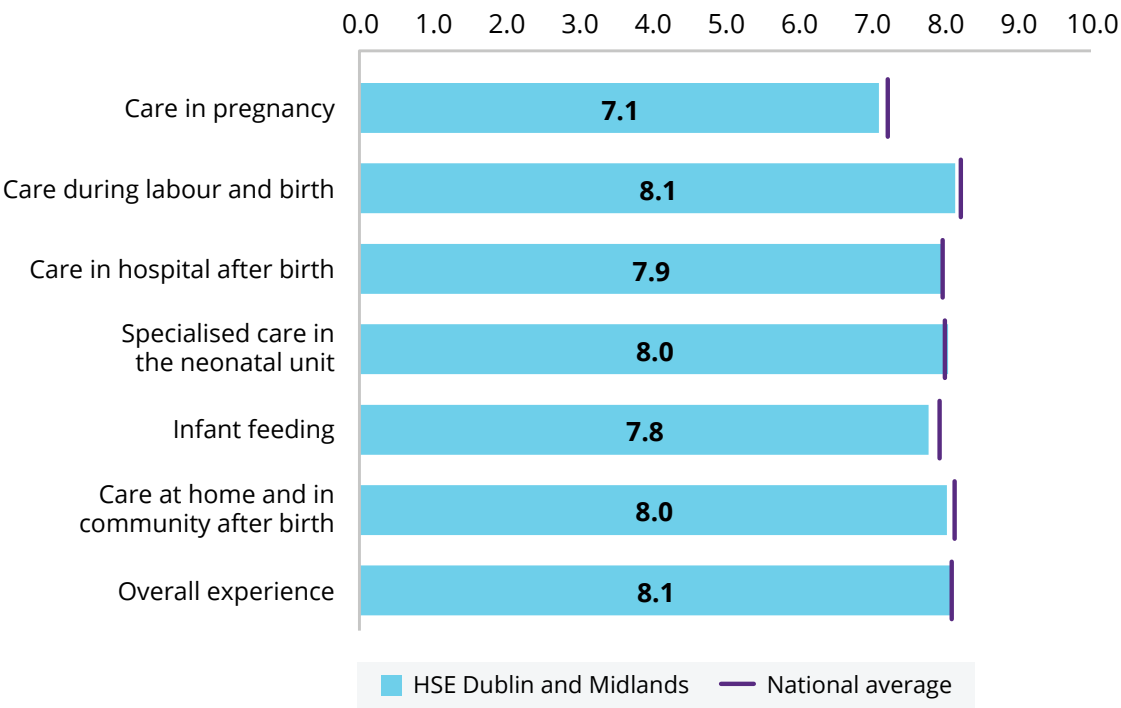


Figure E: Average stage of care scores for HSE Dublin and North-East

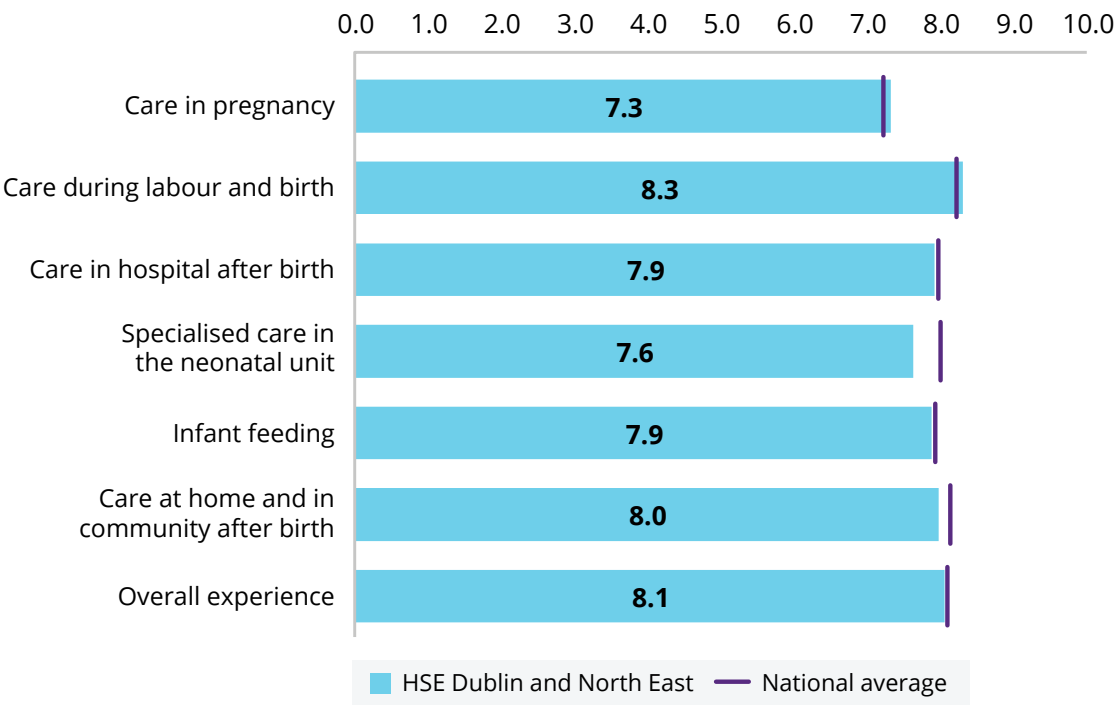


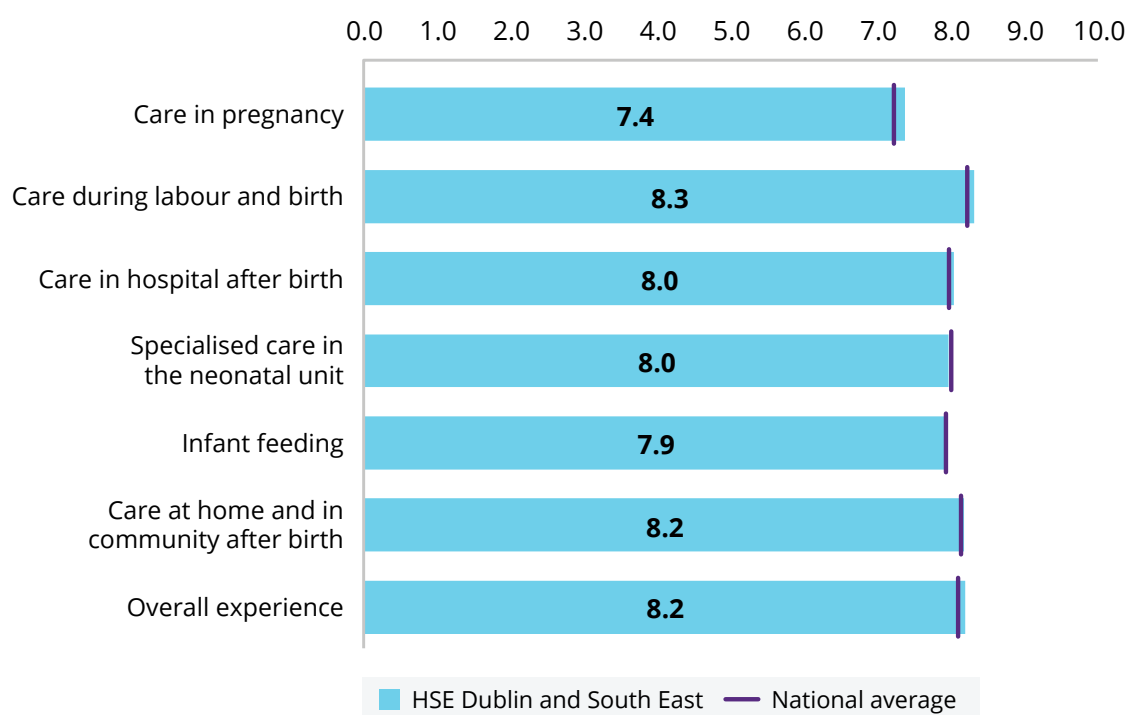
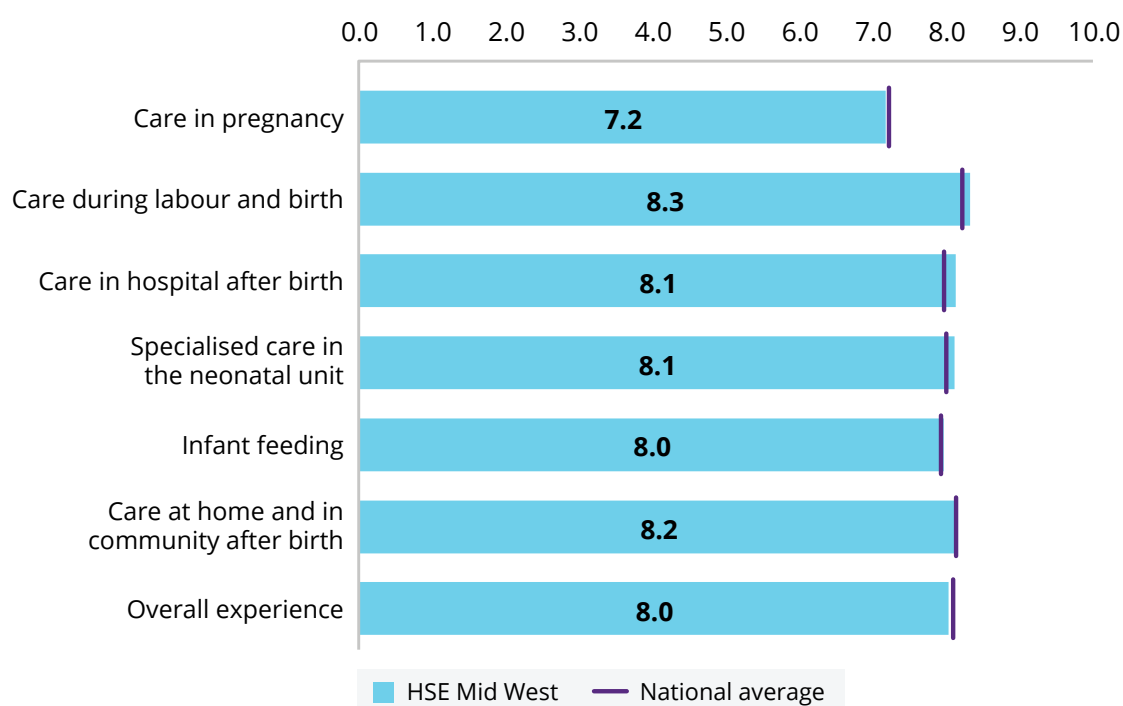
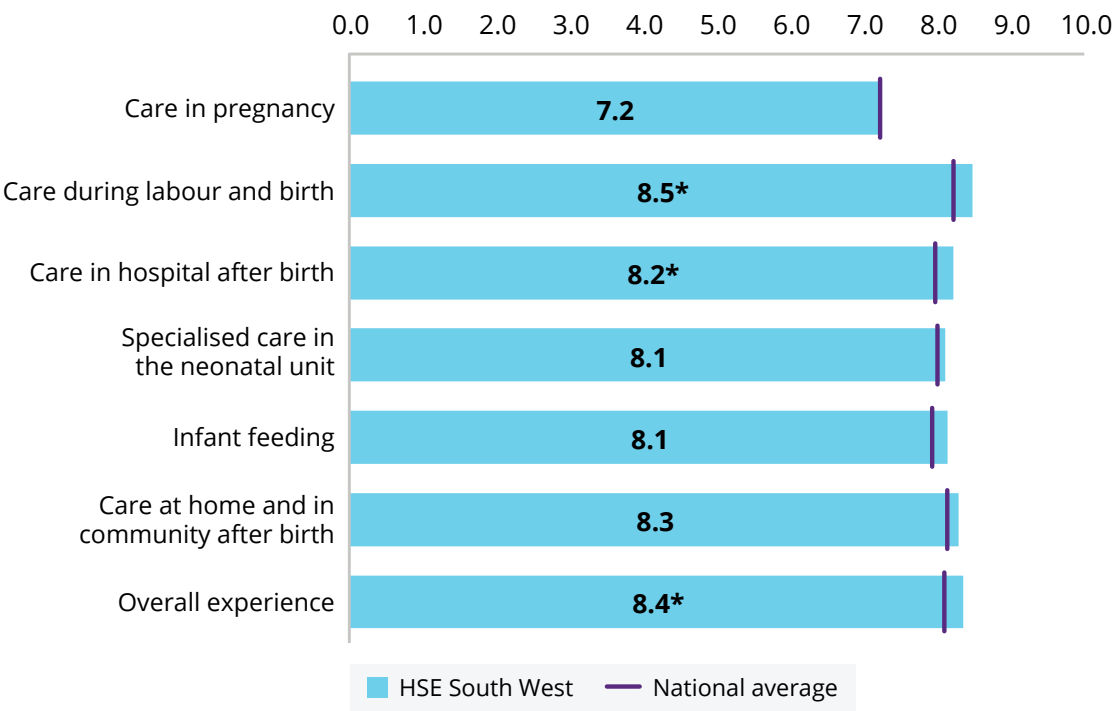
Figure F: Average stage of care scores for HSE Dublin and South-East**Figure G: Average stage of care scores for HSE Mid West**

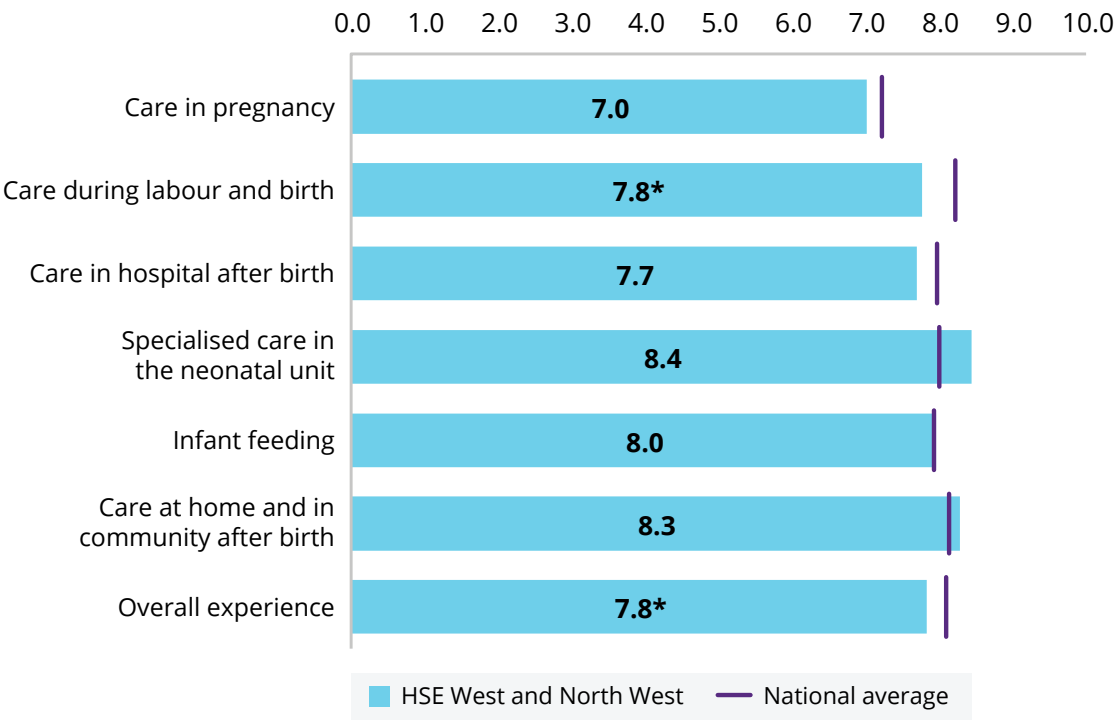


Figure H: Average stage of care scores for HSE South West



*significant difference from national average score.

Figure I: Average stage of care scores for HSE West and North-West



*significant difference from national average score.

Appendix 6:

The National Maternity Experience Survey questionnaire 2025



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.....

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

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

- ¹ ☐ General Practitioner (GP) or family doctor
- ² ☐ Midwife at maternity service
- ³ ☐ Obstetrician (doctor or consultant doctor) at maternity service
- ⁴ ☐ Healthcare professional at private scan clinic
- ⁵ ☐ Other

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

- ¹ ☐ Yes
- ² ☐ I was not offered any choices
- ³ ☐ I was not offered any choices due to medical reasons
- ⁴ ☐ 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:

- ¹ ☐ Obstetrician (doctor or consultant doctor) clinic at the hospital
- ² ☐ Midwife clinic at the hospital
- ³ ☐ 'Domino scheme': midwife-led care in community clinic
- ⁴ ☐ Community midwife clinic in (or near) your local community
- ⁵ ☐ Midwife clinic at midwifery-led unit (only available at Cavan General and Our Lady of Lourdes Hospital Drogheda)
- ⁶ ☐ Self-employed community midwife care (as part of the HSE Home Birth Service)

SEMI-PRIVATE CARE (Dublin maternity hospitals only):

- ⁷ ☐ Obstetrician (doctor or consultant doctor) care at semi-private clinic at the hospital

PRIVATE CARE:

- ⁸ ☐ Obstetrician (doctor or consultant doctor) care at private clinic at the hospital

OTHER:

- ⁹ ☐ I had my pregnancy check-ups in another country → **GO TO Q18.**
- ¹⁰ ☐ I did not have any check-ups in pregnancy → **GO TO Q18.**
- ¹¹ ☐ 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

1 ☐ Yes

2 ☐ No

3 ☐ Don't know or can't remember

1 ☐ Yes, always

2 ☐ Yes, sometimes

3 ☐ No

4 ☐ Don't know or can't remember

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.**

1 ☐ Yes → GO TO Q37.

2 ☐ No → GO TO Q39.

3 ☐ Don't know or can't remember → GO TO Q39.

- 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

[illegible]

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

- 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?

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

012345678910

☐☐☐☐☐☐☐☐☐☐☐

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?

- ¹ ☐ None
² ☐ 1 or 2
³ ☐ 3 or more

Q63. What is your ethnic group?

White:

- ¹ ☐ Irish
² ☐ Irish Traveller
³ ☐ Roma
⁴ ☐ Any other White background

Black or Black Irish:

- ⁵ ☐ African
⁶ ☐ Any other Black background

Asian or Asian Irish:

- ⁷ ☐ Chinese
⁸ ☐ Indian/Pakistani/Bangladeshi
⁹ ☐ Any other Asian background

Other, including mixed group/background:

- ¹⁰ ☐ Arab
¹¹ ☐ Mixed, *please specify*

- ¹² ☐ 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

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

THANK YOU FOR YOUR HELP WITH THIS VERY IMPORTANT NATIONAL SURVEY



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