

# Maternity Care Survey



**Please let us understand and improve maternity care services in your area.** Your views are very important to us. They help us to understand more about the quality of NHS maternity care services offered in your area and what needs to be improved.

Taking part is **voluntary** and your responses will be completely **confidential**. None of the health or care professionals involved in your care will know whether or not you have responded.

Survey results will be analysed and national and local level results will be published in **December 2018**. For more information on how responses to this survey will be used, including additional comments, please see our **Privacy Notice** at [www.gov.scot/MaternitySurveyPrivacyNotice](http://www.gov.scot/MaternitySurveyPrivacyNotice).

**Please answer the questions about your most recent pregnancy.** Please use blue or black ink and don't worry if you make a mistake, simply cross it out and tick the correct answer.

For more information about this survey please read the enclosed letter or visit [www.gov.scot/maternitysurvey](http://www.gov.scot/maternitysurvey).



**Helpline**

**XXXX XXX XXX**

**Monday to Friday**

## 1. Care during your pregnancy (antenatal care)

**Q1** Roughly how many weeks pregnant were you when you had your 'booking' appointment (when you were given your notes and/or were seen by a midwife)?

- |  |  |
|--|--|
| 1 <input type="checkbox"/> 0 to 7 weeks pregnant   | 4 <input type="checkbox"/> 12 weeks pregnant           |
| 2 <input type="checkbox"/> 8 or 9 weeks pregnant   | 5 <input type="checkbox"/> 13 or more weeks pregnant   |
| 3 <input type="checkbox"/> 10 or 11 weeks pregnant | 6 <input type="checkbox"/> Don't know / can't remember |

**Q2** During your pregnancy were you given a **choice** about **where** your antenatal check-ups would take place? For example, at a health centre, GP surgery or at home.

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Yes              | 3 <input type="checkbox"/> No                          |
| 2 <input type="checkbox"/> Most of the time | 4 <input type="checkbox"/> Don't know / can't remember |

**Q3** If you saw a midwife for your **antenatal check ups**, did you see the same one every time?

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Yes, every time       | 4 <input type="checkbox"/> I only saw a midwife once   |
| 2 <input type="checkbox"/> Yes, most of the time | 5 <input type="checkbox"/> I did not see a midwife     |
| 3 <input type="checkbox"/> No                    | 6 <input type="checkbox"/> Don't know / can't remember |

**Q4** During your **antenatal check-ups**, were you given enough time to ask questions or discuss your pregnancy?

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Yes, always    | 3 <input type="checkbox"/> No                          |
| 2 <input type="checkbox"/> Yes, sometimes | 4 <input type="checkbox"/> Don't know / can't remember |

**Q5** Were you told who to contact if you needed any further advice or support **during your pregnancy?**

- 1  Yes      2  No      3  Don't know/ can't remember

**Q6** **During your pregnancy**, if you contacted a midwife or midwifery team, were you given the help you needed?

- 1  Yes, always      4  I was not able to contact a midwife or the midwifery team  
 2  Yes, sometimes      5  I did not contact a midwife or midwifery team  
 3  No      6  Don't know / can't remember

**Q7** **During your pregnancy**, were you given enough information by health professionals on each of the following? *Please tick **one box on each line**. If a statement is not applicable, please leave that line blank.*

	Yes, definitely	Yes, to some extent	No, but I would have found it useful	No, but I did not want/ need this	Don't know/ can't remember
Physical changes during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional changes that may occur, such as low mood & anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choices about where to give birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain relief options for labour & birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options for feeding your baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits & financial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q8** Were you given the Ready, Steady, Baby book or a link to the website?

- 1  Yes and it was useful      4  No, but I did not want this  
 2  Yes but it was not useful      5  What is Ready, Steady, Baby?  
 3  No, but I would have liked this      6  Don't know / can't remember

**Q9** **During your pregnancy** were you **offered** any of the following choices about where to give birth to your baby? *Please tick **all that apply**.*

- 1  At hospital (midwives & doctors)      5  I had no choices due to medical reasons  
 2  A midwife led unit (midwives only)      6  Choices are limited in my area  
 3  At home      7  Don't know / can't remember  
 4  I was not offered any choices

**Q10** Thinking about all the care you received **during your pregnancy**, how much do you agree or disagree with the following statements? *Please tick **one box on each line**. If a statement is not applicable, please leave that line blank.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I was listened to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
My personal circumstances were taken into account	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with kindness & understanding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I understood the information & explanations I was given	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was involved in decisions about my care as much as possible	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was given the opportunity to involve the people that matter to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff provided help when I needed it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff worked well together to organise my care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q11** Overall, how would you rate your **antenatal care**?

1  Excellent    2  Good    3  Fair    4  Poor    5  Very poor

**Q12** If there is anything else you would like to tell us about your care when you were pregnant, please do so here.

## 2. Your labour and the birth of your baby

**Q13** At the very start of labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?

1  Yes → **Go to Q14**    3  I did not contact a midwife or the hospital → **Go to Q14**  
 2  No → **Go to Q14**    4  I did not experience labour → **Go to Q16**

**Q14** **During labour**, were you able to move around and choose the position that made you most comfortable?

1  Yes, most of the time    4  No, it was not possible due to medical reasons  
 2  Yes, sometimes    5  No, but I didn't want to  
 3  No

**Q15** Did you feel that you had enough help to enable you to cope with your pain **during labour?**

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Yes, always           | 3 <input type="checkbox"/> No                         |
| 2 <input type="checkbox"/> Yes, most of the time | 4 <input type="checkbox"/> I did not want / need help |
- 

**Q16** What **type of birth** did you have? If you had two or more babies, please fill in this question about the baby who was born first.

- |  |
|--|
| 1 <input type="checkbox"/> A normal vaginal delivery → <b>Go to Q17</b>  |
| 2 <input type="checkbox"/> An assisted vaginal delivery (e.g. with forceps or ventouse suction cup) → <b>Go to Q17</b> |
| 3 <input type="checkbox"/> A planned caesarean delivery → <b>Go to Q21</b>   |
| 4 <input type="checkbox"/> An emergency caesarean delivery → <b>Go to Q19</b>  |
- 

**Q17** Where did you give birth?

- |  |  |
|--|--|
| 1 <input type="checkbox"/> On a bed              | 3 <input type="checkbox"/> In a water or birthing pool |
| 2 <input type="checkbox"/> On a mat on the floor | 4 <input type="checkbox"/> Other                       |
- 

**Q18** What position were you in **when your baby was born?**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Sitting / sitting supported by pillows | 4 <input type="checkbox"/> Lying flat /lying supported by pillows |
| 2 <input type="checkbox"/> On my side                             | 5 <input type="checkbox"/> Lying with legs in stirrups or held up |
| 3 <input type="checkbox"/> Standing, squatting or kneeling        | 6 <input type="checkbox"/> Other                                  |
- 

**Q19** If you raised a concern **during labour & birth**, did you feel it was taken seriously?

- |                                |                               |   |
|--------------------------------|-------------------------------|---|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> I did not raise any concerns |
|--------------------------------|-------------------------------|---|
- 

**Q20** When you called / asked for assistance **during labour and birth**, did you receive it within a reasonable time?

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Yes, always    | 4 <input type="checkbox"/> I didn't want / need assistance |
| 2 <input type="checkbox"/> Yes, sometimes | 5 <input type="checkbox"/> Don't know / can't remember     |
| 3 <input type="checkbox"/> No             |  |
- 

**Q21** Did you have skin to skin contact (baby naked directly on your chest or tummy) with your baby shortly after birth?

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Yes                         | 4 <input type="checkbox"/> No but this was not possible for medical reasons     |
| 2 <input type="checkbox"/> Yes but I did not want this | 5 <input type="checkbox"/> No, I did not want skin to skin contact with my baby |
| 3 <input type="checkbox"/> No                          |   |

**Q22** Did you give birth to a single baby, twins or more?

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

**Q23** Roughly how many weeks pregnant were you when your baby was born?

- 1  Less than 37 weeks      2  Between 37 & 40 weeks      3  More than 40 weeks
- 

**Q24** Did the staff caring for you introduce themselves?

- 1  Yes, all of the staff introduced themselves  
2  Some of the staff introduced themselves  
3  Very few or none of the staff introduced themselves  
4  Don't know / can't remember
- 

**Q25** During the birth, were you cared for by the same midwife / midwife team as during your pregnancy?

- 1  Yes, always      4  No, but I did not mind  
2  Yes, most of the time      5  Don't know / can't remember  
3  No, but I would have liked this
- 

**Q26** Thinking about your care **during labour and birth**, how much would you agree or disagree with the following statements about your experience? *Please tick **one box on each line**. If a statement is not applicable, please leave that line blank.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I was listened to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with kindness & understanding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with respect & dignity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was given the information & explanations I needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was given the opportunity to involve the people that matter to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was involved in decisions about my care as much as possible	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff provided help when I needed it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff worked well together to organise my care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q27** Were you (and / or your partner or companion) left alone by midwives or doctors at a time when it worried you? *Please tick **all that apply**.*

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Yes, during early labour               | 4 <input type="checkbox"/> Yes, shortly after the birth |
| 2 <input type="checkbox"/> Yes, during the later stages of labour | 5 <input type="checkbox"/> No, not at all               |
| 3 <input type="checkbox"/> Yes, during the birth                  | 6 <input type="checkbox"/> Don't know/ can't remember   |

**Q28** Overall, how would you rate the care you received during **your labour and birth**?

- |                                      |                                 |                                 |                                 |                                      |
|--------------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------------|
| 1 <input type="checkbox"/> Excellent | 2 <input type="checkbox"/> Good | 3 <input type="checkbox"/> Fair | 4 <input type="checkbox"/> Poor | 5 <input type="checkbox"/> Very poor |
|--------------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------------|

**Q29** If there is anything else you would like to tell us about **your labour and birth**, please do so here.

### 3. Care in hospital or a midwife-led unit after the birth

**Q30** Where was your baby born?

- |   |   |
|---|---|
| 1 <input type="checkbox"/> In hospital (midwives & doctors) → <b>Go to Q31</b>      | 4 <input type="checkbox"/> At home → <b>Go to Q37</b> |
| 2 <input type="checkbox"/> In a midwife-led unit (midwives only) → <b>Go to Q31</b> | 5 <input type="checkbox"/> Other → <b>Go to Q37</b>   |

**Q31** How long did you stay in hospital or a midwife-led unit after your baby was born?

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Up to 6 <b>hours</b>  | 5 <input type="checkbox"/> 3 to 4 <b>days</b>          |
| 2 <input type="checkbox"/> 6 to 12 <b>hours</b>  | 6 <input type="checkbox"/> 5 or more <b>days</b>       |
| 3 <input type="checkbox"/> 12 to 24 <b>hours</b> | 7 <input type="checkbox"/> Don't know / can't remember |
| 4 <input type="checkbox"/> 1 to 2 <b>days</b>    |  |

**Q32** Was your partner or someone else close to you able to stay with you as much as you wanted? *Please tick **all that apply**.*

- 1  Yes
- 2  No, as they were restricted to visiting hours
- 3  No, as there was no accommodation for them in hospital
- 4  No for another reason
- 5  I did not have a partner or someone else close to me with me

**Q33** When you left hospital or the midwife-led unit, did you know who to contact if you needed any further advice or support?

- |                                |                               |   |
|--------------------------------|-------------------------------|---|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Don't know/ can't remember |
|--------------------------------|-------------------------------|---|

**Q34** Thinking about the care you received in hospital after the birth of your baby, how much do you agree or disagree with the following statements? *Please tick one box on each line. If a statement is not applicable, please leave that line blank.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I was listened to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with dignity & respect	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with kindness & understanding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was given the information & explanations I needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was given the opportunity to involve the people that matter to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was involved in my baby's care as much as possible	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff provided help when I needed it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff spent enough time with me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff worked well together to organise our care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q35** Overall, how would you rate the care you received **in hospital or a midwife-led unit after the birth of your baby?**

1  Excellent    2  Good    3  Fair    4  Poor    5  Very poor

**Q36** If there is anything else you would like to tell us about your **care in hospital or a midwife-led unit** after the birth, please do so here.

#### 4. Care in a neonatal unit after the birth

**Q37** Was your baby admitted to a neonatal unit?

1  Yes → **Go to Q38**                      2  No → **Go to Q47**

**Q38** When was your baby first admitted to a neonatal unit?

1  Immediately following birth                      3  Following initial discharge  
 2  During postnatal hospital stay

**Q39** How long did your baby stay in the neonatal unit?

- 1  Up to 1 day  
2  1 to 4 days  
3  5 to 7 days  
4  1 to 4 weeks  
5  More than 4 weeks  
6  Don't know / can't remember
- 

**Q40** Were you able to stay with your baby as much as you wanted? *Please tick all that apply.*

- 1  Yes  
2  No, I was restricted to visiting hours  
3  No, there was no accommodation  
4  No, for medical reasons  
5  No, for another reason
- 

**Q41** Did you have skin to skin contact (often called kangaroo mother care) with your baby in the neonatal unit as much as you wanted?

- 1  Yes  
2  Yes but I did not want this  
3  No  
4  No but this was not possible for medical reasons  
5  No, I did not want this
- 

**Q42** Thinking about the care your baby received in the neonatal unit, how much do you agree or disagree with the following statements? *Please tick one box on each line. If a statement is not applicable, please leave that line blank.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My personal circumstances were taken into account	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with kindness & understanding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was given the information & explanations I needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was involved in my baby's care as much as possible	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff provided help when I needed it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff worked well together to organise my baby's care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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**Q43** When you called or asked for assistance whilst your baby was in neonatal care, did you receive it within a reasonable time?

- 1  Yes, always  
2  Yes, sometimes  
3  No  
4  I didn't want / need assistance  
5  Don't know / can't remember



**Q44** Were you offered emotional support or counselling?

- 1  Yes      2  No      3  Don't know / can't remember
- 

**Q45** Overall, how would you rate the care your baby received in the neonatal unit?

- 1  Excellent      2  Good      3  Fair      4  Poor      5  Very poor
- 

**Q46** If there is anything else you would like to tell us about your experience of neonatal care, please do so here.

## 5. Feeding your baby

**Q47** In the first few days after the birth how was your baby fed?

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

**Q48** Did you experience any difficulties or challenges feeding your baby in this way?

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

**Q49** Were your decisions about how you wanted to feed your baby respected by staff?

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

**Q50** Did you feel that midwives and other health professionals gave you **consistent advice** about **feeding your baby**?

- 1  Yes, always      4  I did not want or need any advice  
2  Yes, sometimes      5  I did not receive any advice  
3  No      6  Don't know / can't remember
- 

**Q51** Did you feel that midwives and other health professionals gave you **active support and encouragement** about **feeding your baby**?

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

## 6. Care at home/ in the community after the birth

**Q52** Do you feel you had enough advice & support to care for your baby after the birth?

- 1  Yes, definitely                      4  No but I did not need any  
 2  Yes, to some extent                      5  Don't know / can't remember  
 3  No, I would have liked more

**Q53** Were you given a choice about where your postnatal care would take place?  
 For example, a health centre, GP surgery or at home.

- 1  Yes                      2  No                      3  Don't know / can't remember

**Q54** Did you see the same midwife for both your antenatal and postnatal care?

- 1  Yes, always                      4  No, but I did not mind  
 2  Yes, most of the time                      5  I've not seen a midwife since the birth  
 3  No, but I would have liked this                      6  Don't know / can't remember

**Q55** If you contacted a midwife or midwifery team, were you given the help you needed?

- 1  Yes, always                      4  No as I was not able to contact a midwife  
 2  Yes, sometimes                      5  I did not contact a midwife  
 3  No                      6  Don't know / can't remember

**Q56** Did a health professional tell you that you would need to arrange a postnatal check-up of your own health? (Around 4-8 weeks after birth)

- 1  Yes                      2  No                      3  Don't know/ can't remember

**Q57** **After the birth of your baby**, were you given enough information & support by health professionals on each of the following? *Please tick **one box on each line**. If a statement is not applicable, please leave that line blank.*

	Yes, definitely	Yes, to some extent	No, but I would have found it useful	No, but I did not want/ need this	Don't know/ can't remember
Your physical recovery after the birth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Emotional changes you might experience after the birth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your baby's health & progress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Options for feeding your baby	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Local support groups	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Benefits & financial support	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Q58** Were you told who you could contact if you needed advice about emotional changes you might experience after the birth?

1  Yes      2  No      3  Don't know/ can't remember

---

**Q59** Thinking about the care you received at home & in the community after the birth, how much do you agree or disagree with the following statements? *Please tick one box on each line. If a statement is not applicable, please leave that line blank.*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I was listened to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
My personal circumstances were taken into account	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I was treated with kindness & understanding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I understood the information & explanations I was given	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff provided help when I needed it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff spent enough time with me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Staff worked well together to organise our care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

---

**Q60** Overall, how would you rate the care you received at home after the birth?

1  Excellent      2  Good      3  Fair      4  Poor      5  Very poor

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**Q61** If there is anything else you would like to tell us about **your postnatal care**, please do so here.

## 7. About you

Your answers will help us to describe the women taking part in this survey and to find out if different groups of women have different experiences of their maternity care. If you would **prefer not to answer a particular question** then you can **leave it blank**.

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**Q62** What is your age group?

1  Under 25      2  25 to 34      3  35 or more

**Q63** How many babies have you given birth to before this pregnancy?

- 1  None      2  1 or 2      3  3 or more
- 

**Q64** What best describes your ethnic group?

- 1  White      4  African, Caribbean, Black or Black British  
2  Mixed or multiple ethnic groups      5  Other ethnic group  
3  Asian, Asian Scottish or Asian British
- 

**Q65** In general, how would you rate your physical health?

	Excellent	Good	Fair	Poor	Very poor
Before pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
During pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Now	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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**Q66** In general, how would you rate your emotional / mental health?

	Excellent	Good	Fair	Poor	Very poor
Before pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
During pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Now	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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**Q67** Do you have any of the following? *Please tick all that apply.*

- 1  Deafness or severe hearing impair-      5  A learning disability  
2  Blindness or severe vision impairment      6  A mental health condition  
3  Chronic pain lasting at least 3 months      7  Another long-term condition  
4  A physical disability      8  None of the above

**Thank you for completing this survey.**

Please return the survey in the **freepost** envelope provided **as soon as possible**.

Alternatively, you can **post it without a stamp to:**

XXXXXX  
XXXXXXXXXX