



Findings of the
National
Maternity
Experience
Survey
2020

Thank you!

Thank you to all of the women who participated in Ireland's first National Maternity Experience Survey. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve maternity care in Ireland. By putting you at the centre of your maternity care, we can work to ensure that the needs and wishes of mothers and their babies are met.

Thank you also to the staff working across all maternity services for contributing to the success of the survey, and in particular, for engaging with and informing women while the survey was ongoing.

The survey was overseen by a national steering group and a programme board. We acknowledge the direction and guidance provided by these groups. Appendix 1 lists the members of these groups and the core project team.

19 participating maternity hospitals and units



Women who had a home birth in October and November 2019 also took part

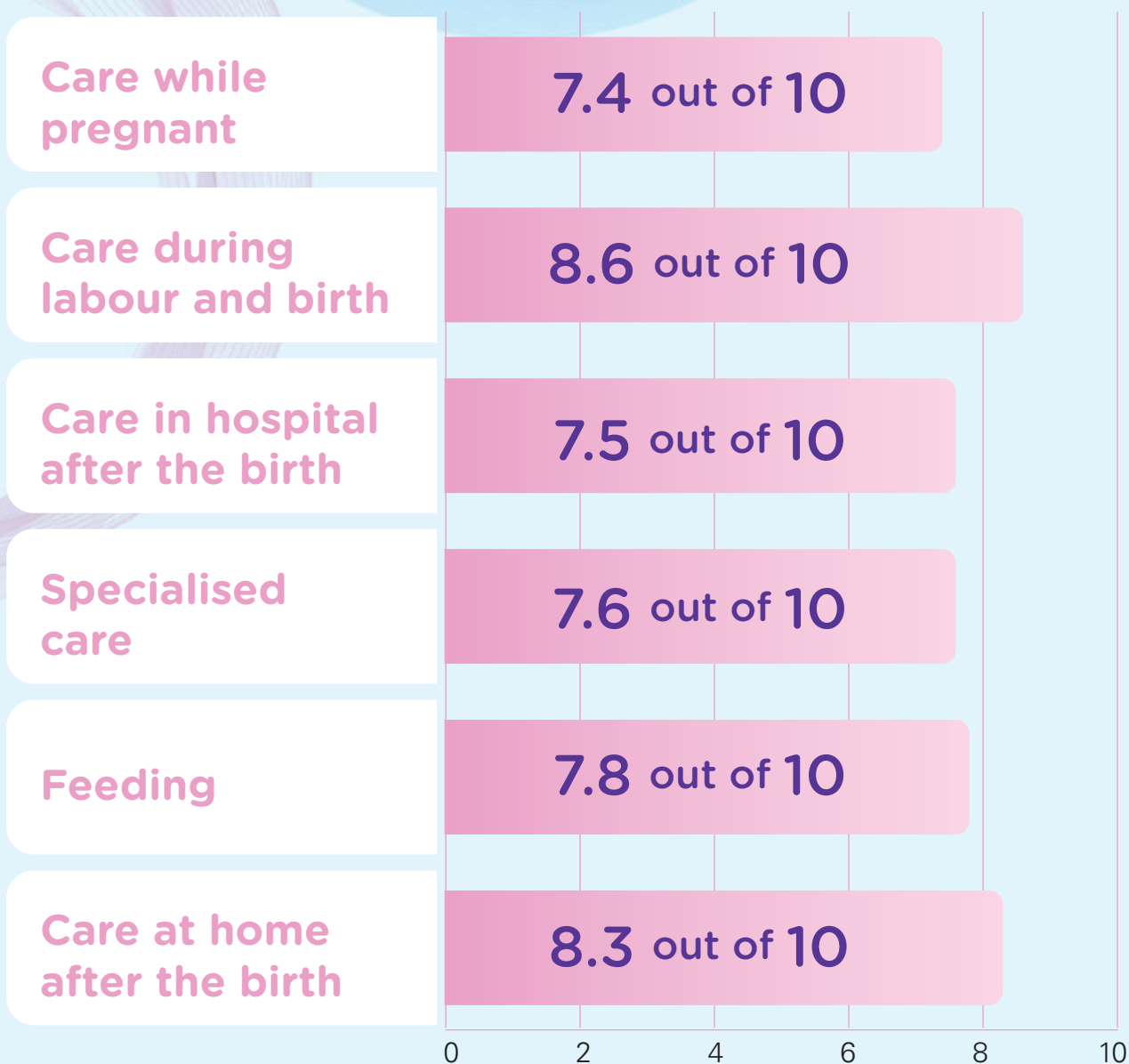
● Births in October 2019

● Births in October and November 2019

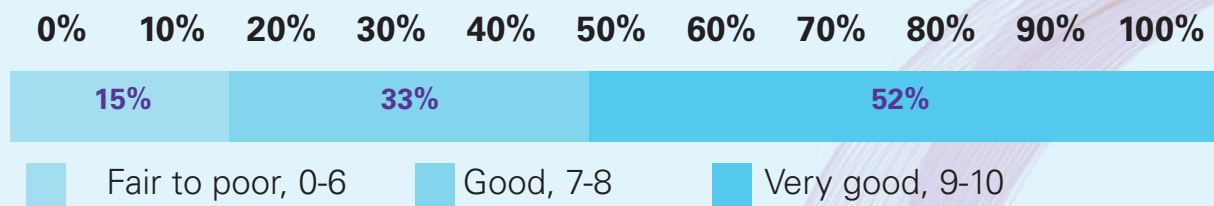
Executive summary

19 participating
maternity hospitals/units
and home birth services

3,204
women responded out of an
eligible population of 6,357



Overall experience



"The whole experience was very positive and thorough. The two midwives in the labour room were especially supportive."

"I feel help with breastfeeding, bottle feeding, expressing and pumping could be improved by hospital staff."

"GP visits and public health nurse were very helpful and informative. Nothing was too much bother."

"Mental health, how to cope with change. I did not expect to feel the way I did after leaving the hospital with my baby."

Executive summary

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

In addition, a number of survey questions reflected the key themes from The National Maternity Strategy 2016-2026, such as choice, promoting health and wellbeing, involvement in decision-making and being treated with respect and dignity.

Nationally, 60% of women said that they were offered a choice of the type of maternity care they would receive. Most women said that they were offered public care and consultant-led private or semi-private care, while home birth, DOMINO and midwifery-led care were not as commonly offered. There was also variation across hospitals in relation to the types of maternity care offered. 65% of women who were offered a choice opted for public consultant-led maternity care. A more detailed analysis of the themes of The National Maternity Strategy 2016-2026 is provided in Chapter 4 of this report.

6,357 women who gave birth in October and November 2019¹ were invited to participate in the first National Maternity Experience Survey. In total 3,204 women took part in the survey, resulting in a response rate of 50%². The survey questionnaire contains 68 questions which capture the whole maternity pathway from antenatal care, through labour and birth, to postnatal care in the community³.

The National Maternity Experience Survey includes questions taken or adapted from a library of questions developed by the National University of Ireland, Galway (NUIG) in collaboration with the National Care Experience Programme. Over 250

¹ In order to ensure a sufficient sample size, women who gave birth in October and November in smaller maternity units were invited to take part. In larger maternity units women who gave birth in October only were invited to take part. More information and a breakdown of the relevant units can be found in Appendix 2.

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

³ The full National Maternity Experience Survey questionnaire can be found in Appendix 5.

people, including women who had recently used maternity services, women's representatives, midwives, public health nurses, GPs, obstetricians, policymakers, data analysts and academics were involved in developing and selecting the questions most relevant to the Irish context.

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

What were the main findings of the 2020 survey?

Most of the women who responded to the survey had a positive experience of maternity care. In total, 85% of participants said that they had a good or very good overall experience. The majority of the women who responded gave birth to one baby, and for 42% this was their first baby. For 87% of women, their GP or family doctor was the first healthcare professional they saw when they thought they were pregnant.

In relation to the higher-scoring questions on the survey, most women said they were treated with respect and dignity, and had confidence and trust in the staff that cared for them, both in community care settings and in maternity units and hospitals. Participants made thousands of positive comments about their experiences of midwives and other members of staff.

Nevertheless, there were a number of areas where women identified opportunities for improvement. While most women said that they had a positive maternity experience, 15% said their experience was 'fair to poor'. The lower-scoring questions on the survey primarily related to the period shortly after birth. A number of women were not given the opportunity to ask questions nor were they as involved as much as they wanted to be in decisions about their care after the birth. Some did not receive sufficient physical and emotional support when they needed it during this time. When asked to describe their experiences in their own words, a number of women said that hospital staff were very busy and not always able to assist them when they needed it. Additionally, many women felt they did not receive sufficient information and support for their mental health, not just in the period after birth, but also during their pregnancy.

There were some significant differences between the experiences of women from different groups. For example, women who had previously given birth were more likely to have a positive experience. 60% of women said that they were offered a choice of the type of maternity care they would receive, and women who chose to have a home birth reported more positive experiences than women who gave birth

in a maternity unit or hospital. However, the number of women who had a home birth was small so it is difficult to make reliable comparisons. There were differences between the scores received by maternity units or hospitals but in general these differences were relatively small, with most scoring close to the national average for each stage of care. There were also differences by participants' county of residence, with women living in Monaghan reporting the most positive overall experiences of maternity care, for example.

A summary of how women described their maternity experiences, followed by the results for each stage of care along the maternity care pathway, are presented below.

In their own words: How participants described their experiences

Participants made 6,075 comments in response to the three free-text questions in the survey. These comments give a detailed account of women's experiences throughout their maternity care journeys. The majority of the positive comments relate to staff and the care and support that they provided. When asked about areas for improvement, women mostly commented on staffing levels, communication and issues relating to feeding their babies.

Midwives were often mentioned in the responses to each of the three free-text questions and the vast majority of these comments were positive. The high prevalence of comments relating to midwives likely reflects the nature and importance of the interactions that women have with midwives during labour and birth.

Care while pregnant (antenatal care)

The average rating for the 'care while pregnant (antenatal care)' stage of care was 7.4 out of 10.

98% of the women who responded to the survey gave birth to a single baby, with 2% giving birth to twins, triplets or more babies. For most women (87%), their GP or family doctor was the first medical professional they saw when they thought they were pregnant.

The remaining questions for this stage of care asked women about the information and care they received while they were pregnant. 98% of women said that they were 'always' or 'sometimes' treated with respect and dignity during their pregnancy, with 2% saying that they were not. However, 32% said that they did not receive sufficient information about changes to their mental health during pregnancy. This was the lowest-scoring question for this stage of care.

Care during labour and birth

The average rating for the 'care during labour and birth' stage of care was 8.6 out of 10.

The highest-scoring question for this stage of care related to the involvement of a partner or companion. 95% of the women who answered this question said that their partner or companion was as involved in the labour and birth as much as they wanted them to be. However, 10% of women said that they were not involved in decisions about their care during labour and birth; this was the lowest-scoring question for this stage.

Care in hospital after the birth

The average rating for the 'care in hospital after the birth' stage of care was 7.5 out of 10.

The highest-scoring question for this stage related to the provision of contact information prior to discharge, with 89% of women saying they were told who to contact if they were worried about their health or their baby's health. The lowest-scoring question for this stage related to 'debriefing', with 30% saying that they did not have the opportunity to ask questions about the labour and birth after their baby was born.

Specialised care

561 women (18%) said that their baby received specialist care in a neonatal unit. 90% rated their experience of the care their baby received in the neonatal unit as good or very good. However, 24% said that they did not receive enough emotional support from healthcare professionals while their baby was in the neonatal unit.

Feeding

The average rating for questions relating to 'feeding' was 7.8 out of 10. The majority of women said that healthcare professionals had discussed their options for feeding their baby, with 8% saying they had not. 75% 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 women received with feeding while they were in hospital, with 15% saying they were not supported.

Care at home after the birth

The average rating for the 'care at home after the birth' stage of care was 8.3 out of 10.

99% of women said that they had been visited at home by a public health nurse after their baby's birth, while 85% said that their baby had received a 2-week check-up from their general practitioner (GP).

Most women (89%) said that they were always treated with respect and dignity while being cared for at home after the birth. The lowest-scoring question for this stage related to support for mental health. 29% of women said that their GP or practice nurse/midwife did not spend enough time talking to them about their mental health at their postnatal check-up.

Conclusion

Most women said that they had a positive overall experience of maternity care. However, a number of women did not, and identified areas where improvements could be made. It is clear that women require information on and support with their physical and mental health along their maternity care journey. Women also want to be involved in decisions about their care and to be given the opportunity to discuss their care and their baby's care with healthcare professionals. There were some differences between groups, with women who had a home birth and women who had previously given birth more likely to have a positive overall experience.

What happens next?

The HSE will use the survey results to inform the development of quality improvement plans at national and local levels. These quality improvement plans will describe the steps that the HSE will take to address the issues highlighted by participants in the survey. Quality improvement plans will be available at www.yourexperience.ie in autumn 2020. The survey will be repeated in the coming years and the findings will demonstrate whether or not maternity experience has improved over time.

The Department of Health will use the information gathered to inform the development of policy and strategy in relation to maternity care. Finally, findings of the survey will inform HIQA's approach to the monitoring of maternity care in public acute hospitals.

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CHAPTER

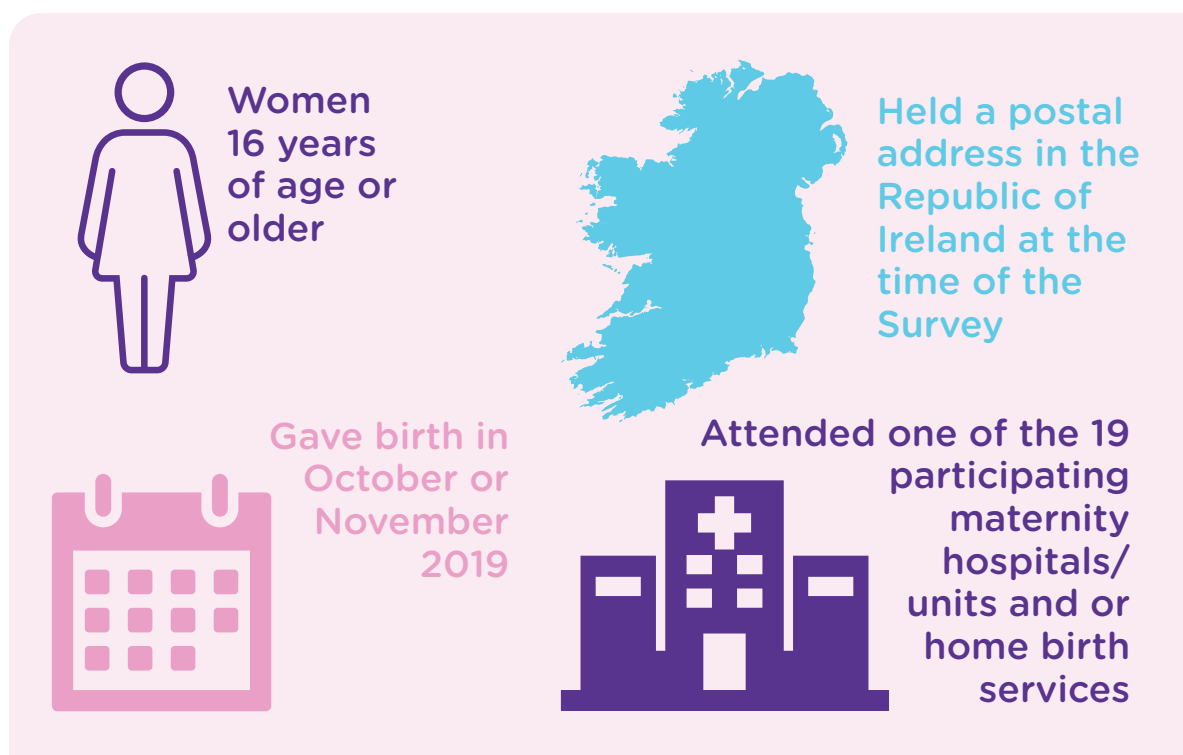
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About the National Maternity Experience Survey



Who was eligible to take part in the survey?

Women aged 16 or over who gave birth in October or November⁴ 2019 and had a postal address in the Republic of Ireland were invited to participate in the National Maternity Experience Survey. We are currently developing a dedicated survey for women who experience a negative maternity outcome such as a miscarriage, stillbirth or neonatal death. The scope of this survey is currently being defined and will be outlined at www.yourexperience.ie once finalised.



The infographic is set against a light pink background and contains four distinct sections, each with an icon and a text description:

- Top Left:** A purple outline icon of a woman. Text: "Women 16 years of age or older".
- Top Right:** A teal map of Ireland. Text: "Held a postal address in the Republic of Ireland at the time of the Survey".
- Bottom Left:** A pink calendar icon. Text: "Gave birth in October or November 2019".
- Bottom Right:** A purple icon of a hospital building with a cross. Text: "Attended one of the 19 participating maternity hospitals/units and or home birth services".

How was the survey run?

All eligible new mothers were contacted by post in February and March 2020. They were provided with information on the survey and a link to the online questionnaire. In March and April, two reminder letters were sent to the women who were invited to participate but had not yet returned a survey. The second reminder contained a paper copy of the questionnaire and a return envelope. 81% of participants responded online.

In similar surveys in other countries, women are generally contacted between two and four months after giving birth⁽²⁾. This allows time to capture women's experiences of postnatal care, facilitates checks for women and babies who have died in the intervening period, and provides time for women to reflect on their experiences.

⁴ In maternity hospitals with a higher number of births, women who gave birth in October 2019 were invited to participate. To ensure an adequate sample size, women who give birth in smaller hospitals in November 2019 were also eligible to participate in the survey. For a full list of participating hospitals see Appendix 2.

Participation in the survey was voluntary and confidential. Women could opt out of the survey if they did not wish to take part.

The administration and survey fieldwork was carried out by Behaviour & Attitudes on behalf of the partner organisations⁵.

Who participated in the survey?

6,357 women who gave birth in October and November 2019 were invited to take part in the survey. In total, 3,204 women (50%) returned a completed questionnaire. A summary of the characteristics of participants is provided in Table 1, with further detail on where women gave birth and their county of residence is provided in Appendix 2. The questionnaire was available on request in Irish, Polish, Lithuanian and Romanian. In total, six translated questionnaires were returned, with three of these in Polish, two in Lithuanian and one in Romanian.

Table 1 Characteristics of women who responded to the survey.

Age category		
	No.	%
Under 25	155	4.8
25-29	451	14.1
30-34	1,173	36.6
35-39	1,146	35.8
40 or older	280	8.7
Previous births		
None	1,240	42.2
One or two	1,482	50.4
Three or more	216	7.4
Ethnic group		
White Irish	2,602	82.5
Irish Traveller	11	0.3
Roma	10	0.3
Any other White background	349	11.1
African	41	1.3
Any other Black background	3	0.1
Chinese	12	0.4
Indian/Pakistani/Bangladeshi	37	1.2
Any other Asian background	18	0.6
Arabic	14	0.4
Mixed	30	1.0
Other	28	0.9

⁵ Behaviour & Attitudes is a research agency. More information on the company can be found on their website www.bandat.ie.

What questions were asked in the survey?

The survey covers women's experiences of maternity services from their antenatal care through to labour and birth, and their care after birth — in hospital, in the community and at home. The final questionnaire is included in Appendix 5. The National Maternity Experience Survey includes questions taken or adapted from a library of questions developed by NUIG in collaboration with the National Care Experience Programme.

Over 250 people, including women who had recently used maternity services, women's representatives, midwives, public health nurses, GPs, obstetricians, policymakers, data analysts and academics were involved in selecting the questions most relevant to the Irish context.

The development steps are outlined below:

1. A systematic review of the literature on questionnaires to measure women's experiences of their maternity care was conducted by NUIG. The review identified 19 relevant, international maternity care experience surveys from which each question was categorised to be considered for inclusion in the final questionnaire.
2. An international review of maternity care experience surveys identified international experience and best practice with regard to the models and methodologies employed to deliver a national maternity experience survey.
3. Focus groups, involving users and providers of maternity care in Ireland, identified the most important question areas in maternity care.
4. A gap analysis further identified questions which are relevant to the Irish context of maternity care.
5. A list of 396 questions was assembled from the previous steps, of which a Delphi Study identified 95 priority questions.
6. Picker Institute Europe checked the measurement and analytic quality of the questions.
7. Further review by experts, for example, the Department of Health, HIQA, Picker Institute Europe and the National Maternity Experience Survey Programme Board further prioritised questions.
8. Ten cognitive interviews took place with women who have used maternity services to assess the clarity and appropriateness of the proposed National Maternity Experience Survey questionnaire.

What maternity care services were included in the survey?

All 19 maternity hospitals and maternity units from across the country, as well as the National Home Birth Services, participated in the National Maternity Experience Survey. Maternity hospitals and units across Ireland are in the process of being organised into maternity networks. The purpose of these networks is to provide

improved governance and oversight across maternity hospitals/units and facilitate the sharing of expertise within and between networks.⁽¹⁾ These maternity networks are described in Appendix 2. Some elements of maternity care provided in the community are governed by Community Healthcare Organisations (CHOs). These CHOs and the areas they cover are also described in Appendix 2.

In addition, the survey includes questions on women's maternity experiences with public health nursing and general practitioner services.

Why measure women's experiences of maternity care?

Women's feedback on their experiences provides important information on the standard of maternity care in Ireland. This helps to identify where maternity services are performing well and what is needed to improve the quality and safety of care provided to both women and babies. Care experience surveys gather feedback in a rigorous and systematic way, and provide a good indicator of healthcare quality and performance.⁽³⁻⁵⁾

In recent years, several reports and reviews have highlighted service deficits and failings in Irish maternity services⁽⁶⁻⁹⁾. The National Maternity Strategy 2016-2026⁽¹⁾ was developed as a consequence, with the aim of providing a framework for a new and better maternity service in Ireland. Under Action 27 of the National Maternity Strategy, a commitment was made to developing a survey of maternity experiences to evaluate maternity care services from the perspectives of the women who use them. The strategy recommends that services should be woman-centred, and provide integrated, team-based care. The strategy also aims to increase choice for women whilst ensuring that services are safe. The National Standards for Safer Better Maternity Services also highlighted that surveys of women who use maternity care services are key tools for monitoring the quality and safety of maternity care.⁽¹⁰⁾

HIQA, the HSE and the Department of Health have committed to acting on the findings of the National Maternity Experience Survey to improve the quality of maternity care services in Ireland.

Higher-scoring and Lower-scoring questions

This section lists the questions where most women had a positive experience and questions where there is the most room for improvement. These questions were also highlighted due to their strong relationship with women's overall ratings of their maternity care. The list includes the relevant question number and stage of care for each area. Appendix 3 explains in more detail how these areas were identified. Each area is illustrated using a relevant comment made by a participant.



Higher-scoring questions

The areas outlined below were some of the higher-scoring questions which also had a strong relationship with women's overall care experiences. While most women had positive experiences in the areas outlined below, it is important to note that some did not.

Care while pregnant (antenatal care)

Respect and dignity while pregnant | Q14.

2,586 out of the 3,198 women (81%) who responded to this question said that they were always treated with respect and dignity while they were pregnant. 2% said that they were not.

"I was treated with respect during any hospital visits. I felt I was a person and not just a number."

"My consultant was excellent, I had complete confidence in his ability and valued his advice"

Care while pregnant (antenatal care)

Confidence and trust while pregnant | Q15.

2,292 out of the 3,199 women (72%) who responded to this question said that they always had confidence and trust in the healthcare professionals who cared for them while they were pregnant. 3% said that they did not.

Care during labour and birth

Clear answers during labour and birth | Q21.

Of the 3,142 women who answered this question, 2,345 (75%) said that their questions during labour and birth were always answered in a way they could understand. 5% said that they did not receive clear answers to their questions.

"The 2 midwives that looked after me when I was induced (shift change so had 2) were so good, kept me very relaxed & calm. Answered any questions, kept me informed of what was going on the whole time."

“The labour ward was by far the best treatment I received during my pregnancy. They are super at their jobs and made me feel so relaxed. I trusted them 100%.”

Care during labour and birth

Confidence and trust during labour and birth | Q27.

2,630 out of 3,192 women who answered this question (82%) said that they always had confidence and trust in the healthcare professionals who cared for them during labour and birth. 3% said that they did not.

Care in hospital after the birth

Respect and dignity in hospital after the birth | Q36.

2,359 out of the 3,174 women (74%) who responded to this question said that they were always treated with respect and dignity while they were in hospital after the birth. 5% said that they were not.

“The midwives throughout were really lovely and I always felt comfortable and respected. The aftercare in the hospital was great.”

“The care that my baby received in neonatal ICU was outstanding.”

Specialised care

Overall experience of specialised care | Q39.

Of the 560 women who answered this question, 504 (90%) rated their experience of the care their baby received in the neonatal unit as good or very good.

Lower-scoring questions

In some of the areas outlined below, comparatively few women had a negative experience. Nevertheless, these areas strongly correlated with women's ratings of their overall maternity experience and should be an important focus for quality improvement initiatives.

Care in hospital after the birth

Opportunity to ask questions about labour and birth | Q28.

831 out of the 2,812 women (30%) who responded to this question said that they did not have the opportunity to ask questions about their labour and birth.

"I felt like I didn't know what was happening and no one would answer my questions at times. Very upsetting."

"The nurses simply don't have the time to help you. They are completely overworked. If I needed help, they just were not available to help."

Care in hospital after the birth

Assistance from staff when required | Q29.

Of the 2,949 women who answered this question, 226 (8%) said that while in hospital after the birth of their baby, they were not able to get assistance from a healthcare professional when they needed it.

Care in hospital after the birth

Involvement in decisions after birth | Q30.

296 (9%) of the 3,147 women who answered this question said that while in hospital after the birth of their baby, they were not involved in decisions about their care.

"I found that when the doctors came round they seemed to ignore my worries and to not talk directly to me but rather talk to the nurse while I listened."

“Much more must be done to look after the mental health of mums after the birth of the baby.”

Care in hospital after the birth

Information about mental health before leaving hospital | Q34.

499 out of the 3,066 women (16%) who responded to this question said that they were not given enough information about changes to their mental health before they left hospital.

Specialised care

Emotional support in neonatal unit | Q38.

127 (24%) of the 535 women who answered this question said that while their baby was in the neonatal unit, they did not receive sufficient emotional support from healthcare professionals.

“More support was needed when my baby was admitted to neonatal, both practical, with breastfeeding and emotional.”

“More support during breastfeeding immediately after the birth. I appreciate the midwives tried really hard but I felt like they couldn't give me more or full support.”

Feeding

Support and encouragement with feeding while in hospital | Q43.

444 out of 2,947 women (15%) said that while they were in hospital they did not get adequate support and encouragement from healthcare professionals with feeding their baby.

CHAPTER

2

Results for each stage of maternity care



The stages of maternity care

The National Maternity Experience Survey follows the maternity care journey from pregnancy through to labour and birth, and finally care at home after the birth. The survey questions are grouped into six stages: care while pregnant (antenatal care), care during labour and birth, care in hospital after the birth, specialised care, feeding, care at home after the birth. Women were also asked to rate the care they received overall.

A short description of the stages of maternity care is provided below. The number of questions related to each stage is also shown.



⁶ Women who had a home birth were not asked these questions.

⁷ These questions were only relevant to women whose babies were admitted to a neonatal unit.

Interpreting the results for the stages of care

Scores out of 10 are given for relevant questions belonging to a stage of maternity care or to a stage as whole. A score of 0 indicates a very negative experience and a score of 10 indicates a very positive experience. Some questions simply provide descriptive information and these questions are not given a score out of 10.

Some of the questions in the survey relate to care provided in the community by public health nurses and general practitioners, while the remaining questions relate to women's experiences in hospital or with the home birth services. When making comparisons, stages of care that relate to community services are compared by participants' county of residence, while hospital-related stages of care are compared by hospital. Some stages relate both to community and hospital maternity care services so comparisons are made by county and by hospital.

Statistical tests were carried out to examine if there were significant differences between the scores for specific groups, for example for people who gave birth in a particular hospital, and the national average. For further information on the analyses please consult Appendix 3.

Appendix 5 provides a list of the 2020 survey questions. Throughout this report, quotations from women are used to illustrate particular themes. Quotations from women have been redacted to remove any information that could identify an individual.

Care while pregnant (antenatal care)



"More hospital check-ups during pregnancy and scans needed. Felt I was barely looked at from 5 weeks to 34 weeks."

"Antenatal classes were excellent. Very informative and enjoyable."

"Lots of scans and care especially after my miscarriage the previous year and when I had developed gestational diabetes. Midwives very supportive and friendly. Consultants were conscientious."

"The community midwife team and GP care during pregnancy was fantastic and made life a lot easier for me to attend appointments as they were local."



"Perhaps the antenatal appointments should be less rushed so there's more time for midwives/doctors to discuss things with patients in a less rushed way."

"As a private patient I felt that information was not made available about pre- and post-natal classes that took place in the hospital. A friend who was a public patient attended many classes in the hospital pre-natally that I was never aware of."

Care while pregnant (antenatal care)

This stage is broken into two sections. The first seven questions for this stage asked women to provide information about who they contacted when they knew they were pregnant, the types of maternity care they were offered, and whether they attended classes or courses. The results for these questions are presented first. The remaining 10 questions asked about the information and support women received during their antenatal care. These questions were scored out of 10 and are presented in Figure 2 in the second part of this section.

Table 2. Number of births and first healthcare professional contacted.

Q1. In your most recent pregnancy, did you give birth to...		
	No.	%
A single baby	3,150	98.3%
Twins	52	1.6%
Triplets, quads or more	2	0.1%

Q2. Who was the first healthcare professional you saw when you thought you were pregnant?		
	No.	%
GP/family doctor	2,797	87.4%
Midwife	120	3.7%
Other	285	8.9%

3,150 women (98.3%) said they gave birth to a single baby, 52 (1.6%) gave birth to twins, while 2 (0.1%) gave birth to triplets, quads or more.

2,797 women (87.4%) said that the first healthcare professional they saw when they found out they were pregnant was a GP or family doctor, 120 women (3.7%) said a midwife was the first professional they saw, while 285 (8.9%) answered 'other'.

Maternity care choices

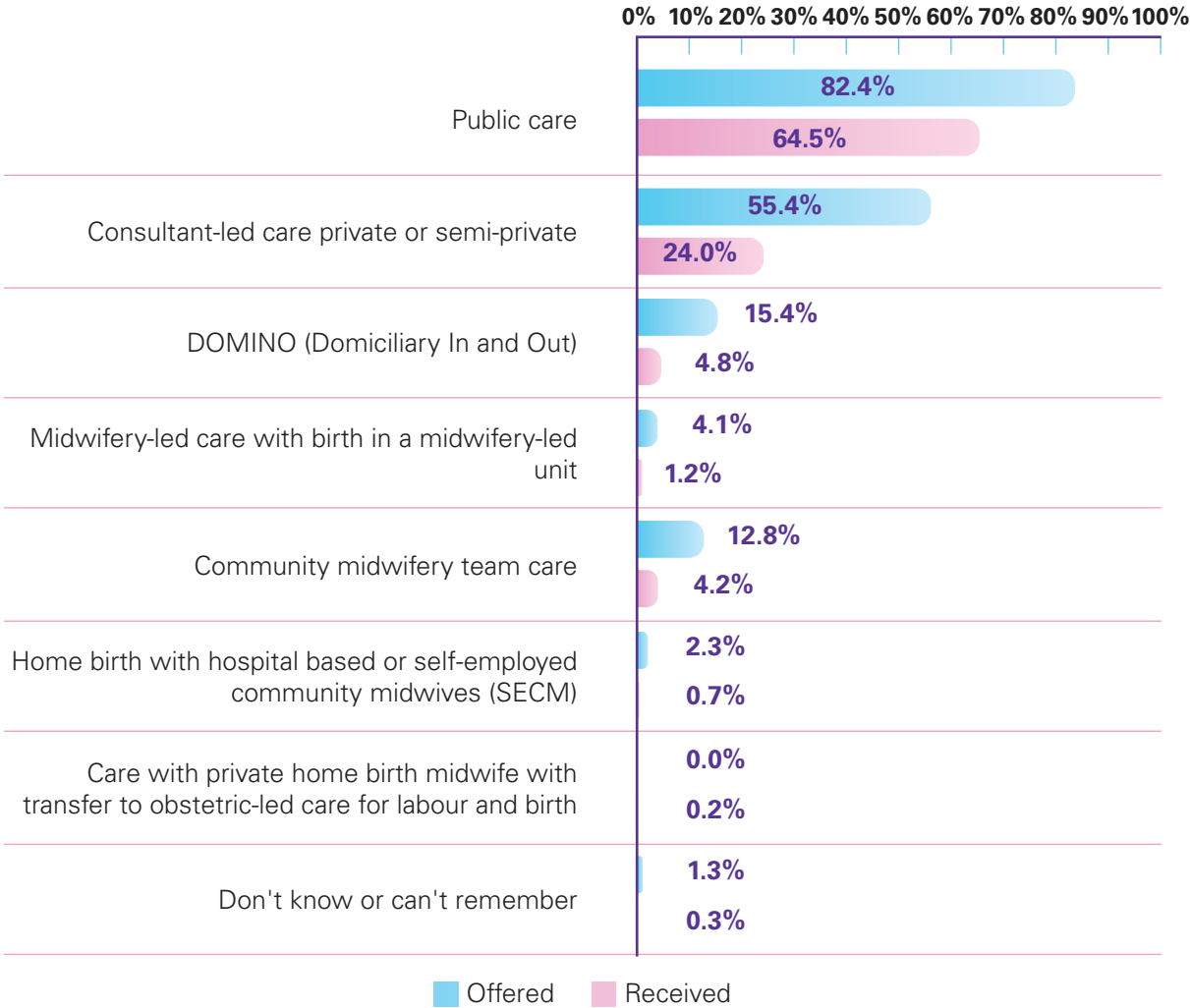
The National Maternity Strategy 2016-2026 emphasises the importance of women being offered choices and being empowered to make decisions about their maternity care. Three questions explored the choices that were offered to women in relation to the type of care they received.

1,911 women (59.8%) said that they were offered a choice of maternity care, while 795 (24.9%) said they were not offered any choices. 172 women (5.4%) said they had no choices due to a medical condition, while 320 (10%) answered 'don't know or can't remember'. It was evident that the maternity care options available to women vary across the country. For example DOMINO care is only available in some parts of Ireland.

Figure 1 shows the choices of maternity care that were offered to women and the type of care that they actually received.

When asked about the care that they actually received, 64.5% said they received public care, followed by the 24% who said they received consultant-led private or semi-private care. The remaining women received a variety of care, including midwifery-led care or availed of the home birth service.

Figure 1. Types of maternity care offered and received



Antenatal classes or courses

Two questions explored the antenatal classes or courses that were offered to women, with the results shown in Table 3.

2,679 women (83.6%) said that they were offered antenatal classes or courses, while 484 (15.1%) said they were not offered any. 42 (1.3%) answered ‘don’t know or can’t remember’.

Of those who said they did not attend antenatal classes or courses, 1,002 (77%) said that they did not attend as it was not their first baby. Other reasons for not attending included classes being booked out, lack of suitable classes and classes not being available nearby.

Table 3. Number of births and first healthcare professional contacted.

Q6. During your pregnancy were you offered any antenatal classes or courses?		
	No.	%
Yes, and I did them	1,375	42.9%
Yes, but I did not do them	1,304	40.7%
No	484	15.1%
Don't know or can't remember	42	1.3%

Q7. Are there any particular reasons you did not go to antenatal classes or courses?		
	No.	%
It was not my first baby	1,002	77.0%
It was my first baby but I didn't want to go to classes	85	6.5%
There were no available spaces/they were booked out	44	3.4%
I couldn't find classes that were right for me	17	1.3%
There were no classes near me	39	3.0%
I had other commitments	92	7.1%
Other	113	8.7%

Information and support

10 questions explored whether women received sufficient information on their health and care, were involved in decisions about their antenatal care and had confidence and trust in their healthcare professionals. These questions were each given a score out of 10, as shown in Figure 2.

The lowest-scoring question for this stage concerned the receipt of information about changes in mental health during pregnancy. 990 women (32.3%) said that they did not receive enough information. The highest-scoring question for this stage related to being treated with respect and dignity, with 2,586 women (80.9%) saying that they were always treated with respect and dignity while they were pregnant.

The questions for this stage of care refer both to care provided in the community and care provided in maternity hospitals or units. A comparison of the 'care while you were pregnant' scores by county is provided in Figure 3, with a comparison by maternity hospital or unit in Figure 4.

Figure 2. Individual questions scores for 'care while pregnant (antenatal care)'

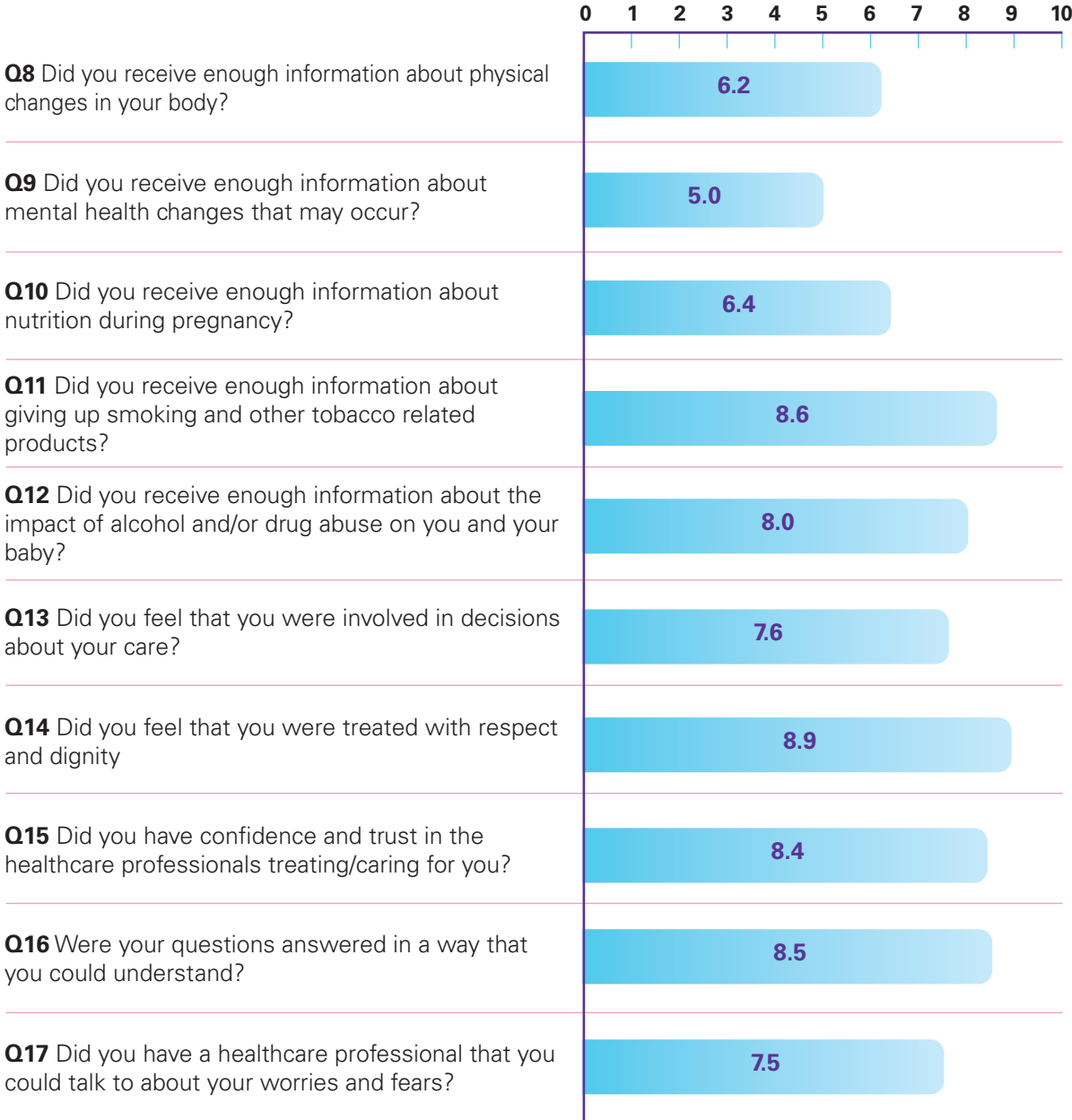
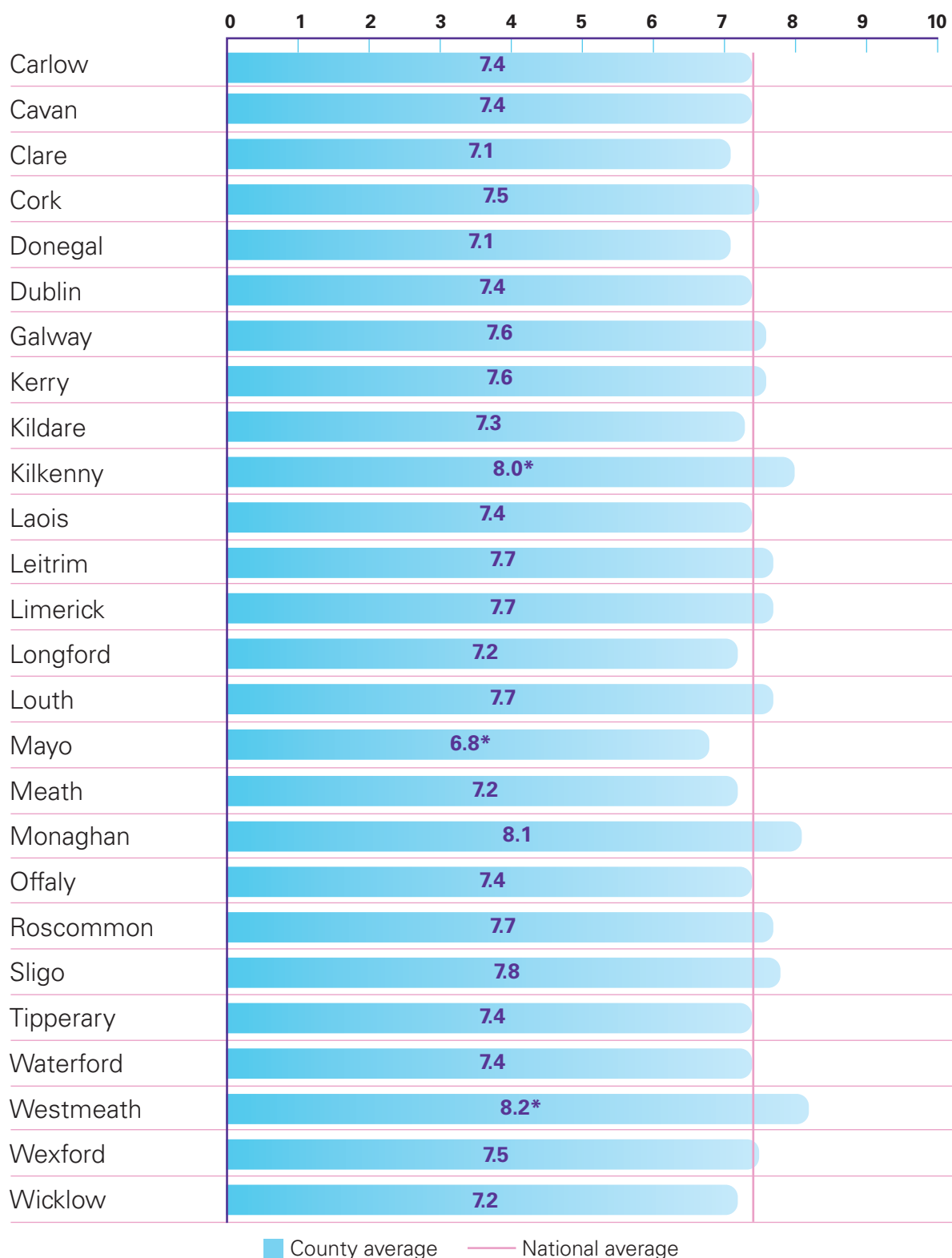
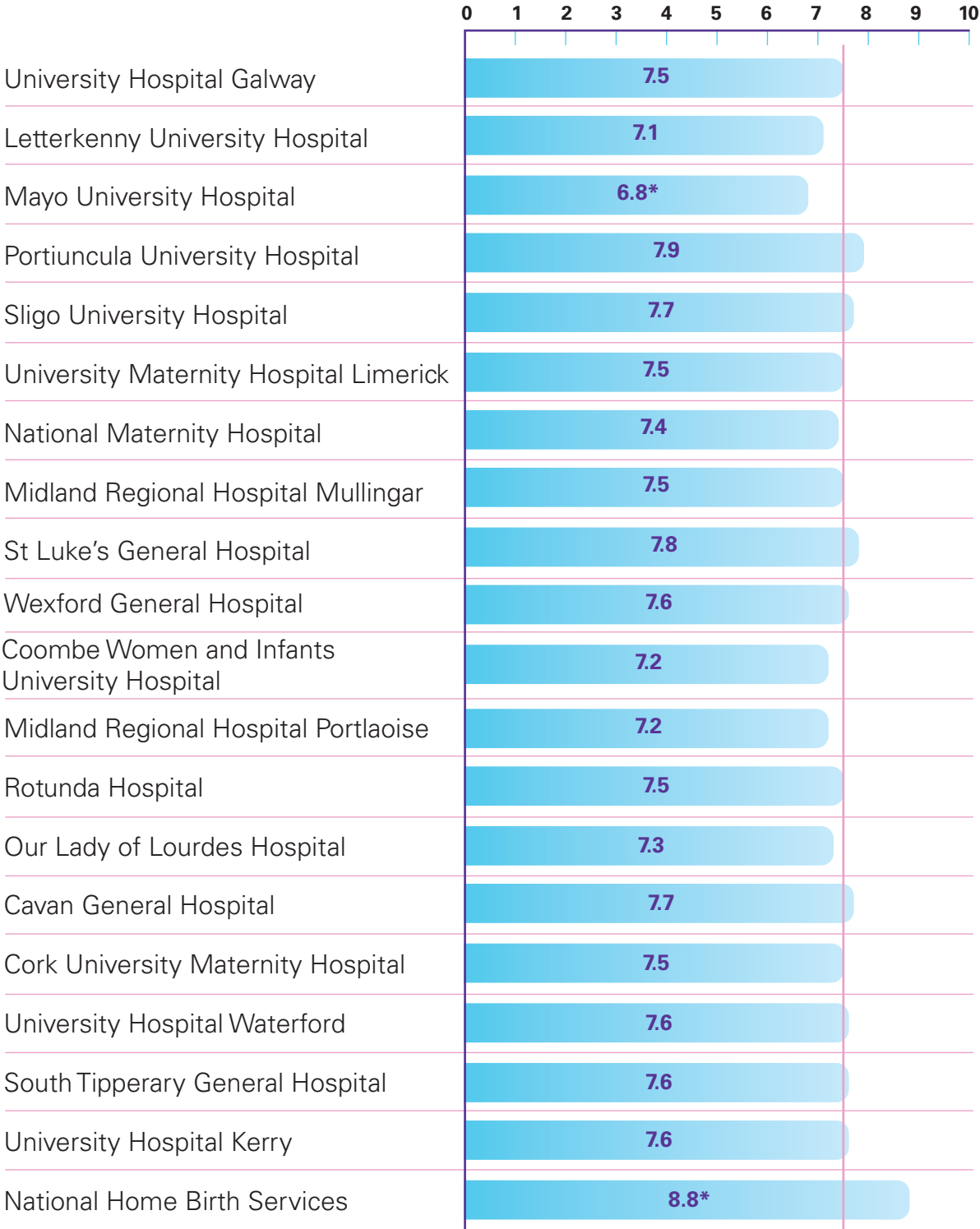


Figure 3. Scores for 'care while pregnant (antenatal care)' by county of residence, compared with the national average



*indicates a statistically significant difference from the national average

Figure 4. Scores for 'care while pregnant (antenatal care)' by hospital and home birth, compared with the national average



■ Hospital average — National average

*indicates a statistically significant difference from the national average

Care during labour and birth



"Early labour — felt very alone and unsupported. But in fairness, the nurses were very busy. I wasn't really checked on."

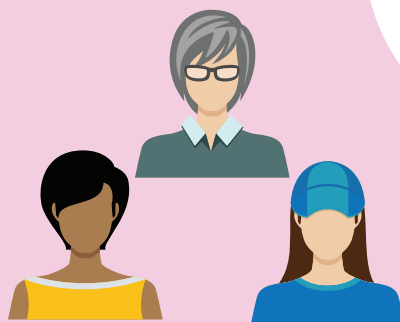
"I was particularly impressed by the care of my midwives during my labour. Found the midwives and student midwives exceptional."

"Please give more info about delivery & take the fear away from 1st time mothers. This was my second baby & I was more confident in speaking up as I went through a long labour with first baby due to lack of information"

"During labour felt very well looked after. I had a lot of confidence in the midwives and doctor"

"Should be more discussion about pain relief options during labour. For first time mother should be extra care with their worries. At the hospital (during and after labour) should be more help to reduce stress."

"I had really good experience during my labour and birth time from the staff. They were really understanding and supportive when I was in labour pain. Really felt grateful to the staff who supported at this time and I think that is really important to every woman who are at that stage."



Care during labour and birth

This stage of the survey included three questions where women were asked to describe the birth of their baby and whether they were left alone at any point. The results for these questions are shown in Table 4. There were also seven other questions about this stage of care that received scores out of 10, with the results shown in Figure 5. A comparison of the 'care during labour and birth' scores by maternity hospital or unit is provided in Figure 6.

Table 4. 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?		
	No.	%
Yes	1,247	39.1%
No	1,927	60.4%
Don't know or can't remember	19	0.6%

Q19. What type of birth did you have?		
	No.	%
A vaginal birth (no forceps or ventouse suction cup)	1,644	51.4%
An assisted vaginal birth (e.g. with forceps or ventouse suction cup)	460	14.4%
A planned caesarean birth	598	18.7%
An unplanned caesarean birth	494	15.5%

Q23. Were you (and or your partner or companion) left alone by healthcare professionals at a time when it worried you?		
	No.	%
Yes, during early labour	427	13.4%
Yes, during the later stages of labour	226	7.1%
Yes, during the birth	44	1.4%
Yes, shortly after the birth	236	7.4%
No, not at all	2,416	75.7%

Most participants (60.4%) said that their labour was not induced, and the majority had an unassisted vaginal birth (51.4%). 24.3% said that they were left alone at some point by healthcare professionals at a time that worried them. Of the 933 women who said they were left alone, 427 said it was during early labour.

The question about partners' involvement scored the highest for this stage of care. 2,969 women (95.2%) said that their partner or companion was as involved in their care as much as they wanted them to be. The lowest-scoring question related to involvement in decisions, with 321 (10.1%) saying they did not feel involved in decisions about their care during labour and birth.

Figure 5. Individual question scores for 'care during labour and birth'

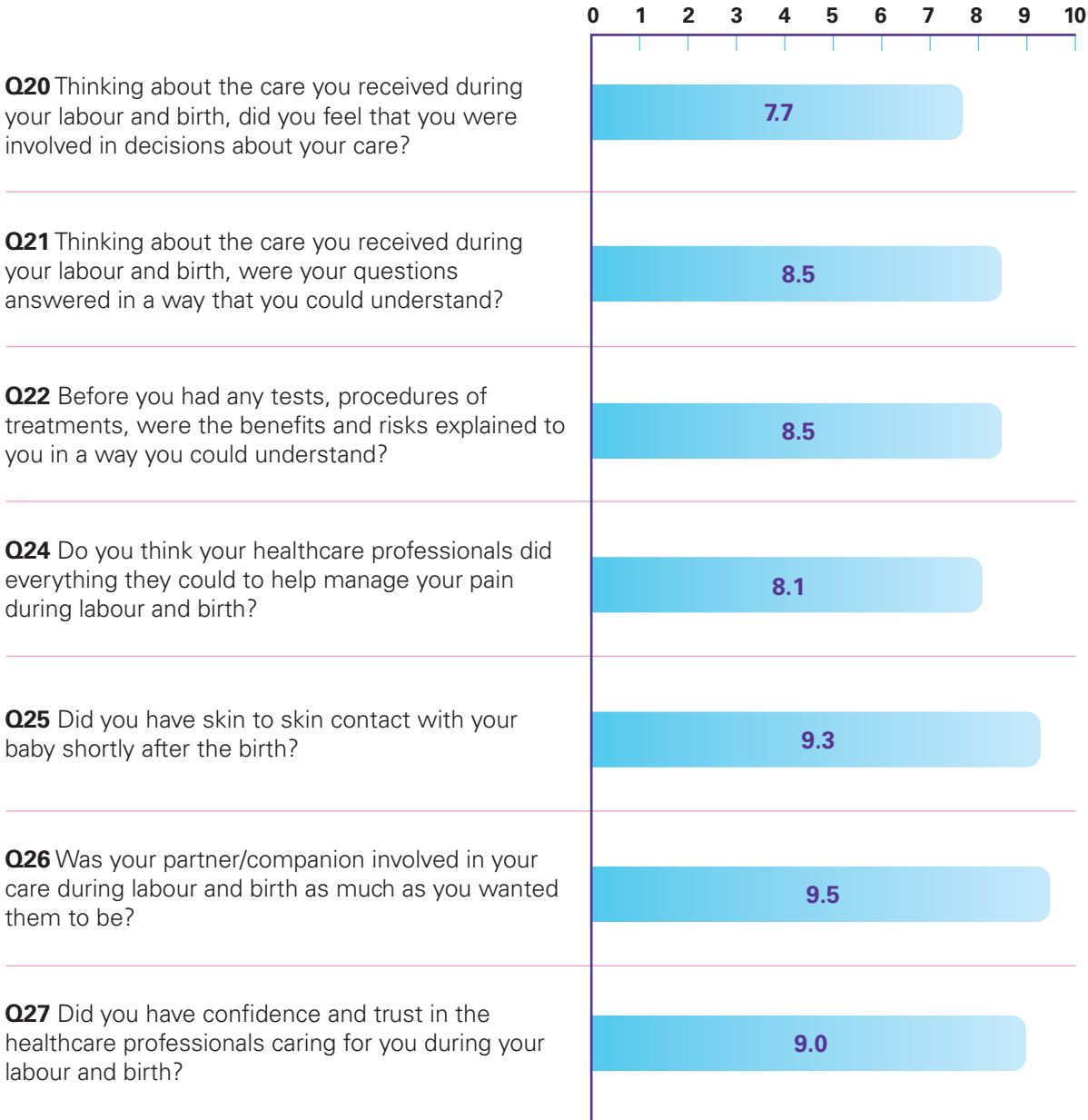
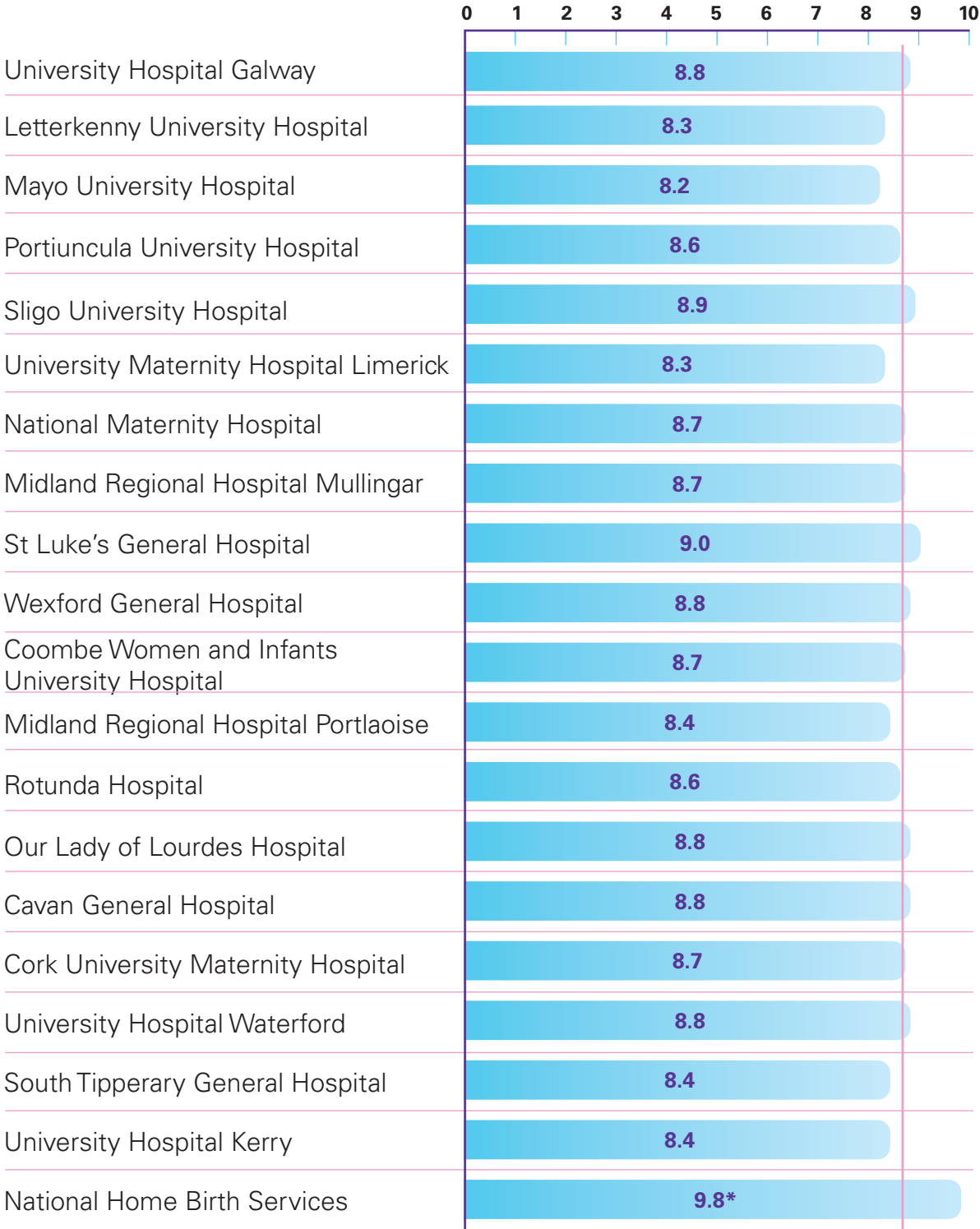


Figure 6. Scores for 'care during labour and birth' by hospital and home birth, compared with the national average.



■ Hospital average — National average

*indicates a statistically significant difference from the national average

Care in hospital after the birth



"The level of care from the majority of the nurses post giving birth was amazing and hugely improved on from my last experience with my first baby."

"I used the DOMINO scheme and as such did not need to travel into Holles Street which was great. I really liked the friendly atmosphere created by the community midwives. Being able to return home on the same day as my baby's birth was amazing."

"More support for first time mums, allowing husband/partner stay a little longer the first night, quite daunting being left alone."

"Information/support for the mother after birth, there is no follow up on the general health of the mother, what is 'normal' in recovery or not. Everything centres around the baby, it feels like you are unimportant once the baby is no longer in utero."

"I felt that after our son was born we were very much left to our own devices. Having been seen by a nurse every 4 hours in the 4 weeks of my hospital stay prior to the birth, I felt that I had very little care/support from the nurses in the days after my son's birth."

"The aftercare was fantastic! My consultant was also amazing!"

Care in hospital after the birth

All of the questions for this stage were given a score out of 10, and the results are presented in Figure 7. Women who had a home birth did not answer these questions. A comparison of the 'care in hospital after the birth of your baby' scores by maternity hospital or unit is provided in Figure 8.

The highest-scoring question for this stage related to being told who to contact prior to discharge. 2,657 (89.3%) said they were told who to contact if they were worried about their health or their baby's health. On the other hand, the lowest-scoring question for this stage related to debriefing, with 831 women (29.6%) who wanted to ask a question about their labour and birth saying that they did not have the opportunity to do so.

Figure 7. Individual question scores for 'care in hospital after the birth'.

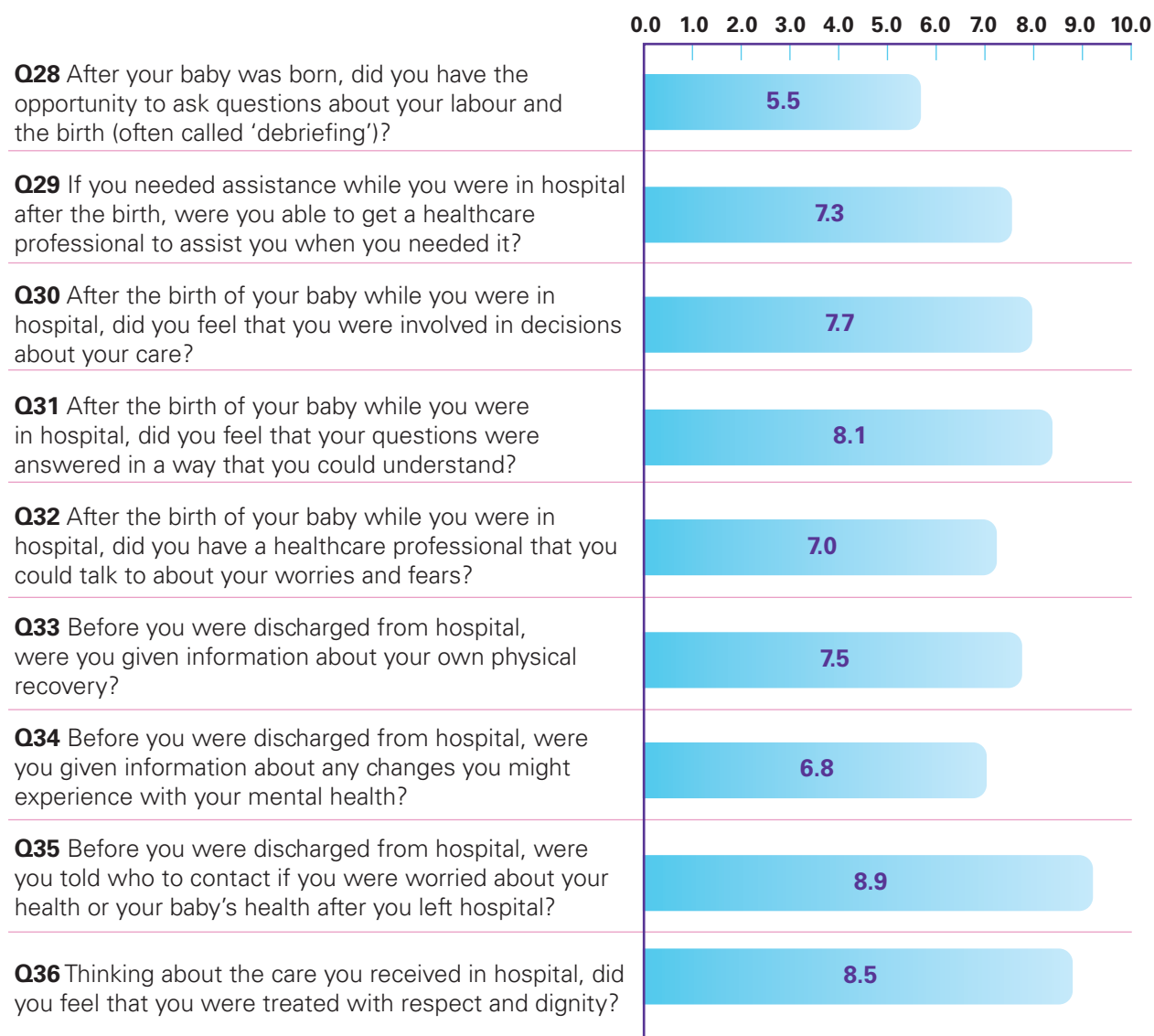
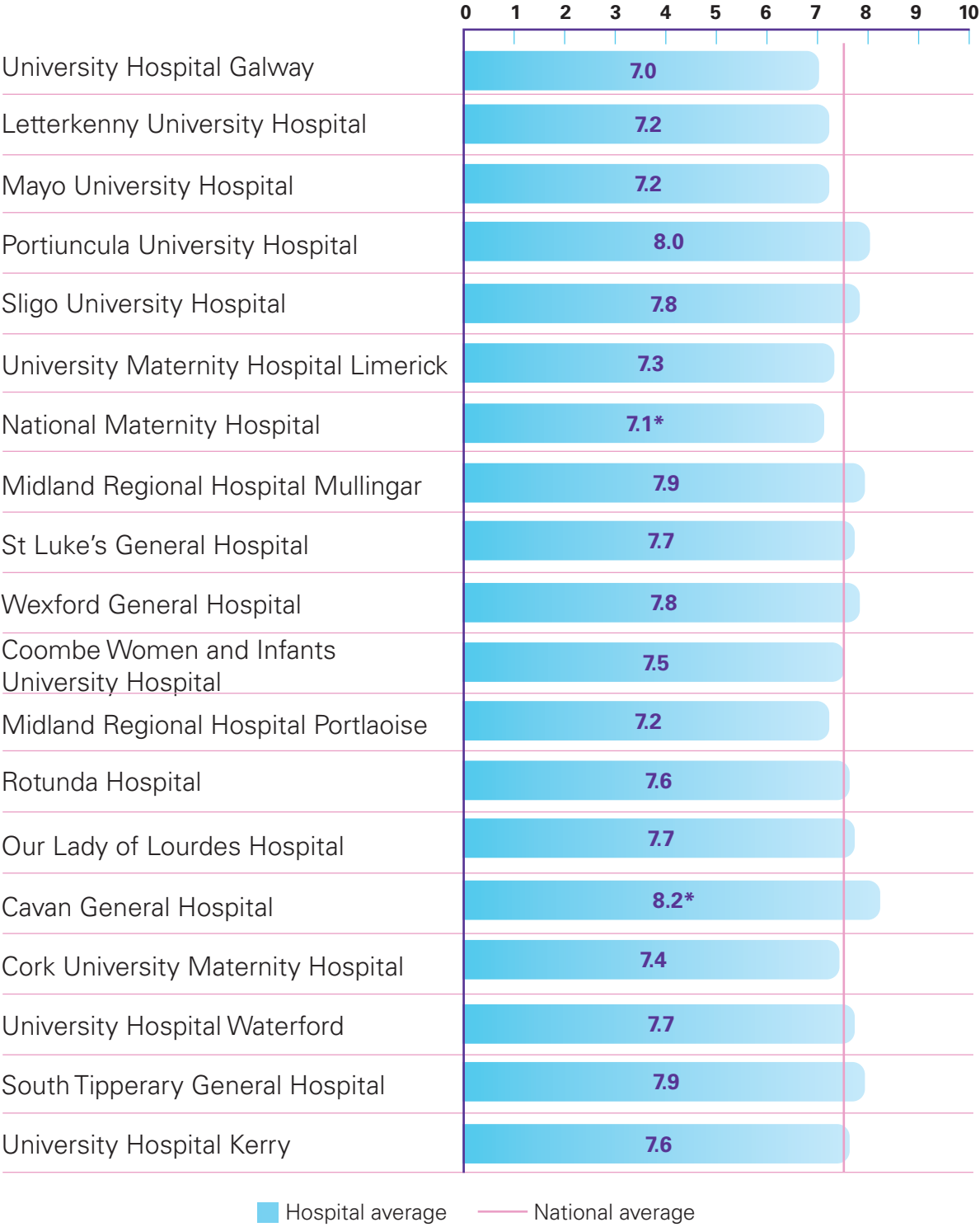


Figure 8. Scores for 'care in hospital after the birth' by hospital and home birth, compared with the national average.



*indicates a statistically significant difference from the national average

Specialised care



"The care my baby got in neonatal was excellent and the nurses made a very stressful few weeks into a positive experience! These nurses are angels!"

"There was no effort made in the neonatal unit to help breastfeeding mothers, in fact I felt it was discouraged despite the fact my baby was fit to be breastfed."

"In Neonatal although the care for babies was fantastic, and that's the most important thing, I sometimes felt like my questions or concerns were dismissed."



"The midwives and neo natal staff were professional and personable, they made me feel confident that my baby and I were receiving the best care."



"The nurses and doctors in SCBU were absolutely amazing and we would have been completely lost without them. Not only did they care for our baby but they cared for us as parents as well."

"The only issue for me was that I was terribly distraught emotionally when the baby was taken to ICU and I don't think I was given the support for the emotions of that. I don't think the staff noticed and it is quite likely that they are so busy taking care of the babies that this is not a concern for them."

Specialised care

The first question for this stage asked women if their baby was admitted to a neonatal unit for specialist care. Women whose baby was not admitted to a neonatal unit did not answer Q38 or Q39, which asked about the emotional support they received and their overall rating of the care their baby received in the neonatal unit.

561 women (17.8%) said that their baby spent time in a neonatal unit. Of these women, 262 (46.8%) said that they always received enough emotional support from healthcare professionals.

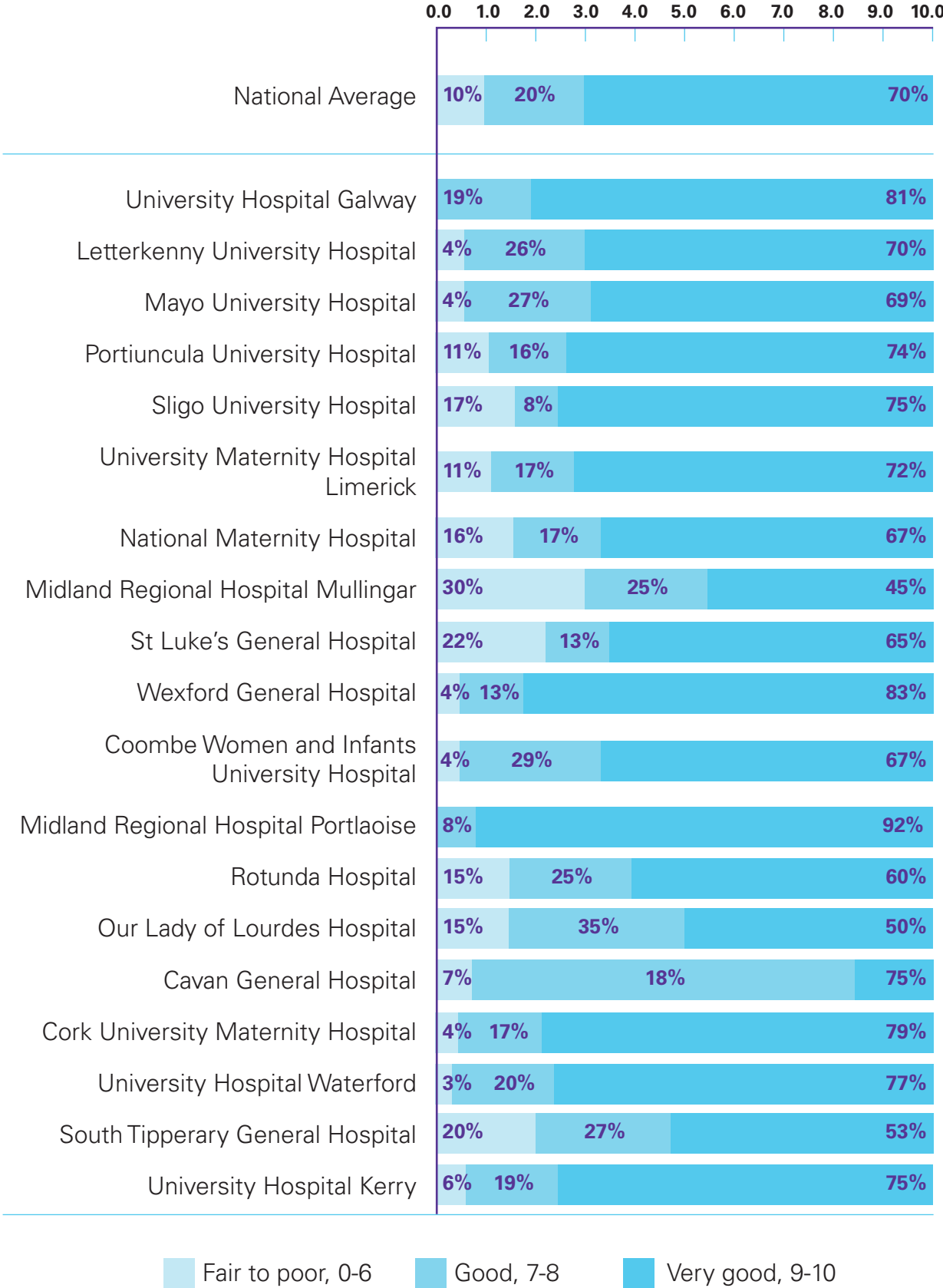
391 women (69.8%) rated their experience of the care their baby received in the neonatal unit as 'very good' (a score of 9 or 10), 113 (20.2%) rated it as 'good' (a score of 7 or 8) and 56 (10%) rated it as 'fair to poor' (a score of 0 to 6). Figure 9 provides a comparison of scores for specialised care in each maternity hospital or unit. There were significant differences between hospitals for this question. Women whose baby was treated in the neonatal unit in Midland Regional Hospital Portlaoise were most likely to rate the care as very good, while women whose baby was treated in the neonatal unit in Midland Regional Hospital Mullingar were least likely to do so.

Table 5. Results for questions on admission of baby to neonatal unit and emotional support received.

Q37. Following the birth, did your baby spend any time in the neonatal unit?		
	No.	%
Yes	561	17.8%
No	2,579	81.7%
Don't know or can't remember	16	0.5%

Q38. While your baby was in the neonatal unit, did you receive enough emotional support from healthcare professionals?		
	No.	%
Yes, always	262	46.8%
Yes, sometimes	146	26.1%
No	127	22.7%
I did not want or need any emotional support	19	3.4%
Don't know or can't remember	6	1.1%

Figure 9. Ratings of overall experience of baby’s care in neonatal unit by hospital, compared with the national average.



Feeding

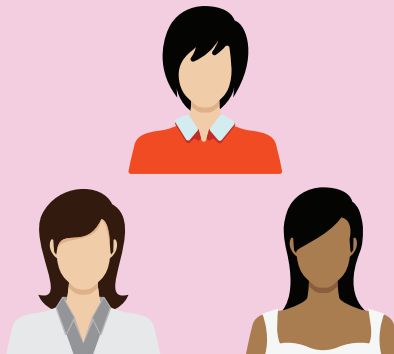


"I am particularly impressed by the promotion of breastfeeding and hope that hospitals all around the country continue to provide info and support and encouragement."

"Pressure from professionals around breastfeeding. Subtle at times, but very present."

"Mixed advice regarding feeding my baby 1. Breastfeeding. 2. Other nurse bottle and breast. All nurses had different advice, some very pushy on breastfeeding."

"I struggled with breast feeding initially and my public health nurse could not have been better. She linked in with me almost everyday for the first week and gave me so much information on support groups, etc."



"The lactation nurse was excellent in terms of support and encouragement."

"More help with breast feeding badly, badly needed. Constantly rang bell for help where I was assisted for one minute and left again and baby would unlatch."

Feeding

This stage included two questions asking women when their healthcare professionals discussed the different options for feeding their baby, and how they fed their baby in the first few days after birth, with the results for these questions shown in Table 6. The other three questions explored whether women 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 questions are shown in Figure 10. A comparison of the 'feeding your baby' scores by county is provided in Figure 11, with a comparison by maternity hospital or unit in Figure 12.

Table 6. Results for questions on feeding.

Q40. Did your healthcare professionals discuss with you the different options for feeding your baby?		
	No.	%
Yes, during pregnancy	2,062	64.4%
Yes, during labour or immediately after birth	755	23.6%
Yes, after birth while in hospital	1,006	31.4%
Yes, after birth while at home	482	15.1%
No	258	8.1%
I did not want or need discussion of different options	381	11.9%
Don't know or can't remember	27	0.8%

Q41. In the first few days after the birth, how was your baby fed?		
	No.	%
Breast milk (or expressed breast milk) only	1,340	41.9%
Both breast and formula (bottle) milk	927	29.0%
Formula (bottle) milk only	930	29.1%
Don't know or can't remember	3	0.1%

258 women (8.1%) said that a healthcare professional did not discuss the different options for feeding their baby. Feeding options were most commonly discussed during pregnancy, with 2,062 women (64.4%) having a discussion at this stage.

1,340 women (41.9%) said that their baby was fed on breast milk in the first few days after birth, 927 (29%) fed their baby with both breast milk and formula, 930 (29.1%) fed their baby with formula only, and 3 (0.1%) answered 'don't know or can't remember'.

The highest-scoring question for this stage related to whether a woman’s decision about feeding her baby were respected. 2,391 women (74.9%) said that their decisions were always respected. The lowest-scoring question for this stage related to the support and encouragement received with feeding. 444 women (15.1%) said that while they were in hospital they did not receive sufficient support with feeding their baby from healthcare professionals.

Figure 10. Individual question scores for ‘feeding’.

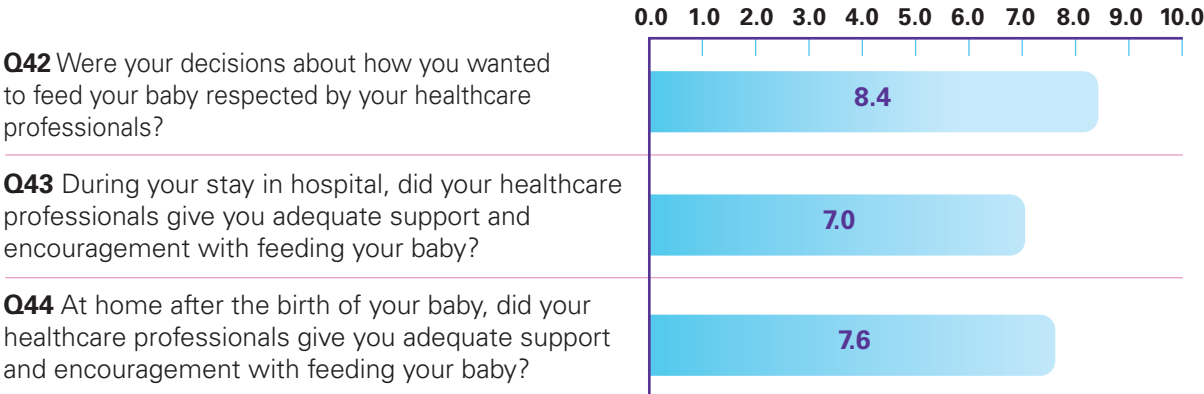
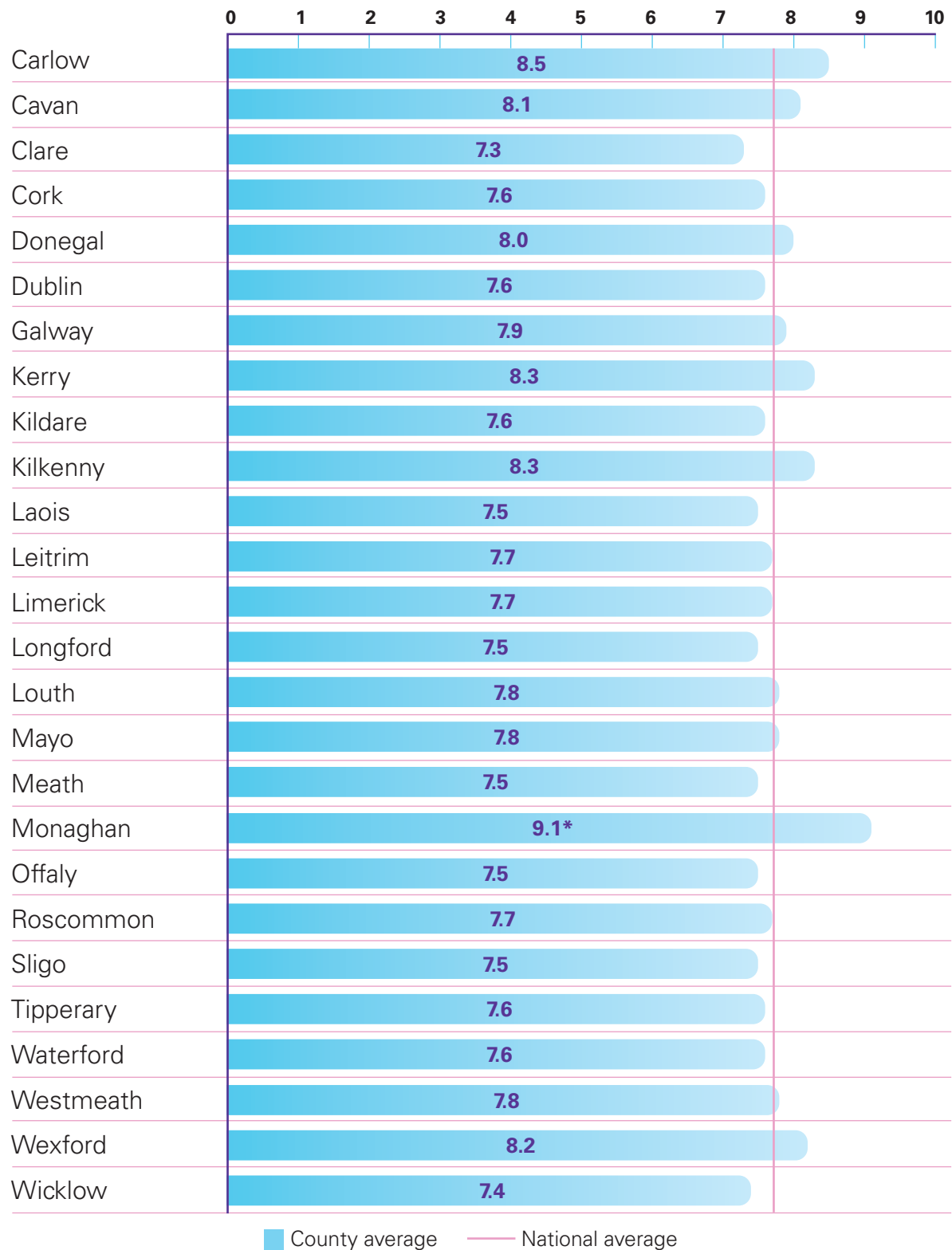
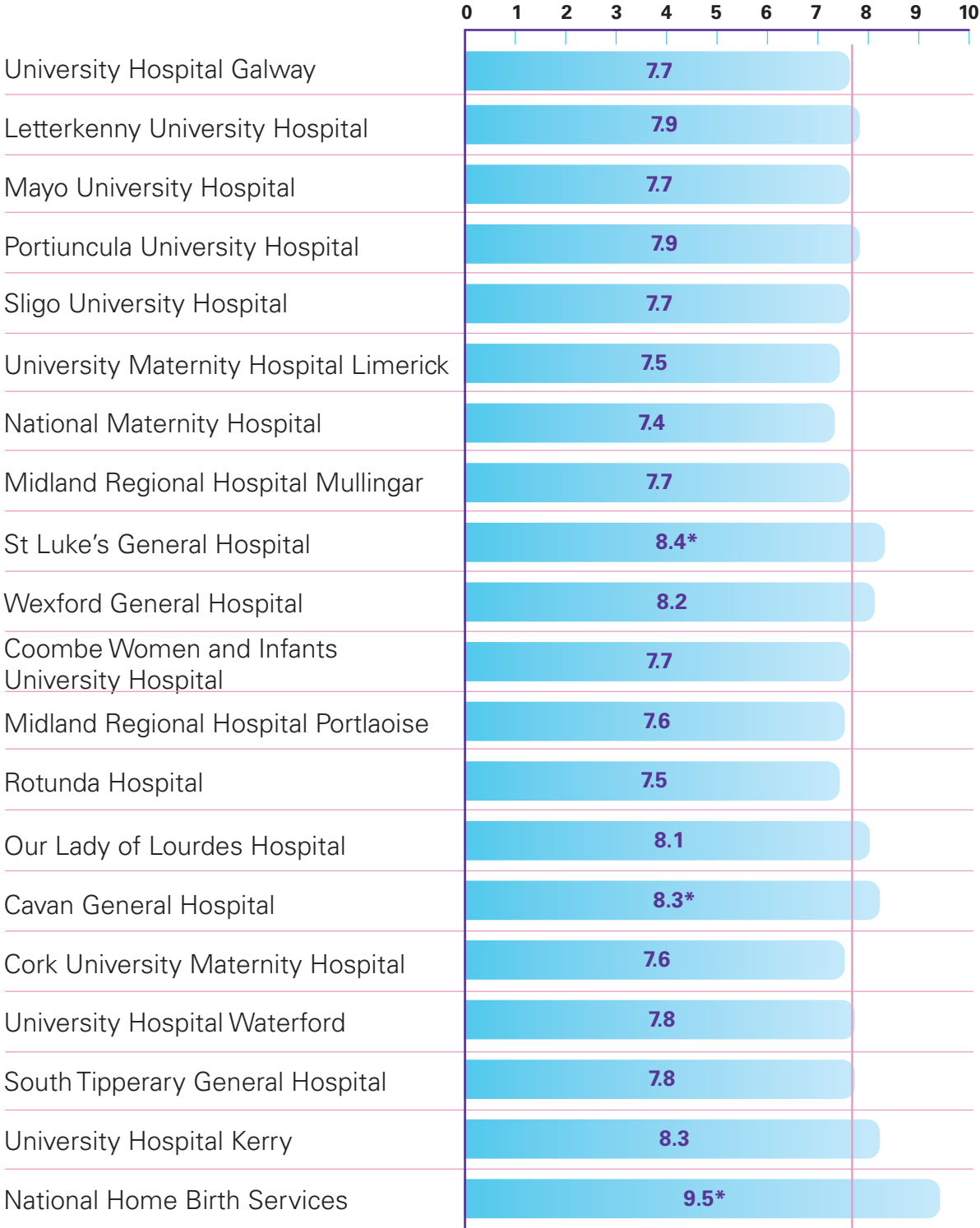


Figure 11. Scores for ‘feeding’ by county of residence, compared with the national average.



*indicates a statistically significant difference from the national average

Figure 12. Scores for ‘feeding’ by hospital and home birth, compared with the national average.



■ Hospital average — National average

*indicates a statistically significant difference from the national average

Care at home after the birth



"Experience with the public health nurse was not enjoyable. I felt I was being put under a lot of pressure around how quickly my daughter should gain weight. Resulted in me having to go to the GP for a second opinion."

"The public health nurse assigned to me is so helpful and a brilliant resource."

"Aftercare at home very poor. Was barely contacted for first few weeks by public health nurse after having a section."



"I had a very good experience. My GP is very supportive and understanding."



"My PHN after the birth of my baby was the best thing about my whole experience. She cared for both me and my baby extremely well for the weeks after."



"The GP post natal check was rushed and left me worried about the vaccinations."

Care at home after the birth

The questions for this stage of maternity care explore women's experiences of postnatal care in the community provided by public health nurses and general practitioners. Two questions asked whether women and their babies had been visited at home by a public health nurse and received check-ups with their general practitioner. These appointments are a routine part of postnatal care in Ireland. Another question asked whether women had used local support groups such as mother and baby groups or feeding support groups. The results for these questions are shown in Table 7. The remaining questions for this stage explored women's experiences of the information and support they received at home after the birth of their baby. These questions were each given a score out of 10 and the results are presented in Figure 13, with a comparison by mother's county of residence in Figure 14.

Table 7. Results for questions on 'care at home after the birth'

Q46. Since your baby's birth, have you been visited at home by a public health nurse?		
	No.	%
Yes	3,172	99.1%
No	22	0.7%
Not relevant to my situation	3	0.1%
Don't know or can't remember	4	0.1%

Q50. Did your baby receive a 2-week check-up with your general practitioner (GP)?		
	No.	%
Yes	2,712	84.7%
No, I did not know about the check-up	206	6.4%
No, I knew about the check-up but did not attend	100	3.1%
I attended another healthcare professional for the 2-week check-up	115	3.6%
Not relevant to my situation	46	1.4%
Don't know or can't remember	22	0.7%

Q55. Did you use local support groups e.g. mother and baby groups, feeding support groups, etc.		
	No.	%
Yes	1,034	32.3%
No	2,157	67.4%
Don't know or can't remember	9	0.3%

3,172 women (99.1%) said that they had been visited at home by a public health nurse since their baby's birth. 2,712 women (84.7%) said that their baby received a 2-week check-up with a general practitioner. 206 women (6.4%) said that they did not know about the check-up. 1,034 women (32.3%) said that they had used local support groups at home after the birth of their baby. The highest-scoring question for care at home related to respect and dignity; 88.5% said that they were always treated with respect and dignity at home after the birth. The lowest-scoring question for this stage related to the time a GP, practice nurse or midwife spent talking about mental health. 28.7% said that they didn't spend enough time on mental health.

Figure 13. Individual question scores for 'care at home after the birth'.

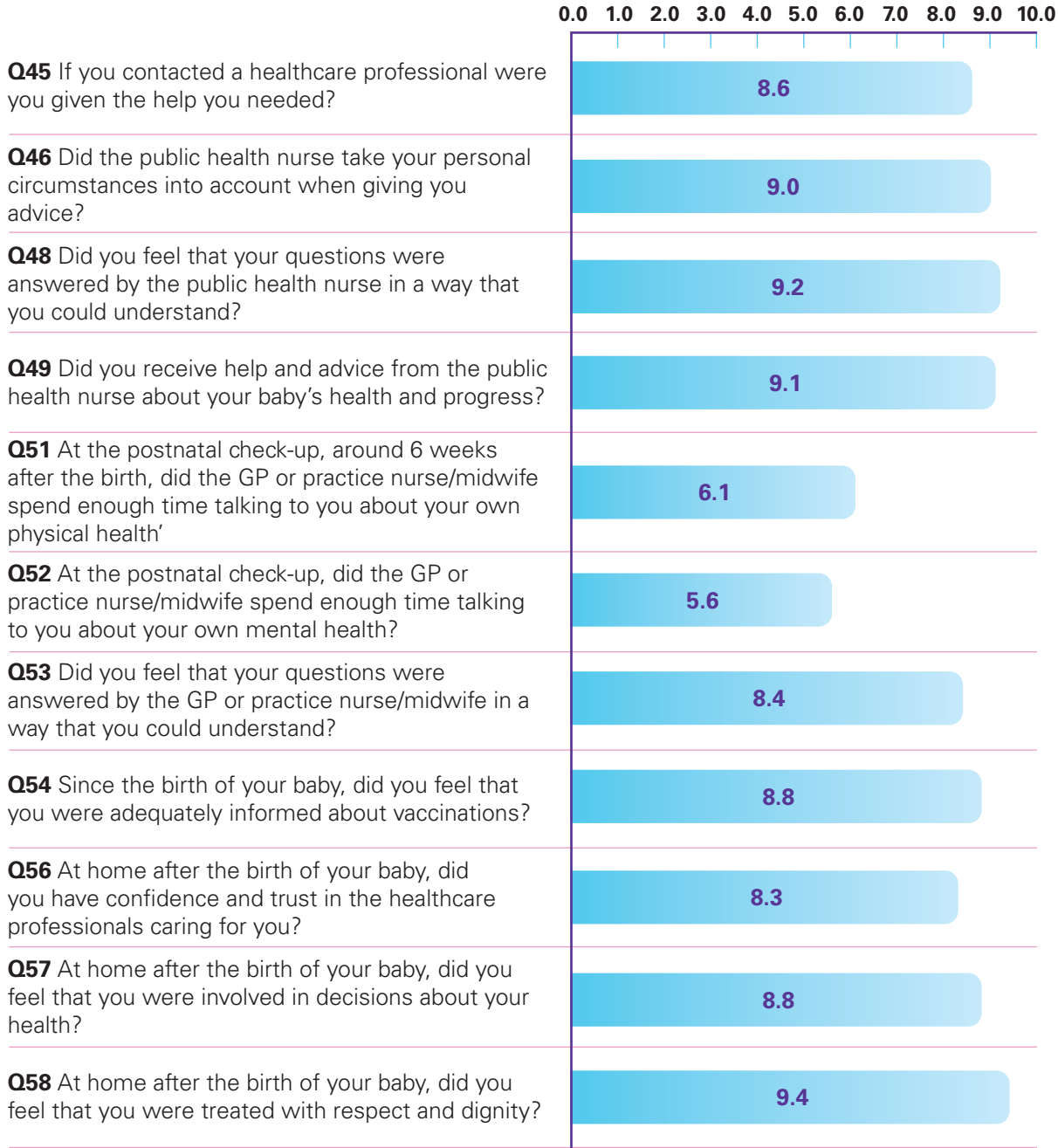
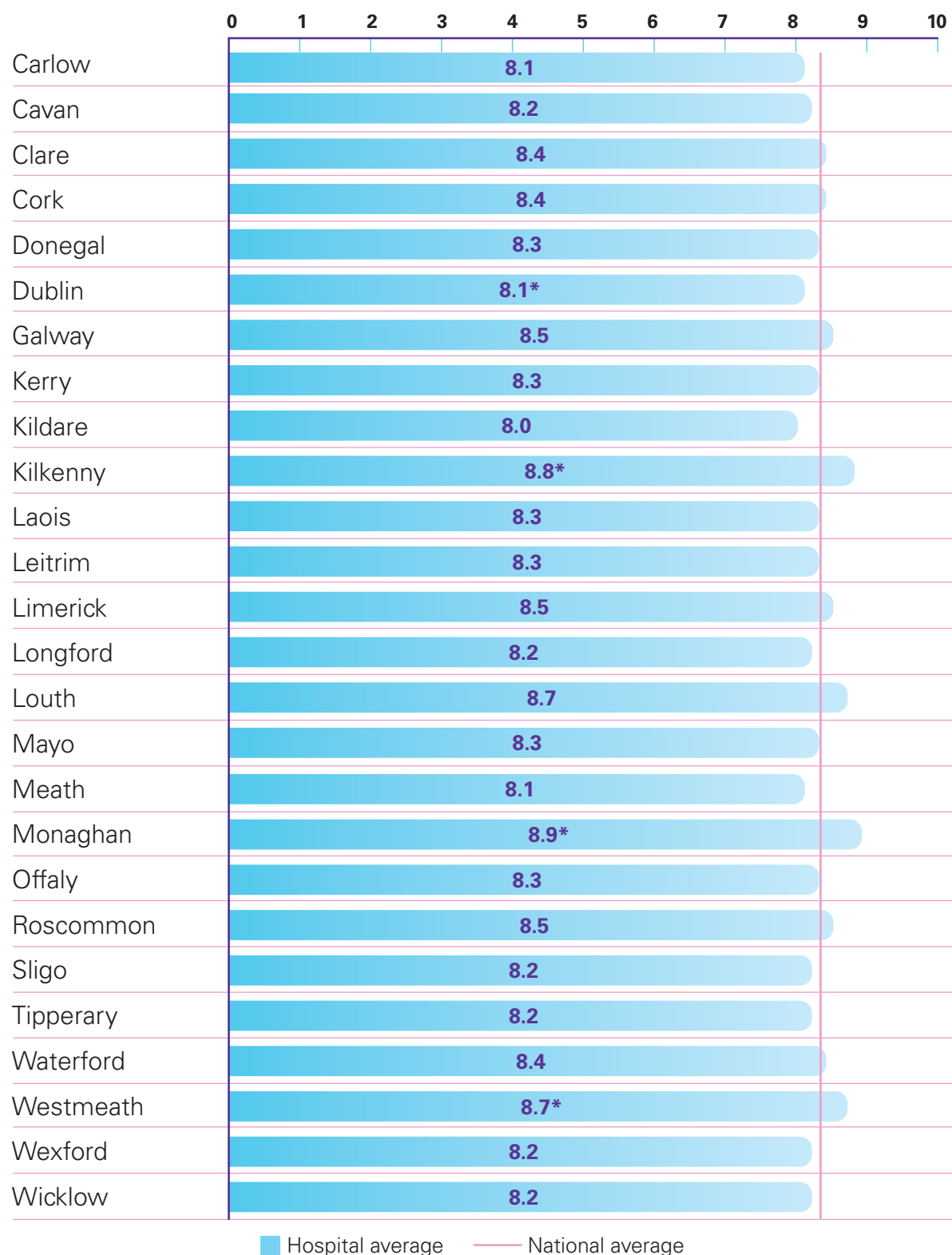


Figure 14. Scores for 'care at home after the birth' by county of residence, compared with the national average.



*indicates a statistically significant difference from the national average

CHAPTER

3

Overall experience



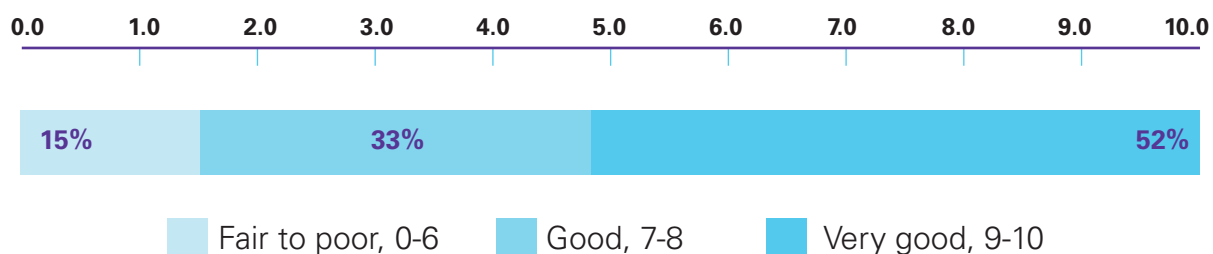
In summary: what was the overall experience of women who gave birth in October and November 2019?

Two questions examined women's overall experience of maternity care. The first question asked if they knew how to give feedback or make a complaint. 950 women (29.8%) answered 'yes', while 1,509 (47.3%) answered 'no'. 732 (22.9%) said they did not wish to give feedback or make a complaint.

The second question asked women to rate their overall maternity experience on a scale from 0 to 10, with 0 indicating a very negative experience and 10 indicating a very positive experience. Nationally, the average overall rating of care was 8.2 out of 10. 1,637 women (51.6%) said that they had a very good experience of maternity care (overall rating between 9 and 10), 1,049 women (33.1%) rated their maternity experience as good (overall rating of 7-8), whereas 487 women (15.3%) said that their maternity experience was fair to poor (overall rating of 0-6). Figure 15 summarises women's overall experiences of maternity care.

This chapter compares women's overall experience ratings across previous births, type of maternity care, hospital and county. Further comparisons can be found in Appendix 4.

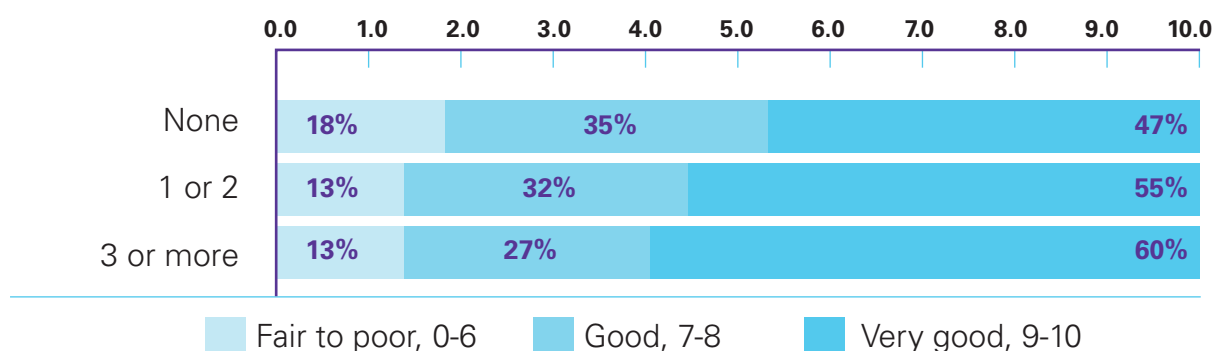
Figure 15. National ratings of overall experience of care.



Overall experience by previous births

Women who had previously had a baby were more likely to have a positive overall experience than women who had not. 47% of women who had not previously given birth said that they had a 'very good' maternity experience, compared with 55% of women who had given birth to one or two babies and 60% of women who had previously given birth to three or more babies. Figure 16 presents the ratings of overall experience by previous births.

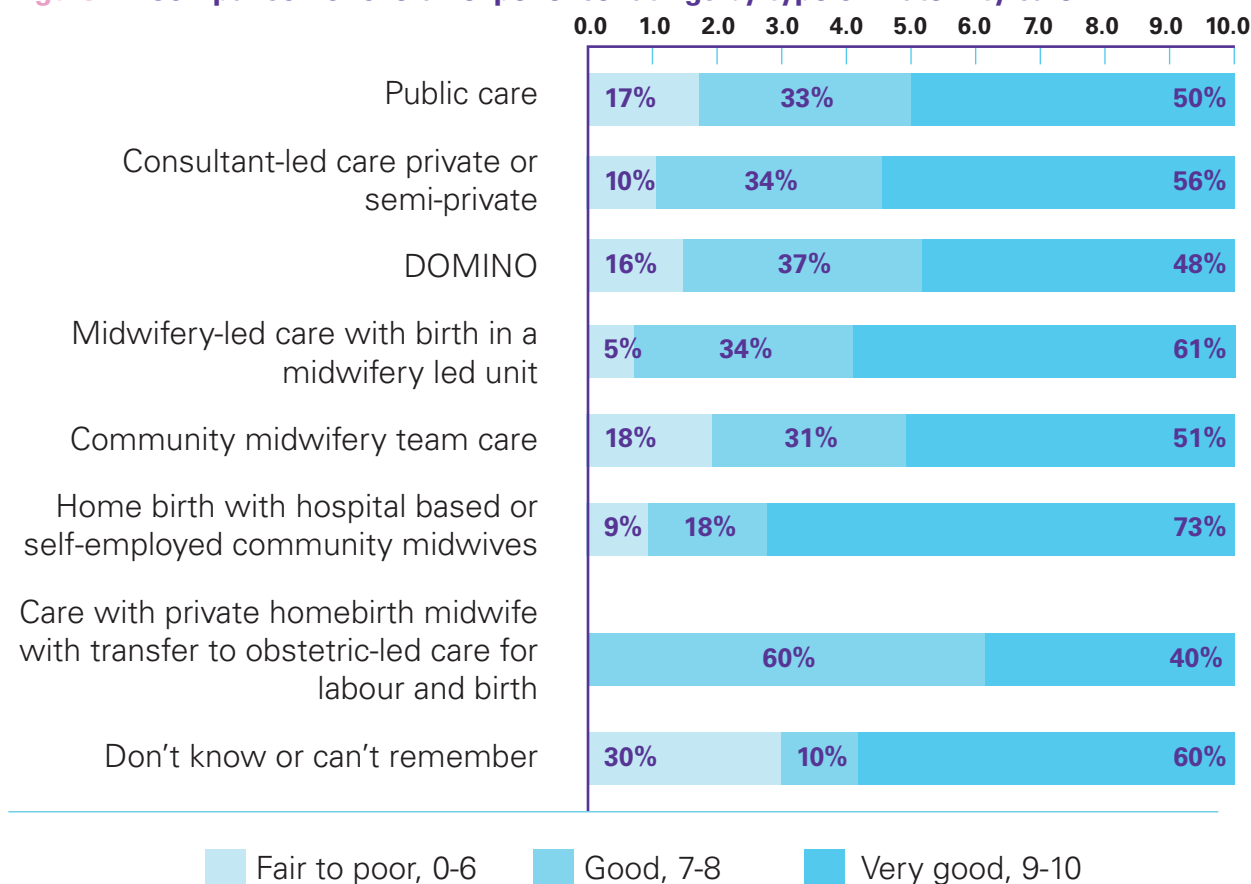
Figure 16. Comparison of overall experience ratings by previous births.



Overall experience by model of care

There were differences in women’s ratings of their overall experience depending on the type of maternity care they received. 50% of women who had public maternity care said that they had a very good overall experience, compared with 56% of women who had consultant-led private or semi-private care. Women who had a home birth were most likely to give a positive overall rating of their experience, with 73% saying they had a ‘very good’ experience⁸. Figure 17 shows women’s ratings of their overall care experience by the model of maternity care they received.

Figure 17. Comparison of overall experience ratings by type of maternity care

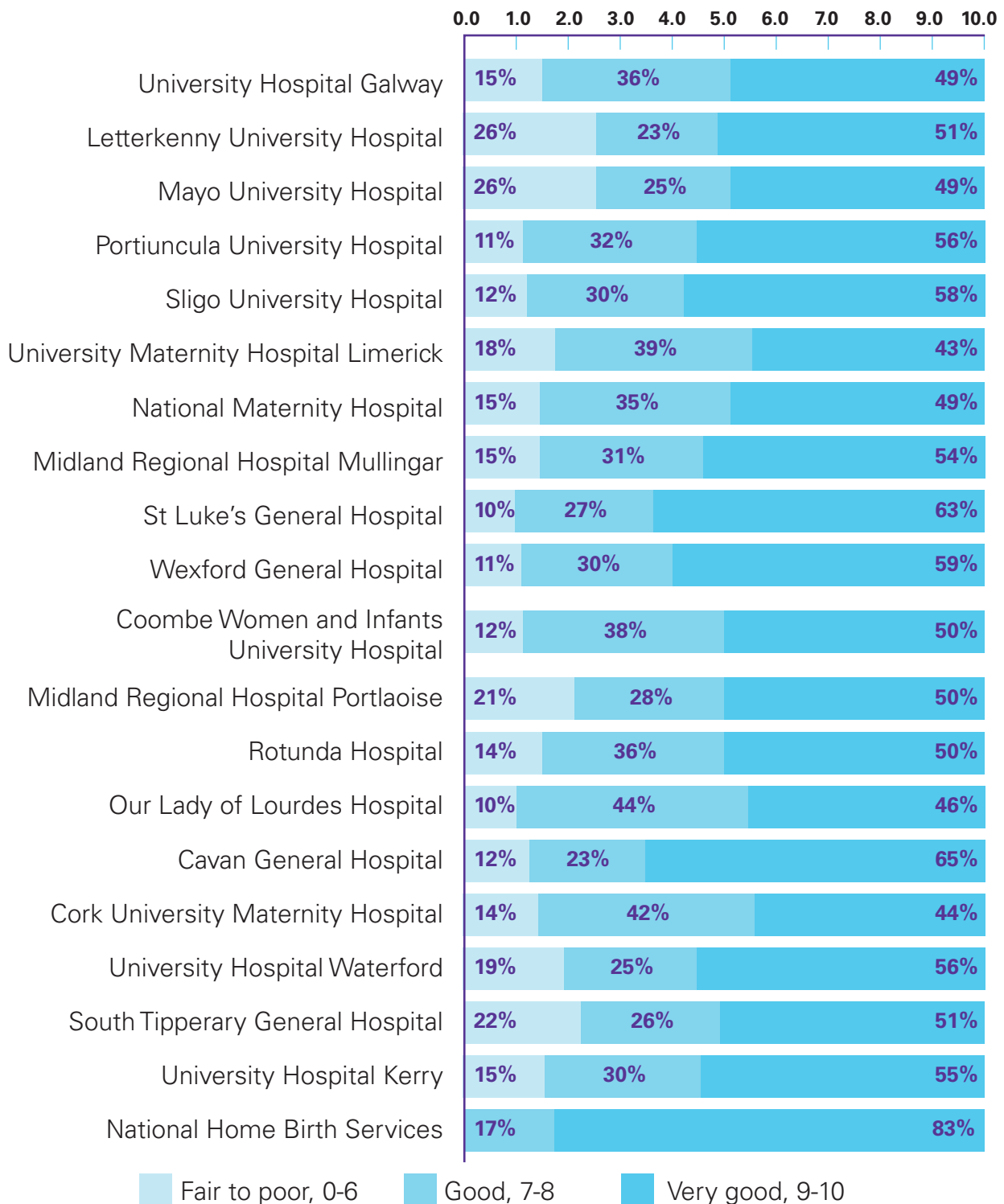


⁸ Q5 asked women what type of maternity care they received. 22 women said they had a home birth, compared with the 18 officially designated as having used the National Home Birth Service.

Overall experience by hospital/unit and homebirth

There were differences in ratings of overall experience across the maternity hospitals and units that took part in the survey, along with the home birth service. Figure 18 shows the results for each hospital/unit and the home birth service.

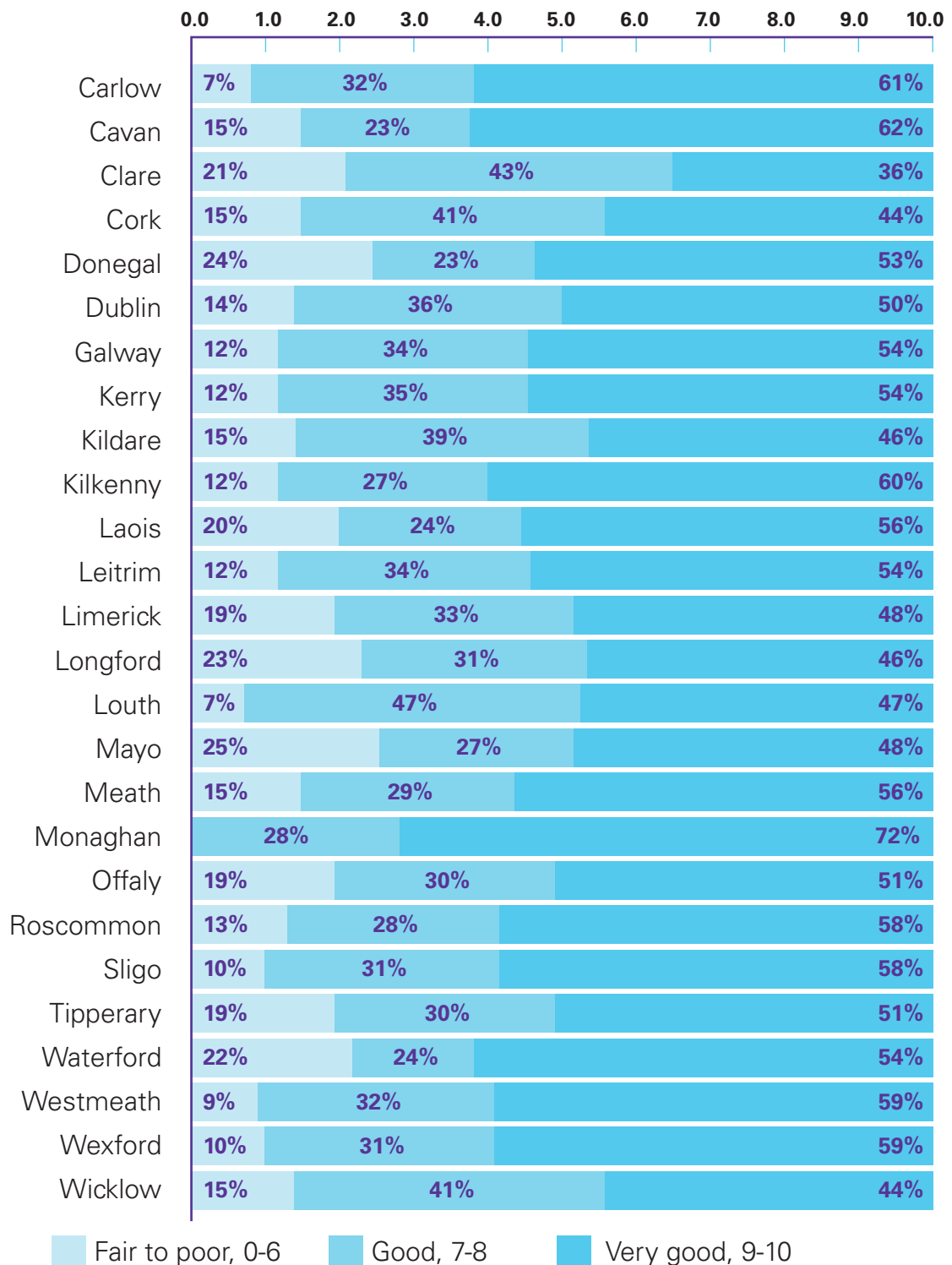
Figure 18. Comparison of overall experience ratings by maternity hospital/unit and the National Home Birth Services.



Overall experience by county

Ratings of overall maternity care differed by the county of residence of women who responded to the survey. The results for each county are presented in Figure 19.

Figure 19. Comparison of overall experience ratings by mother's county of residence.



CHAPTER

4

Survey findings and The National Maternity Strategy 2016-2026



The National Maternity Strategy 2016-2026 emphasises the importance of women being offered choices and being empowered to make decisions about their maternity care. In addition, women should have confidence and trust in healthcare professionals, and be treated with respect and dignity. This section explores how the findings of the survey relate to The National Maternity Strategy 2016-2026.

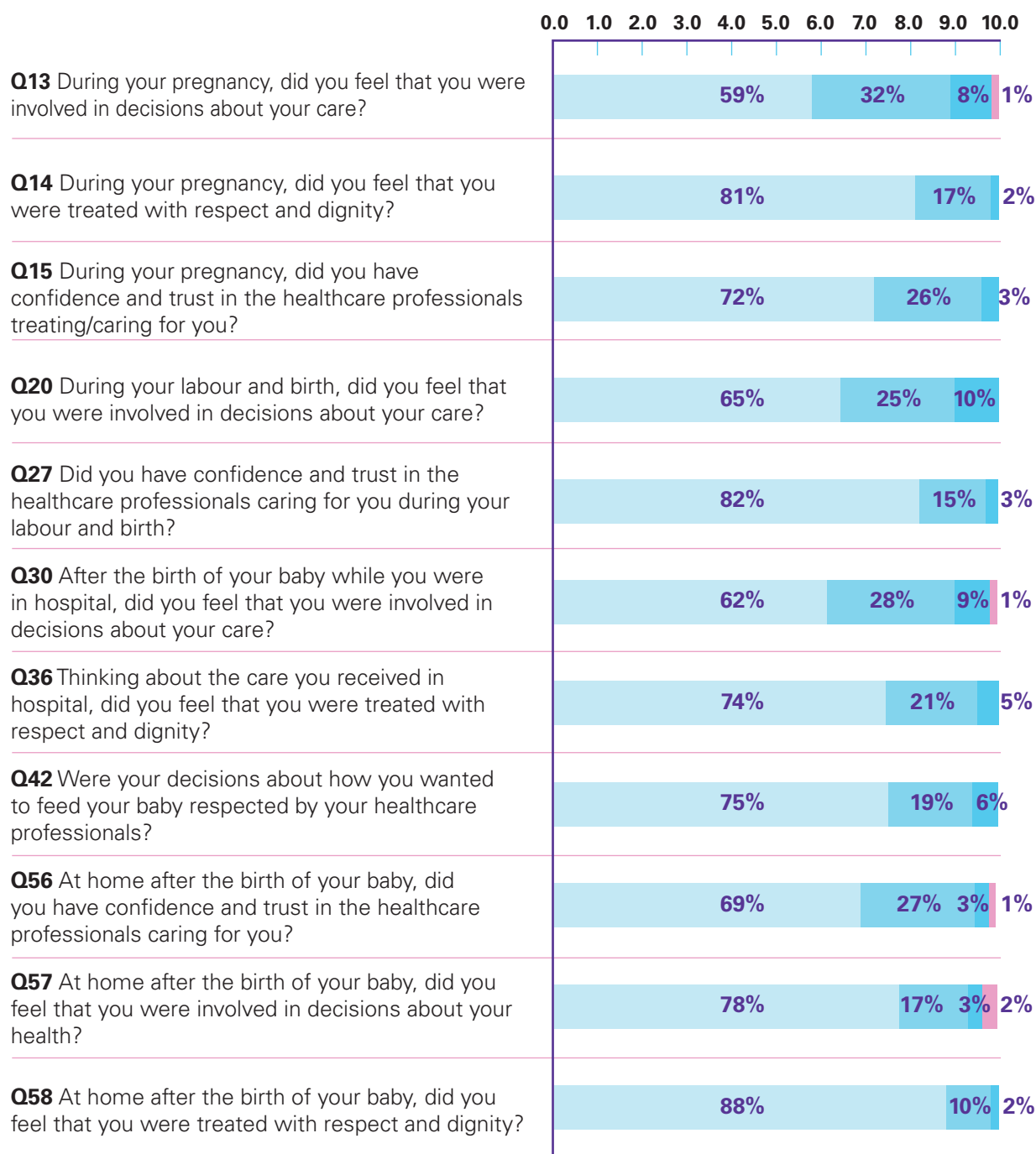
Three questions on the survey explored the choices women were offered about their maternity care. 1,911 women (59.8%) said that they were offered a choice of maternity care, while 795 (24.9%) said they were not offered any choices. 172 women (5.4%) said they had no choices due to a medical condition, while 320 (10%) answered 'don't know or can't remember'.

When asked about the type of care that they actually received, 64.5% said they received public care, followed by the 24% who said they received consultant-led private or semi-private care. The remaining women received a variety of types of care including midwifery-led care and home birth.

11 survey questions explored women's involvement in decisions about care, confidence and trust, and respect and dignity across each stage of the maternity journey. The results for each of these questions at a national level are presented in Figure 20.

The highest-scoring question related to respect and dignity at home after the birth, with 88% saying that they were always treated with respect and dignity at home. The lowest-scoring question related to involvement in decisions about care while pregnant, with just 59% saying that they were always involved in decisions.

Figure 20. Responses to questions about involvement in decisions, confidence and trust, and respect and dignity.

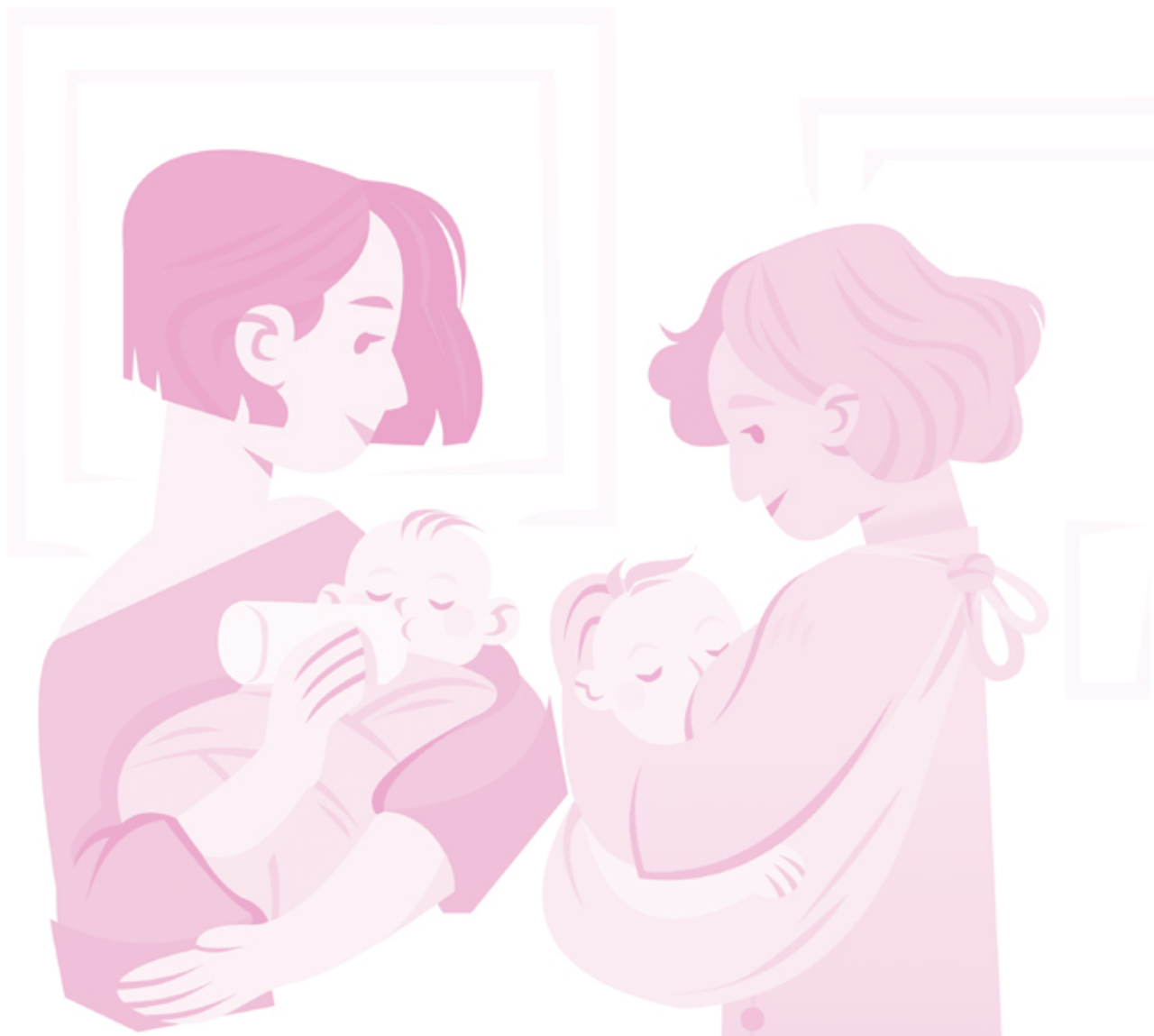


Yes, always
 Yes, sometimes
 No
 Don't know or can't remember

CHAPTER

5

In their own words



Analysis of women's comments

Three questions in the survey (questions 61 to 63) asked women to provide additional information, in their own words, on their maternity experiences. The free-text questions allowed women to give a more in-depth description of specific aspects of their maternity care. It also allowed them to describe various things (good or bad) that could not be captured by the structured questions in the questionnaire. In total, 6,075 comments were received in response to the free-text questions.

The framework method was used to analyse and manage the wealth of information provided in women's comments. An analytical framework consisting of 26 themes was developed — this framework helped organise and systematically reduce the thousands of comments into manageable chunks of information.⁽¹¹⁾ All comments were analysed and coded using the following 26 themes:

Midwives	Pain management
GPs	Physical comfort
Public health nurses	Communication/information sharing
Nurses	Feeling listened to
Consultants and hospital doctors	Involvement of partner
General staff/other staff	Dignity, respect and privacy
Staffing levels/pressure	Feeding
Type of maternity care	Hospital facilities
Continuity of care	Food and drink
Appointments/waiting times	Cleanliness or hygiene
Pre-natal/antenatal stage	Clinical notes (positive or negative)
Labour and birth	Health and wellbeing of women
Post-natal stage	General comment/other
Neo-natal unit/special care baby unit/ICU	None

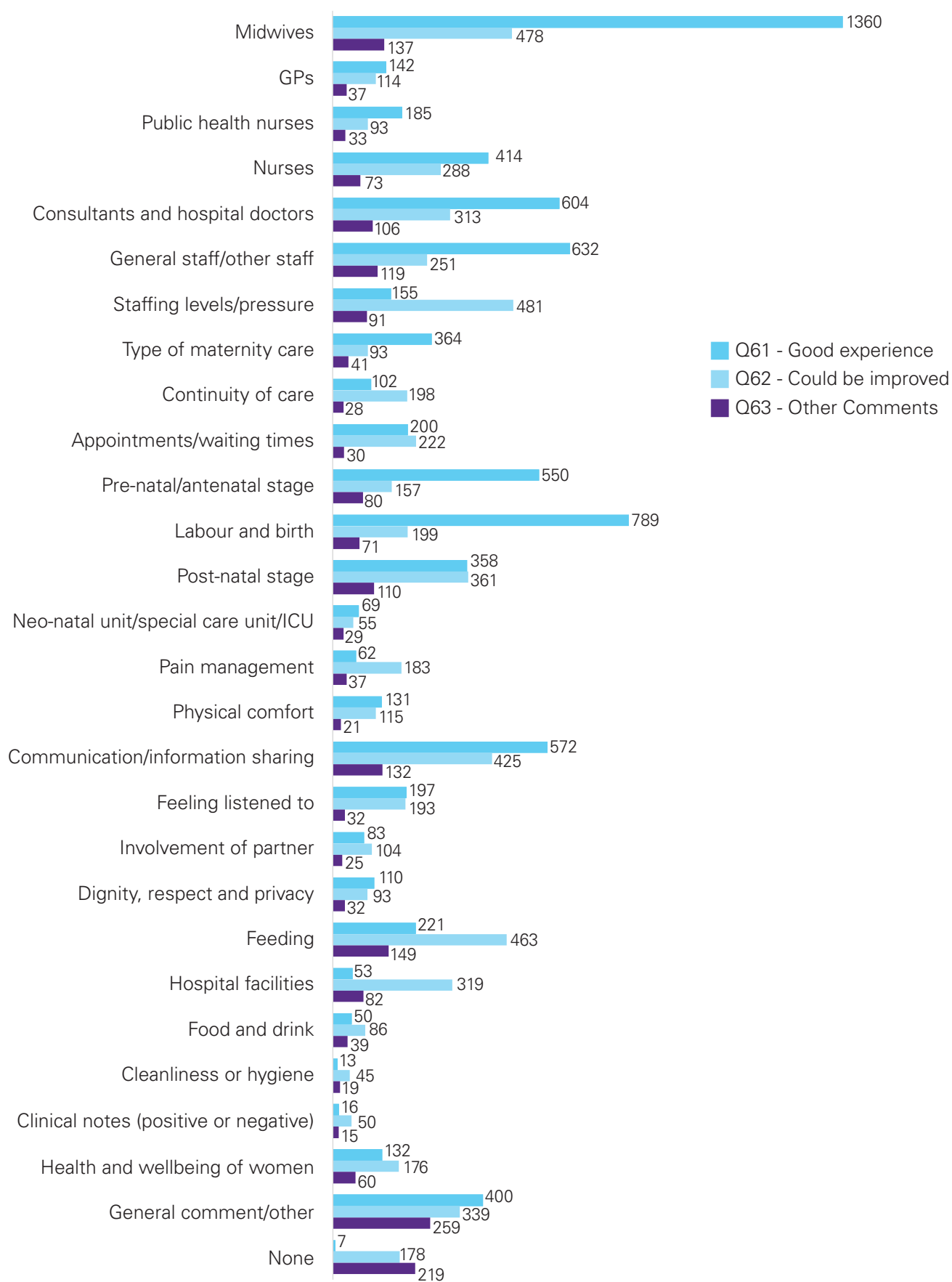
Overview of women's comments

Figure 21 shows the breakdown of participant comments by theme for each of the three free-text questions. Q61 asked women what was particularly good about their maternity care, Q62 asked women what could be improved, and Q63 asked women to describe any other important parts of their maternity experience that were not captured by the other questions in the survey.

For Q61, most of the comments related to the 'midwives', 'labour and birth' and 'general staff/other staff' themes. For Q62, most comments related to the 'staffing levels/pressure', 'midwives', and 'feeding' themes. Finally, most responses to Q63 related to the 'general and other comment', 'midwives', and 'general staff/other staff' themes.

It is notable the midwives feature strongly in the responses to each of the three questions and the positive comments significantly outweigh the suggestions for improvement. The high prevalence of comments relating to midwives likely reflects the nature and importance of the interactions that women have with midwives during labour and birth.

Figure 21. Number of comments for each theme.



CHAPTER

6

Conclusion



What were women's experiences of maternity care in October and November 2019?

The majority of women who responded to the National Maternity Experience Survey had a positive overall experience of care. However, not all women did and a number of areas for improvement were identified.

There were a number of higher-scoring questions on the survey where most women reported a positive experience. It was evident that the majority, though not all, of the women who responded to the survey were treated with respect and dignity throughout their maternity care journey, and had confidence and trust in the staff that cared for them, both in community and in hospital settings. There were thousands of positive comments about the various healthcare professionals that the women interacted with, particularly midwives.

A number of lower-scoring questions were identified. It was clear that, after the birth of their baby, some women were not given the opportunity to ask questions and be involved in decisions about their care. Other areas for improvement include access to emotional support and assistance with feeding. These lower-scoring questions all have a strong relationship with how women rated their overall experience of maternity care. A number of women who responded to the survey commented on staffing levels and the difficulties they sometimes experienced in accessing assistance from staff when they needed it. Finally, it was clear that some women didn't receive enough information on mental health supports both before and after their baby was born.

Notable differences in care experience were found between various participant groups. For example, women who had previously given birth were more likely to give a positive rating of their overall experience than women who gave birth for the first time. In addition, women who had a home birth reported more positive experiences than women who had other types of maternity care. There were differences between the scores received by maternity units or hospitals, but in general these differences were relatively small, with most scoring close to the national average for each stage of care. There were also differences by participants' county of residence, with women living in Monaghan reporting the most positive overall experiences of maternity care, for example.

In conclusion, the findings of the National Maternity Experience Survey show that most women had a positive experience of maternity care. However, there are some areas where improvements are needed, particularly in relation to support and the involvement of mothers after the birth of their baby. The strong response (50%) to the survey demonstrates that women want to share their experiences of maternity care in order to contribute to improvements.

What happens next?

The HSE will use the survey results to develop quality improvement plans at national and local levels. These quality improvement plans will describe the steps that will be taken to address the findings of the survey and improve maternity care. The quality improvement plans will be available on www.yourexperience.ie from October 2020.

The Department of Health will continue to use the information gathered to inform the development of policy and strategy in relation to maternity. Finally, the findings of the survey will inform HIQA's approach to the monitoring of maternity care in public acute hospitals.

Appendices



Appendix 1: Membership of National Maternity Experience Survey governance groups

National Maternity Experience Survey, Programme Oversight Board:

Rachel Flynn (Chair)	Director of Health Information and Standards, HIQA
Tracy O'Carroll	Senior Programme Manager, National Care Experience Programme, HIQA
Denise Lawler	Acting Regional Manager, Regulation, HIQA
June Boulger	National Lead for Patient and Public Partnership, HSE
Peter McKenna	Clinical Director, National Women and Infants Health Programme, HSE
Edel Quirke	Women's representative
Sarah Treleaven	Patient Safety Surveillance Officer, National Patient Safety Office, Department of Health
Gavin Ashe	Administrative Officer, Department of Health
Paul Ivory	Assistant Principal Officer, Acute Hospitals Policy Division, Department of Health
Angela Dunne	Lead Midwife, National Women and Infants Health Programme, HSE
Kryisia Lynch	Service user representative, AIMS Ireland
Siobhán McArdle	Head of Operations Primary Care, National Community Operations, HSE
Danny Smith	Assistant Principal, Maternity and Gynaecology Policy Unit, Department of Health
Deirdre Hyland*	Patient Safety Surveillance Officer, National Patient Safety Office, Department of Health
Fiona Garvey*	Quality and Patient Safety Officer, National Community Operations, HSE

* deputising for Sarah Treleaven and Siobhán McArdle

National Care Experience Programme Steering Group:

Phelim Quinn (Chair)	Chief Executive Office, HIQA, (Chairperson)
Rachel Flynn	Director of Health Information and Standards, HIQA
Marita Kinsella	Director, National Patient Safety Office, CMO Office, Department of Health
Liam Morris*	Principal Officer, Acute Hospital Governance, Patient Safety and Quality, Department of Health
Angela Fitzgerald	Deputy National Director of Acute Hospitals, HSE
Brian Place	Patient representative
Patrick Lynch	National Director, Quality Assurance and Verification, HSE
Roisin O'Leary	Senior Patient Advocate, Sage Advocacy
Louise O'Loughlin	National Manager, National Advocacy Service
Celeste O'Callaghan	Principal Officer, Paediatric and Adult Acute Model of Care, Department of Health

* replaced by Celeste O'Callaghan, March 2020.

National Maternity Experience Survey Team

Tracy O'Carroll	Senior Programme Manager, National Care Experience Programme, HIQA
Angela Dunne	National Lead Midwife, National Women and Infants Health Programme, HSE
June Boulger	National Lead for Patient and Public Partnership, HSE
Conor Foley	Senior Analyst, National Care Experience Programme, HIQA
Daniela Rohde	Analyst, National Care Experience Programme, HIQA
Linda Drummond	Project Lead, National Care Experience Programme, HIQA
Tina Boland	Research Officer, National Care Experience Programme, HIQA
Donnacha O'Ceallaigh	Project Officer, National Care Experience Programme, HIQA
Catriona Keane	Project Officer, National Care Experience Programme, HIQA
Trudi Mason	Project Officer, National Care Experience Programme, HIQA

Appendix 2: Who took part in the National Maternity Experience Survey?

Women invited to take part

A total of 6,357 eligible women were invited to take part in the survey. Two women opted out of the survey and 64 were not contactable. In total, 3,204 women responded to the survey, representing a response rate of 50%.

Women aged 16 or over who gave birth in October (or November) 2019 and had a postal address in the Republic of Ireland were invited to participate in the National Maternity Experience Survey. In order to ensure an adequate sample size, women who gave birth in smaller Irish hospitals in November 2019 were also invited to participate in the survey. The list of participating hospitals, and their relevant survey months, is provided below:

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

The number of women who responded is broken down by the hospital where they gave birth in Table A, and the county they live in in Table B.

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

Hospital	Eligible sample	Responses received	Response rate
Saolta University Health Care Group	1,256	629	50%
Letterkenny University Hospital	270	122	45%
Mayo University Hospital	279	157	56%
Portiuncula University Hospital	238	106	44%
Sligo University Hospital	229	126	55%
University Hospital Galway	239	118	49%
UL Hospitals	373	183	49%
University Maternity Hospital Limerick	373	183	49%
Ireland East Hospital Group	1,435	770	54%
Midland Regional Hospital Mullingar	295	151	51%
National Maternity Hospital	646	361	56%
St Luke's General Hospital	214	109	51%
Wexford General Hospital	280	149	53%
Dublin Midlands Hospital Group	860	424	49%
Coombe Women and Infants University Hospital	615	301	49%
Midland Regional Hospital Portlaoise	245	123	50%
RCSI Hospital Group	1,197	558	47%
Cavan General Hospital	246	118	48%
Our Lady of Lourdes Hospital	243	105	43%
Rotunda Hospital	708	335	47%
South/South West Hospital Group	1,212	622	51%
Cork University Maternity Hospital	564	301	53%
South Tipperary General Hospital	142	71	50%
University Hospital Kerry	217	111	51%
University Hospital Waterford	288	139	48%
Office of the Nursing and Midwifery Services Director	26	18	69%
National Home Birth Services	26	18	69%

Table B. Response rate by participants' county of residence

County	Eligible sample	Responses received	Response rate
Carlow	106	55	52%
Cavan	159	81	51%
Clare	113	57	50%
Cork	527	281	53%
Donegal	296	136	46%
Dublin	1,436	704	49%
Galway	313	152	48%
Kerry	233	121	52%
Kildare	274	151	55%
Kilkenny	165	93	56%
Laois	168	78	46%
Leitrim	72	42	58%
Limerick	233	112	48%
Longford	84	39	46%
Louth	148	62	42%
Mayo	263	150	57%
Meath	266	143	54%
Monaghan	87	41	47%
Offaly	130	64	49%
Roscommon	122	57	47%
Sligo	120	67	56%
Tipperary	244	131	54%
Waterford	194	85	44%
Westmeath	167	88	53%
Wexford	284	147	52%
Wicklow	153	67	44%

Maternity networks, hospitals and Community Healthcare Organisations

Ireland's maternity networks and associated maternity hospitals and units are described in Table C.

Table C. Description of maternity networks

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

Maternity networks, hospitals and Community Healthcare Organisations

Ireland's Community Healthcare Organisations and associated areas are described in Table D.

Table D. Description of Community Healthcare Organisations

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

Appendix 3: 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.

Preliminary note

The scores for the stages of care were calculated by grouping survey questions into seven stages of care⁹: antenatal care, labour and birth, care in hospital after the birth, specialised care, feeding, care at home after the birth, and overall care. Scores are presented for individual questions making up a stage of care. The responses to all 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. 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/I was too unwell 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 Q8 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 Q8 is 6 out of 10.

⁹ There were 43 questions relating to the maternity stages of care. Filter questions, that is, questions whose main purpose it was to route respondents to the next applicable question, were excluded from this categorisation.

Q8. 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

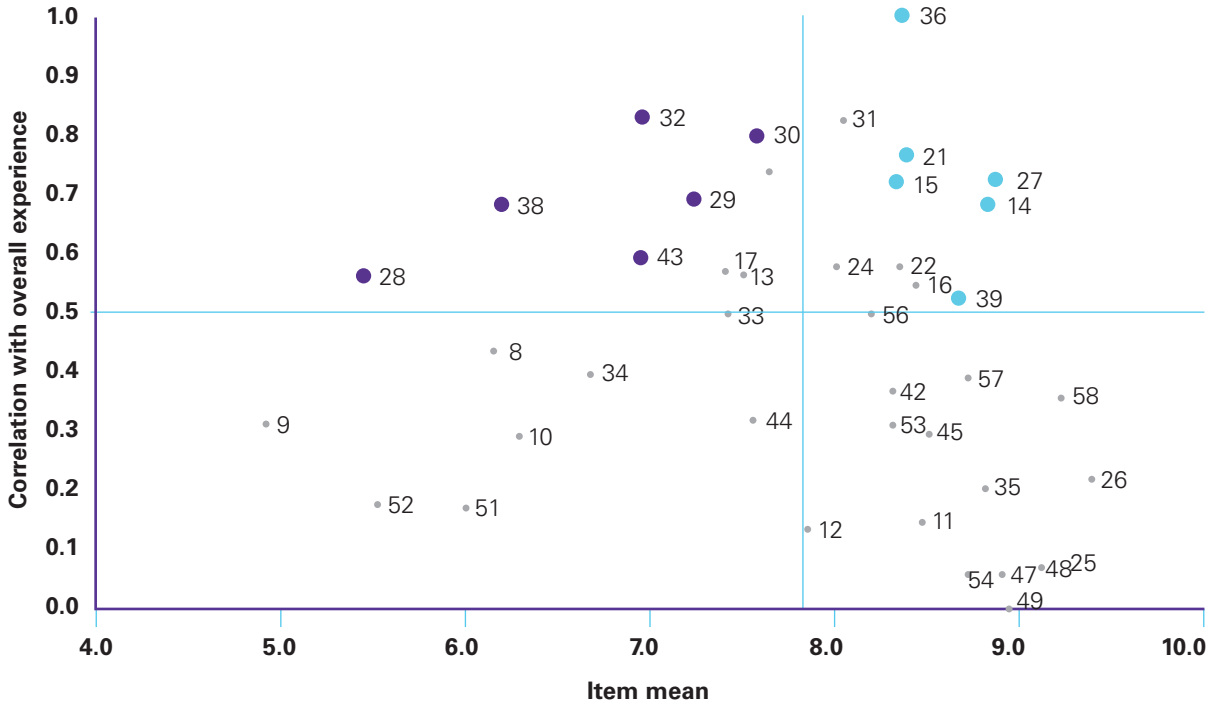
Scores for the stages of care (scales) were constructed by calculating the average scores for all questions belonging to that stage.

Identifying higher- and lower-scoring questions

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 vertical axis shows the correlation of each question with overall experience, the horizontal axis shows each question's score out of 10.

Questions with high average scores out of 10 and a strong relationship with overall experience are highlighted in blue. Questions with lower scores out of 10 and strong relationships with overall experience are 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 care experience across hospitals and counties.

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.

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 25).

The responses to the open-ended questions were transcribed and anonymised. All references to names of women or hospital staff, places, nationalities, wards, specific health conditions, operations and procedures were removed from women's comments before they were thematically analysed and coded.

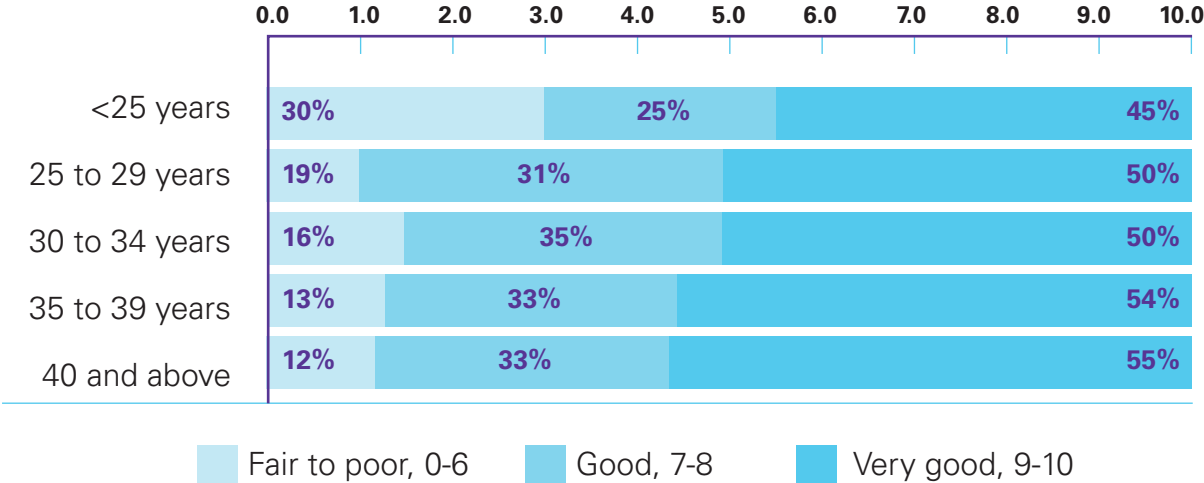
Appendix 4: Additional comparisons for overall experience

This section includes comparisons of women’s overall experiences across a number of demographic variables such as age group, ethnicity, type of birth, and other areas.

Overall experience by age group

45% of women of women aged 25 or younger rated their overall maternity experience as ‘very good’ compared with 55% of those aged 40 or older. Younger women were less likely to rate their overall experience as very good. Figure B presents women’s ratings of their overall care experience by age group.

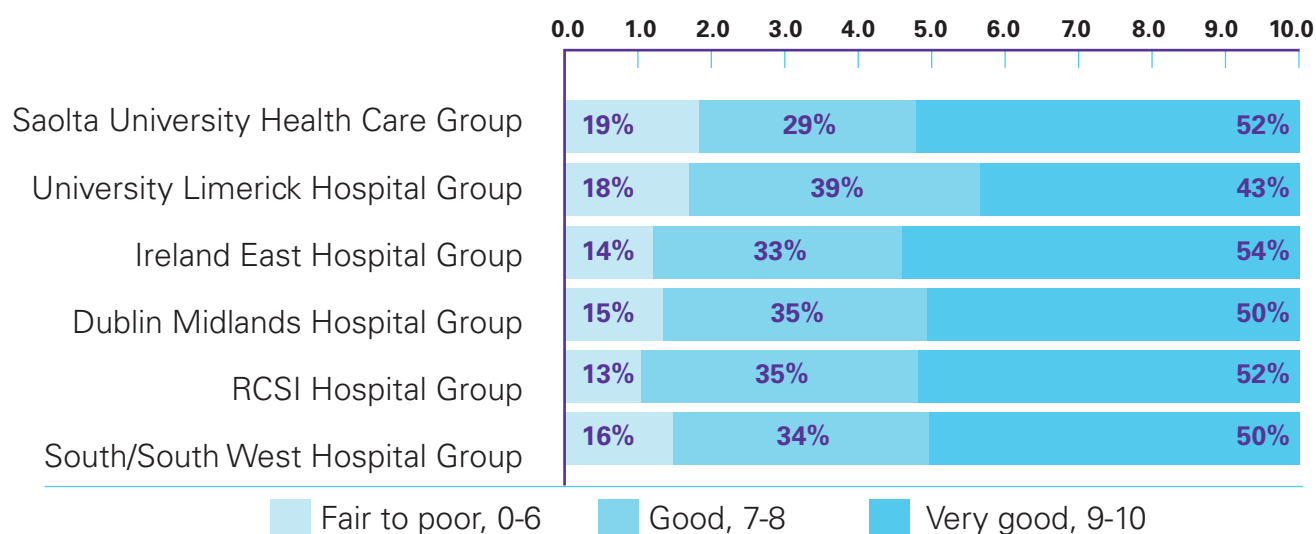
Figure B. Comparison of overall experience ratings by age group.



Overall experience by maternity network

There were differences in ratings of overall maternity care across maternity networks. Maternity networks are groupings of maternity units and hospitals. Overall experience ratings, broken down by maternity network, are presented in Figure C.

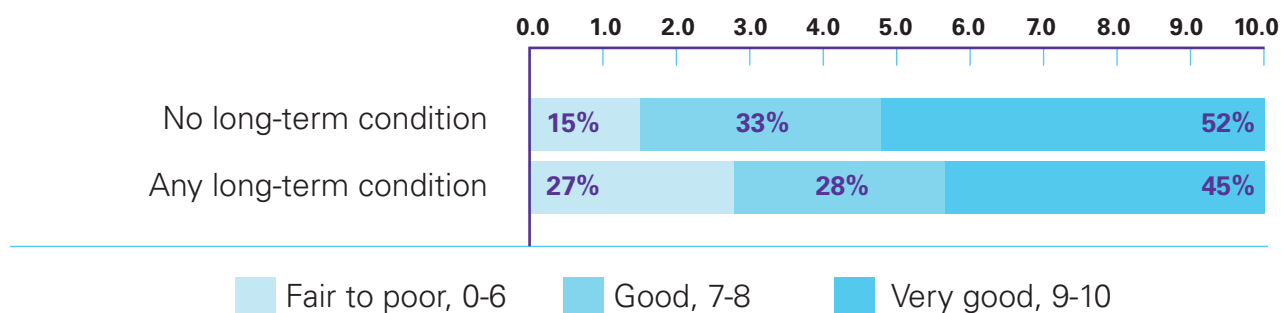
Figure C. Comparison of overall experience ratings by maternity network.



Overall experience by long-term condition

Q68 asked women if they had any long-term conditions. 217 women (6.8%) said that they had one of the listed long-term conditions. Women who had a long-term condition were less likely to have a 'very good' overall experience. Overall experience ratings, broken down by long-term conditions, are presented in Figure D.

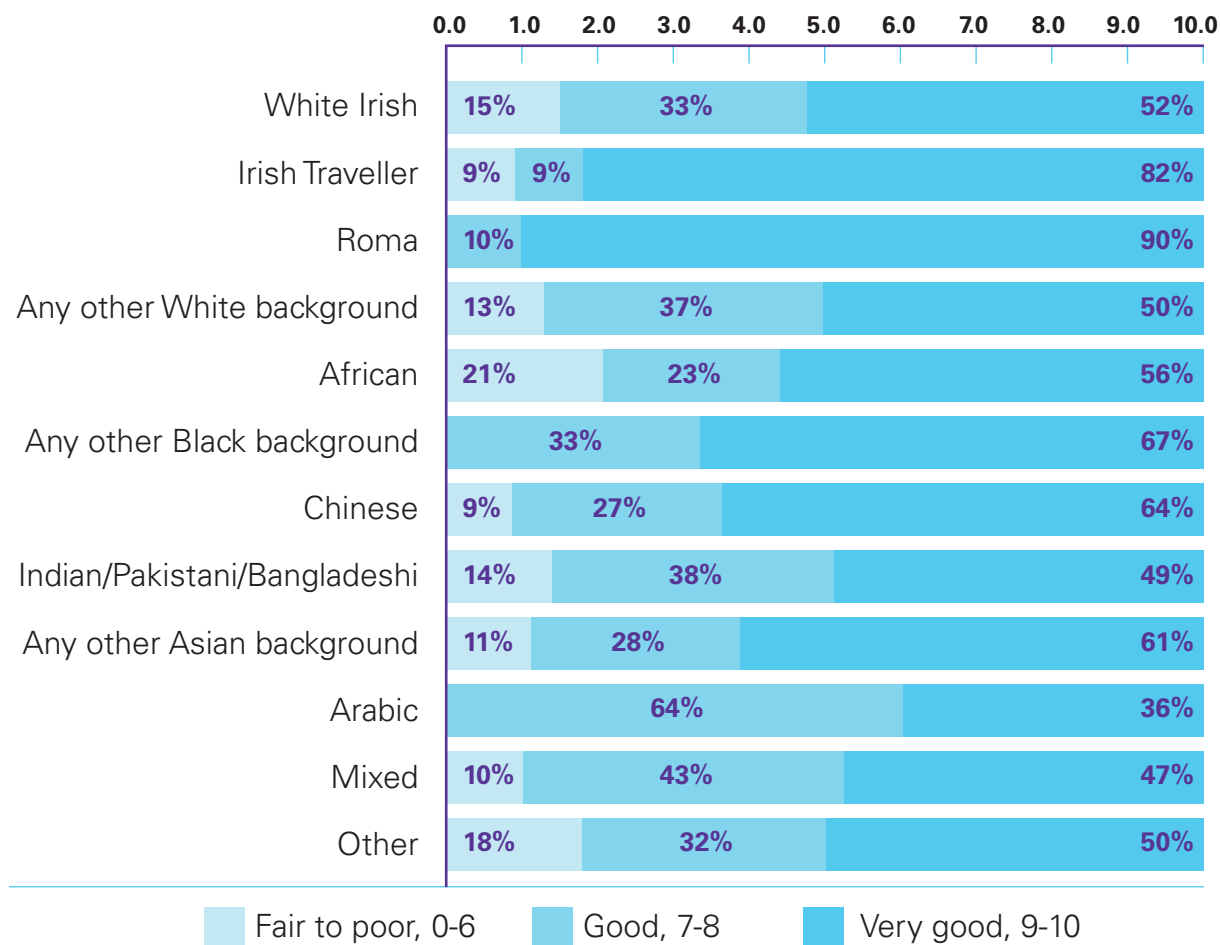
Figure D. Comparison of overall experience ratings by long-term condition.



Overall experience by ethnicity

Ratings of overall maternity care differed by the ethnicity of women who responded to the survey. Overall experience ratings, broken down by ethnicity, are presented in Figure E. It is important to note that the number of responses for some ethnic groups were quite small, making reliable comparisons difficult.

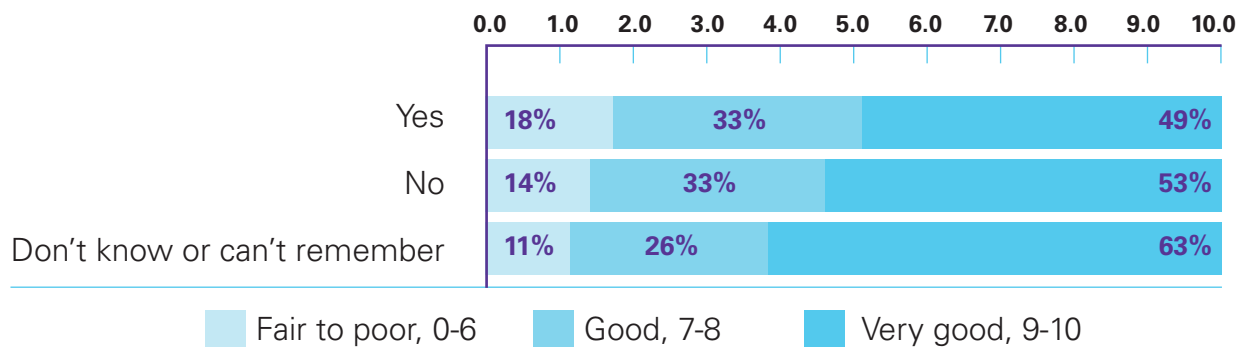
Figure E. Comparison of overall experience ratings by ethnicity.



Overall experience by induction of labour

There were differences in ratings of overall maternity care by induction of labour. Overall experience ratings, broken down by whether labour was induced or not, are presented in Figure F.

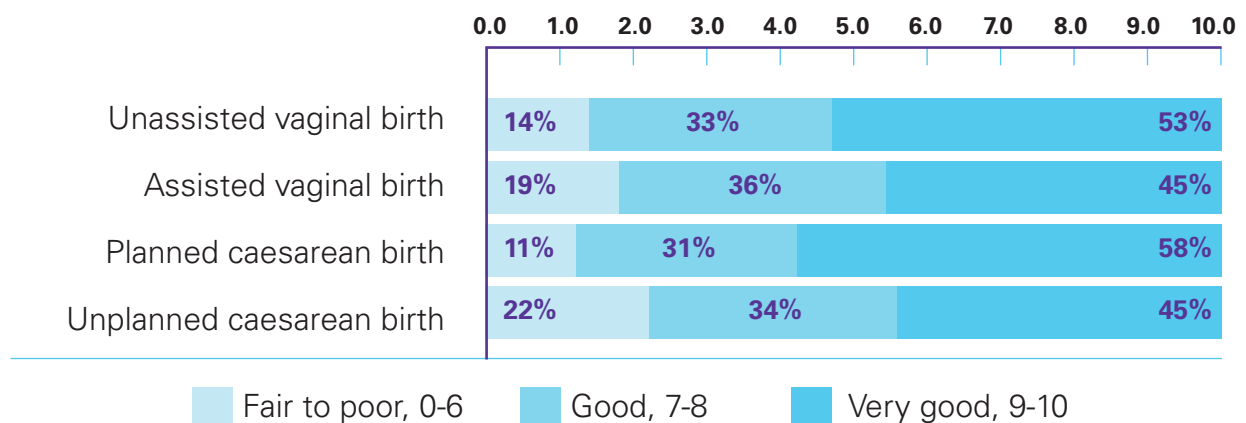
Figure F. Comparison of overall experience ratings broken down by whether or not labour was induced.



Overall experience by type of birth

There were differences in ratings of overall maternity care by the type of birth women had. Overall experience ratings, broken down by type of birth, are presented in Figure G.

Figure G. Comparison of overall experience ratings by type of birth.



Appendix 5: The National Maternity Experience Survey questionnaire 2020

The 68 questions were developed in conjunction with a research team from the National University of Ireland, Galway. Further information on the questionnaire development process can be found on yourexperience.ie.

MATERNITY CARE SURVEY



What is the survey about?

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

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

Why did I get this survey?

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

Can I do the survey online?

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

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

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

Completing the survey

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

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

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

**Your answers will remain anonymous and confidential.
Your feedback will not affect your future care in any way.**

Survey Code:

We're committed to excellence in healthcare



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 thought you were pregnant?

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

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

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

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

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

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

- ¹ Public care
- ² Consultant-led care private or semi-private
- ³ DOMINO (Domiciliary In and Out)
Midwifery-led care with birth in a
- ⁴ Midwifery led unit (Cavan General and Our Lady of Lourdes Hospital Drogheda only)
- ⁵ Community midwifery team care
Home birth with hospital based or
- ⁶ self-employed community midwives (SECM)
Care with a private home birth
- ⁷ midwife with transfer to obstetric-led care for labour and birth
- ⁸ Don't know or can't remember

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

- ¹ Yes, and I did them → **GO TO Q8.**
- ² Yes, but I did not do them → **GO TO Q7.**
- ³ No → **GO TO Q8.**
- ⁴ Don't know or can't remember → **GO TO Q8.**

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

- ¹ It was not my first baby
- ² It was my first baby but I didn't want to go to classes
- ³ There were no available spaces/they were booked out
- ⁴ I couldn't find classes that were right for me
- ⁵ There were no classes near me
- ⁶ I had other commitments
- ⁷ Other

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

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

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

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

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

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

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

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

- ¹ Yes, definitely
- ² Yes, to some extent
- ³ No
- ⁴ I did not want or need this information
- 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 treating/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 had no 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 (e.g., 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, not at all

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 need any help
- ⁵ Not relevant to my situation
- ⁶ Don't know or can't remember

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

- ¹ Yes
- ² No
- ³ No, but this was not possible for medical reasons
- ⁴ I did not want skin to skin contact with my baby
- ⁵ Don't know or can't remember

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

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

Q27. 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

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

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

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

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

- 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

Q29. 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

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

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

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

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

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

- ¹ Yes, always
- ² Yes, sometimes
- ³ No
- ⁴ I had no worries or fears
- ⁵ Don't know or can't remember

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

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

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

- 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

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

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

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

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

Stage 4 – Specialised care for your baby

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

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

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

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

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

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

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

←—————→

0 1 2 3 4 5 6 7 8 9 10

Stage 5 – Feeding your baby

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Q45. *When you were at home after the birth of your baby, if you contacted a 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Q54. Since the birth of your baby, did you feel that you were adequately informed about vaccinations?

- 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

Q55. Did you use local support groups e.g. mother and baby groups, feeding support groups, etc?

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

Q56. Thinking about the care you received at home 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

Q57. Thinking about the care you received at home after the birth of your baby, did you feel that you were involved in decisions about your health?

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

Q58. Thinking about the care you received at home after the birth of your baby, did you feel that you were treated with respect and dignity?

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

Stage 7 – Overall Care

Q59. Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?

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

Q60. Overall, how would you rate your experience of the care you and your baby received during pregnancy, labour and birth and after your baby was born?

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

←—————→

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Other Comments

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

Q61. What was particularly good about your maternity care?

Q62. Was there anything that could be improved?

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

Stage 8 – You and your household

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

Q64. What year were you born?

(Please write in)

e.g.

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

Y	Y	Y	Y
---	---	---	---

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

- None
- 1 or 2
- 3 or more

Q66. What is your ethnic group?

White:

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

Black or Black Irish:

- African
- Any other Black background

Asian or Asian Irish:

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

Other, including mixed group/background:

- Arabic
- Mixed, please specify

--

- Other, please write your ethnic group here:

--

Q67. What is your county of residence?

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

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

Please tick all that apply

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

THANK YOU FOR YOUR HELP WITH THIS VERY IMPORTANT NATIONAL SURVEY

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Appendix 6: Data Quality Statement - National Maternity Experience Survey 2020

1. Purpose

The National Maternity Experience Survey is committed to ensuring that the data it processes and publishes adheres to the five dimensions of good-quality data. The purpose of this statement is to provide transparency on the processing of the National Maternity Experience Survey data and provide data users with assurance on the quality of the data.

2. Overview of data collection and remit

Data on women's experience of Ireland's maternity care is collected through eligible participants' responses to the survey. The survey asks about women's maternity journey. It includes both structured, tick-box questions and open-ended questions for comments. The findings of the survey are used to inform:

- quality improvements in maternity care (HSE)
- regulation and monitoring of maternity care (HIQA)
- legislation and policy for maternity care (Department of Health).

3. Data source

The data that is collected and reported on is provided by women who respond to the survey answering questions on their experiences of maternity care.

4. Overview of quality of data under each of the dimensions of data quality

This section provides an overview of how data quality is ensured under each of the five dimensions of quality.

Relevance

The relevance of the National Maternity Experience Survey data is ensured in the following ways.

- To ensure that the data meets the needs of data users, women representatives were involved in the development of the survey tool in 2019¹. This involved a Delphi Study, focus groups and cognitive interviews.
- The input of healthcare professionals and representatives of women using maternity services is sought in the implementation and planning of the survey at every level of governance (National Care Experience Programme Steering Group and Technical Group and the National Maternity Experience Survey Programme Board). This ensures that the needs of data users are embedded into the design of the survey and the delivery of the survey results.
- A review of each survey is carried out, which involves a public consultation. Data users provide feedback on all aspects of the survey, including the relevance of the survey data.

Accuracy and reliability

The accuracy and reliability of the data is ensured in the following ways:

- Survey responses, once uploaded onto an online reporting tool are quality assured against the hard copy originals. The coding, or categorisation, of survey responses is also quality assured, through dual coding of a sample of responses.
- The results of all data analyses are quality assured to ensure that they reflect the responses received from survey participants.
- The distribution and receipt of surveys is audited to ensure that the data is accurate and complete.

Timeliness and punctuality

Timeliness and punctuality is ensured in the following ways:

- Anonymised survey responses are uploaded to an online reporting platform, once received by the data processor. Nominated hospital and community staff have access to this platform and can view the data as close as possible to its point of collection.
- The findings of the survey are published on www.yourexperience.ie within 6 months of the closure of the survey.
- The Health Service Executive (HSE) sets out its response in a national report which will be published with the findings of the survey. Each of the hospitals and communities health settings will set out their response before the end of the survey year.

¹ The National Maternity Experience Survey includes questions taken or adapted from a library of questions developed by the National University of Ireland, Galway (NUIG) in collaboration with the National Care Experience Programme.

Coherence and comparability

The coherence and comparability of the data is ensured in the following ways:

- The National Maternity Experience Survey uses one survey tool to measure maternity experience across Ireland's 14 public maternity units, 5 maternity hospitals, and the National Home Births Service.
- The survey includes questions used in maternity surveys conducted in other countries, facilitating international comparisons. In addition, there are a number of questions in common with the National Inpatient Experience Survey, which allows for comparison of experiences across the acute inpatient and maternity care settings.
- Anonymised survey responses are uploaded to a publically accessible, online reporting platform, where the data can be filtered:
 - by question
 - by year
 - by hospital, county, hospital group and nationally.

Accessibility and clarity

The accessibility and clarity of the data is ensured in the following ways:

- Service providers must receive a minimum of 30 responses to the survey to have access to the data². In the case of 12 smaller units and the National Home Births Service, the survey sample period was extended from one month to two months to ensure that service providers would receive a minimum of 30 responses and therefore have access to the data.
- The findings of the survey are presented in a traditional report format with graphs and textual explanations to appeal to different types of learners.
- Staff analysing the data and reporting the survey findings undergo data visualisation training to ensure that the findings of the survey are reported in an accessible and clear format.
- All outputs, such as the 2020 National Maternity Experience Survey National Report, are quality assured to ensure that they adhere to NALA (National Adult Literacy Agency) Standards and are therefore reported in plain English.
- Survey findings are accessible through various platforms, such as an online reporting tool for nominated hospital staff and a public facing reporting tool on www.yourexperience.ie.
- Training is provided to healthcare professionals on how to interpret the data. In addition, an online training module has been developed and made publically available to support all data users in interpreting the findings of the survey.
- A data access request policy and form are available for people who wish to access and use the data for research purposes.

² Service must receive a minimum of 30 survey responses to access the data to mitigate the risk that survey respondents may be identified through their response, due to a low number of service users and or respondents.

5. Limitations of the survey

- **Comparability**

The survey questionnaire was specifically developed to measure the experience of maternity care in Ireland and can only be compared with maternity experience surveys internationally on a question-by-question basis.

- **Accessibility**

A service provider that receives less than 30 responses will not receive access to the data.

Conclusion

The National Care Experience Programme, which conducts the National Maternity Experience Survey, is committed to processing and producing high-quality data. The National Care Experience Programme will continually review these dimensions to ensure that the National Maternity Experience Survey data meets the five dimensions of quality.

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