

Having a baby in Scotland 2015: listening to mothers

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**HAVING A BABY IN SCOTLAND 2015:
LISTENING TO MOTHERS**

NATIONAL REPORT

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The views expressed in this report are those of the researchers and do not necessarily represent those of the Scottish Government or Scottish Ministers.

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EXECUTIVE SUMMARY

Introduction

This report presents the national findings of the 2015 Scottish Maternity Care Survey, describing the experiences of more than 2,000 women who gave birth in Scotland during February and March 2015.

The survey provides high quality and comprehensive information on women's experiences of maternity care in 2015 and repeats the survey undertaken in 2013. The results provide a benchmark for improvement in maternity service and will inform the current review of maternity services in Scotland (www.gov.scot/Topics/People/Young-People/child-maternal-health/neonatal-maternity-review).

For the first time the 'free text' comments women made in answer to the question, '*If there is anything else you would like to tell us about your care ...*', asked at each stage of the questionnaire, have been analysed and included in the main report. Overall 1,244 women made comments equating to just over 61% of the total sample. These comments provide additional insights, and increased understanding of the questionnaire results, highlighting issues of importance to women and areas where care fell short of women's expectations.

Main results

The survey reports a very positive picture of women's experience of maternity care overall with very few differences in the findings from 2013. In most instances women report experiencing excellent care from staff who are listening to them and sensitive to their needs. However, an aim of this survey is to identify areas where service improvement is required; therefore it is important to examine the more negative aspects of care that were experienced by a minority of women.

Overall women are accessing maternity care earlier in their pregnancy; more women are contacting a midwife directly when they think they are pregnant and having their antenatal booking assessment earlier than in 2013. Women know how to contact a midwife and when they do so they usually get the help that they need. Although most women said that they were involved enough in antenatal care decisions, relatively few said that they had choices about where their antenatal care would take place, and only one in four had a choice of place of birth.

Women's comments indicate how vitally important it is for them to have the opportunity to develop relationships with staff through continuity of care. This relates not only to midwives but also to medical staff, and this was particularly important for women with more complex needs. High quality research indicates that continuity of care results in improved clinical and psychosocial outcomes for mothers and babies. The survey found that about two thirds of women in this survey said that they saw the same midwife all or most of the time for their antenatal care (an increase from 2013), only around half of women received continuity of postnatal care.

The questionnaire asked whether women felt that they received appropriate advice and support when they contacted a midwife or the hospital when they thought labour had started. The large majority of women said that they did, however a number of women commented on their negative experiences of contacting the maternity unit or hospital triage area. Some described encountering staff who were dismissive or patronising and who did not appear to take them seriously. This contrasted strongly with women's very positive accounts of the supportive care they received during labour and birth. Many women commented to express the considerable trust that they had in the staff who cared for them during their labour, including members of the multi-professional team, and expressed how this had enhanced their birth experience. However, the inclusion of two new questions relating to labour pain management revealed that only two thirds of women felt they were definitely given enough information about pain relief and 59% said that they always had enough help to cope with their pain during labour.

Postnatal care both in hospital and at home was rated less highly than other stages. With findings very similar to those reported in 2013, a significant minority of women did not feel that they always received the information and advice that they needed and that advice, in particular relating to infant feeding, was often inconsistent. Around one third of women said that they were not always treated with kindness and understanding. Asked about care in the six weeks following birth, just over half of women felt that they had enough information about their own physical recovery or potential emotional changes. Women's comments indicated that they appreciated compassionate and sensitive care in this period, and a hospital environment which afforded them and their babies' sufficient access to clinical care, food, rest and support. They reported disappointment with over-stretched staff teams, lack of care and attention, being left alone and separated from the support of family, and care which did not meet their physical and emotional needs in the immediate aftermath of the birth.

Key points

Care during pregnancy

- 61% of women rated their antenatal care as excellent.
- 93% of women had their antenatal booking appointment by 12 weeks, 61% before 10 weeks.
- 99% of women had a number to contact their midwife or midwifery team, 84% who did so always got the help that they needed.
- 66% of women saw the same midwife all or most of the time for their antenatal checks, an increase from 2013.
- 15% of women saw a health visitor during their pregnancy and most said this was useful. 50% did not and said they did not want this.
- 20% of women were offered a choice of where their antenatal checks would take place.

- 24% were not offered any choice about place of birth and only 56% said that they definitely had enough information to help them make this choice.
- Over 80% of women said that they were listened to, had time to ask questions and were spoken to in a way that they could understand.
- Women's comments highlighted the importance of continuity of care and the opportunity to build relationships with their care providers. This was very important for women with more complex pregnancies involving the multi-professional team. Seeing different staff was tiring and frustrating for women and they associated this with poorer communication and inconsistent information and advice.

Care during labour and birth

- 74% of women rated the care they received in labour as excellent.
- 66% of women said that during their pregnancy they were given enough information about pain relief for labour and birth.
- 59% said they always had enough help to enable them to cope with their pain during labour
- 73% of women were able to move around and choose a position that made them most comfortable during labour, only 32% give birth in an upright position.
- 84% of women said that if they raised concerns during labour these were always taken seriously and 77% of women who called for assistance during labour said that they always received it within a reasonable time.
- 83% of women said that all staff introduced themselves.
- 77% of women said that they were always involved enough in decisions about their care and 95% that their birth partner was always involved in their care as much as they wanted.
- 92% of women said that they had a period of skin to skin contact with their baby following birth.
- Women's comments indicated that they valued the support of skilled, supportive and confident staff who listened to their concerns, took time to give them explanations and involved them and their birth companions in decisions. Women were disappointed by staff who were dismissive of their concerns, in particular relating to uncertainty about whether labour had started.

Postnatal care in hospital

- 54% of women rated their postnatal stay in hospital as excellent.

- 40% of women only sometimes or did not receive the information or explanations that they needed.
- 31% said they were not always treated with kindness and understanding.
- 58% of women said their partner or other person close to them could stay as much as they wanted.
- 65% received relevant information and 62% active help and encouragement about infant feeding.
- 55% said that they always received consistent advice about feeding their baby.
- Women's comments on care in hospital highlighted the central importance of supportive compassionate care from midwives as well as practical help and assistance with self-care and infant feeding. Where this was present women's experience was enhanced, in its absence mothers felt vulnerable and anxious.

Postnatal care at home

- 58% rated the care they received in the community after the birth as excellent.
- 99% of women received a visit from a midwife at home 50% saw a midwife three or four times.
- 51% of women saw the same midwife all or most of the time.
- 98% of women had a telephone number to contact a midwife or midwifery team, 85% who did so said that they always got the help that they needed.
- 81% said midwives always took their personal circumstances into account when giving advice.
- 74% received help and advice about their baby's progress.
- 56% were given enough information about their own physical recovery and 57% were given enough information about emotional changes that they might experience.
- As with antenatal care, comments highlighted the importance of continuity of care and the opportunity to develop relationships; this was associated with consistent advice and support which was highly valued by women. Seeing different midwives was frustrating and stressful for women. Many women felt uninformed about their own health and recovery from birth.

CHAPTER 1: INTRODUCTION: THE CONTEXT OF THE MATERNITY EXPERIENCE SURVEY

Introduction

- 1.1 This report presents the national findings of the 2015 Scottish Maternity Care Survey, describing the experiences of more than 2,000 women who gave birth in Scotland during February and March 2015.
- 1.2 Having a baby is one of the most common reasons for hospital admissions in the UK and for this reason maternity services have been described as the 'shop window' of the NHS¹. Within Scotland around 58,000 women give birth each year almost all receiving care from maternity services involving multi-professional teams including midwives, obstetricians, general practitioners, paediatricians, and many more. The Scottish Government is committed to improving outcomes for children and young people, to eliminating the impacts of inequalities and to making Scotland the best place in the world for children and young people to grow up (www.gov.scot/Topics/People/Young-People). Central to this ambition is the universal provision of early access to safe and effective maternity care, personalised to the individual needs and circumstances of women, that promotes their long term health and wellbeing and that of their newborn infants and families. Understanding the experiences of women who have recently used maternity services is an essential part of providing high quality maternity care. While some aspects of NHS care quality will continue to be regularly monitored through a range of methods, many important aspects of quality can only be assessed by asking those who have recently used maternity care services to describe their experiences. Through listening to the experiences of mothers' maternity service providers and policy makers can understand what is working well and where and why services are falling short of the high quality care that all mothers and babies require.
- 1.3 This survey provides comprehensive information about women's experiences of maternity care in Scotland in 2015 and repeats the survey undertaken in 2013. The majority of questions are the same and this allows for comparison of results between the two time points. The survey asked questions on each stage of the maternity care journey; during pregnancy, during labour and birth, and postnatal care in hospital and at home. Within each of these stages, questions are focussed on important indicators of care quality such as involvement in decision making, continuity of care and being offered choices. At the end of each section of the questionnaire women were asked '*If there is anything else that you would like to tell us about your care.....*' and invited to provide free text comments specific to that stage. For the first time these comments have been incorporated into this report. These add considerably to the understanding of the main survey results providing increased insights into some of the results and highlighting issues that are important to women and areas where care falls short of women's expectations. The results will be used to inform the current review of maternity services in Scotland (www.gov.scot/Topics/People/Young-People/child-maternal-health/neonatal-

[maternity-review](#)) to identify areas for service improvement and development at local and national levels.

- 1.4 This survey was undertaken as part of the Scottish Care Experience Survey Programme in partnership with the Nursing, Midwifery and Allied Health Professions Research Unit (NMAHP Research Unit). The Scottish Care Experience Survey Programme undertakes national surveys that aim to provide local and national information on the quality of health and social care services from the perspectives of those using them. Find out more about the Scottish Care Experience Survey Programme at: www.gov.scot/Topics/Statistics/Browse/Health/careexperience. The NMAHP Research Unit is a multidisciplinary national research unit, funded by the Scottish Government Health and Social Care Directorate Chief Scientist Office (CSO). The unit aims to conduct high quality applied research that enables Nurses, Midwives and Allied Health Professionals to make a difference to the lives of the people of Scotland and beyond. Find out more about the NMAHP Research Unit at: www.nmahp-ru.ac.uk.
- 1.5 This report presents the national level survey results. Results for individual NHS Boards are available at www.gov.scot/Topics/Statistics/Browse/Health/maternitysurvey/2015Results

Methods

- 1.6 A copy of the 2015 Scottish Maternity Care Survey questionnaire can be found at: www.gov.scot/Topics/Statistics/Browse/Health/maternitysurvey/2015Results.
- 1.7 Further details of the survey design, fieldwork and analysis are available in the Scottish Maternity Care Survey technical report www.gov.scot/stats/bulletins/01191.
- 1.8 Questionnaires were sent to 5,025 randomly selected women who gave birth in Scotland in February and March 2015. An approved patient survey contractor (Quality Health Ltd) was appointed to carry out the field work. Posters advertising the survey were distributed to all Scottish maternity units. The questionnaire was issued at the end of May 2015. Two postal reminders were sent to encourage mothers to respond and the final response deadline was the middle of August 2015. Women had the option to complete and return the paper version of the questionnaire, to complete the questionnaire online or via a telephone helpline in a wide range of languages. The helpline was also available to handle questions or complaints about the survey.
- 1.9 In total 2,036 women returned questionnaires giving an overall response rate of 41%.
- 1.10 The survey data were collected and coded by Quality Health Ltd and securely transferred to the Scottish Government for analysis. The completed, anonymised analyses were shared with NMAHP Research Unit in order to produce the national report.

- 1.11 With the exception of the 'Women who responded to the survey' section, the percentages presented in the report have been weighted in order to increase the representativeness of the results. Weights were applied to all survey responses based on the number of eligible mothers who gave birth in each hospital (or gave birth at home). This means that the contribution of each hospital to the NHS Board and Scotland results is proportional to the number of eligible mothers that gave birth there. Further information on how weights were calculated and applied can be found in the technical report.
- 1.12 We know that certain groups of women are more likely than others to respond to this survey. For example, the proportion of responses from older mothers was higher than for the population as a whole. The NMAHP Research Unit will be undertaking some additional analysis in 2016 to establish whether particular groups of women tend to report different experiences of maternity care.
- 1.13 Confidence intervals, which are included in most tables, provide the range (the 95% confidence interval) within which the true value is likely to lie. Where questions in the 2013 and 2015 surveys were identical, results have been compared using the appropriate statistical tests.
- 1.14 The questionnaire contained free text boxes in which women were invited to '*tell us about your care*' at the end of each of the survey sections (antenatal care, care in labour, postnatal care in hospital and postnatal care at home). In total 1,244 of the returned surveys included 'free text' comments, meaning that just over 61% of the women who completed the survey chose to comment in response to at least one of the above open questions. As women chose whether or not to provide comment on their experiences, the sample is not necessarily fully representative, but was found to contain a broad range of opinion. There were a total of 2,667 comments meaning that some women answered more than one 'free text' question. 620 women made a comment on their antenatal care, 755 commented on their care during labour and birth, 757 commented on their postnatal care in hospital and 535 on their care at home following birth.
- 1.15 These comments were analysed thematically^{2,3} using a process of detailed coding and 'constant comparison'⁴. The results of this analysis and a selection of the comments made by women are presented within the report. Full details of the methods used for the qualitative analysis are included in the survey technical report www.gov.scot/stats/bulletins/01191.

Presentation of results

- 1.16 In the following chapters results are presented by stages of the maternity care journey; care during pregnancy, care during labour and birth, postnatal care at hospital and at home. Within each chapter results are presented for key themes relevant to the particular stage, with comparison between the results of the 2013 and 2015 surveys where possible.

- 1.17 Data is presented in tables with a focus on percentages. Different response rates were achieved for each question and where appropriate filter questions were used to direct women away from responding to questions that were not relevant to them. The number of responses for each question is presented to provide additional context. Please note that this provides the unweighted number of women who responded to each question.
- 1.18 In general results are shown as the percentage of women who answered each question positively. Percentages for each question are calculated excluding any women from the denominator who did not answer the question or answered "not relevant" or "don't know". Percentages have been rounded to the nearest whole number, in some situations this means that the total percentage does not reach 100%.
- 1.19 Findings of the analysis of the free text additional comments are presented at the end of each section. This report can only contain a relatively small number of the many comments made. Comments that related to very specific clinical issues have not been included, however all of the comments have been sent to the appropriate NHS Boards with their respective survey reports and so all of the comments will be noted and used to inform service improvements.

Women who responded to the survey

- 1.20 The mean age range of women responding to the survey was 31 years of age, ranging from 17 to 50 (Table 1). Most of the women who responded were aged between 25 and 34 (60%), or over 35 years (30%) with only 10% of the respondents in the under 24 age group. In 2015 around 21% of births in Scotland were to mothers aged 24 or under (www.isdscotland.org/Health-Topics/Maternity-and-Births/Births/) indicating that the survey is likely to be underrepresented for this group of mothers. For 42% of mothers this was their first pregnancy while 58% said that they had been pregnant before.

Table 1. Description of survey respondents

What was your age on your last birthday?				
	2013		2015	
	Number	%	Number	%
Under 24	339	15	210	10
25-34	1,322	57	1,205	60
Over 35	661	28	594	30
TOTAL	2,322	100	2,009	100

Have you had a previous pregnancy?				
	2013		2015	
	Number	%	Number	%
Yes	1,355	58	1,160	58
No	971	42	839	42
TOTAL	2,326	100	1,999	100
How many babies have you given birth to before this pregnancy?				
	2013		2015	
	Number	%	Number	%
None	160	12	127	11
1-2	1,090	80	958	82
3 or more	112	8	85	7
TOTAL	1,362	100	1,170	100

1.21 Almost all the women (94%) rated their general health as either very good or good (Table 2). Eleven per cent said that they had a long term physical or mental health condition although most said that this reduced their ability to carry out day to tasks only a little (36%) or not at all (55%).

Table 2. Self – reported health status

How would you rate your health in general?				
	2013		2015	
	Number	%	Number	%
Very good or good	2,205	94	1,903	94
Fair	117	5	101	5
Very bad or bad	8	<0.5	11	1
TOTAL	2,330	100	2,015	100
Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?				
	2013		2015	
	Number	%	Number	%
Yes	209	9	214	11
No	2,121	91	1,800	89
TOTAL	2,330	100	2,014	100

If yes, does your condition or illness reduce your ability to carry-out day-to-day activities?				
	2013		2015	
	Number	%	Number	%
Yes, a lot	23	11	19	9
Yes, a little	83	40	77	36
Not at all	102	49	117	55
TOTAL	208	100	213	100

Ethnicity, religion and sexual orientation

1.22 Around 7% of women responding to the survey belonged to minority ethnic groups. Around half (52%) identified themselves as having no religious view. The large majority of respondents (99%) described themselves as heterosexual/ straight with only 1% describing themselves as gay/ lesbian, bisexual or other (Table 3).

Table 3. Religion, sexual orientation and ethnicity

What religion, religious denomination or body do you belong to?				
	2013		2015	
	Number	%	Number	%
None	1,175	51	1,047	52
Church of Scotland	465	20	379	19
Roman Catholic	397	17	317	16
Other Christian	183	8	168	8
Muslim	60	3	51	3
Other religion	45	2	41	2
TOTAL	2,325	100	2,003	100
Which of the following best describes how you think of yourself?				
	2013		2015	
	Number	%	Number	%
Heterosexual/straight	2,287	99	1,971	99
Gay/lesbian, bisexual or Other	26	1	19	1
TOTAL	2,313	100	1,990	100

What is your ethnic group?				
	2013		2015	
	Number	%	Number	%
White	2,159	92	1,879	93
Asian, Asian Scottish or Asian British	105	4	86	4
Other ethnic group	74	4	58	3
TOTAL	2,338	100	2,023	100

1.23 The large majority of women (92%) gave birth at term (between 37 and 42 weeks of pregnancy) and most had one baby (98%), with only 28 sets of twins born to women who responded to the survey (Table 4).

Table 4. Birth and baby

Did you give birth to a single baby, twins or more in your most recent pregnancy?				
	2013		2015	
	% (n=2,356)	Confidence Interval	% (n=2,036)	Confidence Interval
A single baby	99	(98.5 , 99.2)	98	(97.9 , 99.0)
Twins	1	(0.7 , 1.5)	2	(1.0 , 2.1)
Triplets	<0.5		0	
Roughly how many weeks pregnant were you when your baby was born?				
	2013		2015	
	% (n=2,334)	Confidence Interval	% (n=2,020)	Confidence Interval
Before I was 37 weeks pregnant	7	(6.0 , 7.9)	8	(6.9 , 9.1)
When I was 37 weeks pregnant or more	93	(92.1 , 94.0)	92	(90.9 , 93.1)

CHAPTER 2: CARE DURING PREGNANCY: ANTENATAL CARE

Summary of key results

- 61% of women rated their antenatal care as excellent.
- 93% of women had their antenatal booking appointment by 12 weeks, 61% before 10 weeks.
- 99% of women had a number to contact their midwife or midwifery team, 84% who did so always got the help that they needed.
- 66% of women saw the same midwife all or most of the time for their antenatal checks, an increase from 2013.
- 15% of women saw a health visitor during their pregnancy and most said this was useful. 50% did not and said they did not want this.
- 20% of women were offered a choice of where their antenatal checks would take place.
- 24% were not offered any choice about place of birth and only 56% said that they definitely had enough information to help them make this choice.
- Over 80% of women said that they were listened to, had time to ask questions and were spoken to in a way that they could understand.
- Women's comments highlighted the importance of continuity of care and the opportunity to build relationships with their care providers. This was very important for women with more complex pregnancies involving the multi-professional team. Seeing different staff was tiring and frustrating for women and was associated with poorer communication and inconsistent information and advice.

Access to maternity care

- 2.1 Enabling women to make early, direct access to maternity care is a key target for maternity services (www.gov.scot/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/AntenatalAccess). Scottish maternity policy and guidance encourages women to make self-referral directly to maternity services when they think that they are pregnant. The survey results show that a growing number of women contacted a midwife first when they thought that they were pregnant. The proportion of women who saw a GP first decreased to 50%, with an increase in the proportion who saw a midwife first (43%) compared to the findings of the 2013 survey (Table 5). Overall, 56% of mothers reported that they had first seen a health professional by 6 weeks of pregnancy and almost all had done so by 12 weeks. This is similar to the 2013 survey.

2.2 The survey findings indicate that women are completing their antenatal booking assessment earlier with more women reporting that they had their antenatal booking assessment by nine weeks compared to 2013. A majority of women (61%) reported that they had their antenatal booking assessment before 10 weeks of pregnancy and 93% had done so by 12 weeks. There was little variation by Health Board in the proportion of women who had their booking assessment by 12 weeks (between 90% in NHS Borders and NHS Fife, and 96% in NHS Ayrshire & Arran, NHS Grampian and NHS Tayside). However, women in NHS Ayrshire & Arran, NHS Grampian, NHS Highland and NHS Tayside were more likely to have an early assessment (at 9 weeks of pregnancy or less). The national HEAT target for access to antenatal care is for at least 80% of pregnant woman in each SIMD quintile to have booked for antenatal care by the 12th week of gestation by March 2015 (www.gov.scot/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/AntenatalAccess).

Table 5. Accessing maternity services in early pregnancy

Who was the first health professional you saw when you thought you were pregnant?				
	2013		2015	
	% (n=2,358)	Confidence Interval	% (n=2,031)	Confidence Interval
GP / family doctor	60	(58.5 , 61.8)	50	(48.5 , 52.4)
Midwife	35	(33.1 , 36.3)	43	(41.4 , 45.3)
Other	5	(4.3 , 5.9)	6	(5.2 , 7.2)
Roughly how many weeks pregnant were you when you first saw a health professional about your pregnancy care?				
	2013		2015	
	% (n=2,329)	Confidence Interval	% (n=2,010)	Confidence Interval
When I was 0 to 6 weeks pregnant	58	(56.3 , 59.8)	56	(54.3 , 58.3)
When I was 7 to 12 weeks pregnant	38	(36.2 , 39.7)	40	(38.5 , 42.5)
When I was 13 or more weeks pregnant	4	(3.3 , 4.8)	3	(2.5 , 3.9)

Roughly how many weeks pregnant were you when you had your booking appointment?				
	2013		2015	
	% (n=2,200)	Confidence Interval	% (n=1,908)	Confidence Interval
When I was 0 to 7 weeks pregnant	16	(14.3 , 17.0)	20	(18.8 , 22.1)
When I was 8 or 9 weeks pregnant	35	(33.2 , 36.6)	41	(38.5 , 42.6)
When I was 10 or 11 weeks pregnant	19	(17.3 , 20.2)	18	(16.4 , 19.7)
When I was 12 weeks pregnant	18	(16.3 , 19.1)	14	(12.3 , 15.2)
When I was 13 or more weeks pregnant	13	(11.9 , 14.4)	7	(6.1 , 8.3)

2.3 Almost all women (99%) said that they had a telephone number to contact a midwife or maternity care team if they needed to and most (84%) who used this number felt that they always received the help that they needed. However 16% said that they only sometimes or that they did not always receive the help that they needed (Table 6).

Table 6. Contacting maternity services during pregnancy

During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?				
	2013		2015	
	% (n=2,350)	Confidence Interval	% (n=2,027)	Confidence Interval
Yes	99	(98.7 , 99.4)	99	(98.3 , 99.2)
No	1	(0.6 , 1.3)	1	(0.8 , 1.7)
If you contacted a midwife or the midwifery team, were you given the help you needed?				
	2013		2015	
	% (n=1,922)	Confidence Interval	% (n=1,701)	Confidence Interval
Yes, always	82	(80.2 , 83.4)	84	(82.2 , 85.5)
Yes, sometimes	16	(14.3 , 17.4)	14	(12.5 , 15.7)
No	2	(1.7 , 2.9)	2	(1.4 , 2.7)

Who women saw for their antenatal care

- 2.4 Almost all women (98%) saw a midwife for their care with over a third (37%) also receiving care from a hospital doctor (Table 7). There is good evidence that models of midwifery care that include continuity of carer are associated with improved outcomes for mothers and babies⁵. The importance of providing maternity services that facilitate the building of relationships between women and health professionals should not be underestimated. Several questions in this survey address these issues. The significance women place on continuity of care and relationships with maternity care staff is further reflected in the many additional comments made by women on this topic. Overall, 66% of women said that they saw the same midwife all or most of the time for their antenatal checks, an increase from 62% in 2013, however this means that one third of women did not experience continuity of carer. This varied quite considerably by Health Board, with 85% of women in NHS Grampian and 80% in NHS Ayrshire & Arran seeing the same midwife all or most of the time, compared to around 55% in NHS Fife, NHS Greater Glasgow & Clyde and NHS Highland. The survey found that 83% of women reported that they had a named midwife (this is a specifically named midwife who is responsible for co-ordinating and providing most of a woman's antenatal and postnatal care). Of these women, 63% saw that midwife all or most of the time, a further 31% saw them 'some of the time' and 7% said they had a named midwife that they did not see at all.
- 2.5 Scottish Government Early Years Policy (www.gov.scot/Publications/2015/10/9697) includes the principle that all children will have a Named Person available to them. The Named Person will be a consistent point of contact to provide advice and support for families who require it (www.gov.scot/Topics/People/Young-People/gettingitright/named-person). In many cases the named person for children from 0-5 will be the health visitor. Recognising the significant role of the health visitor in supporting families with children under five years old, a refreshed health visiting pathway has been introduced including health visitor contact with all women during the antenatal period (www.gov.scot/Publications/2015/10/9697). A new question in this year's survey asked women if they had had a discussion with a health visitor during their pregnancy. The recent introduction of this pathway is reflected in the finding that only 15% of women said that they had a discussion with their health visitor when they were pregnant (Table 7). Almost all of the women who had met with a health visitor said that their discussion was useful. However, 84% of women had not met with a health visitor during their pregnancy and while many said that they felt it would have been useful, over half said that they did not want to (Table 7). There may be a number of reasons for this; several studies have found that people often express a preference for the care that they have actually experienced⁶. However, it may be that women require more information about the purpose and potential benefits of meeting with a health visitor during their pregnancy.

Table 7. Healthcare providers during antenatal care

Which of the following health professionals did you see for your antenatal check-ups?				
	2013		2015	
	% (n=2,358)	Confidence Interval	% (n=2,036)	Confidence Interval
Midwife	98	(97.3 , 98.4)	98	(97.3 , 98.4)
GP (family doctor)	12	(11.0 , 13.2)	8	(6.5 , 8.6)
Hospital doctor (e.g. a consultant)	37	(35.2 , 38.6)	37	(35.0 , 38.8)
Other	1	(0.9 , 1.7)	2	(1.4 , 2.6)
If you saw a midwife for your antenatal check-up, did you see the same one every time?				
	2013		2015	
	% (n=2,326)	Confidence Interval	% (n=2,007)	Confidence Interval
Yes, every time	20	(18.3 , 21.2)	21	(19.3 , 22.6)
Most of the time	42	(40.7 , 44.3)	46	(43.5 , 47.5)
No	38	(36.1 , 39.5)	34	(31.7 , 35.4)
Did you have a named midwife?				
			2015	
			% (n=1,933)	Confidence Interval
Yes, and I saw them all / most of the time			52	(49.9 , 53.9)
Yes , and I saw them some of the time			25	(23.6 , 27.1)
Yes, but I did not see them			5	(4.4 , 6.3)
No			17	(15.9 , 18.9)

During your pregnancy, did you have a discussion with a Health Visitor?			
		2015	
		% (n=1,891)	Confidence Interval
Yes, and it was useful		13	(12.0 , 14.8)
Yes, but it was not useful		2	(1.6 , 2.8)
No, but I would have found it useful		34	(32.2 , 36.2)
No, but I didn't want to		50	(48.1 , 52.3)

Information choice and involvement

2.6 The principle of enabling women to make choices about their maternity care has been central to maternity policy for over 25 years. The survey focussed questions on two specific aspects of choice; these were choice of location of antenatal check-ups and choice of place of birth. The results suggest that relatively few women currently feel that they have these choices. Overall 80% said that they had no choice about where their antenatal check-ups would take place (Table 8). Considering place of birth, just over half of women said that they were given enough information to help them decide where to have their baby. Only 36% were offered a choice of hospitals (a decrease from 41% in 2013), 25% were offered a choice of giving birth at home and almost one quarter of women said that they were not offered any choice. However, despite the evident lack of choices in these areas the large majority of women (81%) said that they had enough involvement in care decisions, a significant increase from 78% in 2013 (Table 9).

Table 8. Women's choices during antenatal care

During your pregnancy were you given a choice about where your antenatal check-ups would take place?				
	2013		2015	
	% (n=2,251)	Confidence Interval	% (n=1,950)	Confidence Interval
Yes	21	(19.2 , 22.1)	20	(18.0 , 21.3)
No	79	(77.9 , 80.8)	80	(78.7 , 82.0)
Before your baby was born, did you plan to have a home birth?				
	2013		2015	
	% (n=2,349)	Confidence Interval	% (n=2,025)	Confidence Interval
Yes	2	(1.5 , 2.3)	2	(1.7 , 2.6)
No	98	(97.7 , 98.5)	98	(97.4 , 98.3)

Did you get enough information from either a midwife or doctor to help you decide where to have your baby?				
	2013		2015	
	% (n=1,654)	Confidence Interval	% (n=1,354)	Confidence Interval
Yes, definitely	56	(54.0 , 58.4)	56	(53.1 , 58.3)
Yes, to some extent	26	(24.0 , 28.0)	27	(24.9 , 29.6)
No	18	(16.1 , 19.5)	17	(15.0 , 19.0)
Were you offered any of the following choices about where to have your baby?				
	2013		2015	
	% (n=2,346)	Confidence Interval	% (n=2,036)	Confidence Interval
A choice of hospitals	41	(39.4 , 42.7)	36	(34.5 , 38.2)
A choice of giving birth in a midwife led unit or birth centre	23	(21.4 , 24.1)	24	(22.3 , 25.4)
A choice of giving birth in a consultant led unit	12	(10.7 , 13.0)	12	(11.1 , 13.6)
A choice of giving birth at home	25	(23.3 , 26.3)	25	(23.2 , 26.5)
I was not offered any choices	25	(73.2 , 76.3)	24	(22.8 , 26.1)
I had no choices due to medical reasons	13	(12.0 , 14.4)	15	(13.1 , 15.9)

Table 9. Involvement in decision making during antenatal care

Thinking about your antenatal care, were you involved enough in decisions about your care?				
	2013		2015	
	% (n=2,339)	Confidence Interval	% (n=2,011)	Confidence Interval
Yes, always	78	(76.0 , 79.1)	81	(79.4 , 82.6)
Yes, sometimes	18	(16.6 , 19.4)	16	(14.5 , 17.5)
No	4	(2.9 , 4.3)	2	(1.7 , 3.0)
I did not want / need to be involved	1	(0.6 , 1.3)	1	(0.3 , 0.9)

Communication

- 2.7 Maternity care guidance emphasises that good communication between women and their healthcare providers is essential for safe, effective and person centred care www.healthcareimprovementscotland.org/our_work/reproductive_maternal_child/programme_resources/keeping_childbirth_natural.aspx. Women need to have opportunities to raise concerns and to feel that these are listened to and taken seriously. Health care providers need to take the time to talk to women in ways that they can understand and to personalise the advice and care provided. The survey findings suggest that in general women feel that communication during their antenatal care was good (Table 10). Almost all (91%) said that they were spoken to in a way that they could understand. The large majority of women said that they were listened to and had time to ask questions, although almost one in five said that this happened only sometimes or not at all. Most women felt that their personal circumstances were taken into account during their antenatal care but 22% said that this was only to some extent or not at all (Table 11).

Table 10 Communication during antenatal care

During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?				
	2013		2015	
	% (n=2,357)	Confidence Interval	% (n=2,030)	Confidence Interval
Yes, always	82	(80.1 , 82.9)	82	(80.8 , 83.9)
Yes, sometimes	16	(14.8 , 17.5)	16	(14.2 , 17.2)
No	2	(1.8 , 2.8)	2	(1.3 , 2.5)
During your antenatal check-ups, were you listened to?				
	2013		2015	
	% (n=2,348)	Confidence Interval	% (n=2,021)	Confidence Interval
Yes, always	82	(80.2 , 83.0)	83	(81.3 , 84.4)
Yes, sometimes	17	(15.4 , 18.1)	16	(14.4 , 17.4)
No	2	(1.1 , 2.1)	1	(0.8 , 1.7)

Thinking about your antenatal care, were you spoken to in way that you could understand?				
	2013		2015	
	% (n=2,351)	Confidence Interval	% (n=2,027)	Confidence Interval
Yes, always	88	(87.2 , 89.5)	91	(90.0 , 92.3)
Yes, sometimes	10	(9.1 , 11.3)	8	(7.2 , 9.4)
No	1	(1.0 , 1.9)	1	(0.2 , 0.9)

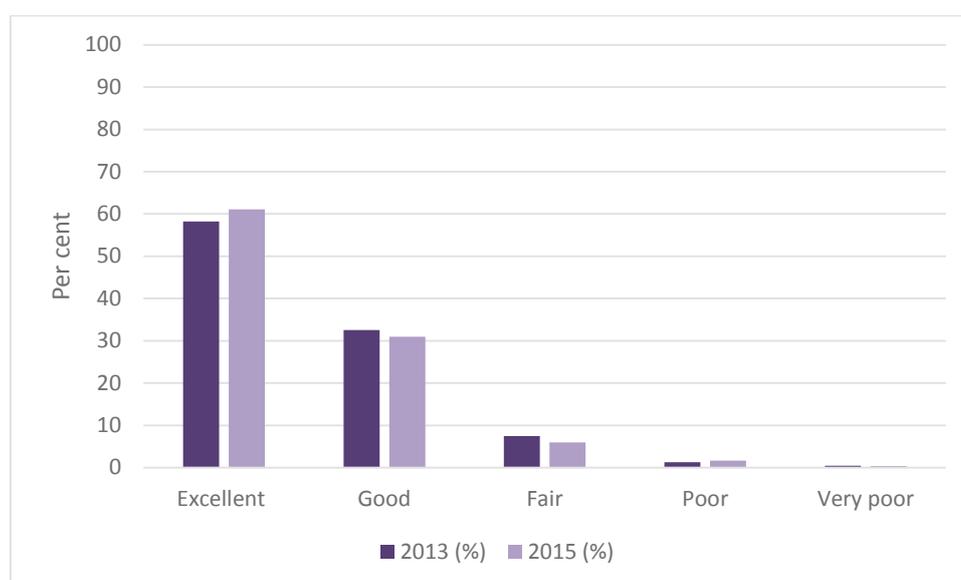
Table 11. Personalised antenatal care

During your antenatal check-ups, were your personal circumstances taken into account?		
	2015	
	% (n=1,981)	Confidence Interval
Yes, definitely	78	(75.9 , 79.4)
Yes, to some extent	19	(17.7 , 21.0)
No	3	(2.3 , 3.7)

Overall rating of antenatal care

2.8 Women's overall rating of their antenatal care was high with 61% rating it as excellent and a further 31% rating it as good, results largely unchanged from the 2013 survey.

Chart 1 – Overall rating of Antenatal Care



What women said about their antenatal care

- 2.9 Women were asked *'Is there is anything else you would like to tell us about your antenatal care?'* In total, 620 free text comments were returned representing around a quarter of the overall survey sample. The comments broadly related to, but were not restricted to the major themes in the questionnaire. The majority of comments focused on midwifery care, particularly continuity of care and the availability of midwives. There is some overlap between themes as women made connections for example, between lack of continuity and poorer communication and involvement.

Access to maternity care

- 2.10 Women appreciated being able to contact a midwife, to be offered reassurance, advice or when necessary, to have a check-up.

'Always felt I could contact them at any time. Very helpful and caring'.

'Throughout all my pregnancies, I have always had excellent care. Whenever I needed advice, there was always someone to help'.

- 2.11 Whilst the large majority of women were able to make contact with a midwife during their pregnancies when they needed to, a small minority of women experienced difficulty in contacting a midwife by telephone. For a few women, they felt that not having immediate access to a midwife by 'phone had a negative impact upon them.

'I found that I didn't get phoned back when I got the answering machine and had left a message which was frustrating, and on two occasions I actually had to go to the health centre to speak to someone solely because I had not been getting replies'.

Continuity of Care: Midwife Care

- 2.12 Many women highlighted continuity, or a lack of continuity, as a major factor in their experience of maternity care. The majority of comments suggest that by continuity women mean relationship continuity with a midwife. Women overwhelmingly identify having a relationship with a midwife throughout their pregnancy as positive, and report less happiness about seeing multiple professionals for their antenatal care. Having relationship continuity is reported by women as allowing them to build rapport and trust with a midwife, with whom they can talk freely. Continuity of care is further linked by a small number of women to better clinical outcomes for them and for their babies.

'Had a great midwife who put me at ease. I seen her every appointment so got to know her'.

- 2.13 Some women will experience several pregnancies and a number of comments indicated that continuity of midwife across pregnancies was particularly appreciated.

'Really fantastic and personal care as this was my next pregnancy following a first child who was still born. I had the same midwife for both pregnancies'.

- 2.14 There were a high number of negative comments on a lack of 'relationship continuity'. These focused on having to see multiple midwives during pregnancy, and finding this unhelpful, difficult, or just plain exhausting.

'I had a different midwife each time I had an appointment. It would have been nice to have the same one, to build a relationship like I did with my first pregnancy'.

'I saw so many different midwives which was so tiring'.

- 2.15 Several women felt that a lack of relationship continuity with a midwife led to inconsistency in the advice offered to them. Some women, who had been seen by numerous midwives during pregnancy, expressed the view that information was not passed on properly between them suggesting a lack of information continuity.

'Different midwives had different ideas, opinions or concerns'.

'Poor communication. Have to repeat things at every appointment. Things not written down. Notes went missing'.

Continuity of Care: 'Named Midwife'

- 2.16 A number of women were aware that they had a particular midwife assigned to their care, their 'named midwife'. In some settings a 'named midwife' approach was nominally being followed but was not then resulting in continuity of care in practice, leading to confusion and frustration for women.

'I was assigned to a named midwife in a clinic due to the location of my GP practice...I did not see my "named midwife" throughout any of my antenatal or postnatal care... I do not understand the benefits of having a named midwife when you never or rarely see them and are passed from pillar to post between midwives'.

Continuity of Care: Team Midwifery Care

- 2.17 For a minority of women who commented it was viewed as positive that they were able to get to know a whole team of midwives, or at least it was experienced as unproblematic that they were not offered relationship continuity with a midwife, but were instead provided with continuity of care through 'team-midwifery'

'It worked on a team system, so although I didn't see the same midwife every time, I saw one of four on the team and this team followed me up after birth as well, so you got to know them all'.

Continuity of Care: Consultant- led Care and the multi- professional team

- 2.18 It was not just continuity of midwifery care that was commented upon by respondents. Relationship continuity with a consultant was also an important issue for women who were under consultant-led care.

'When I became consultant led my pregnancy was no longer enjoyable... Once I started seeing the consultants it was difficult. I saw 4 different consultants. The first consultant answered all my questions and made me feel very confident, however the following 3 did not. They all had different ideas on how to treat me and how often and what bloods to test.'

- 2.19 Often it was this lack of consistency in approach that was reported by women as problematic in their consultant led care; with different doctors offering different opinions.

'Frustrating seeing different consultants every time. Each time I had to go through medical history and each consultant had different idea for on-going care. Very unsettling!'

- 2.20 Some women also highlighted a feeling of having 'missed out' on continuity of midwifery care or the experience of regular care from a midwife, as a result of needing to be under consultant led care where the pregnancy was high risk. However, other women highlighted good examples of multi-professional team working.

'I attended a combined clinic... and saw consultant, diabetic doctor and midwife ... the care was exceptional and professional at all times.'

Person centred care, choice and involvement in decision making

- 2.21 Women appreciated care from hospital staff that was focused around their needs and this person-centred care was mentioned positively by a number of women.

'Hospital team extremely supportive when planning this birth and took previous bad birth experience into full consideration throughout.'

'I was consultant led, following a previous miscarriage. The level of care I received by my consultant and midwife was outstanding and hugely reassuring in my situation.'

- 2.22 A significant theme was the value of having individual experiences taken into account by health professionals, and being supported to deal with these. A number of comments suggest that a non-judgemental attitude is a valued attribute in a midwife.

'I had extremely difficult circumstances during my pregnancy. The midwives I seen never judged me on these and helped me to sort out the situation and I was so grateful to them.'

- 2.23 Less positively, several women commented that their partners had felt excluded from discussions and decision making about the birth when meeting with hospital midwives and consultants and expressed the view that care should be more 'family-centred'.

'This was a stressful time in our lives and we had to make some important decisions together. It would have helped if the midwives had a more 'family approach' at this stage, especially when they see mums valuing/choosing that type of approach themselves'.

Choice of place of birth

- 2.24 A number of women expressed that they had less choice of where to give birth than they would have liked. Some acknowledge either with acceptance or regret that due to their location or their circumstances their choice of where and how to deliver their babies was necessarily limited. Other women commented specifically on choices in how they received their antenatal care in terms of where and when their antenatal appointments would take place. A number of women reported dissatisfaction with the convenience of their antenatal care, due to having to travel or being expected to miss work to attend appointments.

'I wish I was given the option of another hospital'.

'I feel I could have been told about more my choices for birth, as I was not told about any other ways, other than in a hospital'.

- 2.25 And a small number of comments suggest that women did not have sufficient information to make an informed choice about where to birth their babies.

'Would have been useful to have a leaflet outlining the options for places to give birth with the pain relief options available at each and explicitly stating what would not be available e.g. at birth centre compared to normal labour ward'.

- 2.26 A number of women made comments concerning the limited options they had about medical procedures during the pregnancy, the type of delivery they would have, and the pain relief they would use in labour.

'I never got the chance to say what birth I wanted. They told me I was getting a section and I wanted a normal birth!'

- 2.27 Some women had received information but felt it was unbalanced or designed to point them in particular direction.

'I was given a choice of hospitals where I could give birth, however, I did feel there was some pressure to birth at the local community unit. I chose to birth at a larger, city unit where there was more medical support'.

'I lost confidence / trust in my midwife after she pressured me, using reasons like "we don't carry resuscitation equipment" into a hospital birth and requested someone else'.

Trust and confidence in staff

- 2.28 Women highlighted their positive experiences of midwives being friendly, approachable, caring, supportive, and listening to and responding to any concerns and expressed satisfaction where midwives had taken time with them and made it possible to voice concerns.

'My antenatal appointments were excellent... The midwife that I saw most frequently... couldn't have been friendlier and ensured I knew my baby and I were her utmost priority. Couldn't praise her highly enough!'

'The midwife was excellent and listened to all my concerns as well as supported me through them. I also had access to hospital care when other health issues arose'.

- 2.29 However, there were some instances where midwives are described as having been condescending, patronising, dismissive, or rushed.

'I had very poor experiences with a midwife... She was short with me, did not fully explain answers to questions I had, and I felt she was always in a rush. She missed an appointment she made with me and acted like my concerns were irrelevant'.

- 2.30 Understaffing or overbooking in clinics resulting in long waiting times is highlighted as an issue by high numbers of women. The perceived pressure on midwives to see a high volume of women in their clinics lead some women to the feeling of having been *'just a number'* or that their appointments followed a checklist with little time for genuine engagement or to raise questions and worries.

'I felt that my appointments were rushed (with community midwife). They were ok but I felt like "just a number"'.

Antenatal Classes and preparedness

- 2.31 A number of women thought to comment on their antenatal classes. The timing, availability or otherwise, and content of these classes are all were discussed. Some respondents indicated that they had found the classes helpful.

'Having antenatal classes helped me feel more prepared for birth and motherhood. It also helped me find mum friends, who have helped me before and after birth'.

- 2.32 Others were disappointed that their classes had been cancelled, rearranged, or had not been accessible to them, sometimes due to the pre-term arrival of their babies.

2.33 The idea that preparation for breastfeeding could be experienced as pressure to breastfeed can be read in the 'free text' data, along with the view that breastfeeding preparation tends to be unrealistic and '*rose tinted*' in its approach.

'Lots of pressure to breastfeed from day 1. I do, but would have felt bad if couldn't'.

CHAPTER 3: CARE DURING LABOUR AND BIRTH: INTRAPARTUM CARE

Summary of key results

- 74% of women rated the care they received in labour as excellent.
- 66% of women said that during their pregnancy they were given enough information about pain relief for labour and birth.
- 59% said they always had enough help to enable them to cope with their pain during labour.
- 73% of women were able to move around and choose a position that made them most comfortable during labour, only 32% give birth in an upright position.
- 84% of women said that if they raised concerns during labour these were always taken seriously and 77% of women who called for assistance during labour said that they always received it within a reasonable time.
- 83% of women said that all staff introduced themselves.
- 77% of women said that they were always involved enough in decisions about their care and 95% that their birth partner was always involved in their care as much as they wanted.
- 92% of women said that they had a period of skin to skin contact with their baby following birth.
- Women's comments indicated that they valued the support of skilled, supportive and confident staff who listened to their concerns, took time to give them explanations and involved them and their birth companions in decisions. Women were disappointed by staff who were dismissive of their concerns, in particular relating to uncertainty about whether labour had started.

Place of birth

- 3.1 As in the previous survey almost all women (98%) said that their baby was born in a hospital (Table 12) with only 1.3% of women having given birth at home. There was a slight decrease in the percentage of women who experienced a normal vaginal birth (Table 13) and a corresponding rise in the percentage of planned caesarean births compared to findings in 2013, mirroring the trend of increased planned caesarean births noted across Scotland (and in many other countries) over the last 15 years.

Table 12. Place of birth

Where was your baby born?		
	2015	
	% (n=1,821)	Confidence Interval
In hospital	98	(98.1 , 98.7)
At home	1	(1.2 , 1.5)
Other	0	(0.0 , 0.5)

Table 13. Type of birth

Thinking about the birth of your baby, what type of delivery did you have?				
	2013		2015	
	% (n=2,349)	Confidence Interval	% (n=2,023)	Confidence Interval
A normal vaginal delivery	56	(54.1 , 57.6)	53	(51.1 , 55.1)
An assisted vaginal delivery	14	(12.9 , 15.4)	14	(12.5 , 15.4)
A planned caesarean delivery	13	(12.1 , 14.6)	16	(14.3 , 17.3)
An emergency caesarean delivery	17	(15.3 , 18.0)	17	(15.7 , 18.8)

Care and support during labour and birth – support for normal birth

- 3.2 The provision of skilled supportive care is essential for all women throughout labour and birth regardless of setting. Safe and effective care during labour comprises not only the essential aspects of clinical monitoring of the health of mother and baby and of the progress of labour, but also involves providing the supportive and encouraging care necessary to help mothers to cope with childbirth. Women were asked about their experiences of care during labour and birth relating to supportive care, being treated with respect and dignity, communication with staff and involvement in decision making.
- 3.3 A fundamental aspect of high quality care during labour and birth is assisting women to cope with the pain that they experience, whether they choose a pharmacological method of pain relief such as pethidine, or epidural anaesthesia, or natural comfort methods such as massage or water. Two new questions in this year's survey asked women whether they felt that they were given enough help to cope with their pain during labour. Only 59% of women said that they always were, 29% said that they were most of the time and 12% said that they were not always given the help they needed. Experiences in this area varied by Health Board, with 69% of women in NHS Dumfries & Galloway saying that they always had enough help compared with 46% and 49% in NHS Ayrshire & Arran and NHS Forth Valley respectively (Table 14).

Table 14. Pain management for labour and birth

During your pregnancy, were you given enough information about the pain relief you could use when giving birth?		
	2015	
	% (n=1,646)	Confidence Interval
Yes, definitely	66	(64.1 , 68.5)
Yes, to some extent	27	(24.9 , 29.1)
No, but I would have found it useful	7	(5.5 , 7.8)
Did you feel that you had enough help to enable you to cope with your pain during labour?		
	2015	
	% (n=1,709)	Confidence Interval
Yes, always	59	(56.8 , 61.2)
Yes, most of the time	29	(27.1 , 31.2)
No	12	(10.4 , 13.4)

3.4 There is some research evidence that women should be encouraged and enabled to remain active during labour and to adopt more upright positions for birth^{7,8}, for example through the use of floor mats, birth balls and birthing pools. Women were asked if they were able to move around and choose the position in which they were most comfortable. The majority of women (73%) said that they were (Table 15) however a significant minority (27%) said they were only sometimes or not at all. As with the last survey, excluding women who gave birth by caesarean section, the majority of women said that they gave birth on a bed (87%) with only 10% choosing to give birth either on a floor mat or birth pool. As in the 2013 survey it appears that few women give birth in more upright positions and a majority appear to give birth while lying on their backs. Overall 27% said they gave birth lying flat or lying supported with pillows (as distinct from sitting supported by pillows) and a further 34% of women said that they gave birth lying with their legs in stirrups. While this group includes women who had an assisted vaginal birth (forceps or ventouse assisted birth), additional analysis of the unweighted survey data suggests that 32% of women who had a normal vaginal birth gave birth lying flat and a further 16% said they gave birth with their legs in stirrups.

Table 15. Mothers activity and position during labour and birth

During your labour, were you able to move around and choose the position that made you most comfortable?				
	2013		2015	
	% (n=1,738)	Confidence Interval	% (n=1,431)	Confidence Interval
Yes, most of the time	74	(72.2 , 76.0)	73	(70.4 , 75.0)
Yes, sometimes	20	(17.8 , 21.3)	21	(18.9 , 23.1)
No, not at all	6	(5.3 , 7.4)	6	(5.0 , 7.5)
Where did you give birth?				
	2013		2015	
	% (n=1,668)	Confidence Interval	% (n=1,401)	Confidence Interval
On a bed	88	(86.7 , 89.5)	87	(84.9 , 88.2)
On a mat on the floor	2	(1.6 , 2.9)	3	(2.2 , 3.8)
In a water or birthing pool	6	(5.1 , 7.1)	7	(5.6 , 8.1)
Other	4	(2.7 , 4.4)	4	(2.6 , 4.5)
What position were you in when your baby was born?				
	2013		2015	
	% (n=1,662)	Confidence Interval	% (n=1,389)	Confidence Interval
Sitting / sitting supported by pillows	19	(17.5 , 21.1)	17	(15.3 , 19.3)
On my side	7	(5.6 , 7.9)	5	(3.7 , 5.8)
Standing, squatting or kneeling	14	(12.7 , 15.8)	15	(13.1 , 16.5)
Lying flat / lying supported by pillows	26	(23.8 , 27.8)	27	(24.9 , 29.7)
Lying with legs in stirrups	31	(29.0 , 33.2)	34	(31.3 , 36.3)
Other	3	(2.0 , 3.4)	2	(1.4 , 2.8)

Trust and confidence in staff

- 3.5 For all women labour and birth is a time of increased vulnerability and all should receive care in an environment in which they feel safe and secure and in which their dignity is respected. There is good research evidence that continuous skilled support through labour and birth improves both health

outcomes and women's experiences of birth⁹. A positive finding was that the majority of women (81%) said that they were not left alone at any time when it concerned them during labour (Table 16). However, 19% said that they were left alone at some time when it concerned them and a few women reported being left alone at more than one time point. Of this 19%, most women said that they were left alone during early labour. However, 6% said that they were left alone in the later stages of labour and 2% said that they were left alone during the birth when this made them feel concerned.

Table 16. Being left alone during labour or birth

Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?				
	2013		2015	
	% (n=2,337)	Confidence Interval	% (n=2,036)	Confidence Interval
Yes, during early labour	10	(8.9 , 11.1)	9	(8.3 , 10.7)
Yes, during the later stages of labour	7	(5.7 , 7.6)	6	(5.1 , 7.0)
Yes, during the birth	1	(0.8 , 1.6)	2	(1.2 , 2.2)
Yes, shortly after the birth	6	(5.1 , 6.8)	5	(4.0 , 5.7)
No, not at all	80	(78.9 , 81.8)	81	(79.2 , 82.4)

3.6 Around half of women said that they raised a concern during labour and of those who did a large majority (84%) said that they felt their concerns were taken seriously (Table 17). However, of the women who said that they called for assistance while they were in labour almost one in four said that they only sometimes or did not receive assistance within what they considered to be a reasonable time. Women from the NHS Borders and NHS Dumfries & Galloway reported particularly positive experiences in this area.

Table 17. Raising concerns during labour and birth

If you raised a concern during labour and birth, did you feel that it was taken seriously?				
	2013		2015	
	% (n=1,331)	Confidence Interval	% (n=1,146)	Confidence Interval
Yes	84	(82.5 , 86.2)	84	(82.0 , 86.2)
No	16	(13.8 , 17.6)	16	(13.8 , 18.0)

When you called did you receive assistance within a reasonable time?				
	2013		2015	
	% (n=2,162)	Confidence Interval	% (n=1,670)	Confidence Interval
Yes, always	79	(77.0 , 80.1)	77	(74.8 , 78.8)
Yes, sometimes	17	(15.3 , 18.2)	17	(15.2 , 18.7)
No	5	(3.9 , 5.5)	6	(5.2 , 7.4)

- 3.7 In results very similar to those reported in 2013 the majority of women said that they definitely had trust and confidence in staff who cared for them during labour (Table 18) and birth, and 89% reported that they were always treated with respect and dignity (Table 19).

Table 18. Trust and confidence in staff during labour and birth

Did you have confidence and trust in the staff caring for you during your labour and birth?				
	2013		2015	
	% (n=2,338)	Confidence Interval	% (n=2,017)	Confidence Interval
Yes, definitely	83	(82.1 , 84.8)	83	(81.6 , 84.7)
Yes, to some extent	15	(13.2 , 15.8)	14	(12.6 , 15.4)
No	2	(1.5 , 2.5)	3	(2.2 , 3.5)

Table 19. Being treated with respect and dignity during labour and birth

Thinking about your care during labour and birth, were you treated with respect and dignity?				
	2013		2015	
	% (n=2,332)	Confidence Interval	% (n=2,014)	Confidence Interval
Yes, always	88	(86.7 , 89.1)	89	(87.6 , 90.2)
Yes, sometimes	10	(9.0 , 11.2)	9	(7.9 , 10.3)
No	2	(1.5 , 2.5)	2	(1.4 , 2.6)

Communication, information and involvement

- 3.8 Women are in general advised to contact a midwife or the maternity hospital when they think labour has begun and to remain at home until labour has become established; however there is considerable research highlighting the uncertainty that many women and their families feel about whether labour has

started and when they should seek admission to hospital¹⁰. The questionnaire contained one question about women's experience of contacting maternity services at the start of labour. The large majority of women (87%) reported that they were given appropriate advice and support at this time (Table 20) an increase from 85% in 2013.

Table 20. Contacting the hospital for advice at the start of labour

At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?				
	2013		2015	
	% (n=1,835)	Confidence Interval	% (n=1,579)	Confidence Interval
Yes	85	(83.3 , 86.4)	87	(85.6 , 88.9)
No	15	(13.6 , 16.7)	13	(11.1 , 14.4)

3.9 NHS Scotland supports the campaign 'Hello my name is' (<http://hellomynameis.org.uk/>). The campaign aims to remind staff that it is a fundamental aspect of person centred and compassionate care that all staff introduce themselves properly to the women that they are caring for. The survey asked women whether all the staff caring for them during their labour and birth had introduced themselves and found that the majority of women said that they did. There does appear to be some scope for improvement in this simple aspect of care quality as 16% of women reported that not all staff introduced themselves (Table 21). This proportion was broadly similar across all Health Boards. However, almost all women (90%) said that they were always spoken to in a way that they could understand.

Table 21. Communication with staff during labour and birth

Did the staff caring for you introduce themselves?				
	2013		2015	
	% (n=2,310)	Confidence Interval	% (n=1,988)	Confidence Interval
Yes, all of the staff introduced themselves	81	(80.0 , 82.9)	83	(81.8 , 84.9)
Some of the staff introduced themselves	17	(15.4 , 18.2)	15	(13.9 , 16.9)
Very few or none of the staff introduced themselves	2	(1.2 , 2.2)	1	(0.8 , 1.7)

Thinking about your care during labour and birth, were you spoken to in a way you could understand?				
	2013		2015	
	% (n=2,337)	Confidence Interval	% (n=2,017)	Confidence Interval
Yes, always	89	(88.2 , 90.4)	90	(88.8 , 91.2)
Yes, sometimes	9	(8.1 , 10.3)	9	(7.9 , 10.3)
No	1	(1.1 , 1.9)	1	(0.5 , 1.3)

3.10 As in the 2013 survey almost all women (95%) said that their partner or someone else close to them was as involved in their care during labour and birth as they wanted (Table 22). However, almost one in four women were not always involved enough in decisions about their care. More women in NHS Borders and NHS Dumfries & Galloway said that they were involved enough, compared with those in other areas.

Table 22. Involvement and decision making during labour and birth

If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?				
	2013		2015	
	% (n=2,300)	Confidence Interval	% (n=1,982)	Confidence Interval
Yes	95	(94.0 , 95.6)	95	(94.3 , 96.1)
No	5	(4.4 , 6.0)	5	(3.9 , 5.7)

Thinking about your care during labour and birth, were you involved enough in decisions about your care?				
	2013		2015	
	% (n=2,287)	Confidence Interval	% (n=1,967)	Confidence Interval
Yes, always	78	(76.7 , 79.7)	77	(75.0 , 78.5)
Yes, sometimes	17	(15.9 , 18.7)	18	(16.7 , 19.9)
No	5	(3.7 , 5.3)	5	(4.1 , 5.9)

Skin to skin contact

3.11 A period of uninterrupted skin to skin contact between mother and baby immediately following birth is recommended to support bonding and attachment and as a precursor of breast feeding. Almost all women (92%) said that they had a period of skin to skin contact following birth (Table 23).

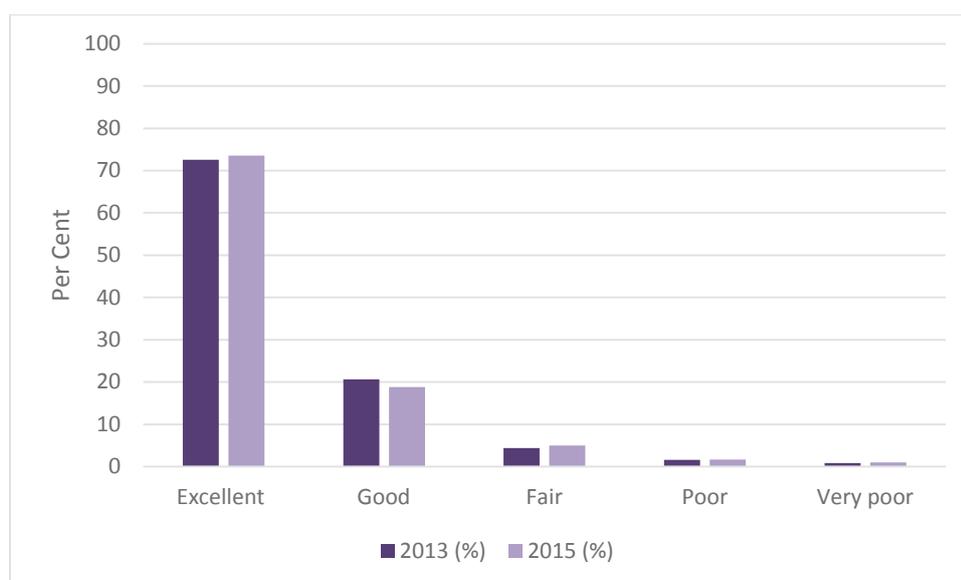
Table 23. Skin to skin contact following birth

Did you have skin to skin contact with your baby shortly after birth?				
	2013		2015	
	% (n=2,052)	Confidence Interval	% (n=1,781)	Confidence Interval
Yes	91	(89.3 , 91.7)	92	(90.5 , 92.9)
Yes, but I did not want this	1	(0.3 , 0.9)	0	(0.1 , 0.8)
No	9	(7.7 , 10.0)	8	(6.7 , 9.0)

Overall rating of care during labour and birth

3.12 Overall 74% of women rated their care in labour as excellent a further 19% saying that it was good. Notably, all of the women who responded from Dumfries & Galloway said that their care was good or excellent.

Chart 2 – Overall rating of care during labour and birth



What women said about their care during labour and birth

3.13 Overall 755 women commented on their experiences of labour and birth representing 37% of the total questionnaire sample. In line with the survey finding that 92% of women rated their overall care during labour and birth positively, a large number of women chose to make comments that were positive or had a significant positive element. Comments clearly highlighted the paramount importance of health care staff to women’s experiences of labour and birth. Supportive and confident midwives and medical staff could make even the most difficult birth a positive experience, while staff who were perceived as less than compassionate or uncaring had a very negative impact upon women.

Care and support

- 3.14 Many women praised the competence and skill of the health professionals who had supported them during labour and birth; commenting in order to commend the midwives who supported them during the birth. Student midwives were also specifically mentioned by women as being a significant support. Qualities that were appreciated in midwifery staff included calmness, understanding, a sense of humour, and being able to create a sense for women of being 'in safe hands'.

'Our journey from husband and wife to mum and dad was made all the more special because of the midwives we met, they were outstanding. Some people choose the right vocation in life, the staff we met during my labour are definitely some of them'.

'The midwife I had during labour was excellent, I couldn't have asked for a better person to be with me. She was caring and really supportive and I felt safe and not afraid'.

- 3.15 Women appreciated continuity of care, and although they did not appear to expect this, where they knew the midwife or doctor who cared for them, or were supported by the same staff throughout the labour and birth this was described very positively.

'I had the same midwife that delivered my first baby and she was excellent, as were the staff working that night'.

'Had a student midwife with me during all stages of labour and she was fantastic'.

- 3.16 Some women had particularly appreciated the professionalism of the doctors who cared for them in hospital. Anaesthetists who were able to bring an air of calm to a surgical delivery were mentioned by a number of women, as were consultants who worked with the midwives to ensure a safe outcome for mother and baby.

'When being rushed along for an emergency section everything was explained to me by the anaesthetist and he explained everything to me every step by step during my section. I think this is what kept me calm all the way through'.

'I didn't want to follow the consultant proposed plan of inducing me via a drip after having had my waters broken. The midwife was brilliant in listening to me and helping me 'negotiate' with the consultant to safely agree a plan forward which resulted in me having an easy, natural water birth. The consultant was also helpful in listening and being flexible within what she felt were safe boundaries'.

- 3.17 Not all women had positive experiences and a number made specific comment on the way that they were treated by the staff caring for them during labour and birth. For some women the impact of the poor care they felt they

had received from staff had a significant impact upon them and on their memories of giving birth.

'At one point there were too many people talking at me. A stressed midwife took over my care and I went from being in control to trying to escape from her! She was very aggressive and negative'.

- 3.18 A number of women commented that although their care overall was good or excellent, there were one or two staff who treated them less well or whose approach lacked professionalism.

'Most of the midwives did an excellent job. However, I feel one midwife was patronising and did not fully listen to when I requested specific pain relief'.

'Difficult to answer previous questions, as the first midwife I had was very set in their ways, patriarchal, showed their personal dislikes about some of my questions/preferences. Second midwife, however, was fantastic and listened to my wishes'.

Confidence and trust in staff

- 3.19 A number of women referred in their comments to the importance of having sufficient skilled health professionals available to assist them during labour and delivery.

'The staff were helpful and caring and knowledgeable. However they were clearly over worked and rushed, this led to many different staff coming in just briefly and no real continuity and little time. This was unfair as the staff who were trying their hardest to offer very good service'.

- 3.20 Women commented on the clinical skill and expertise of the health professionals caring for them in both negative and positive terms. Women were disappointed by their birth experience when staff had not inspired confidence in their ability to make good, timely decisions to ensure the well-being of mother and baby. Conversely a number of women commented that had it not been for the decisive actions of medical staff their babies' lives or their own lives may have been at risk.

'The nurses and doctors who helped with my labour and birth did more than an excellent job, they helped save my baby'.

Being left alone

- 3.21 A number of women made comment on the experience of being left alone in labour. The survey responses overall suggest that whilst most women were not left alone in labour at a time that worried them, around 20% of women were and the comments give some insight into the ways this affected women's experience of their care.

'We were left in the midwife unit for 6 hours alone. We were not even offered a glass of water. The midwife was all on her own, spread thinly'.

'My only issue was during early labour. There was only one midwife on duty at one point with three patients. We didn't see much of her and I felt I was left alone in the pool for too long'.

- 3.22 Some of the comments indicate that women felt that understaffing had a negative impact upon their labour or birth.

'The named midwife during my labour was fantastic but due to shortage of staff she was continually called out during birth, this happened on more than 20 occasions which heightened my stress levels

- 3.23 Striking the delicate balance between providing women with sufficient support to enable them to make their own choices when possible, and being a reassuring and constant presence when necessary was clearly appreciated. Some women had been grateful to have a midwife with them throughout their labour; other women had enjoyed being given space and time alone during labour, knowing that midwives were available when needed.

'Midwives during my labour were very helpful, caring and friendly. Me and my partner were left alone, because I asked for it and when I needed them back, we called them and they helped me to finish the birth. It was a beautiful experience'.

Communication and involvement in decision making

- 3.24 In many of the comments women refer to whether they were listened to by the medical professionals who cared for them during labour and birth. Some women felt that although they knew something was not right their intuitions or requests for assistance were disregarded by staff, to detrimental effect.

'I suffered a medical problem during labour and I expressed my pain and concerns that something was not quite right and nobody took me seriously. I was left alone twice during these times for over 1 hour while in pain with no pain relief offered at that point'.

'It was a few members of staff that made my experience traumatic. Had they not ignored me, I may not have had such a traumatic labour and my baby may have not got so distressed if they helped me when I was repeatedly asking for help'.

- 3.25 Other women indicated that their wishes or birth plan were not respected or followed by the medical staff caring for them or that as events unfolded they were not given sufficient time to make their views known, and be involved in decisions.

'Midwife carried out episiotomy, which I questioned at the time. Felt I was forced to say yes to it, as was quite a quick labour and couldn't really concentrate on what was going on. Felt midwife should have asked me a bit more about why I wasn't keen for it'.

Admission in to the labour ward

- 3.26 The less positive experiences and issues that women commented on were quite diverse. However there were some aspects of the intrapartum care experience that women had particularly strong views upon and these concerned the process of admission to the labour ward, and the experience of induction.

Care in Early Labour

- 3.27 A particular dichotomy in care experience highlighted by many women, was between the quality of care they received in early labour or pre-labour, and the care they received once they were admitted to the labour suite to have their babies. It is notable that women commented upon this issue across the whole range of experiences of early labour and pre-labour; whether they were induced in hospital, awaiting a planned surgical birth, at home wondering if they should be in hospital yet, or in the reception or triage area of the hospital awaiting admission to the labour ward.

Maternity Triage

- 3.28 In their comments about the process of gaining access to the hospital to have their babies, women often emphasised that once admitted to hospital the care they received was good or excellent. However the process of contacting the hospital, having their labour assessed, and waiting for space to labour and birth their babies was found to be very stressful for a large proportion of the women who chose to comment about this stage of their care. Staff working in triage areas were described less positively in the comments than staff on labour wards, and were viewed by a number of women as being disinterested, apathetic or even rude.

'Excellent care in labour suite, where I had baby. Early stages - telephoned unit who were very dismissive and patronising. Seen by them and again, dismissive until examined me. Made me feel like I was bothering them unnecessarily.'

'Labour ward was brilliant. It was stressful trying to get through triage to the labour ward and I was already very advanced in labour when we arrived there.'

- 3.29 Some women were disappointed that they were not listened to when they were confident in their knowledge of their own bodies, particularly if this was not their first pregnancy.

'When I called the hospital I was told to try a hot bath and paracetamol at home, but as it was my 3rd baby I did not feel this was appropriate so I decided to go to hospital. I'm glad I did because if I had listened to the advice I would have given birth in the bath!!'

- 3.30 One issue raised by a number of women was that they had to spend part of their labour in surroundings which were not helpful to the process of labour or that they felt were inappropriate for the stage of labour they were at.

'I was encouraged to sit in a waiting room and my baby was born 40 minutes later'.

'There was a bed shortage in the ward, so I spent my labour in a ward where mothers are induced. Had no gas and air until I was moved hours before baby was born. Was very stressful'.

Induction

- 3.31 A number of women commented about the process of having their labour induced in hospital. The majority of these comments were negative in nature although a few women commented that they felt well cared for and supported by staff.

'As I was induced my birth plan could not be followed to the letter for obvious reasons. My midwife made every effort to discuss the birth plan with me and explained reasons for doing things differently. She made it very personal and I am forever grateful for her contribution to a safe and happy delivery and labour'.

- 3.32 Women were particularly unhappy about having to go into labour without their partners present since hospital policy would not allow them to stay for an induction. Some women said that they felt that they had to deal with the early stages of a fast progressing labour alone, without the support of a partner or sufficient pain relief.

'My husband was not allowed in when I needed him the most which made me stressed and very upset'.

'I was induced.. My partner had to leave the hospital, it was a long and lonely night (and painful). I was only allowed to call him in when I was moved to the delivery room. Surely women should be allowed to have their partners there'.

Pain Relief

- 3.33 Timely access to adequate pain relief was an expectation that was not met for a considerable number of the women who provided comments, reflecting the findings of the questionnaire on this point. Some women felt that they had to wait too long for pain relief, others did not receive their chosen form of pain relief, either because of lack of appropriately trained staff, timing, or the unavailability of drugs or natural methods such as water birth.

'My previous labours had been really quick so I was desperate very early on for strong pain relief. Nobody seemed to be doing anything about that or believed that my contractions could be so strong so quickly. Eventually I received gas and air but I didn't get anything stronger quickly enough!'

'The only issue I met was that I was not able to get the epidural shortly after I arrived at the hospital, as the only anaesthetist, was not available, and I had to wait 3 hours 30 before getting it'.

- 3.34 Other women felt that their deliveries could have been more straightforward if they had been able given sufficient pain relief to cope with each stage.

'The midwife should have listened to my concerns and need for pain relief. I strongly believe an emergency C-section would have been avoided but their way was the only way! The medical team were great however'.

Being able to move around during labour

- 3.35 Relatively few women made comment upon their freedom to move and remain active in labour or to choose the position in which they gave birth. However there were some women who commented that they would have liked to have a more active labour and birth than was supported by hospital staff or that they were asked to lie down when this was not something they wanted to do.

'I arrived at hospital in what I knew were the late stages of labour but didn't feel as though I was taken seriously. The midwife insisted on me lying on my back to examine me when this was an incredibly uncomfortable position for me'.

'Was able to stand up/sit on ball in labour suite with first midwife but after shift change second midwife insisted on back with feet in stirrups, Found pushing in this position very difficult and no explanation given as to why it was needed'.

- 3.36 There were however some women who felt they had been well supported to have the active birth they wanted.

'As I was induced early I was concerned about the process, however everyone was so supportive and informative. I was able to have a nice active birth and move as much as I could while being attached to the infusion and monitors. The labour midwife moved with me to make sure my monitors were in the right place'.

'I had the most positive birthing experience possible... My baby was born in the pool and I used Entonox for pain relief. My husband came in the pool and caught our baby. We were allowed home the same day. Staff were amazing I would do it all over again in a heartbeat!'

CHAPTER 4: CARE AFTER BIRTH IN HOSPITAL AND AT HOME: POSTNATAL CARE

Summary of key results

Care in hospital

- 54% of women rated their postnatal stay in hospital as excellent.
- 40% of women only sometimes or did not receive the information or explanations that they needed.
- 31% said they were not always treated with kindness and understanding.
- 58% of women said their partner or other person close to them could stay as much as they wanted.
- 65% received relevant information and 62% active help and encouragement about infant feeding.
- 55% said that they always received consistent advice about feeding their baby.
- Women's comments on care in hospital highlighted the central importance of supportive compassionate care from midwives as well as practical help and assistance with self-care and infant feeding. Where this was present women's experience was enhanced, in its absence mothers felt vulnerable and anxious.

Care provided in the community after the birth

- 58% rated the care they received in the community after the birth as excellent.
- 99% of women received a visit from a midwife at home, 50% saw a midwife three or four times.
- 51% of women saw the same midwife all or most of the time.
- 98% of women had a telephone number to contact a midwife or midwifery team, 85% who did so said that they always got the help that they needed.
- 81% said midwives always took their personal circumstances into account when giving advice.
- 74% received help and advice about their baby's progress.
- 56% were given enough information about their own physical recovery and 57% were given enough information about emotional changes that they might experience.

- As with antenatal care, comments highlighted the importance of continuity of care and the opportunity to develop relationships; this was associated with consistent advice and support. Seeing different midwives was frustrating and stressful for women. Women valued consistent feeding advice and support. Many women felt uninformed about their own health and recovery from birth.

Postnatal care in hospital - Length of stay in hospital after the birth

4.1 The length of hospital stay following the birth has gradually declined across Scotland (and many other countries) in recent years. However, the survey found no change from 2013, in the length of time women reported spending in hospital after giving birth. Around one quarter of women said that they stayed in hospital for less than 24 hours, with the majority of women saying that they remained in hospital for between one and four days (Table 24). Most women (78%) felt that on reflection, the length of time they remained in hospital was about right with similar proportions saying either their stay was too long or too short.

Table 24. Length of postnatal hospital stay

How long did you stay in hospital after your baby was born?				
	2013		2015	
	% (n=2,311)	Confidence Interval	% (n=1,985)	Confidence Interval
Up to 12 hours	11	(9.6 , 11.7)	11	(9.8 , 12.2)
More than 12 hours but less than 24 hours	16	(15.1 , 17.7)	15	(14.1 , 16.9)
1 to 2 days	36	(34.7 , 38.2)	40	(38.0 , 41.9)
3 to 4 days	25	(23.4 , 26.5)	22	(20.5 , 23.9)
5 or more days	12	(10.4 , 12.7)	11	(10.1 , 12.7)
Looking back, do you feel that the length of your stay in hospital after the birth was...				
	2013		2015	
	% (n=2,261)	Confidence Interval	% (n=1,940)	Confidence Interval
About right	77	(75.2 , 78.3)	78	(76.0 , 79.4)
Too long	14	(12.4 , 15.0)	11	(10.0 , 12.7)
Too short	10	(8.5 , 10.6)	11	(9.7 , 12.2)

Care, information and advice

4.2 The 2013 report highlighted that many women did not feel that they always received the information that they required while they were in hospital following the birth of their baby. This situation appears largely unchanged with 40% of women saying that they only sometimes or did not receive the information or explanations that they needed (Table 25). This varied by Health Board, with more women in NHS Borders saying that they received this information than those in NHS Grampian (79% compared to 52%) Similarly almost one third of women felt that they were not always treated with kindness and understanding during their postnatal hospital stay. Again, women who received care in NHS Borders reported more positive experiences in this area.

Table 25. Care, information and advice

Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?				
	2013		2015	
	% (n=2,311)	Confidence Interval	% (n=1,983)	Confidence Interval
Yes, always	61	(59.4 , 62.9)	60	(58.0 , 62.0)
Yes, sometimes	30	(28.6 , 31.9)	32	(29.7 , 33.5)
No	9	(7.5 , 9.6)	8	(7.2 , 9.5)
Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?				
	2013		2015	
	% (n=2,316)	Confidence Interval	% (n=1,982)	Confidence Interval
Yes, always	67	(65.4 , 68.8)	70	(67.6 , 71.4)
Yes, sometimes	28	(26.4 , 29.7)	27	(25.1 , 28.8)
No	5	(4.0 , 5.6)	4	(2.8 , 4.3)

4.3 A new question in the 2015 survey asked women whether their partner, or other person close to them was able to stay with them as much as they wanted during their postnatal stay in hospital. Only 58% of women said that they were (Table 26).

Table 26. Partners accommodated in the postnatal ward

Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?		
	2015	
	% (n=2,036)	Confidence Interval
Yes	58	(55.8 , 59.7)
No, as they were restricted to visiting hours	32	(30.5 , 34.2)
No, as there was no accommodation for them in hospital	12	(10.5 , 13.1)
No, they were not able to stay for another reason	2	(1.8 , 3.0)
I did not have a partner or companion with me	1	(0.4 , 1.1)

Hospital Environment

- 4.4 There appeared to be some improvement from the 2013 survey, in women's perception of the cleanliness of their hospital environment with 64% of women reporting that the toilets were very clean, up from 60% in 2013 (Table 27).

Table 27. Hospital environment

Thinking about your stay in hospital, how clean was the hospital room or ward you were in?				
	2013		2015	
	% (n=2,307)	Confidence Interval	% (n=1,982)	Confidence Interval
Very clean	69	(67.6 , 70.9)	72	(70.1 , 73.7)
Fairly clean	28	(26.7 , 29.9)	26	(24.0 , 27.6)
Not very clean	2	(1.5 , 2.5)	2	(1.3 , 2.5)
Not at all clean	1	(0.2 , 0.8)	0	(0.1 , 0.7)

Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?				
	2013		2015	
	% (n=2,301)	Confidence Interval	% (n=1,986)	Confidence Interval
Very clean	60	(58.4 , 61.8)	64	(61.9 , 65.8)
Fairly clean	34	(32.1 , 35.5)	31	(29.3 , 33.1)
Not very clean	5	(3.8 , 5.4)	4	(2.9 , 4.5)
Not at all clean	2	(1.0 , 2.0)	1	(0.8 , 1.8)

Infant feeding

4.5 Scotland has historically had low rates of breastfeeding in comparison to other similar European countries and increasing the rate of successful breastfeeding is a key target for long term improvements in infant and population health. Despite considerable research and NHS focus on strategies to increase the number of babies breast fed, rates remain low. The survey findings indicate however, that the majority of women breast feed, to some extent, during the first few days following birth (Table 28). Overall 52% of women said that their baby was exclusively breast fed in the first few days, with 28% saying that they exclusively formula fed and 19% that they used both breast and formula milk. Almost one quarter of women who said that they exclusively formula fed reported that they did try to breastfeed their baby at least once.

Table 28. Infant feeding

In the first few days after the birth how was your baby fed?				
	2013		2015	
	% (n=2,340)	Confidence Interval	% (n=2,007)	Confidence Interval
Breast milk (or expressed breast milk) only	49	(46.8 , 50.4)	52	(49.6 , 53.6)
Both breast and formula (bottle) milk	21	(19.4 , 22.3)	19	(17.4 , 20.6)
Formula (bottle) milk only	30	(28.1 , 31.4)	28	(26.4 , 30.0)
Other	1	(0.5 , 1.1)	1	(0.7 , 1.6)

Did you ever try to breastfeed you baby (even if it was only once)?				
	2013		2015	
	% (n=687)	Confidence Interval	% (n=588)	Confidence Interval
Yes	23	(19.3 , 25.8)	23	(19.3 , 26.6)
No	77	(74.2 , 80.7)	77	(73.4 , 80.7)

Infant feeding - support and advice

4.6 Establishing parenting confidence in infant feeding is a key aspect of maternity care and many women require support and advice about infant feeding whether they choose to breast feed or formula feed their baby. The previous survey indicated that women often reported receiving conflicting advice about aspects of infant feeding and this relates both to formula feeding and breast feeding. Women were asked whether they received relevant advice about feeding their baby from their midwife or midwifery team, while they were pregnant (Table 29). Only 65% said that they definitely did. Most women (84%) said that they felt that their decisions about how they wanted to feed their baby were always respected by staff (Table 30), however, only 62% of women said that midwives and other health professionals gave them active support and encouragement about feeding their baby. This was lowest in NHS Ayrshire & Arran (at 52%) and highest in NHS Tayside (71%). As in the 2013 survey only just over half of women (55%) said that they always received consistent advice from health professionals about feeding their baby and a considerable number of women (17%) said that they did not receive consistent advice.

Table 29. Infant feeding advice during antenatal care

During your pregnancy did midwives or the midwifery team provide relevant information about feeding your baby?				
	2013		2015	
	% (n=2,212)	Confidence Interval	% (n=1,912)	Confidence Interval
Yes, definitely	68	(66.7 , 70.2)	65	(62.8 , 66.9)
Yes, to some extent	26	(24.6 , 28.0)	28	(26.3 , 30.1)
No	5	(4.4 , 6.1)	7	(5.9 , 8.1)

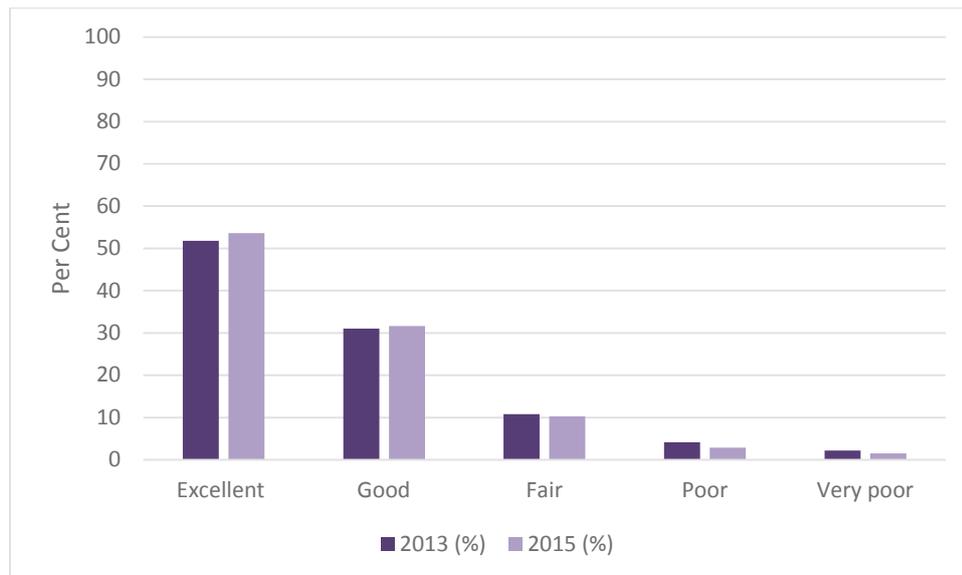
Table 30. Infant feeding advice and support

Were your decisions about how you wanted to feed your baby respected by staff?				
	2013		2015	
	% (n=2,314)	Confidence Interval	% (n=2,001)	Confidence Interval
Yes, always	82	(80.5 , 83.3)	84	(82.1 , 85.1)
Yes, sometimes	15	(13.6 , 16.1)	13	(12.1 , 14.9)
No	3	(2.6 , 3.9)	3	(2.2 , 3.6)
Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby?				
	2013		2015	
	% (n=2,141)	Confidence Interval	% (n=1,875)	Confidence Interval
Yes, always	57	(55.0 , 58.8)	55	(53.2 , 57.4)
Yes, sometimes	27	(25.6 , 29.0)	28	(25.8 , 29.7)
No	16	(14.4 , 17.2)	17	(15.3 , 18.6)
Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?				
	2013		2015	
	% (n=2,186)	Confidence Interval	% (n=1,906)	Confidence Interval
Yes, always	63	(61.0 , 64.7)	62	(60.3 , 64.4)
Yes, sometimes	26	(24.8 , 28.1)	29	(26.6 , 30.4)
No	11	(9.5 , 11.9)	9	(7.9 , 10.4)

How women rated their postnatal care in hospital

- 4.7 Overall 54% of women rated the care that they received in hospital after giving birth as excellent with 32% rating their care as good. Experiences were reported as being particularly positive in the NHS Borders and NHS Fife, and less so in NHS Grampian (where 17% of women felt that their postnatal care was “Fair”).

Chart 3 – Overall rating of postnatal care in hospital



What women said about their postnatal care in hospital

- 4.8 In total 757 women chose to make comments on their postnatal care in hospital representing 37% of the overall questionnaire sample. The majority of the comments (around 80%) in this section were, in general, negative although a number of women expressed concern regarding some aspects of their experience but were nonetheless very positive about hospital staff and around 20% of comments were entirely positive. Comments made were particularly wide ranging but in general reflected survey findings relating to care and compassion, information and advice, and support for feeding and other aspects of parenting support.

Care and support

- 4.9 Many women commented about the care and support that they received from staff, and especially midwifery staff, whose attitude, support and clinical expertise made a great difference to the women’s experiences of postnatal care. A number of aspects were highlighted positively by women including approachability and helpfulness of staff.

‘Very attentive staff who were always on hand to ask questions to and gain help’.

- 4.10 Women appreciated the reassurance of having supportive staff around in the early days and staff who were able to provide a balance between space for them to get to know their new babies and being available for help and advice when needed.

'All staff were outstanding. Being new parents isn't easy and all staff were supportive both in presence and with helpful hints and tips to care for our baby'.

- 4.11 Qualities of being caring, sensitive, supportive and helpful with breastfeeding and infant care advice were particularly valued, and staff having time for them was an important theme. A number of women commented that although aspects of their care had been good or excellent, this was despite staff being perceived as very overstretched and overworked.

'The midwives and staff were excellent but stretched. They were as helpful as they could be but were very, very busy'.

- 4.12 Unfortunately some women did feel that staff were so overstretched and so few in number that it was not possible for them to provide adequate care. This led some women to feel that they were 'in the way' or an inconvenience to the busy staff team.

'The midwives on the ward were too busy and did not have time to help with bottle feeding, changing nappies or bathing. As a first time mum, I felt that I needed more assistance. I actually felt like I was an inconvenience to the midwives at times'.

- 4.13 In addition to the women who felt they had been too much left to fend for themselves during their postnatal stay, there were a number of women who commented specifically on being left alone or being 'forgotten about' by hospital staff.

'I felt very alone in the ward after having my baby and felt the staff just left me to it and did not check on me. I felt very vulnerable as I had an epidural and could not move'.

Kindness and compassion

- 4.14 The kindness and supportiveness of staff was also commented upon positively, both when women had felt vulnerable following a difficult birth or where they were well following delivery but nonetheless appreciated care and attention post-natally.

'Was brilliant, totally cared for. Staff helped shower and dress, as struggled due to stitches. Midwife was gentle and kind. Fantastic care'.

- 4.15 However, a number of women reported negative experiences of hospital staff. Sometimes the difficulties experienced by women were linked to staff being overstretched, but this is not always the case. The issues that women have

commented on include staff being rude, condescending, inattentive, or unhelpful.

'Some of the nurses were fantastic but others looked down their nose at me and when I would ask questions, they made me feel as if they had no time or desire to listen to me'.

'Some of the team were excellent. Some were very ignorant, unsupportive, impatient and some even had lack of care'.

- 4.16 Some women unfortunately felt that an overall positive experience of care had been marred by staff members whose behaviour had upset them.

'Only one member of staff ruined it with her attitude towards me. I feel it was not needed. She was just rude! Otherwise I would have rated my care as excellent'.

Physical care, meeting basic care needs

- 4.17 There were a number of comments from women who felt that they were not afforded an acceptable level of care and dignity with other physical needs that they had. The comments vary in the degrees of perceived seriousness and impact, from women who were unhappy with the time it took for them to receive clean sheets or bedding post-birth to women who were frightened getting up to care for their babies and themselves following a Caesarean delivery or epidural without support. Nevertheless all the women who commented about this aspect of their care were in some way suggesting that their basic needs for personal cleanliness, dignity, or mobility had been unrecognised or unmet in the care they and their new babies received.

- 4.18 Following the birth, good nutrition is important for new mothers and their babies, particularly for successful breastfeeding. A small number of women commented positively on the hospital food and the way in which staff met their basic needs well.

'After giving birth I was given plenty of food and drinks. This really boosted my energy back up. I was so pleased'.

- 4.19 However, there were a larger proportion of women who commented in order to express dissatisfaction with the way their basic needs were met post-natally.

'I have never seen such apathy in the care given to mums and babies postnatal. Myself and other new mums were left without adequate analgesia, water and food. We were treated by some staff, as a nuisance. As an experienced mum, I required very little help, only to address basic issues such as pain relief, hydration, nutrition, privacy and dignity, which staff regularly failed to address'.

- 4.20 A number of women commented negatively about the food and fluids they were provided with during their post-natal stay in hospital. Some women had

difficulty accessing food at all, or in accessing meals that were appropriate to their needs or dietary restrictions.

'Food within hospital was poor with evening snack not provided due to "no food on ward". How do you expect mums to feed baby by breast!'

'One thing I would like to point out that some patients belong to different religions and they have some food restriction like vegetarian or halal food. I stayed there for two days and ask for them to (provide) halal food. They gave me a list to choose the menu for two time lunch and dinner but didn't get anything after that. I said to them and they give me a list again for the next day but they didn't order that again; that is shameful...'

- 4.21 Sufficient rest was another basic need that some women reported it being difficult to come by on the post-natal ward. The noise of staff, other patients and their babies, and being woken up by staff for monitoring were all mentioned as making it difficult to rest.

'Often there are too many interruptions for silly things, "do you want tea?" etc. when all you really want is a rest'.

'Was on one occasion woken to take blood or some details which is not ideal when you have just given birth. I felt it would have been more appropriate to do checks whilst I was awake, the ward was not busy'.

Recovery from birth

- 4.22 More women were concerned by a lack of focus on maternal recovery following the birth, and felt that post-natal care was baby focused rather than holistically caring for mother and baby together. Some women who felt they had not received enough information about tears or episiotomies sustained during delivery, and on how they should care for themselves to encourage healing.

'I received no proper aftercare or advice about my condition or how to look after myself. It is also assumed you know how to look after a baby which is very hard for first time mums'.

'I was not told that my episiotomy was left as an open wound. Stitched on the inside and left to heal from the inside out. I was not informed how long it would take to heal or when I would start to feel better. I got this information from my named midwife and GP'.

- 4.23 A few women commented that they would have simply appreciated having a check from a doctor for themselves as well as their babies before they were discharged.

'I received a spinal after the birth to remove the placenta. I was not checked by or did not see a doctor before I was discharged. I would have liked to'.

Information and advice

- 4.24 The extent to which women can expect practical help and support from hospital staff in caring for their babies is a question that arises from the comments. Some women did feel that they should have been given more help, guidance and 'hands on' support in caring for their infants, and that they had instead been left alone and expected to 'get on with it' when they had not felt able or confident to do so. There were a small number of women who highlighted a lack of continuity in care and consistency of advice as problematic and a small minority of women who felt that lack of communication or information sharing had caused significant problems for them and their babies, or made them feel they were not receiving person-centred care.

'Send everyone on the same course! Some staff tell us to do things, then others attended and asked why we were doing what we were doing - dummy, feeding, nappies, etc.'

'Midwives did not seem to get a handover - needed to repeat everything including my medical history. Just another mother and baby that needed to be processed'.

- 4.25 It is a priority for women post-birth to gain confidence in feeding and caring for their babies. Women appreciated staff who had time to help them to establish breastfeeding, who could support their choices in relation to feeding and who could answer the questions they had about looking after their infants.

'I did feel silly asking for help with breastfeeding, but the nurses couldn't have been nicer and more helpful. I was very grateful for this help during the night, when family were gone'.

'The hospital midwives were very good and provided excellent support and advice on breastfeeding'.

- 4.26 However, some women were disappointed by a lack of breastfeeding support, inconsistent advice, or an approach that was experienced as invasive or judgemental.

'I had difficulties breastfeeding and I felt like I had too many people telling me different ways of trying to breastfeed. Although they were just trying to be helpful, I just needed a bit of consistency'.

- 4.27 A small number of women reported that their feeding choices had not been respected or supported by staff.

'My baby struggled to feed immediately after birth and I was constantly offered a formula bottle milk rather than a pump to express my milk. I did not like this'.

- 4.28 Several women indicated that they had been unable to continue with breastfeeding due to lack of support or that they had persevered despite the poor support and advice they had received in hospital.

'If I had received more help and guidance regarding breastfeeding I feel I would have been able to continue. Specifically in hospital, I was shown once how to latch on by a very harassed nurse'.

- 4.29 As well as support for feeding their babies, there were a small number of women who indicated there could have been more support with other aspects of infant care whilst in hospital.

'I was not shown how to bathe my baby before being discharged'.

- 4.30 And some women who felt that this aspect of their care had been good.

'The ward nurses and staff were all fantastic! I was looked after with 100%, very caring and helpful through my stay and were always at hand to help me with my child'.

Partner involvement

- 4.31 Some women also indicated that they found their separation from their partners and family as a result of restricted visiting hours very difficult. There was a view expressed in some of the comments that policies need to change to allow fathers to be more involved in caring for their babies and supporting their partners where a post-natal stay in hospital is necessary for mother and baby.

'I wanted my partner to stay with me but only found out after the birth that he could not - this made me apprehensive. As a first time mum I felt unsupported overnight because of this'.

'Overall, it was excellent. But it would have been good to have accommodation for my husband to stay overnight'.

Length of Stay and Discharge Home

- 4.32 A number of women commented upon the length of time they had stayed in hospital, and the process of being discharged home. Some women had appreciated spending some time with their babies before going home to older children.

'I was given the opportunity to stay overnight but we decided to go home to our other children. Being able to relax in the ward with our new baby (for 8 hours) was a very important time for us'.

- 4.33 Comments were positive where staff had been able to gauge parents' confidence and to respect their wishes in terms of length of stay.

'My local hospital did not specify when I went home. I was able to choose for myself as long as everything was fine with the baby. There was never a time limit or them telling me I had to be out within a certain time which I really appreciated. I received excellent support for breastfeeding whilst there and at home'.

- 4.34 However some women commented that they felt they had been discharged too soon before they had recovered fully from the birth and established feeding, sometimes leading to problems later on.

'The policy for the unit was to send mothers home on the same day. I feel this is too short, especially as I had not managed to establish breastfeeding. I had great follow-up support from staff but do feel more time in hospital would be better for most mothers'.

- 4.35 There were a number of comments specifically about the process of being discharged. Mainly these concerned a lengthy wait for discharge due to staff being too busy to complete the necessary checks or paperwork.

'The staff were always kind and helpful but they were clearly too busy. They proposed a 6 hour discharge but in fact didn't really get round to checking on us until about 6 hours, they were really too busy and it was not fair on them, they were trying their hardest but in a compromised position'.

Care at home after the birth

- 4.36 All women currently receive midwifery care following discharge from hospital for a period of at least 10 days after they give birth. Current guidance advises that postnatal care should be planned to ensure continuity of care and care that is individualised to the needs of mothers and babies. With a focus on practical advice and information on recovery following birth, including signs and symptoms mothers should be aware of as well as practical advice and information on infant feeding and coping strategies.

- 4.37 Overall, women appear to be seeing a midwife slightly less often than in 2013 with 11% compared to 9% saying that they saw a midwife only once or twice after they went home from hospital. The majority of women (82%) said that they felt that they saw a midwife around the right number of times (Table 31). Almost all women (99%) reported that they had been visited in their home by a midwife with 29% of women saying that they had also seen a midwife in a clinic following the birth of their baby (Table 31a).

Table 31. Midwife care following hospital discharge

How many times in total did you see a midwife after you went home?				
	2013		2015	
	% (n=2,268)	Confidence Interval	% (n=1,944)	Confidence Interval
1 to 2	9	(8.2 , 10.4)	11	(9.8 , 12.4)
3 to 4	50	(48.1 , 51.8)	50	(48.1 , 52.3)
5 to 6	26	(24.8 , 28?)	25	(23.5 , 27.1)
>= 7	14	(13.1 , 15.6)	13	(12.0 , 14.8)

Would you have liked to have seen a midwife...				
	2013		2015	
	% (n=2,331)	Confidence Interval	% (n=2,003)	Confidence Interval
More often?	16	(14.3 , 16.9)	13	(11.2 , 13.9)
Less often?	3	(2.8 , 4.1)	6	(4.6 , 6.5)
I saw a midwife as much as I wanted	81	(79.5 , 82.4)	82	(80.3 , 83.5)

4.38 The majority of women said that they were not offered the option of a clinic visit. For those who had seen a midwife in a clinic around three quarters said that this was completely convenient for them however, for 26% of women the clinic was only convenient to some extent or not at all. Most women (80%) said that they were not offered a choice of where they could see the midwife after they went home from hospital (Table 32).

Table 31a. Location for postnatal care

Since your baby's birth have you been visited at home by a midwife?		
	2015	
	% (n=1,971)	Confidence Interval
Yes	99	(98.1 , 99.1)
Yes, but I had to contact them to arrange this	1	(0.8 , 1.8)
No, this was not offered	0	(0.0 , 0.3)
Since your baby's birth have you seen a midwife at a clinic?		
	2015	
	% (n=2,006)	Confidence Interval
Yes	28	(26.2 , 29.8)
Yes, but I had to contact them to arrange this	1	(0.7 , 1.6)
No, this was not offered	58	(55.8 , 59.8)
No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU)	3	(2.0 , 3.3)
No, for another reason	10	(9.2 , 11.7)

Table 32. Choice of location for postnatal care

Was it convenient for you to see a midwife at a clinic?		
	2015	
	% (n=561)	Confidence Interval
Yes, completely	74	(70.0 , 77.6)
Yes, to some extent	23	(18.9 , 26.2)
Not at all	4	(2.0 , 5.2)
Were you given a choice about where you saw a midwife?		
	2015	
	% (n=1,808)	Confidence Interval
Yes	20	(18.7 , 22.1)
No	80	(77.9 , 81.3)

Continuity of care

4.39 Just over half of women (51%) reported seeing the same midwife either all or most of the time, an increase from 2013, in the number of women reporting that they always saw the same midwife for both antenatal and postnatal care. Overall 71% of women said that they saw their named midwife at least some of the time during their postnatal care after leaving hospital (either at home or in a clinic) (Table 33).

Table 33. Continuity of postnatal care at home

If you saw a midwife for your care at home after birth, did you see the same one every time?				
	2013		2015	
	% (n=2,254)	Confidence Interval	% (n=1,953)	Confidence Interval
Yes, every time	17	(15.8 , 18.6)	17	(15.7 , 18.9)
Yes, most of the time	34	(32.3 , 35.8)	34	(31.9 , 35.8)
No	49	(46.9 , 50.6)	49	(46.8 , 50.9)
Did you see your named midwife at home or in a clinic after birth?				
	2015			
	% (n=1,679)	Confidence Interval		
Yes, I saw them all / most of the time	40	(37.8 , 42.3)		
Yes, I saw them some of the time	31	(28.6 , 32.7)		
No	29	(27.2 , 31.4)		

Did you see the same midwife for both your antenatal and postnatal care?				
	2013		2015	
	% (n=2,308)	Confidence Interval	% (n=1,991)	Confidence Interval
Yes, always	10	(8.6 , 10.8)	14	(12.2 , 15.0)
Yes, most of the time	34	(32.6 , 36.1)	37	(34.8 , 38.6)
No, but I would have liked to	28	(26.4 , 29.7)	25	(23.2 , 26.7)
No, but I did not mind	28	(26.3 , 29.6)	25	(23.0 , 26.5)

Accessibility of services

4.40 Almost all women said that they had a telephone number for contact with a midwife or midwifery team and a large majority of women who did so (85%) reported always getting the help that they needed (Table 34).

Table 34. Access to midwifery care during postnatal care at home

When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?				
	2013		2015	
	% (n=2,318)	Confidence Interval	% (n=1,997)	Confidence Interval
Yes	98	(97.6 , 98.6)	98	(97.6 , 98.7)
No	2	(1.4 , 2.4)	2	(1.3 , 2.4)
If you contacted a midwife or midwifery team were you given the help you needed?				
	2013		2015	
	% (n=1,418)	Confidence Interval	% (n=1,249)	Confidence Interval
Yes, always	86	(84.5 , 87.9)	85	(83.2 , 87.2)
Yes, sometimes	10	(8.4 , 11.4)	12	(10.0 , 13.7)
No	2	(1.5 , 2.9)	1	(0.8 , 2.2)
No as I was not able to contact a midwife	2	(1.0 , 2.3)	2	(0.8 , 2.2)

Woman centred care

4.41 Most women felt that the midwives they saw during their postnatal care at home always listened to them although 21% felt that this was not always the

case. There was an increase from 2013 in the number of women who felt that their midwife or midwives always took their personal circumstances into account when giving advice, however 19% said that they only sometimes or did not do so. In relation to the trust and confidence women had in their midwives there was no change to the findings of the 2013 survey, 78% of women said that they always had trust and confidence in their midwives while just over one in five women said that this was not always the case (Table 35).

Table 35. Woman centred postnatal care

Did you feel that the midwife or midwives that you saw always listened to you?				
	2013		2015	
	% (n=2,323)	Confidence Interval	% (n=2,008)	Confidence Interval
Yes, always	78	(76.5 , 79.5)	79	(77.3 , 80.7)
Yes, sometimes	19	(17.6 , 20.4)	18	(16.7 , 19.9)
No	3	(2.4 , 3.7)	3	(2.0 , 3.3)
Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?				
	2013		2015	
	% (n=2,052)	Confidence Interval	% (n=1,864)	Confidence Interval
Yes, always	78	(76.6 , 79.9)	81	(79.6 , 83.0)
Yes, sometimes	19	(17.1 , 20.2)	17	(14.9 , 18.1)
No	3	(2.4 , 3.8)	2	(1.5 , 2.8)
Did you have confidence and trust in the midwives and midwifery team you saw after going home?				
	2013		2015	
	% (n=2,315)	Confidence Interval	% (n=2,011)	Confidence Interval
Yes, always	78	(76.3 , 79.3)	78	(76.1 , 79.5)
Yes, sometimes	19	(17.5 , 20.4)	19	(17.8 , 21.1)
No	3	(2.6 , 3.9)	3	(2.1 , 3.5)

In the six weeks after birth...

4.42 Women were asked about the care that they received in the six weeks following birth. For most mothers and babies care will be transferred from the midwifery team to the health visitor at about 10 days after the birth. This means that the following questions ask women about care they may have

received from midwives and health visitors and possibly other members of the multi professional care team such as the GP.

- 4.43 It appears that the large majority of women did receive some practical aspects of care and advice. Almost all said that they were told that they would need to arrange a postnatal check-up at between four and six weeks after the birth. Similarly almost all were given advice about contraception. Overall 95% of women said that they were offered contraceptive information or advice, up from 92% in 2013 (Table 36).

Table 36. Advice on the postnatal check-up and contraception

Did a midwife tell you that you would need to arrange a postnatal check-up of your own health? (Around 4-8 weeks after the birth)				
	2013		2015	
	% (n=2,260)	Confidence Interval	% (n=1,966)	Confidence Interval
Yes	93	(91.7 , 93.7)	92	(91.1 , 93.3)
No	7	(6.3 , 8.3)	8	(6.7 , 8.9)
Were you given information or offered advice from a health professional about contraception?				
	2013		2015	
	% (n=2,295)	Confidence Interval	% (n=1,991)	Confidence Interval
Yes	92	(91.5 , 93.4)	95	(94.1 , 95.9)
No	8	(6.6 , 8.5)	5	(4.1 , 5.9)

- 4.44 However, there was a decrease in the number of women who said that they definitely received help and advice about their baby's health and progress (74% compared to 78%) with over one in four women saying only to some extent or that they did not receive this help and advice. More women said that they received this help and advice in NHS Dumfries & Galloway (81%) compared to NHS Forth Valley and NHS Borders (63% and 66% respectively). Sixty seven per cent of women said they definitely received help and advice about feeding their baby with one third of women saying only to some extent or no (Table 37).

Table 37. Advice on infant feeding and health

In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress?				
	2013		2015	
	% (n=2,241)	Confidence Interval	% (n=1,999)	Confidence Interval
Yes, definitely	78	(76.4 , 79.5)	74	(72.2 , 75.8)
Yes, to some extent	20	(18.5 , 21.6)	24	(22.6 , 26.2)
No	2	(1.5 , 2.5)	2	(1.1 , 2.1)
In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?				
	2013		2015	
	% (n=2,000)	Confidence Interval	% (n=1,840)	Confidence Interval
Yes, definitely	67	(65.5 , 69.3)	67	(64.5 , 68.6)
Yes, to some extent	26	(24.0 , 27.5)	26	(24.5 , 28.4)
No	7	(5.8 , 7.8)	7	(5.9 , 8.1)

4.45 Only 56% of women said that they were definitely given enough information about their own physical recovery after birth with one third saying only to some extent and 11% saying no (Table 38). Similarly, a substantial minority of women did not appear to be receiving enough information or advice about coping with emotional changes that might be experienced after the birth. Only 57% of women said that they were definitely given enough information and while 76% said that they were given advice about who to contact if they needed advice about emotional changes that they might experience almost one in four women were not given this advice. Women in NHS Highland were more likely to receive this type of information than women in NHS Forth Valley.

Table 38. Information about mother's health and wellbeing

Were you given enough information about your own physical recovery after the birth?				
	2013		2015	
	% (n=2,299)	Confidence Interval	% (n=1,988)	Confidence Interval
Yes, definitely	64	(62.5 , 66.0)	56	(53.5 , 57.6)
Yes, to some extent	28	(26.5 , 29.7)	33	(31.3 , 35.2)
No	8	(6.6 , 8.6)	11	(9.9 , 12.5)

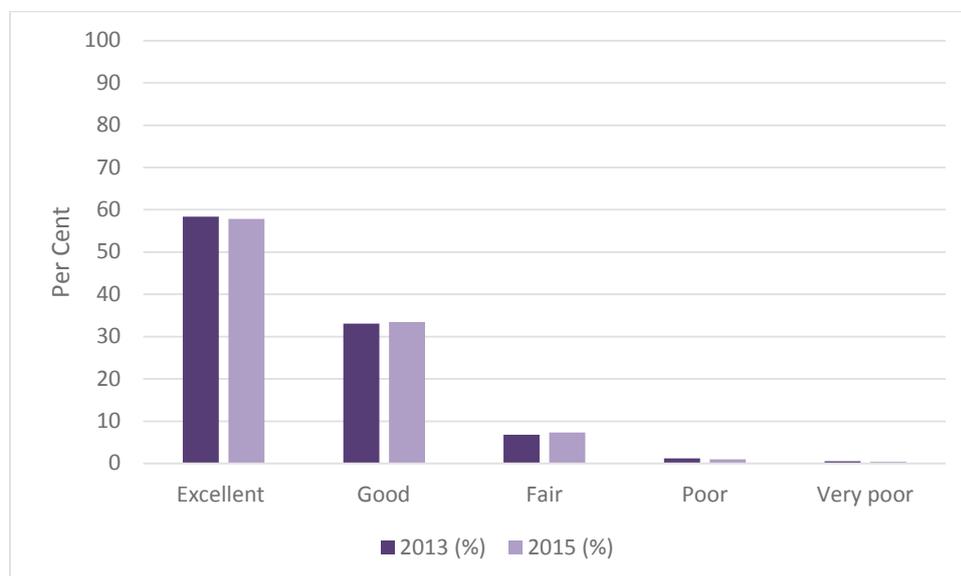
Were you given enough information about any emotional changes you might experience after the birth?				
	2013		2015	
	% (n=2,197)	Confidence Interval	% (n=1,926)	Confidence Interval
Yes, definitely	59	(57.1 , 60.8)	57	(54.8 , 58.9)
Yes, to some extent	30	(28.5 , 31.9)	32	(30.3 , 34.2)
No	11	(9.6 , 12.0)	11	(9.6 , 12.2)

Were you told who you could contact if you needed advice about emotional changes you might experience after the birth?		
	2015	
	% (n=1,783)	Confidence Interval
Yes	76	(74.5 , 78.2)
No	24	(21.8 , 25.5)

Rating of postnatal care at home

4.46 Overall 58% of women rated their postnatal care at home as excellent with a further 33% saying their care was good.

Chart 4 – Overall rating of postnatal care at home



What women said about their care at home after the birth

4.47 There were 535 comments in this section representing around 26% of the overall survey sample. Comments were balanced between positive and negative observations of the care received. As in antenatal care, continuity of care emerges as a major theme. A second major theme in this section relates to support for infant feeding, referring both to breast and formula feeding.

Other themes are recovery and adjustment of mothers including a very small number of comments on fathers' adjustment.

Continuity and Consistency of Care

- 4.48 Almost one quarter of the comments are concerned with the continuity and consistency of care received. Some women have commented that they were generally happy with their care despite seeing a number of midwives and health professionals postnatally.

'I saw a different midwife at each visit but they were all lovely and helpful'.

- 4.49 However the majority of the comments concerning continuity do highlight problems with a lack of consistency and continuity in the postnatal care received at home. A lack of 'informational continuity' is a focus of concern, with women finding it tiring to have to repeat their information or concerning that the professionals caring for them did not appear to be aware of their particular circumstances.

'I saw a different midwife every time out of my [number removed] visits. All had different opinions which, as an emotional first time mum, is not helpful because it can be confusing and frustrating'.

- 4.50 A number of women commented that a lack of consistent advice and support with breastfeeding postnatally had been negative for them.

'Seeing different [number removed] midwives at home after giving birth meant I did not get consistent advice regarding breastfeeding. Nor did they take into account my previous experience'.

'Midwives were excellent, but I never saw the same midwife twice - it was a different midwife every time. I was recovering from surgery, had problems with my wound, it would have been beneficial to see the same midwife'.

- 4.51 On the other hand, experience of 'relationship continuity' in their postnatal care is generally described in extremely positive terms within the postnatal comments.

'Received fantastic care. Midwife seen me several times after I developed an infection. She always dedicated a long time at visits and gave me lots of great advice'.

'Named Midwife'

- 4.52 Some women commented specifically on their 'named midwife'. Others talked about 'my midwife' which may have designated the significance of the professional relationship that had developed through continuity of care, rather than an awareness of the 'named midwife' policy.

'The named midwife I was given was brilliant. She took time with myself and partner and baby when born. She also listened to everything we had to say. She became a friend. Only time I didn't have her was her days off or holidays'.

- 4.53 Some women would have liked to see their 'named midwife' postnatally but were not given the opportunity to do so.

'Would have liked to have seen my named midwife after the birth instead of 3 different ones'.

Continuity of Antenatal and Postnatal Care

- 4.54 A number of women chose to comment on the continuity of community based maternity care they had received from midwives during both the antenatal and postnatal periods. Comments were particularly positive about seeing the same midwife throughout.

'Very positive experience seeing the same midwife as antenatal care'.

- 4.55 There were also comments from women who had not seen the midwife they had been under during pregnancy but would have liked to do so, or felt that it would have been better for their care and outcomes had it been possible.

'I wish I could have seen the midwife who gave me antenatal care at home after my baby was born because we had developed a rapport during my pregnancy. However the 3 or 4 different midwives who visited me at home were lovely and very helpful'.

Team Midwifery

- 4.56 Much as in the antenatal section, a minority of comments in the community postnatal section indicate that women had experienced very good continuity in their care through a community team approach, sometimes under the same team of midwives who had cared for them during pregnancy.

'The midwives and breast feeding support worker were excellent. I saw the same two or three midwives and they had obviously discussed things in advance, so I was not having to repeat things'.

'Advice was consistent and supportive, regardless of which midwife I saw'.

Health Visitors

- 4.57 A small number of women commented about the relationship they had developed with a health visitor or health visiting team since the birth of their baby.

'Health visitor still continues to visit me and my baby since birth, but this is due to the start baby had. Very supportive'.

'Health visitor was an excellent support and continues to be'.

Feeding Choices and Support

- 4.58 A large number of the comments in this section refer to women's choice of how to feed their babies and how this was supported by the health professionals they saw during this period. Around three quarters of the comments referred negatively to breast feeding support or feeding support more generally, with around a quarter of the comments expressing satisfaction with breastfeeding support, many women indicating they had really needed this in order to continue breastfeeding their babies.

'Particularly the support with breast feeding was excellent. This is by far the hardest thing I've ever done and would have thrown in the towel had it not been for the support and encouragement from the midwives and health visitors'.

'I was contacted by the breastfeeding support team who offered a home visit which I accepted. This was invaluable and really appreciated. It helped with my confidence for feeding my baby. I have since had follow-up calls to check I'm OK and to see if they can support me further'.

- 4.59 However, quite a few women took the time to comment that they had experienced great pressure to breastfeed and were unhappy about this. Other women felt judged, unsupported and uninformed in their decision to formula feed their babies.

'The hard sell on "breast is best" is very annoying if you've not been able to breastfeed even though you tried'.

'I feel the pressure put on you to continue breastfeeding, even when expressing strong feelings about wanting to stop, is far too much. It made me feel uncomfortable to talk to midwife about it'.

- 4.60 Of the women who commented negatively about the breastfeeding support that was available or offered to them postnatally, the main issues highlighted were feeling they had not had the right support to allow them to continue with breastfeeding, that the advice offered had been unrealistic, inconsistent or confusing, or that there was a lack of specialist breastfeeding support local to them.

'The midwives in my area are doing excellent jobs but do not have the time to spend a lot of time helping with feeding problems. Lactation consultants urgently needed in this area!'

'Regular visits, however inconsistent advice regarding breastfeeding, which was poor. Very little hands-on practical feeding support, could have done with this to try different positions'.

Infant Health: Advice, Support and Healthcare

- 4.61 A number of women commented about their baby's health in the early days, and the care and advice they received in relation to this. Some comments

described dissatisfaction with the level of care and attention they had received in relation to their babies' health and wellbeing, while others felt that they needed more reassurance or information regarding the health and care of their babies.

'Not enough help given when my child lost too much weight. Wasn't given advice till we went into hospital. Felt I supposed to know what I was doing because I had a child already (health visitors).'

'I felt like I should have been visited more. My baby was small when born. I would have liked more reassurance she was OK'.

Maternal Recovery and Adjustment

- 4.62 Almost one in five of the comments in this section related to women's own health and adjustment following the birth. A number of women commented that the aftercare and information they received in the community was not helpful or sufficient.

'I think it's misunderstood how long it takes to recover after a section. I sometimes had the feeling health professionals think you should be recovered after the 6 week mark. Only after talking to other mums I realised we were all still on the painkillers!'

'The postnatal care following an emergency C-section seemed too short. I saw my consultant a couple of times which was good. I felt I was discharged from hospital too soon....I would have liked more advice on scar healing'.

- 4.63 Several women had felt unprepared for how they would feel following the birth, and how long it would take to recover physically.

'I was shocked at how long my physical recovery took. A bit more info, explaining that it can take a long time to physically heal, would have been good'.

- 4.64 Others felt that their own health came second to their babies' needs postnatally.

'I feel breastfeeding was encouraged to the detriment of my own physical health'.

- 4.65 Several women felt their mental and emotional health needs had not been met by the postnatal care they received.

'I seriously struggled emotionally and tried to hide it, no-one picked up on it - just said I looked great as had lost weight so quickly'.

Quality and Quantity of Community Postnatal Care

- 4.66 There were a number of comments from women about how they have *felt* about the postnatal care they have received following discharge from hospital.

These concern both the 'quantity' of the care in terms of how many visits, when these took place, and how long clinical involvement with their family continued, and the 'quality' of the care experienced. Some women expressed gratitude that a midwife or health visitor appeared at their door on a regular basis in the early days at home with their baby

'I found it very reassuring to have visits from both the midwives and health visitors after my baby was born.'

4.67 Although not all women felt that postnatal visits were necessary.

'Midwife home visits should be optional, as I just wanted to get in a routine and I had done it all before'

4.68 The time available for postnatal visits or appointments was also commented upon by respondents, suggesting that women were aware that their midwives and health visitors were under pressure, and that visits could feel rushed as a result. Or health professionals could instead be experienced as having time for women and their babies despite pressures of work. Some women would have preferred to know more specifically when the midwife would call.

'I always felt that the midwife or health visitor who came to see me at home, had lots of time for me. They listened to everything and I never felt rushed whilst talking with them or when they checked over my baby. I really appreciated that as I know they are very busy.'

'Midwives did not give time that they would come, so had to wait in all day, but the health visitor did and was much better.'

CHAPTER 5: DISCUSSION

- 5.1 This is the second in the series of Scottish maternity care experience surveys following the first such survey undertaken in 2013 and using essentially the same questionnaire allowing for comparison of results. The survey was sent to a sample of women who gave birth in Scotland during February and March 2015, following reminders a total of 2,036 women returned questionnaires giving a response rate of 41%, down slightly from the 48% response rate obtained in 2013. The survey was large and random sampling and analysis based on number of annual births in each NHS Board has ensured that the survey is as representative as possible of the range of maternity care experiences in Scotland. However, women who responded tended to be in the older age groups and younger women are somewhat underrepresented in the survey.
- 5.2 This report presents the national level findings and for the first time this includes a full analysis of the additional ‘free text’ comments made by women who responded to the option ‘*If there is anything else you would like to tell us about your care please do so*’. Overall 1,244 women made comments equating to just over 61% of the total sample providing a total of 2,667 comments distributed between antenatal care, care during labour and birth and postnatal care.
- 5.3 Service user experience surveys and in particular maternity care experience surveys are sometimes criticised with the suggestion that those who respond tend to provide disproportionately positive responses. It is widely acknowledged that women may have a tendency to rate their maternity care positively^{11,12} and this potential for positive bias must be taken into consideration when interpreting the survey results. As with the 2013 survey the majority of responses to all questions were positive and the overall rating of care for each time point was high, in particular for antenatal care and care during labour and birth. However, the inclusion of the qualitative comments in this report considerably adds to the understanding of the questionnaire results. In this survey the use of four free text boxes at the end of each section invited women to comment specifically on that particular aspect of their care thus focussing women’s comments, and to some extent, reducing the wide ranging nature of comments reported by some surveys³. However, there may be some bias in these comments and this must be considered. For example, it may be that women who had more negative experiences felt moved to describe them, where for women with positive experiences the tick box options on the questionnaire were sufficient. This may explain why the main survey results are in general very positive while the comments tend to be more negative. The report aims to maintain a balance in reporting the comments, many of which are quite emotive. Nevertheless a large number of women chose to make comments on their experiences of care and these provide valuable insights into maternity care in Scotland in 2015.
- 5.4 As in the 2013 survey this survey reports overall a very positive picture of women’s experience of maternity care. Indeed there are only a very few differences in the findings from 2013. However, there are some important

areas where the results, together with the qualitative findings, suggest that women's experiences of care and indeed other aspects of care quality could be improved. It is through celebrating the many examples of excellent practice and examining areas where care appears to have fallen short that lessons may be learned and the overall quality of care improved.

- 5.5 The survey suggests that women are accessing maternity services early in their pregnancy with over half making contact with a health care professional by six weeks and over 90% having their antenatal booking appointment by 12 weeks. Women increasingly appear to be contacting a midwife first when they think they are pregnant although the majority still access maternity care via their family doctor. For both antenatal and postnatal care almost all women appear to have a number to contact the midwifery team if they require to do so, and most who do report receiving the assistance that they require. The clear exception to this is women's experience of contacting maternity services when they think that they may be in labour. Women are generally advised to contact their maternity hospital or birth unit by telephone when they think that their labour has started. The questionnaire asked one question about whether women felt that they received appropriate advice and support when they contacted a midwife or the hospital. The large majority of women said that they did, however a considerable number of women commented on their very negative experiences of contacting their maternity unit, triage area or other first point of contact when they thought labour had started. Many women appear to have encountered staff who were dismissive or patronising and who did not appear to take them seriously, this contrasted strongly with women's generally very positive accounts of the supportive care they received when they were admitted to the labour ward or birth unit. There is a considerable body of research indicating how uncertain and vulnerable women and their families feel at this time.¹⁰ While maternity guidance suggests that healthy pregnant women should remain at home until labour has established, many women require reassurance and supportive care at this time, these women may benefit from a more women centred approach.
- 5.6 Almost all women receive midwifery care throughout their pregnancy, birth and postnatal care, with considerable involvement of the multi-professional care team. Around 67% of women said that they saw the same midwife all or most of the time through their antenatal care (a small increase from 2013), with less (51%) saying that they saw the same midwife all or most of the time for their postnatal care at home. The large number of comments on this topic both relating to antenatal and postnatal care indicates the importance to women of having the opportunity to develop relationships with the staff who provide their care. Many women commented on the importance of continuity of care across the multi professional care team, this was particularly important for women who were experiencing more complex pregnancies. Women clearly associated continuity of care with good communication and the development of a supportive and trusting relationship. Where their experience of continuity of care was poor women described the wearisome process of having to repeatedly explain their circumstances to a series of different staff. Some women felt that they were falling through the gaps rather than receiving a seamless service. There is robust evidence for the benefits of continuity of

carer. Models of midwifery care involving continuity have been associated with important clinical and psychosocial benefits including reduced preterm birth and fetal loss before 24 weeks, increased rates of normal birth and greater satisfaction with care.⁵ This evidence along with the survey findings indicates that continuity of carer is an essential element of safe, effective and women centred care.

- 5.7 The survey findings indicate that in general communication between women and maternity care staff was good. At most time points women report being spoken to in ways that they could understand, being listened to and having time to ask questions. Women clearly valued supportive and non-judgemental attitudes in staff who cared for them. Women tended to report that they were sufficiently involved in decisions about their care, although this was not always the case during labour and birth. However, in relation to the specific aspects of choice included in the questionnaire, location of antenatal and postnatal check-ups and about place of birth, relatively few women appear to have been offered choices. While, as noted in the 2013 report, choice of place of birth may to some extent be limited by facilities available in different locations, the principle of offering women a choice of place of birth and home birth is a long standing aspect of maternity care policy in Scotland. Offering women a choice of where their antenatal check-ups take place may be more straightforward, as a range of local facilities are more likely to be available, however few women said that they had this choice. Similarly few women were offered a choice of location for their community based postnatal care. Relatively few women received postnatal check-ups in a clinic reflecting the situation where traditionally postnatal midwifery care has been provided in the woman's home. This may change as maternity services seek to adopt different models of postnatal care. Changing the pattern and % of postnatal community care may be appropriate as not all mothers and babies will require the same level of care; for some mothers a clinic visit may be the most convenient option however, as the survey findings indicate that for many mothers in particular for those recovering from a caesarean birth or for those without transport, it may be difficult to get to a clinic with a new baby.
- 5.8 Labour and birth have long been considered to be a time of increased vulnerability for mothers and their babies and it is therefore noteworthy the very high level of confidence and trust that women appear to have in the maternity staff who cared for them at this time. Care during labour and birth was rated more highly than at other time points with 93% of women reporting that their care was either excellent or good.
- 5.9 A considerable number of women commented to express the trust that they had in staff including members of the multi-professional team, and expressed how this had enhanced their birth experience. However, there were some areas where women's experience of care and support during labour and birth could be improved. A small but significant minority of women said that they were left alone when it concerned them; while in most instances this was in the early stages of labour, some women said that this was during or shortly after birth. A noteworthy finding was that a substantial minority of women did not feel that they received sufficient help to cope with their pain during labour

and birth. In addition, as with the findings of the 2013 survey, although a majority of women said that they were able to move around and choose comfortable positions during labour, a considerable number of women appear to give birth in a supine position (flat on their back) with 16% of women who had a normal birth saying that they gave birth with their legs in stirrups. Few women commented on this however there is good evidence that more upright positions facilitate normal birth and these should be encouraged where possible.

- 5.10 Overall, the comments suggest that access to skilled staff throughout labour, the support of their birth partners and receiving sufficient pain relief were aspects of care that were of considerable importance to women. Maternity care policy in Scotland has long recommended that all women in established labour should receive one to one midwifery care and there is good evidence for the benefits of this.⁹ A study conducted in Scotland of midwifery care in labour¹³ found that high quality care involved midwives providing almost continuous emotional support (being attentive, encouraging, coaching, comforting), while at the same time giving physical support i.e. massage, helping the woman move into comfortable positions, providing fluids and nutrition, advising, informing and listening, leaving women alone for only short periods of time.
- 5.11 Postnatal care both in hospital and at home were rated less highly than either antenatal or intrapartum care. With findings very similar to those reported in 2013 a significant minority of women did not feel that they always received the information and advice that they needed and that advice, in particular relating to infant feeding was often inconsistent. Around one third of women said that they were not always treated with kindness and understanding. Asked about care in the six weeks following birth, just over half of women felt that they had enough information about their own physical recovery or potential emotional changes, despite the longstanding body of research that has consistently indicated that many women experience long term physical and mental health problems following childbirth, and that they often do not actively seek medical advice or assistance^{14,15}.
- 5.12 The 'free text' comments provide a valuable indication of what good care consists of for women in the immediate post-natal period, as well as detailed description of the ways that it can fall short, providing insight into why only just over half of women felt able to give their care in hospital an 'excellent' rating. Women's comments indicated that they appreciated compassionate and sensitive care in this period, and a hospital environment which afforded them and their babies' sufficient access to clinical care, food, rest and support. They reported disappointment with over-stretched staff teams, lack of care and attention, being left alone and separated from the support of family, and care which did not meet their physical and emotional needs in the immediate aftermath of the birth. Once women went home they valued the on-going support of midwives and health visitors but were often frustrated by inconsistent advice when many different staff were involved in their care.

- 5.13 The length of time women remain in hospital after giving birth has declined steadily in recent years, although this does not appear to have changed significantly since the 2013 survey. At the same time more women with complex health problems are becoming pregnant and the caesarean section rate is rising (to 30% in some areas www.isdscotland.org/Health-Topics/Maternity-and-Births/Births/). This means that there is a high throughput of mothers and babies in the hospital postnatal wards with much of the midwives time taken up by the high intensity admission and discharge procedures leaving staff with little time to undertake the more supportive aspects of care, advice and practical assistance for mothers during their very short 'recovery phase' in hospital.¹⁶ The Royal College of Midwives report that staff workload is high and stressful¹⁷ and it is clear from the comments made by women that this can have a negative impact on women's experience of care.
- 5.14 The Scottish Government policy framework that aims to ensure all children have the best possible start in life and that Scotland will be the best place in the world to grow up www.gov.scot/Topics/People/Young-People is committed to transformational change in relation to improvements in early year's health and wellbeing. If this change is to succeed it is imperative to recognise that the early years start with conception and that many children may be already disadvantaged by the time they are born. High quality, safe effective and person centred maternity care from early pregnancy (or even pre-pregnancy) through labour and birth and the first weeks following birth is essential if mothers, babies and families are to thrive and achieve their full potential. This national survey report highlights many areas of excellent practice where policy and practice guidance are being achieved. It also highlights areas where improvements could be made. Listening to the voices of mothers and drawing on their individual and collective experiences provides invaluable insights and inspiration for further improvement in Scotland's maternity services.

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