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Maternity Services Survey

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List of abbreviations

ABUHB	Aneurin Bevan University Health Board
BCUHB	Betsi Cadwaladr University Health Board
CTMUHB	Cwm Taf Morgannwg University Health Board
C&VUHB	Cardiff and Vale University Health Board
HCA	Health Care Assistant
HDUHB	Hywel Dda University Health Board
HIW	Healthcare Inspectorate Wales
NHS	National Health Service
NICU	Neonatal Intensive Care Unit
PTHB	Powys Teaching Health Board
SBUHB	Swansea Bay University Health Board
SCBU	Special Care Baby Unit

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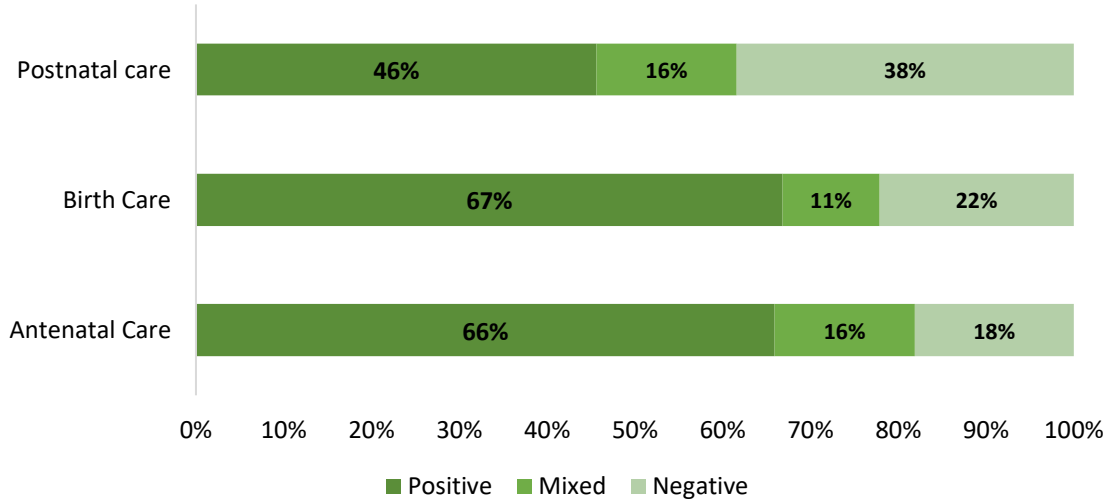
Executive Summary

As part of its National Review of Maternity Services, Healthcare Inspectorate Wales (HIW) surveyed individuals to gain an understanding of women's experiences of accessing maternity services in Wales. The National Review of Maternity Services Survey was open for responses between September 2019 and January 2020 and invited responses from anyone who had experienced maternity services in Wales, including mothers, birth partners, and carers. The survey received a total of 3308 responses across Wales. Of these responses, 97 percent were from mothers.

Key Findings

At each stage of maternity care (antenatal, during birth, postnatal), more women had positive overall views on the care provided, as illustrated by the chart below. However, women had more positive perceptions of the care that they had received during pregnancy (antenatal care) and during birth in comparison with experiences of postnatal care.

Figure E.1: Overarching experience (by birth stage)



Base: All survey respondents (n=3308)

Where women described positive experiences of the care provided, they frequently referred to good quality of care, indicating that they had felt 'cared for', 'listened to' or 'supported'. This often featured alongside women describing experiences of being treated by staff who were friendly or kind and who listened to their birth wishes. In five percent of responses, patients described experiences that 'exceeded their expectations'.

However, it should be noted that 18 percent of women also described experiences of poor care, or issues that may relate to poor patient safety, at some stage of maternity care. These experiences were most prevalent within responses relating to care during birth, wherein eight percent of responses highlighted this issue. This figure stood at five percent for both antenatal and postnatal care.

A considerable proportion of all respondents described services and staff as being over-pressured, including concerns surrounding understaffing or women feeling that they had not been checked upon regularly.

Experiences of care received during antenatal care

Across the survey, the majority of women described positive experiences of antenatal care. Two thirds of women positively described their overall view of the care that they received during pregnancy, whilst 18 percent described negative experiences and 16 percent described mixed experiences.

The majority of women also reported that they had received enough information and advice regarding what was happening at the time (80 percent). However, women felt less informed about what would happen during the birth (67 percent) and after the birth (49 percent).

The majority of women also felt able to express opinions and concerns with regard to their health (84 percent). However, fewer women reported that they felt able to express opinions and concerns regarding their birth choices (73 percent).

The key themes that women discussed in relation to antenatal care included:

- The quality of care (discussed in 23 percent of responses). Of the total respondents, five percent detailed negative experiences in which respondents indicated that they did not feel cared for, listened to or supported.
- Information and advice provided (identified by 11 percent of respondents). Of these comments, over half described negative experiences in which advice was felt to be inconsistent or lacking.
- Staff behaviour (highlighted in eight percent of responses). Within this, half of all responses described staff who were friendly or kind, whilst four percent of responses were negative comments relating to staff who were 'rude', 'unempathetic' or 'unkind'.
- Staff consistency and consistency of care (discussed in eight percent of responses). Seven percent of respondents described issues surrounding seeing inconsistent staff, noting issues with regard to seeing different clinicians, resulting in, at times, poor continuity of care.
- Health concerns that either were or were not taken into account (identified by seven percent of responses). Five percent of responses related to issues in which health concerns or pain was dismissed or ignored.
- Poor care or safety concerns (described in five percent of responses). This theme draws together instances that patients themselves have detailed as poor care, or issues that were interpreted as poor care (such as loss of patient notes, failure to order patient scans, or mistakes being made during procedures).

Experiences of care received during birth

Over two thirds of women (67 percent) had a positive overall view on the care that they received during birth, whilst 22 percent described negative experiences and 11 percent described mixed experiences.

Women commonly reported that they felt supported during the birth (78 percent). However, some women had more negative experiences. In free-text responses, 7 percent of women described that they had felt unsupported. These responses included examples in which women had felt that staff 'didn't listen' to them or 'ignored' their views.

The majority of women agreed that they had enough pain relief (75 percent agreed) and that they were able to give birth where they wanted (78 percent). However, experiences of maternity care appeared to be weaker when it came to birth choices. Just 68 percent of women agreed that their wishes for the birth were listened to. This was a key theme that women discussed in free-text comments on their experience of care during birth. In qualitative responses, 5 percent of respondents described examples of care in which their choice was ignored, denied or dismissed.

The majority of women also reported that their partner was able to stay as long as they wanted to during the birth (89 percent). In qualitative comments, however, five percent of respondents reported that their partner had not been able to stay with them, most often after the birth, which gave rise to some women feeling unsupported, particularly after difficult or distressing birth experiences.

The key themes in relation to care during birth included:

- Quality of care (highlighted in 28 percent of responses). Of all respondents, seven per cent described experiences in which patients did not feel listened to or supported.
- Patient choice (discussed by nine percent of women). Five percent of all responses related to issues in which patients were not given options or their choices were dismissed or ignored.
- Poor care or concerns surrounding safety (discussed in eight percent of responses). Issues surrounding poor care and safety were mostly raised with respect to care provided during birth, with eight percent of women describing poor care in comparison to 5 percent for both antenatal and postnatal care.
- Staff empathy and kindness (raised by seven percent of respondents). Of these respondents, four percent described staff as being 'empathetic' or 'kind', whilst three percent of respondents indicated having negative experiences in which they encountered 'rude' or 'unkind' staff.
- Information and advice (highlighted by six percent of women). These responses were equally split among positives and negatives.
- Health concerns (physical and mental) being dismissed or not being considered (identified in six percent of responses). This theme was most prevalent at this stage of care. The theme of health concerns incorporates both pre-existing conditions and worries as well as concerns that may come to light during this maternity stage. One of

the most common concerns that was dismissed by hospital staff was that of believing the mother when she said that she was in labour.

- Poor medical information and consent (highlighted in three percent of responses). This theme included issues in which patients felt that they were not informed about what was happening to them, as well as issues surrounding patient consent, wherein patients indicated that medical procedures have taken place without consent being properly obtained.

Experiences of care received after birth (postnatal care)

Experiences of postnatal care were more mixed. Within the survey, 46 percent of women described positive overall views on postnatal care, whilst 38 percent had a negative overall view and 16 percent had a mixed view.

Women were less satisfied with the information and advice received as part of their postnatal care. For example, 64 percent of respondents agreed that they had enough information on what was happening at the time during postnatal care in comparison to 80 percent during antenatal care.

A high proportion of women reported that they did not feel as though they had received enough support at this stage:

- 27 percent of women reported that they did not have enough support in looking after themselves.
- 32 percent of women reported that they did not have enough support in helping their baby to sleep.
- 29 percent of women reported that they did not have enough support in washing and bathing their baby; and
- 23 percent reported that they did not have enough support in feeding their baby.

Breastfeeding support also emerged as a key theme in free-text comments where women were asked to share their experiences of postnatal care. Of all free-text comments, 17 percent related to breastfeeding advice and support. Around 10 percent of women described experiences in which they received inconsistent or poor breastfeeding advice. Additionally, two percent of women reported negative experiences in relation to breastfeeding choice, reporting that they did not feel as though their choice was supported or that they were 'pressured' into a particular feeding method.

The key themes that women discussed in relation to postnatal care included:

- Information and advice (21 percent of responses related to this theme). Within this, 14 percent described a lack of, or poor-quality, information and advice.
- Quality of care (discussed in 19 percent of responses). Eight percent of all responses related to issues in which mothers described not feeling cared for, supported or listened to.

- Breastfeeding advice and support (identified in 15 percent of responses). Two thirds of these responses related to negative experiences, including poor-quality advice and the absence of support.
- Over-pressured staff or services (highlighted by seven percent of respondents). This theme was most prevalent in women's descriptions of postnatal care. Comparatively, over-pressured services were discussed in five percent of responses relating to antenatal care, and in four percent of responses relating to care during birth.
- Staff empathy and kindness (discussed by seven percent of respondents). Four percent of women had experienced unempathetic or unkind staff.
- Poor care or concerns about safety (described in five percent of responses).

Cross-Cutting Themes

Women commonly had less positive experiences of care where they possessed a health condition than did women with no recorded health condition. For example, women with health conditions were less likely to report that they received enough information on what was happening during pregnancy and what would happen during the birth. Moreover, women with health conditions were less likely to report that their birth wishes were listened to and that they felt supported during the birth.

This same pattern emerged in relation to women who received consultant-led care in comparison to those who received midwife-led care. This may be influenced by an overlap between these groups, as patients with complex medical needs that may pose a risk to their health during pregnancy are more likely to be under consultant-led care.

1 Introduction

As part of its National Review of Maternity Services, Healthcare Inspectorate Wales (HIW) surveyed individuals who have accessed maternity services across Wales, to gain an understanding of their experiences. The National Review of Maternity Services Survey was open for responses between September 2019 and January 2020 and invited responses from anyone who had experienced maternity services in Wales, including mothers, birth partners, and carers. The survey received a total of 3308 responses across Wales.[1]

The survey included a combination of closed and free-text questions and sought to understand experiences of maternity care in relation to:

- Care during pregnancy (antenatal care)
- Care during birth
- Care after birth (postnatal care).

In addition, analysts sought to understand how care experiences differed across different settings, Health Boards, healthcare professionals,[2] and demographic groups.

In January 2020, HIW commissioned Wavehill to conduct an analysis of the qualitative data produced through the survey. This was followed by a subsequent commissioned phase of analysis in March to triangulate the quantitative and qualitative findings of the survey. The findings from both stages of the analysis are outlined in this report.

The following sections within this report will cover:

- The methodology used to analyse the survey data, and limitations related to the selected approach
- The profile of individuals who responded to the survey
- Findings associated with care during pregnancy (antenatal care)
- Findings associated with care during birth
- Findings associated with care after birth (postnatal care)
- Findings associated across particular demographic groups
- Overall trends, conclusions and recommendations.

1.1 Context

The survey analysed within this report is part of HIW's wider National Review of Maternity Services in Wales. HIW's judgment to undertake a National Review stemmed from concerns surrounding the pressures on maternity services across the country and as a result of issues

[1] Please note that there were an additional 16 responses that were excluded from analysis on the basis that respondents had only access to maternity services outside of Wales.
[2] This refers to how support differed depending on whether care was led by consultants or midwives.

outlined in HIW's 2018 inspection of maternity services in Cwm Taf University Health Board (UHB) (prior to boundary changes in 2019).[3]

To place the report findings within a wider context it is also important to highlight that on 1 April 2019 there was a reorganisation of healthcare services within Bridgend County Borough and of the boundaries of the local Health Boards. The responsibility for healthcare services within Bridgend County Borough was moved from the former Abertawe Bro Morgannwg University Health Board, currently named Swansea Bay University Health Board, to Cwm Taf University Health Board, currently named Cwm Taf Morgannwg University Health Board.

Following the borough and boundary changes, the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives published a report following their review of maternity services at the former Cwm Taf University Health Board, which was widely publicised and critical of the maternity services. Following the report, Cwm Taf Morgannwg University Health Board's maternity services were placed into Special Measures and the organisation was escalated to the status of 'Targeted Intervention' within the NHS Wales escalation and intervention framework. To support this intervention, the Minister for Health and Social Services formed an independent panel to ensure that the Health Board addressed the criticisms identified by the Royal Colleges in an efficient, person-centred and transparent fashion.[4]

This report's findings provide a platform on which women's voices and experiences are promoted and considered paramount to the understanding of maternity services across Wales. It is, however, important to highlight in this case that women's experiences, particularly within Swansea Bay and Cwm Taf Morgannwg University Health Boards, should be interpreted with caution, as a result of the wider contexts within which they sit (see section 2.2 on methodological limitations).

[3] The HIW report for this inspection can be accessed here: https://hiw.org.uk/sites/default/files/2019-06/210119royalglamorganmaternityen.pdf

[4] The independent panel reports progress on a quarterly basis and their most recent report can be accessed here: https://gov.wales/independent-maternity-services-oversight-panel-winter-progress-report-2020

2 Methodology

The survey included a combination of closed (quantitative) and free-text (qualitative) questions. The initial analysis of quantitative questions was conducted by HIW. Wavehill, an independent research organisation, were commissioned by HIW in January 2020 to undertake an analysis of qualitative responses to the survey. Subsequently, Wavehill were commissioned in March 2020 to produce a report that drew together the qualitative findings and the quantitative responses to the survey. This section outlines the method used to analyse the survey results. For readers who require more information, a full technical method is described in Annexe 2.

2.1 Method

The quantitative element of the National Review of Maternity Services Survey consisted of a number of statements regarding information, support and the ability to express own opinions and concerns within each maternity care stage (antenatal care, birth care, postnatal care). Respondents were asked to indicate, on a five-point scale ranging from 'strongly agree' to 'strongly disagree', to what extent they agreed or disagreed with each statement.

The survey contained three open-text (qualitative) questions, relating to different aspects of maternity care, as follows:

1. What are your overall views of the care provided during pregnancy?
2. What were your overall views of the care provided during the birth?
3. What were your overall views of the care provided after the birth?

Researchers from Wavehill analysed the responses in order to identify common themes and patterns, and recorded the themes that emerged in each response within the dataset. They later calculated the prevalence of each theme to provide a sense of how frequently each issue was discussed by the respondents. The full list of themes are described in Annexe 1.

2.2 Limitations

There are several limitations of which readers should be aware when reading the report or reanalysing the dataset. Limitations include:

- **Self-selection bias**, which can result in individuals choosing to participate in a survey because they have a particular interest in the topic. This may result in individuals with more extreme responses responding to the survey, limiting the extent to which the dataset is representative of the general population. This has been accounted for in the qualitative dataset through the coding of the overarching sentiment (positive, negative or mixed) of each question response. This enabled the researchers to identify the relative prevalence of positive or negative experiences within the sample, which may give some indication of skew.

- **Negative response recall bias**, according to which respondents may more readily recall experiences that are negative in nature. This appeared to be identifiable in the survey, as there was a tendency among the respondents to provide much greater detail in responses where the experience itself was negative in nature. By contrast, the dataset included large numbers of undetailed qualitative and positive responses in which respondents had given one-word answers such as 'excellent' or 'amazing'. Where this occurs, this limits the ability of the data to speak to areas of good practice, and has resulted in more detailed analysis of negative themes. This should not, however, eclipse the evidence of good care, as women's experiences were more positive than negative on the whole.

- **Analysis subjectivity**. With all qualitative research there is a risk of subjectivity in analysing the data, whereby different researchers may group particular responses under different themes. The researchers have attempted to mitigate this risk in the research process by taking a collaborative approach to the development of the analysis framework and by crosschecking the responses in order to improve the reliability.

Together, the presence of a range of biases within the dataset, including self-selection, other sampling errors, and negative recall biases, limits the conclusions that can be drawn. It is possible, for example, that biases could influence the emergence of certain sentiments or perspectives, resulting in an overestimation or underestimation of their true prevalence. Therefore, this analysis should be considered to give an indication of the range of issues and experiences expressed by mothers and their partners, rather than a definitive statement of the quality and consistency of support offered across maternity services in Wales.

Greater detail on the limitations of this methodology, as well as researcher mitigations, can be found in Annexe 2.

3 Respondent Profile

Section summary

- The vast majority of survey responses came from mothers (97 percent).
- The majority of responses came from women who had experienced maternity care within the last year (51 percent).
- Younger mothers and BAME individuals were underrepresented among the survey respondents.
- The vast majority of responses related to care received in clinical settings (96 percent).
- Within the sample, 53 percent of responses came from individuals who received consultant-led care, whilst 47 percent came from individuals who received midwife-led care.

The survey received a total of 3308 responses across Wales. Whilst it was open to all individuals who had experienced maternity care, including birth partners, family, and friends, the majority of the survey respondents were mothers (97 percent).

Table 3.1: Proportion of respondents from each type of respondent

Type of Respondent	Number of Responses	% of Responses
Mother	3199	96.7%
Family/friend/carer	83	2.5%
Hospital representative	4	0.1%
Other	2	0.1%

Base: All respondents who answered the question (n=3228)

Respondents were eligible to participate in the survey regardless of when they last accessed maternity services. However, the majority of responses came from individuals who had experienced maternity care within the last year (51 percent) or the last three years (85 percent). Experiences of maternity services were reported to be more positive among respondents who had experienced maternity services more recently; for example, of those respondents who had given birth in the last three months, 56 percent were positive about their postnatal care, in comparison to 39 percent of respondents who gave birth over three years ago.

Table 3.2: Number of respondents according to when they last experienced maternity services

Last Experience of Maternity Services	Number of Responses	% of Responses
Within the last three months	632	19%
Within the last year	1050	32%
Within the last three years	1137	34%
More than three years ago	472	14%
No response	17	1%

Base: All respondents (n=3308)

3.1 Demographic profile of respondents

The table below shows the demographic breakdown of the survey respondents.

Table 3.3: Response numbers (by demographic group)

Demographic Group	Number of Responses	% of Responses
Gender		
Female	2991	91%
Male	38	1%
No gender provided	276	8%
Prefer not to say	3	0%
Ethnicity		
White	2959	89%
Black, Asian or Minority Ethnic (BAME)	56	2%
Other	6	0%
Prefer not to say	14	0%
Did not state	273	8%
Age		
Below 20	20	1%
20–29	843	25%
30–39	1853	56%
40–49	294	9%
50–59	16	0%
60+	8	0%
Prefer not to say	274	8%
Disability/health status		
Health problem or disability	784	24%
No health problems or disabilities	2238	68%
Prefer not to say	286	9%

Base: All respondents (n=3308)

As indicated above, the majority of the survey respondents stated that they were female (91 percent),[5] whilst one percent of respondents stated that they were male.

Black, Asian or Minority Ethnic (BAME) individuals appeared to be underrepresented amongst the survey respondents, accounting for only two percent of survey respondents. However, it should be noted that BAME individuals accounted for just si
x percent of the population of Wales in 2019 (StatsWales, 2020) and that eight percent of individuals within the survey did not state their ethnicity.

[5] It should be noted, however, that 274 individuals did not state their gender, meaning that the proportion of females appears lower than the proportion of mothers (as illustrated in Table 3.1).

It is not possible to compare the proportion of respondents declaring a disability with population trends, as the question combined disability and 'health problems during experience of maternity services', which means that it is not possible to discern the experiences of women with disabilities from those of individuals who experienced other health concerns.

3.2 Sample

There are several areas in which the characteristics of the survey sample deviate quite substantially from the general population, which limits the extent to which the survey responses can be seen to be representative of national trends. These include the proportion of respondents from different Health Boards, age groups, time periods since birth, and care providers. For example, respondents who received care at Cwm Taf Morgannwg and Swansea Bay University Health Boards and Powys Teaching Health Board (THB) were overrepresented in comparison to the proportion of women who gave birth within other Health Board settings. Respondents from Aneurin Bevan, Betsi Cadwaladr, and Cardiff and Vale University Health Boards were underrepresented.

Table 3.4: Proportion of responses from each Health Board[6]

Health Board	Number of Births 2017	% of Total Births	Number of Responses	% of Number of Births
Aneurin Bevan	6211	21%	535	16%
Betsi Cadwaladr	6064	20%	792	24%
Cwm Taf Morgannwg	3258	11%	599	18%
Cardiff & Vale	5365	18%	657	20%
Hywel Dda	3326	11%	408	12%
Swansea Bay	2292	8%	249	8%
Powys[7]	697	2%	43	1%
Wales	30140		3283[8]	

Table 3.5: Proportion of respondents from each Health Board (by time period since birth)

Health Board	Within the Last 3 Months	Within the Last Year	Within the Last 3 Years	More than 3 Years Ago
Aneurin Bevan	23%	33%	30%	14%
Betsi Cadwaladr	18%	32%	39%	11%
Cwm Taf Morgannwg	18%	31%	35%	17%

[6] The latest figures for the total number of births under each Health Board are from 2017 and can be accessed here:https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/Community-Child-Health/livebirths-by-localhealthboardresidence-placebirth

[7] Please note that as a result of the small sample size, Powys has been excluded from analysis, wherein fewer than five responses were obtained.

[8] Please note that 25 respondents did not state their Health Board, meaning that this sum is lower than the total of 3308 respondents.

Cardiff & Vale	17%	30%	37%	16%
Hywel Dda	23%	33%	30%	14%
Powys	28%	30%	28%	14%
Swansea Bay	17%	35%	30%	18%

Base: All respondents who stated their Health Board (n=3283)

Young women were underrepresented among the survey respondents in comparison to the distribution of women who gave birth in Wales in 2015 — the most recent year for which statistics are available. In 2015, 55 percent of births came from women aged 29 or below (StatsWales, 2017). Comparatively, this group (863/3034) of the survey respondents, where respondents who provided no data were excluded.

Table 3.6: Respondents (by age range), compared to live births for Wales (2015 figures)

	Maternity Services Survey		Live Births in Wales (2015)	
Age	**Number**	**%**	**Number**	**%**
Below 20	20	1%	1525	5%
20–29	843	28%	16,673	50%
30–39	1853	61%	14,047	42%
40+	318	10%	1034	3%
Total	3034		33,279	

Sources: National Review of Maternity Services Survey – all respondents who provided data (Base=3,034); StatsWales[9] (Base=33,279)

3.3 Respondent profile and site of care

The vast majority of responses related to care received in clinical settings (96 percent), whilst four percent of respondents had a home birth.

Within the sample, 53 percent of responses came from individuals who received consultant-led care, whilst 47 percent came from individuals who received midwife-led care.

[9] StatsWales, Live Births by Year and Age of Mother (2017). Available at: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Births-Deaths-and-Conceptions/Births/livebirths-by-year-ageofmother

4 Women's Experiences: An Overview

Section summary

- The majority of women described having a positive experience of antenatal care (66 percent; 1921/2915).
- Across the sample, 22 percent of respondents described having a positive experience during the antenatal, birth and postnatal care periods (715/3308).
- Experiences broken down by Health Board have followed a trend similar to those across the overall sample in which a relatively high proportion of women recall their experiences of antenatal and birth care positively, whilst postnatal care is viewed less positively.

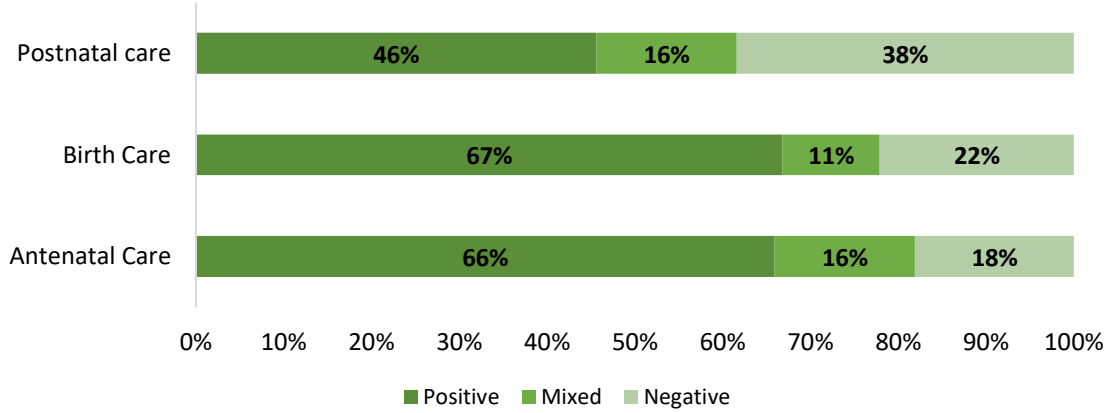
The chapters that follow provide an in-depth account of women's antenatal, birth and postnatal experiences. Below we explore the overarching experiences drawn from qualitative responses from women when asked about their antenatal, birth and postnatal experiences.

4.1 Overarching experience

Each response was coded for sentiment using the following options: positive, negative, mixed or cannot discern. These provide a general overview of women's experiences during the antenatal, birth and postnatal stages.

As illustrated in Figure 4.1 below, the majority of women described having a positive experience of antenatal care (66 percent; 1921/2915), whilst fewer women suggested that they have had a negative experience. This can similarly be identified for maternity care during birth, wherein over two thirds of respondents also described having a positive experience (67 percent; 1748/2616). In comparison, almost half of women (46 percent; 1085/2377) indicated that they had a positive postnatal care experience, whilst a similar amount described this experience negatively (38 percent; 1085/2377). This indicates that there is a relatively positive and consistent perception of antenatal and birth care overall, whilst, on average, experience of postnatal care appears more negative.

Figure 4.1: Overarching experience (by birth stage)



Base: All respondents (n=3308)

Across the sample, 22 percent of respondents described having a positive experience during the antenatal, birth and postnatal care periods (715/3308) in comparison to four percent of respondents who described having a negative experience at each care stage (122/3308). This proportion of positive experience increases to 38 percent (1272/3308) if only considering antenatal and birth care, in comparison to six percent of women who described having a negative experience of these two stages.

Where responses have been coded as mixed, women described positive and negative aspects of their experiences; however, negative experiences typically appear to outweigh positive experiences in these cases:

> *'The "medical" care was great but I had no idea what was going on. Nobody explained anything to me during or after the birth and I sincerely doubt anyone looked at my birth plan or took it into account.'* **(30–39, Consultant-led)**

To gain a greater understanding of how women's experiences may vary depending on location, overarching experience has been segmented by Health Board across Wales (see Tables 4.1, 4.2 and 4.3 below). Whilst there is a degree of variability across Health Boards, it is important to highlight that experiences broken down by Health Board have followed a trend similar to those across the overall sample in which a relatively high proportion of women recall their experiences of antenatal and birth care positively, whilst postnatal care is viewed less positively. As highlighted previously, the wide range of sample sizes should be considered when addressing experiences at the Health Board level. Experiences of antenatal and birth care at Hywel Dda and Cardiff and Vale University Health Boards appear more positive than the sample average, whereas care experiences at Cwm Taf Morgannwg and Swansea Bay University Health Boards appear to have consistently been perceived to be poorer.

Table 4.1: Overarching experience of antenatal care (by Health Board)

Health Board	Positive	%	Negative	%	Mixed	%
Aneurin Bevan	304	65%	99	21%	62	13%
Betsi Cadwaladr	477	67%	105	15%	129	18%
Cwm Taf Morgannwg	317	60%	138	26%	74	14%
Cardiff & Vale	397	67%	102	17%	96	16%
Hywel Dda	259	71%	50	14%	58	16%
Powys	31	78%	N/A	N/A	6	15%
Swansea Bay	132	65%	30	15%	42	21%

Base: Total sample size for each Health Board is n=489 (ABUHB), n=724 (BCUHB), n=541 (CTMUHB), n=599 (C&VUHB), n=373 (HDUHB), n=40 (PTHB), and n=229 (SBUHB)

Table 4.2: Overarching experience of birth care (by Health Board)

Health Board	Positive	%	Negative	%	Mixed	%
Aneurin Bevan	291	69%	89	21%	39	9%
Betsi Cadwaladr	415	67%	131	21%	76	12%
Cwm Taf Morgannwg	282	58%	147	30%	57	12%
Cardiff & Vale	364	70%	96	18%	63	12%
Hywel Dda	239	72%	61	18%	34	10%
Powys	34	83%	7	17%	N/A	N/A
Swansea Bay	123	64%	47	25%	21	11%

Base: Total sample size for each Health Board is n=489 (ABUHB), n=724 (BCUHB), n=541 (CTMUHB), n=599 (C&VUHB), n=373 (HDUHB), n=40 (PTHB), and n=229 (SBUHB)

Table 4.3: Overarching experience of postnatal care (by Health Board)

Health Board	Positive	%	Negative	%	Mixed	%
Aneurin Bevan	155	42%	149	40%	68	18%
Betsi Cadwaladr	279	49%	191	33%	103	18%
Cwm Taf Morgannwg	177	40%	214	48%	52	12%
Cardiff & Vale	201	43%	183	40%	79	17%
Hywel Dda	169	54%	103	33%	42	13%
Powys	28	74%	5	13%	5	13%
Swansea Bay	75	43%	68	39%	30	17%

Base: Total sample size for each Health Board is n=489 (ABUHB), n=724 (BCUHB), n=541 (CTMUHB), n=599 (C&VUHB), n=373 (HDUHB), n=40 (PTHB), and n=229 (SBUHB)

As illustrated in Table 4.4, when responses are categorised as those whose maternity experience was consultant-led and those whose experience was midwife-led, midwife-led antenatal and birth care are perceived more positively.[10] However, it is important to consider that where maternity care is consultant-led, this is typically because the pregnancy is perceived to be at higher risk of requiring medical intervention, which could, in itself, lead to women perceiving a more negative experience of maternity care. Whilst postnatal care experience has been included within Table 4.4, it should also be acknowledged that postnatal care is typically led by midwives (regardless of who led the antenatal and labour care).

Table 4.4: Overarching experience (consultant- or midwife-led)

Period of Care	Led By	Positive	%	Mixed	%	Negative	%
Antenatal	Midwife	981	72%	196	14%	195	14%
	Consultant	940	61%	271	18%	328	21%
Birth	Midwife	854	69%	117	9%	274	22%
	Consultant	894	65%	173	13%	303	22%
Postnatal	Midwife	532	48%	194	17%	386	35%
	Consultant	553	44%	185	15%	526	42%

Base: Total respondents who received midwife-led care (n=1552) and total respondents who received consultant-led care (n=1747)

As the survey was conducted with women who had experienced maternity services across a number of years, data on overarching experience was segmented against the different time intervals of women's experiences with maternity services. The purpose of this is to ascertain whether there is any notable difference between the perceptions of women who had experienced maternity services recently, that is, within the last three months or year, and the perceptions of those who have had a longer gap between the survey and their last experience of maternity services, that is, within the last three years or more than three years ago.

Table 4.5 below indicates that whilst perceptions of antenatal care across time intervals appear aligned with overarching sample trends, women who had experienced birth care at least three years ago described birth care less positively than did those who had given birth less than three months ago (63 percent; 259/413 of those who had experienced birth care at least three years ago described their experience positively in comparison to 67 percent; 378/562 of those who had experienced birth care within the last three months).

[10] Please note that consultant-led maternity support is typical of pregnancies that are deemed by medical professionals to be of higher risk, meaning that care is monitored by and is the primary responsibility of a consultant, whilst midwife-led care is typical of low-risk pregnancies and care is monitored by midwives.

Table 4.5: Overarching experience (by time since birth)

Time since Birth	Positive	%	Mixed	%	Negative	%
More than 3 years ago	259	63%	65	16%	89	22%
Within the last 3 years	668	65%	169	17%	186	18%
Within the last year	616	67%	155	17%	146	16%
Within the last 3 months	378	67%	78	14%	106	19%

Base: Total respondents who last experienced maternity services more than three years ago (n=413), total respondents who last experienced maternity services within the last three years (n=1023), total respondents who last experienced maternity services within the last year (n=917), and total respondents who last experienced maternity services within the last three months (n=562)

4.2 Patient welfare concerns

Throughout the process of analysis, the research team coded responses which appeared to contain a potential welfare concern. These related to responses that gave rise to safety concerns from the research team. Across the sample, 60 potential safety concerns were identified (two percent). However, it should be noted that these were identified by a team of researchers who are not clinically experienced; therefore, they were unable to make judgments on what would be regarded as being clinically or medically unsafe. Whilst these cases can appear serious, it should be acknowledged that some accounts are limited in detail and it is difficult to ascertain the level of severity and the full picture of the cases in question from respondents' experience data alone. All of these responses were passed to HIW, which have conducted a full clinical review. The clinical review concluded that none of these responses gave rise to safeguarding referrals; however, these issues were discussed with the relevant Health Boards.

4.3 Trauma

The researchers flagged responses in which women indicated that they had suffered trauma or had a traumatic experience. This theme was identified in 145 responses (four percent). Responses under this theme related to the following issues:

- Poor care, including incidents of things being missed, ignored or women being left unattended.
- Women not feeling well informed about what was happening to them or why.
- Women who had had previous negative experiences, such as miscarriages or stillbirths, not feeling as though their concerns were listened to.
- Women reflecting that they did not feel as though they were listened to or were 'neglected' during their care. This included women being denied pain medication, and having concerns about their labour not being observed or acted upon, leading to them feeling 'out of control' and 'anxious' about the care that they were receiving.
- Women not feeling as though there was a space for them to discuss what had happened to them during difficult birthing experiences.

In a smaller number of comments that emerged under this theme, women recounted birth experiences that had been traumatic, but that was a consequence of physiological challenges rather than how they were cared for. This was particularly common among women who had to have unexpected intervention such as forceps or emergency caesarean sections. In some cases, however, women recounted experiences of care that had been so negative that they had reconsidered attending the same hospital again, and in some extreme cases this had led to women ruling out having future children. The quotes below illustrate the nature of responses under this theme:

> *'Mine wasn't a straightforward pregnancy. It had high risk of bleeding. Both midwife care and consultant care was awful with regards to reassurance, what to do in an emergency, being referred to consultant care initially, and the follow-through of the pregnancy by someone you felt knew what was happening and what the risks were. The pregnancy ended in an emergency where both my life and the baby's were at risk. As a result of anxiety leading up to the birth and the shock and trauma and lack of concern/care, I suffered terribly with anxiety and panic attacks I believe is a result of poor care. I strongly believe high-risk pregnancies should be doctor-monitored and not by a consultant miles away who can't remember the last face who walked through her door two minutes previously.'* **(30–39, Midwife-led)**

> *'Due to the care I received throughout my pregnancy and post-birth, I am actually extremely frightened to have more children. Prior to my son I had several miscarriages all under the care of* [name] *maternity services; constantly, they showed extreme lack of empathy, little to no compassion, and withdrew their support automatically without follow-up. With the birth of my son they informed me that he would be stillborn, hence the birth being performed at* [name of hospital]. *Consultants at the* [hospital] *found a strong, healthy heartbeat. He was small — this wasn't picked up. My midwife regularly cancelled appointments which were not rearranged, hence, I believe, the reason to why my son's size was not noticed sooner. I am extremely nervous about returning to this service with a second pregnancy and, sadly, I'm not alone. Several women within the community have reported terrifying experiences under the team. I do hope HIW look into community midwife-led care in* [region]*, as — with the area being so isolating and rural for many women — this is our only option.'* **(20–29, Midwife-led)**

Whilst the number of respondents who described traumatic experiences was relatively low within the sample, accounting for four percent of responses, the experiences described above highlight how deeply these respondents have been affected by their experiences.

5 Care during Pregnancy (Antenatal Care)

Section summary

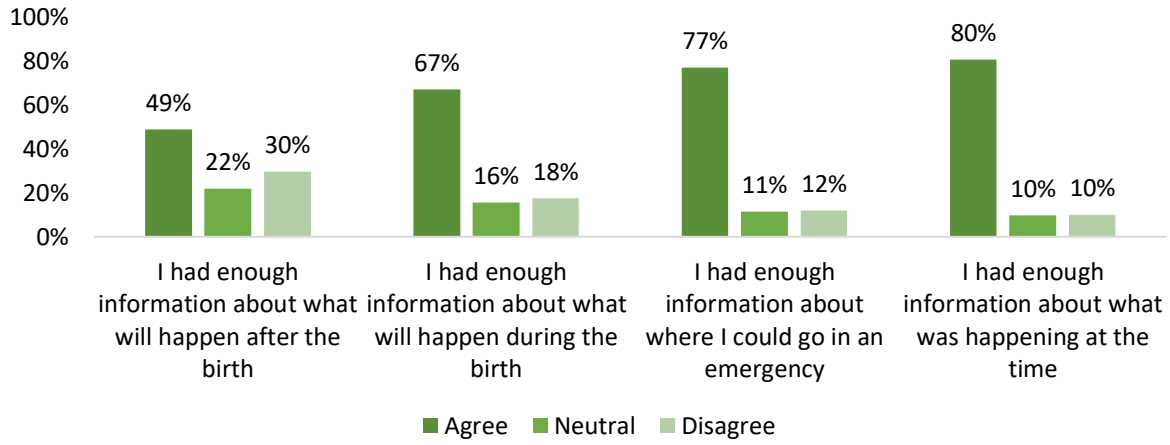
- Across the sample, 66 percent of women described their overall view on antenatal care positively.
- Eighty percent of women agreed that they had enough information and advice regarding what was happening at the time.
- Women were less satisfied with information and advice regarding what would happen during the birth and afterwards.
- Seven of women described issues surrounding inconsistent staffing or poor continuity of care.

This section explores experiences of care received during pregnancy (antenatal care). When describing their overall experience of antenatal care, 66 percent of women described positive experiences, whilst 18 percent described negative experiences and 16 percent described mixed experiences.

5.1 Quantitative overview

The chart below illustrates the extent to which the respondents agreed or disagreed with statements relating to information and advice provided during pregnancy. The majority of respondents (80 percent; 2650/3299) felt as though they had enough information on what was happening at the time. However, fewer respondents indicated that they had enough information on what would happen during birth (67 percent; 2204/3296), and much fewer women felt as though they were given enough information on what would happen after birth (49 percent; 1602/3296). These findings aligned with qualitative responses provided by respondents in relation to each birth stage, which found that postnatal advice was the weakest aspect of information and advice.

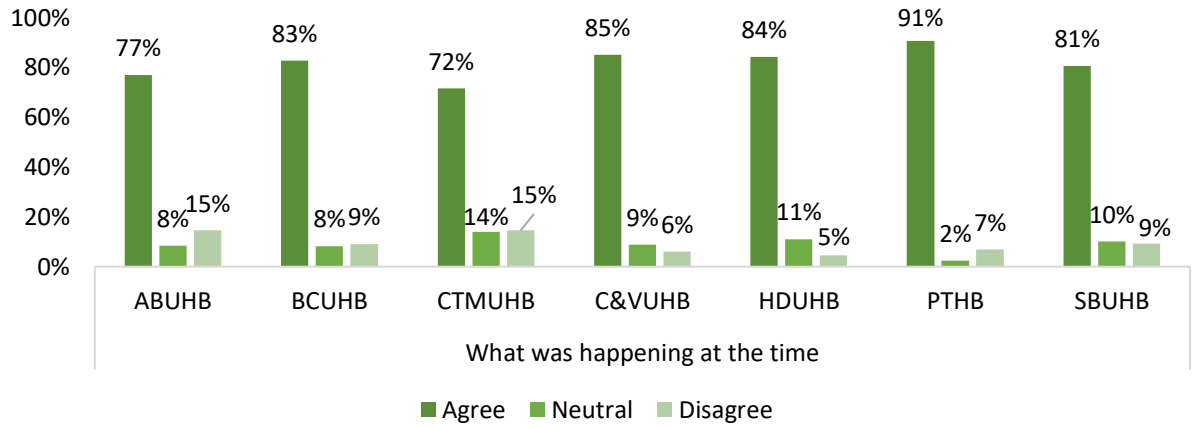
Figure 5.1: Proportion of survey respondents who agreed that they were given enough information and advice



Base: All respondents (n=3308)

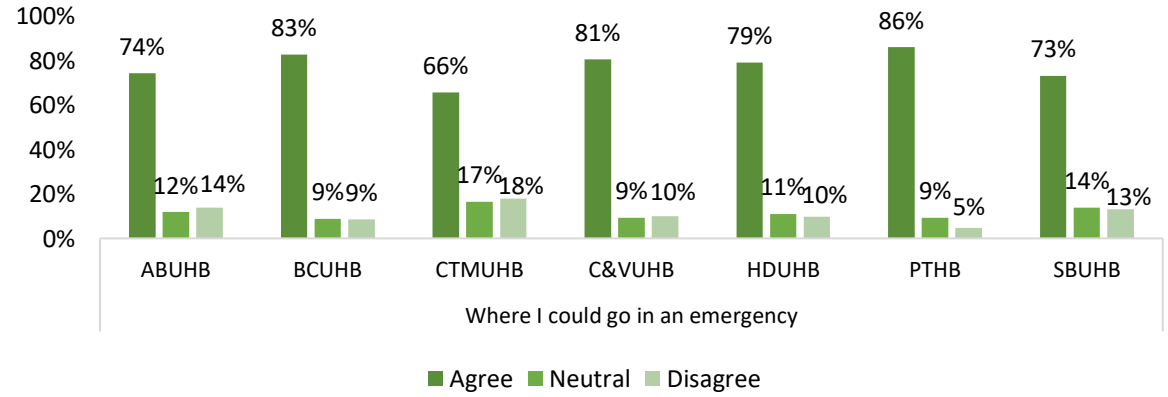
Response patterns differed across the Health Boards, as illustrated by Figures 5.2, 5.3, 5.4 and 5.5 below. The proportion of respondents who agreed that they were provided with enough information and advice relating to each statement was consistently lower than those respondents who received care from Cwm Taf Morgannwg University Health Board and Aneurin Bevan University Health Board.

Figure 5.2: Proportion of respondents who agreed that they received enough information and advice about what was happening at the time (by Health Board)



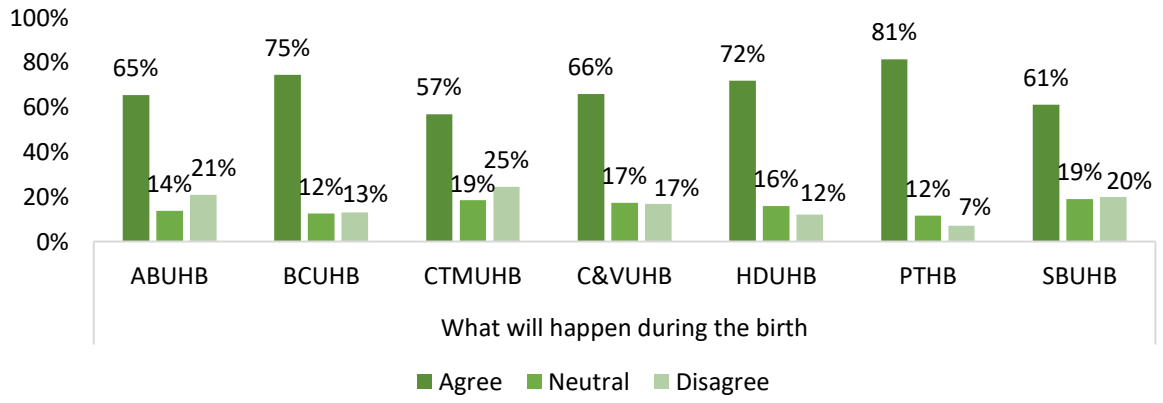
Base: Total sample size for each Health Board is n=535 (ABUHB), n=790 (BCUHB), n=597 (CTMUHB), n=657 (C&VUHB), n=407 (HDUHB), n=43 (PTHB), and n=247 (SBUHB)

Figure 5.3: Proportion of respondents who agreed that they received enough information and advice about where they could go in an emergency (by Health Board)



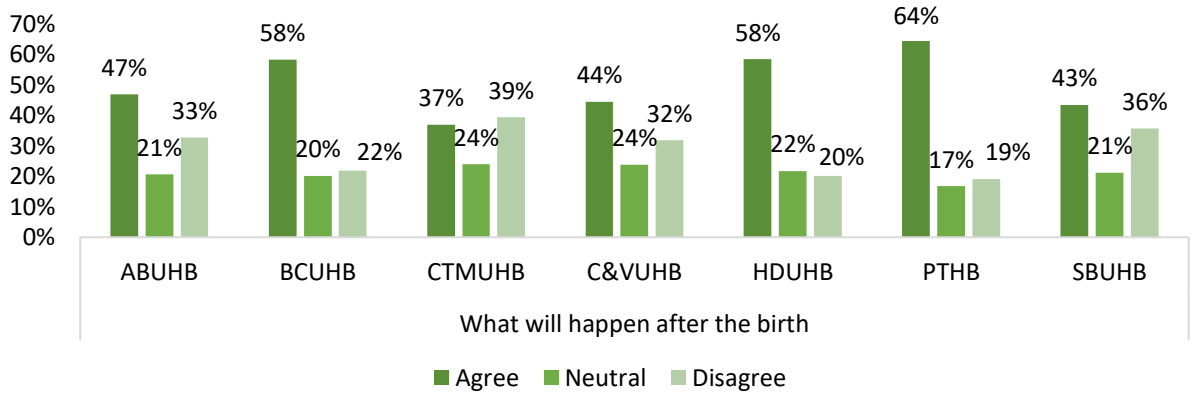
Base: Total sample size for each Health Board is n=534 (ABUHB), n=789 (BCUHB), n=599 (CTMUHB), n=655 (C&VUHB), n=407 (HDUHB), n=43 (PTHB), and n=246 (SBUHB)

Figure 5.4: Proportion of respondents who agreed that they received enough information and advice about what would happen during the birth (by Health Board)



Base: Total sample size for each Health Board is n=533 (ABUHB), n=789 (BCUHB), n=599 (CTMUHB), n=655 (C&VUHB), n=407 (HDUHB), n=43 (PTHB), and n=247 (SBUHB)

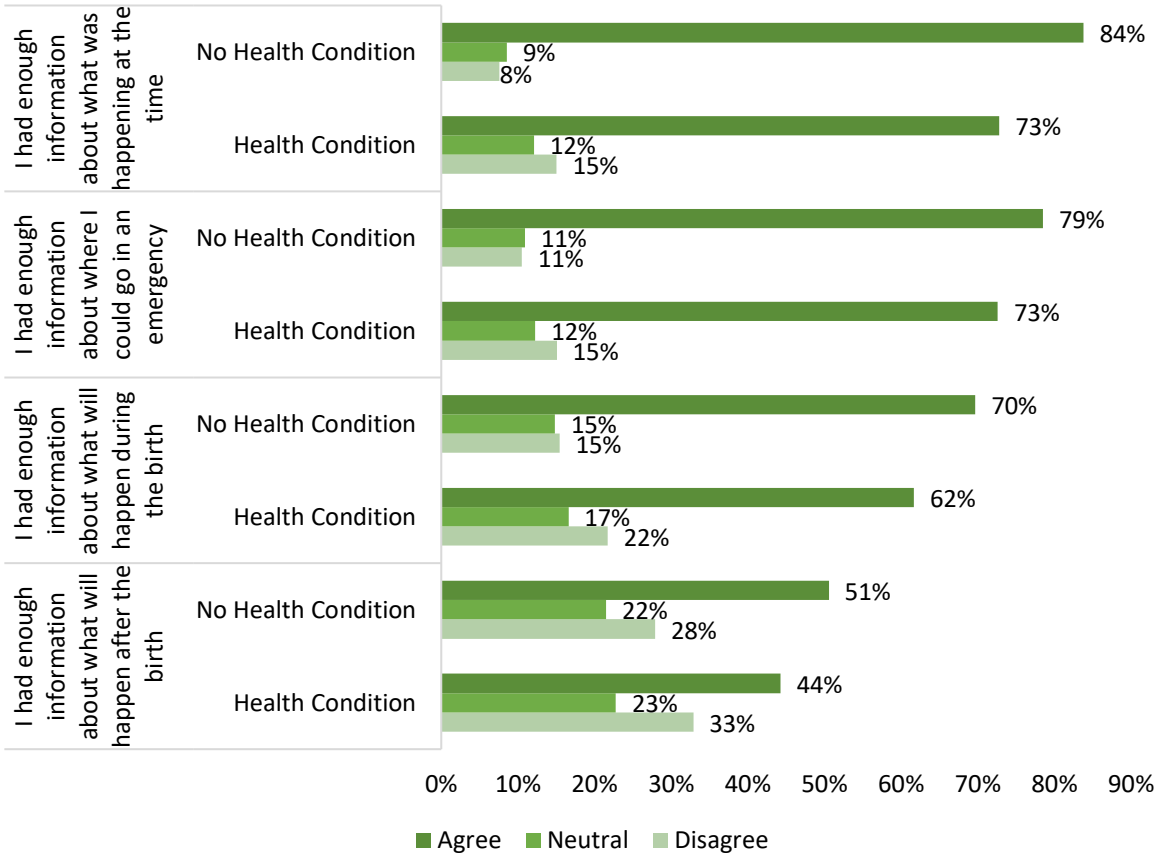
Figure 5.5: Proportion of respondents who agreed that they received enough information and advice about what would happen after the birth (by Health Board)



Base: Total sample size for each Health Board is n=533 (ABUHB), n=790 (BCUHB), n=599 (CTMUHB), n=655 (C&VUHB), n=407 (HDUHB), n=42 (PTHB), and n=247 (SBUHB)

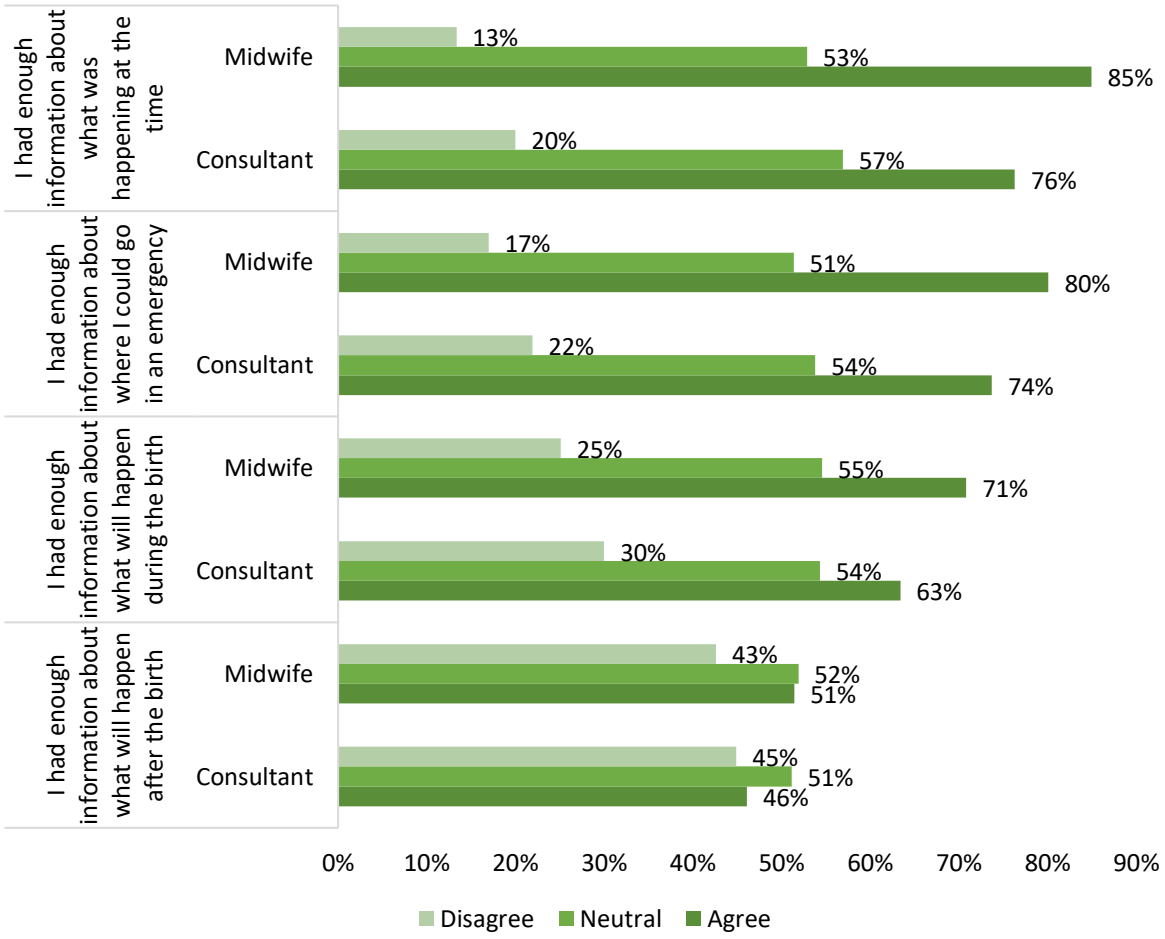
Respondents who reported that they had a health condition were less likely to agree that they were provided with enough information at each stage in comparison to respondents who recorded that they did not have a health condition. Similarly, respondents who were under consultant-led care were less likely to agree that they received enough information and advice in comparison to those who received midwife-led care. This is likely to be partly a result of an overlap between these groups, as individuals with health problems are more likely to be under consultant-led care (73 percent of women with health conditions; 575/784 had their pregnancies led by a consultant rather than a midwife).

Figure 5.6: Proportion of respondents who agreed that they received enough information and advice (across individuals with and without health conditions)



Base: All respondents to answer the question: women with a health condition (n=770) and women with no health condition (n=2223)

Figure 5.7: Proportion of respondents who agreed that they received enough information and advice (across individuals who received consultant- or midwife-led care)



Base: All respondents to answer the question: consultant-led women (n=1603) and midwife-led women (n=1442)

Individuals with health issues and those supported by consultants may have more complex information needs and may experience greater anxieties in relation to their pregnancy, which may mean that these individuals have more bespoke advice needs than do other individuals. This might explain why these individuals were less satisfied with the information and advice that they received.

Table 5.1 below summarises how responses to these questions differed across different age groups. Across all age groups, there appears to be general satisfaction with the information and advice provided. In the case of mothers aged 20–49, there are very small variations between levels of agreement by age group. This analysis may also suggest that under-20s and over-50s felt less informed than did respondents in the other age groups. However, the response rate among individuals aged below 20 (one percent; 20/3308) and 50 or above (0.5 percent; 16/3308) was very low; as such, this difference may not be representative of wider trends in the population.

Table 5.1: Proportion of respondents who agreed that they received enough information and advice (across different age categories)

Age Group	I had enough information about what was happening at the time	I had enough information about what will happen during the birth	I had enough information about what will happen after the birth	I had enough information about where I could go in an emergency
Below 20	55%	65%	40%	65%
20–29	81%	66%	46%	76%
30–39	81%	68%	51%	78%
40–49	82%	67%	48%	74%
50–59	73%	60%	47%	53%

Base: All respondents aged below 20 (n=20), all respondents aged 20–29 (n=843), all respondents aged 30–39 (n=1853), all respondents aged 40–49 (n=294), and all respondents aged 50–59 (n=16)

The proportion of respondents who agreed that they had enough information was typically higher among women who had had a more recent birth (within the last three months or the last year), as illustrated by the table below.

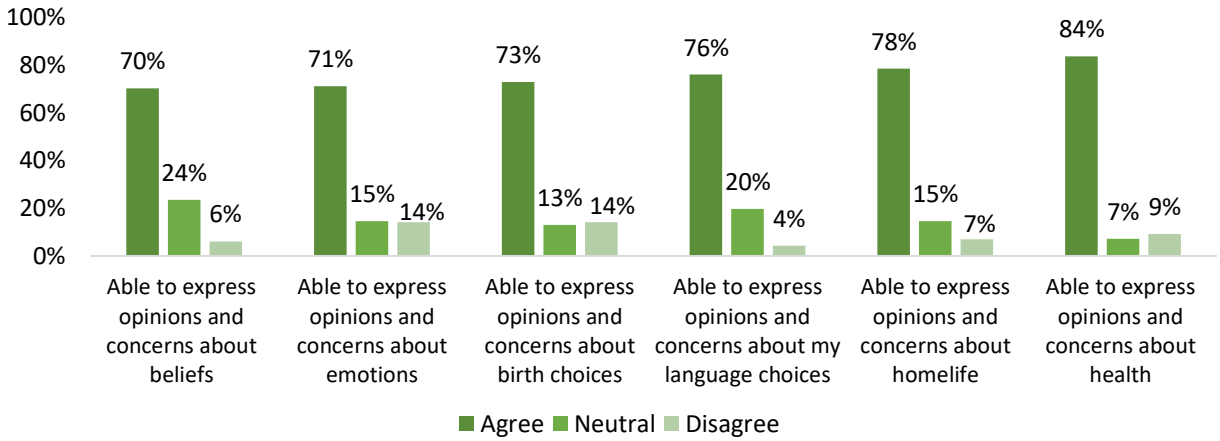
Table 5.2: Proportion of respondents who agreed that they were provided with enough information (according to time since birth)

Timeframe	I had enough information about what was happening at the time	I had enough information about what will happen during the birth	I had enough information about what will happen after the birth	I had enough information about where I could go in an emergency
Within the last 3 months	80%	70%	54%	83%
Within the last year	82%	69%	51%	78%
Within the last 3 years	80%	66%	46%	76%
More than 3 years ago	79%	61%	43%	68%

Base: All respondents within the last three months (n=632), within the last year (n=1050), within the last three years (n=1137), and more than three years ago (n=472)

The following chart explores the extent to which women felt as though they were able to express concerns and opinions with regard to their beliefs, emotions, birth choices, language choices, homelife and health during pregnancy.

Figure 5.8: Proportion of respondents who felt able to express opinions and concerns



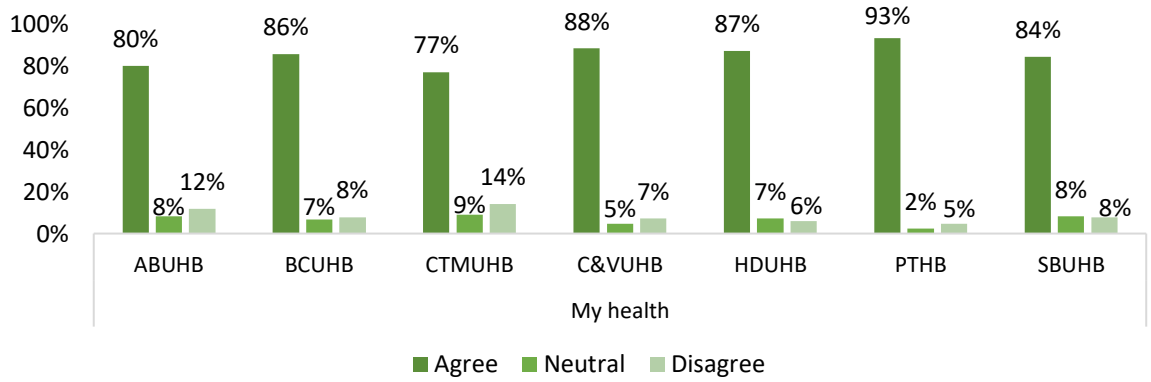
Base: All respondents (n=3308)

As illustrated above, the majority of women felt able to express concerns surrounding their health, with 84 percent (2754/3291) of women agreeing with this measure. However, fewer women felt able to express opinions and concerns with regard to their birth choice (73 percent; 2398/3295). Birth choice was one of the key issues discussed by women in response to the qualitative question regarding their experience of care during pregnancy. Those qualitative responses may indicate that the higher 'disagree' figure in this statement may relate to: (1) cases in which individuals felt that they were not given options by staff, or that staff were overly forceful in their views, or (2) cases in which women were not able to exercise choice due to their medical circumstances.

There were a higher proportion of neutral responses in relation to the questions on expressing opinions and concerns with respect to language choices and beliefs. In the case of the former it is suggested that this may reflect neutral responses among women who either did not have a language preference or experienced their default language being used in practice. The higher proportion of neutral responses to the question on beliefs may indicate that this question was not relevant to some respondents or they did not understand the question.

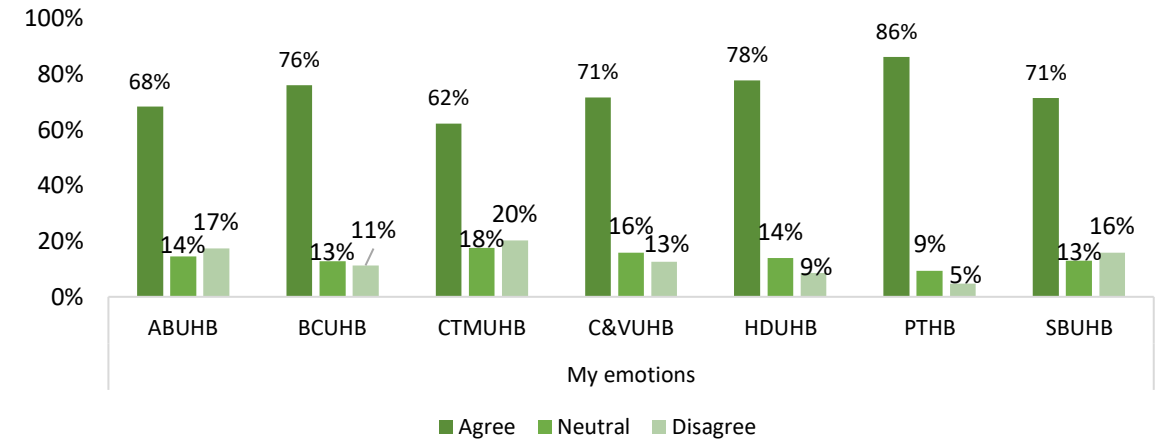
Response patterns varied between the Health Boards. Women who received care from Cwm Taf Morgannwg University Health Board were less likely to agree that they felt able to express concerns and opinions regarding their health, emotions, homelife, beliefs and language choices than were respondents who received care from other Health Boards. For example, just 62 percent (372/598) of respondents from Cwm Taf Morgannwg University Health Board indicated that they felt able to express opinions and concerns with regard to their emotions, in comparison to 71 percent (2346/3295) of all respondents. In relation to birth choices, fewer respondents who received care from Cwm Taf Morgannwg University Health Board and Aneurin Bevan University Health Board indicated that they had felt able to express opinions and concerns regarding their birth choices, in comparison to the sample average (64 percent, and 66 percent respectively, compared to 73 percent).

Figure 5.9: Proportion of respondents who felt able to express opinions and concerns about their health (by Health Board)



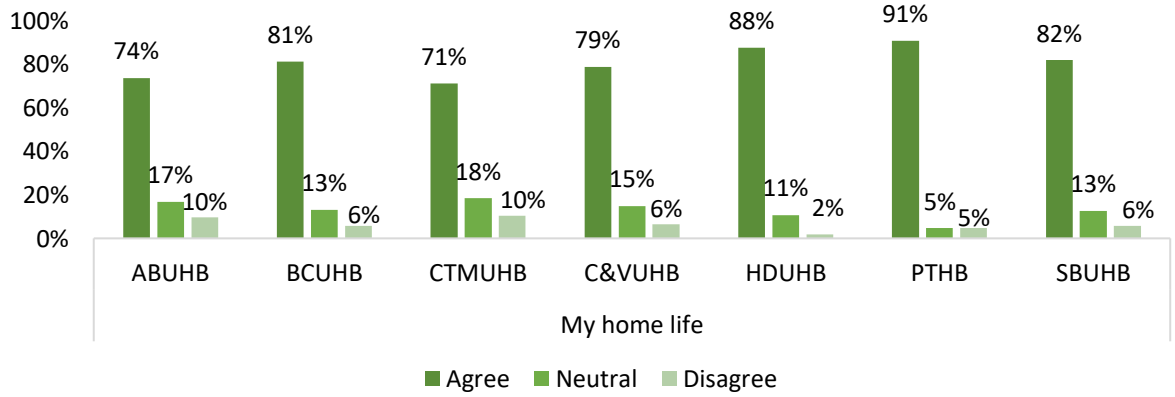
Base: Total sample size for each Health Board is n=533 (ABUHB), n=790 (BCUHB), n=596 (CTMUHB), n=655 (C&VUHB), n=373 (HDUHB), n=43 (PTHB), and n=246 (SBUHB)

Figure 5.10: Proportion of respondents who felt able to express opinions and concerns about their emotions (by Health Board)



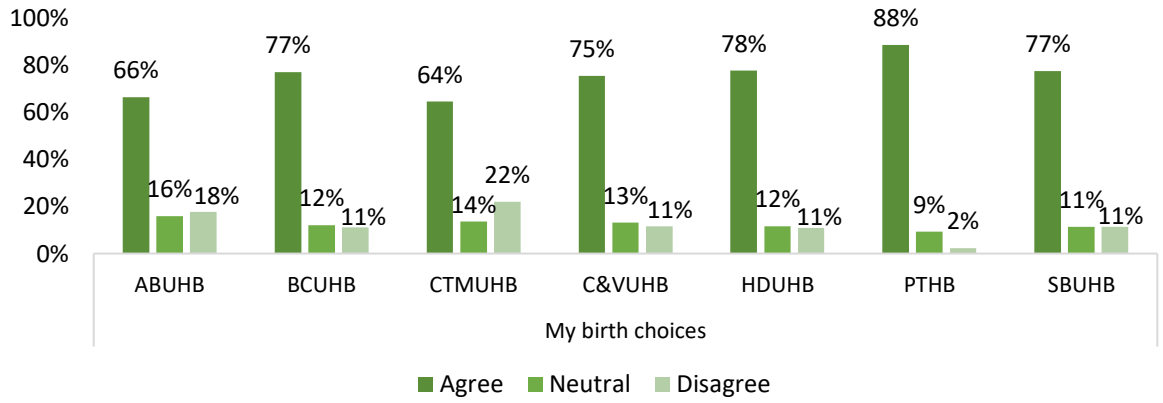
Base: Total sample size for each Health Board is n=534 (ABUHB), n=790 (BCUHB), n=598 (CTMUHB), n=655 (C&VUHB), n=405 (HDUHB), n=43 (PTHB), and n=247 (SBUHB)

Figure 5.11: Proportion of respondents who felt able to express opinions and concerns about homelife (by Health Board)



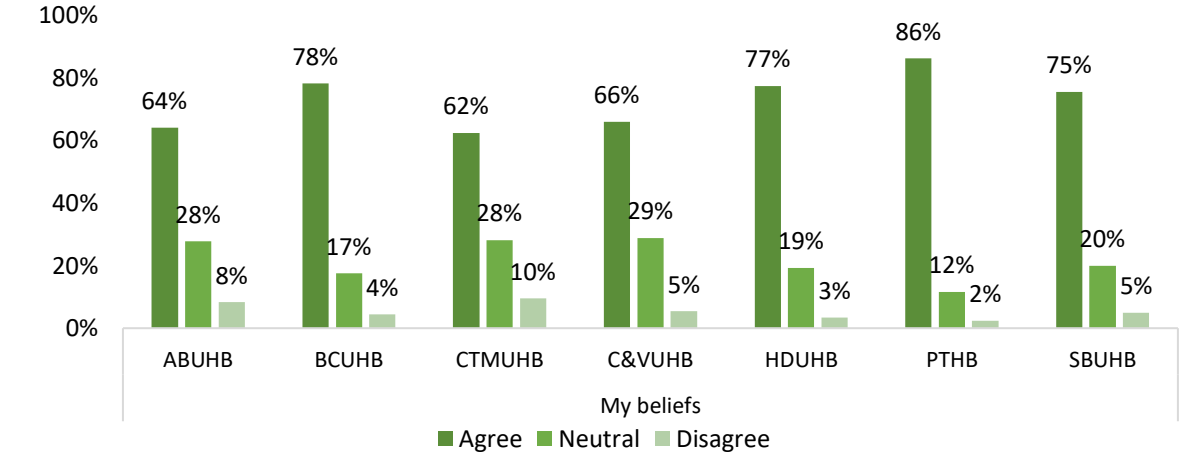
Base: Total sample size for each Health Board is n=535 (ABUHB), n=789 (BCUHB), n=597 (CTMUHB), n=654 (C&VUHB), n=402 (HDUHB), n=43 (PTHB), and n=247 (SBUHB)

Figure 5.12: Proportion of respondents who felt able to express opinions and concerns about their birth choices (by Health Board)



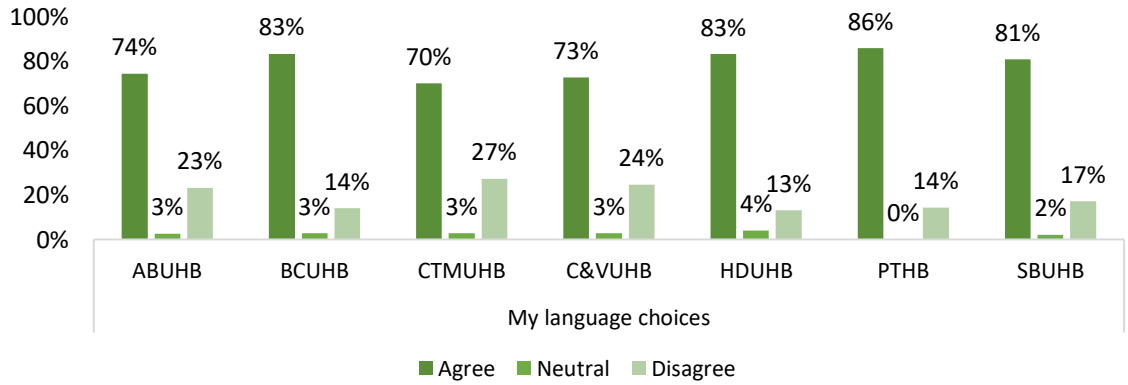
Base: Total sample size for each Health Board is n=535 (ABUHB), n=789 (BCUHB), n=598 (CTMUHB), n=655 (C&VUHB), n=406 (HDUHB), n=43 (PTHB), and n=247 (SBUHB)

Figure 5.13: Proportion of respondents who felt able to express opinions and concerns about their beliefs (by Health Board)



Base: Total sample size for each Health Board is n=530 (ABUHB), n=786 (BCUHB), n=598 (CTMUHB), n=650 (C&VUHB), n=405 (HDUHB), n=43 (PTHB), and n=247 (SBUHB)

Figure 5.14: Proportion of respondents who felt that they were able to express opinions and concerns about their language choices (by Health Board)



Base: Total sample size for each Health Board is n=497 (ABUHB), n=746 (BCUHB), n=563 (CTMUHB), n=613 (C&VUHB), n=385 (HDUHB), n=42 (PTHB), and n=233 (SBUHB)

Experiences in this area appear to be more positive among respondents who have had more recent birth experiences. For example, 78 percent (429/560) of respondents who had given birth in the last three months agreed that they were able to express concerns and opinions regarding their emotions, in comparison to 59 percent (229/430) of respondents who had given birth more than three years ago. Full breakdowns against each statement are provided in the table below. This may be an indicator that support has improved; however, this could also be influenced by the respondent profile. For example, those who experienced maternity services less recently (i.e. over three years ago) may have more commonly responded to the survey if they had negative experiences. The most marked differences are observed in the proportion of respondents who indicated that they felt able to express opinions and concerns regarding emotions and homelife.

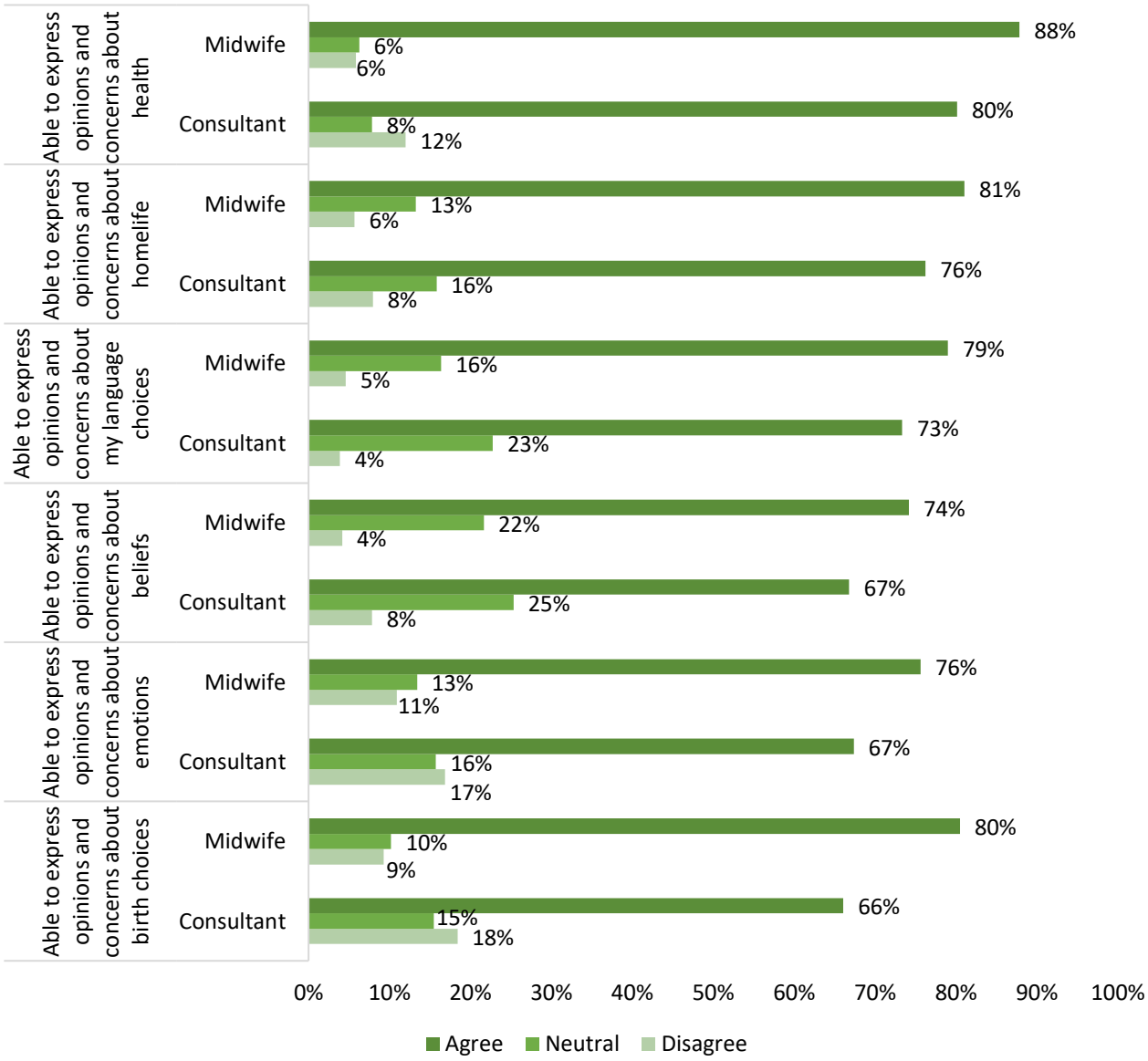
Table 5.3: Proportion of respondents who agreed that they were able to express opinions and concerns (by time period since birth)

Time since Birth	Able to express opinions and concerns about health	Able to express opinions and concerns about emotions	Able to express opinions and concerns about homelife	Able to express opinions and concerns about birth choices	Able to express opinions and concerns about beliefs	Able to express opinions and concerns about my language choices
Within the last 3 months	86%	78%	84%	76%	74%	77%
Within the last year	85%	75%	82%	75%	74%	78%
Within the last 3 years	83%	69%	77%	71%	68%	76%
More than 3 years ago	80%	59%	66%	69%	61%	71%

Base: All participants: within the last three months (n=632), within the last year (n=1050), within the last three years (n=1137), and more than three years ago (n=472)

Across all statements, respondents who received consultant-led care were less likely to agree that they were able to express opinions and concerns than were respondents who received midwife-led care. This difference was most marked in relation to expressing opinions and concerns regarding birth choice. Only 66 percent of respondents who received consultant-led care felt that they were able to express opinions and concerns in relation to their birth choices, in comparison to 80 percent of respondents who received midwife-led care.

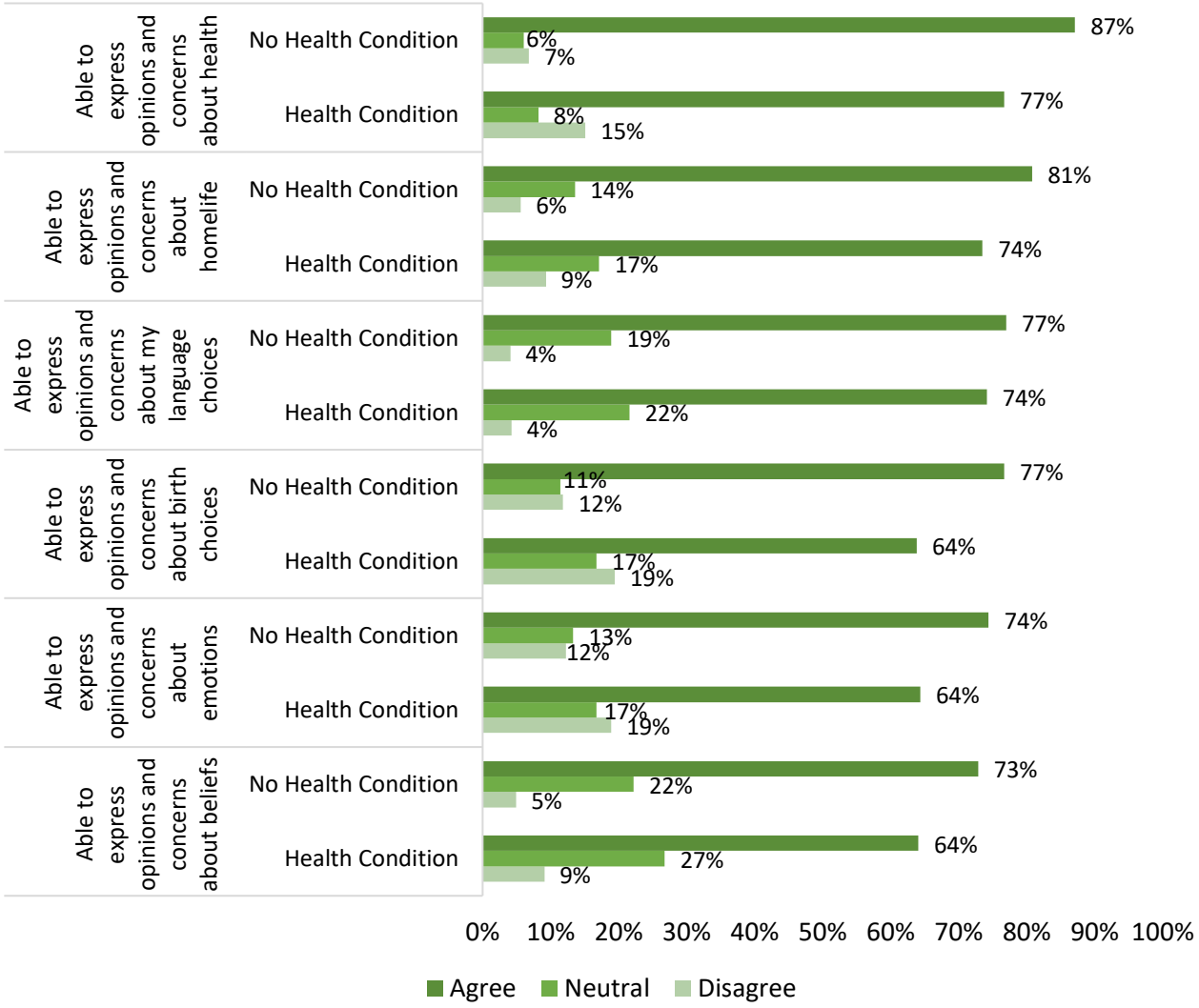
Figure 5.15: Proportion of respondents who felt able to express opinions and concerns (by care provider)



Base: All respondents to answer the question: consultant-led respondents (n=1603) and midwife-led respondents (n=1442)

Similarly, individuals who reported that they had a health concern were less likely to agree that they were able to express opinions and concerns across all statements than were individuals who recorded no health condition. Just 64 percent (500/783) of respondents with a health condition reported that they felt able to express opinions and concerns related to their birth wishes. This may partly be a result of respondents within this category being less likely to have choices available to them on account of their health circumstances. However, this may also raise concerns regarding whether women with health conditions feel as though they are as empowered to raise concerns and opinions as other women. For example, fewer women who recorded a health condition indicated that they felt able to express opinions and concerns in relation to their health and emotions, in comparison to individuals without any reported health condition. This may suggest that more needs to be done to empower individuals with health conditions in accessing maternity services.

Figure 5.16: Proportion of respondents who felt able to express opinions and concerns (by existence of health condition)



Base: All respondents to answer the question: respondents with a health condition (n=770) and respondents with no health condition (n=2223)

5.2 Key themes

In addition to the quantitative questions explored above, the survey respondents were asked to respond to a free-text, qualitative question that asked 'What are your overall views of the care provided during pregnancy?'. This section explores the key themes that were discussed by the survey respondents in response to this question.

5.2.1 Quality of care

The quality of care was discussed in 23 percent (753/3308) of responses. The majority of these comments related to good quality of care, with 18 percent (579/3308) of the total responses referring to instances in which women felt 'listened to', 'supported' or 'cared for'. Of the total respondents, however, five percent (174/3308) detailed negative experiences in which respondents indicated that they did not feel cared for, listened to or supported:

'I felt that I was cared for very well during my pregnancy and afterwards. As I was consultant-led, I had a few more scans than women that are midwifery-led, and all the doctors, midwives and health support workers that I met were all very friendly, kind, supportive, and made me very comfortable.' **(30–39, Consultant-led)**

Two per cent (59/3308) of women highlighted that the care that they had received had exceeded their expectations. This theme was used to group responses in which women described care that was of a higher standard than anticipated, and typical comments described care that was 'second to none', 'faultless' or that went 'over and above'.

Poor care and safety concerns

However, it should also be noted that five percent of responses flagged issues surrounding poor care or possible concerns in relation to safety, which were coded separately. This theme draws together instances that women themselves have detailed as poor care, or issues that were interpreted as poor care, such as the loss of notes, the failure to order women's scans, or mistakes being made during procedures. As the table below illustrates, Cwm Taf Morgannwg University Health Board had more women citing concerns with regard to poor care or safety than the sample average.

Table 5.4: Perceptions of poor care and/or concerns about safety (by Health Board and birth stage)

Health Board	Period of Care	% Poor Care
Aneurin Bevan	Antenatal	5%
	Birth	8%
	Postnatal	6%
Betsi Cadwaladr	Antenatal	4%
	Birth	10%
	Postnatal	4%
Cwm Taf Morgannwg	Antenatal	8%
	Birth	11%
	Postnatal	6%
Cardiff & Vale	Antenatal	6%
	Birth	7%
	Postnatal	5%
Hywel Dda	Antenatal	4%
	Birth	7%
	Postnatal	6%
Powys	Antenatal	N/A
	Birth	N/A
	Postnatal	N/A
Swansea Bay	Antenatal	4%
	Birth	9%
	Postnatal	7%

Base: Total sample size for each Health Board is n=489 (ABUHB), n=724 (BCUHB), n=541 (CTMUHB), n=599 (C&VUHB), n=373 (HDUHB), n=40 (PTHB), and n=229 (SBUHB)

5.2.2 Information and advice

Information and advice were discussed in 11 percent (345/3308) of responses. Four percent (119/3308) referred to instances in which women indicated that good information and advice had been provided, and seven percent (226/3308) related to advice that was poor-quality or lacking.

More positive experiences included where women noted that staff had been 'informative' or 'knowledgeable', in addition to comments which indicated that their questions had been answered or they had been offered specific advice, such as advice on the birth process, antenatal classes or aspects of postnatal care:

> *'Excellent. Staff were friendly and informative throughout. I felt as though they were approachable and didn't make me feel anxious about asking what I deemed to be a silly question.'* **(30–39, Midwife-led)**

More negative comments alluded to where women had not received sufficient advice or had received information or advice that was 'conflicting' or 'confusing'. This included

women who indicated that they were not given specific information on what to expect during the birth process, or sufficient information on postnatal care.

These findings echo the quantitative findings provided above, with a lack of information on what would happen during and after the birth being very common issues discussed under this theme.

This theme also included instances in which staff were unable to explain aspects of care to women, such as where particular procedures or approaches had been recommended:

> *'I was consultant-led care but no one really knew/could explain why, even the consultant!'* **(30–39, Consultant-led)**

5.2.3 Staff behaviour

Eight per cent (255/3308) of responses discussed staff behaviour and attitudes. These were almost equally split between responses in which respondents praised staff for being empathetic and kind (133/3308) and comments in which women discussed negative experiences in which staff had been 'rude', 'unempathetic' or 'unkind' (122/3308). The comment below is illustrative of some of the more positive responses that were clustered under this theme:

> *'I had excellent midwife care from the moment I found out I was pregnant; every check-up was amazing. Staff were so friendly and made me feel at ease when I had concerns. They were also so easy to contact if I needed to.'* **(20–29, Midwife-led)**

Where comments were more negative, respondents often described their care providers as 'unsympathetic', 'lacking in compassion', and seeing women as 'numbers' rather than individuals:

> *'The care provided by midwives and consultant midwife was of a high standard. The doctors were judgmental, lacking in empathy or care.'* **(20–29, Midwife-led)**

There were positive and negative comments relating to care provided by both consultants and midwives; however, there were a notable number of comments in which women differentiated between midwife- and consultant-led care, noting that they had found consultants to be more 'rushed' and 'less empathetic'. This appears to be consistent with the quantitative responses, which found that women under consultant-led care felt less able to express their opinions and beliefs to their care provider than did women who received midwife-led care.

5.2.4 Consistency of care

Staff consistency and consistency of care were discussed in eight percent of responses (272/3308). Seven percent (240/3308) of respondents described issues surrounding seeing

inconsistent staff, noting issues with regard to seeing different clinicians, resulting in, at times, poor continuity of care:

> *'I saw a different community midwife at every appointment during my pregnancy, so was unable to build up any set of relationship. Luckily, my pregnancy was straightforward, but it meant I didn't feel like I could share or discuss any emotions or worries, as she was basically a stranger every time.'* **(30–39, Midwife-led)**

This issue appeared much more dominantly in relation to women's experiences of antenatal care than in relation to care during birth and postnatal care. For example, seven percent of responses relating to antenatal care related to inconsistent staff (240/3308), in comparison to one percent (40/3308) of responses in relation to care during birth and two percent (79/3308) of responses in relation to postnatal care.

5.2.5 Over-pressured services and staff

Five per cent of responses (174/3308) related to services and staff feeling over-pressured. This theme was slightly more prevalent among respondents from Aneurin Bevan University Health Board (seven percent; 34/489), Cwm Taf Morgannwg University Health Board (seven percent; 40/541) and Swansea Bay University Health Board (six percent; 13/229).

Additionally, two percent of responses (65/3308) discussed waiting times. Whilst this theme indicated both positive and negative mentions of waiting times, it should be noted that only two respondents praised quick waiting times. The majority of comments related to 'long waiting times' for scans or appointments with doctors and midwives. These included women noting that they had, in some cases, waited 'hours' past appointment times.

6 Care during Birth

Section summary

- 67 percent of women had a positive overall view of the care that they received during birth.
- 78 percent of women reported that they felt supported during birth.
- 68 percent of women agreed that their birth wishes were listened to.
- Eight percent of women described issues related to poor care or concerns surrounding safety.

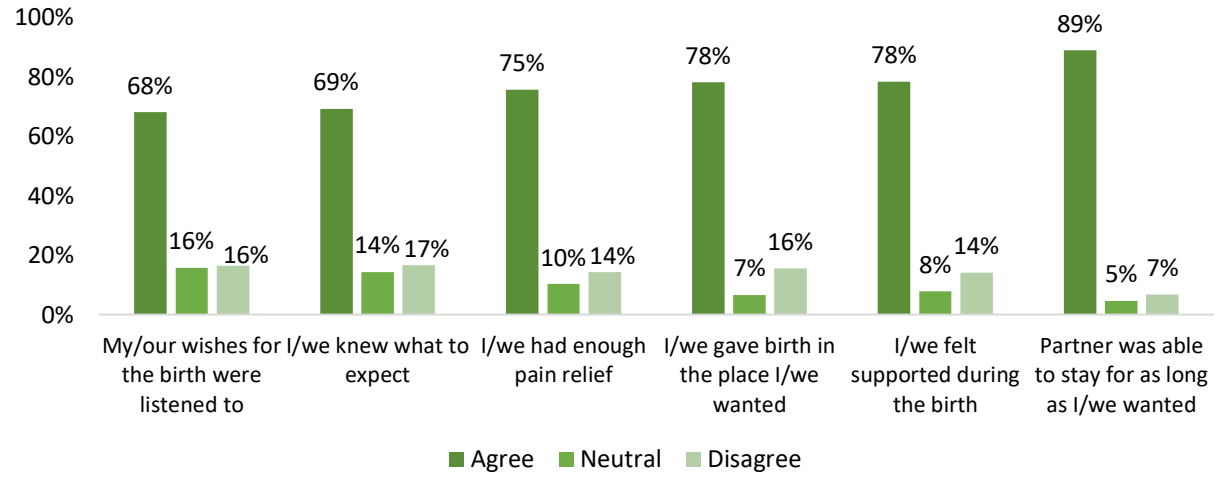
This section explores experiences of care received during birth.

The majority of women (67 percent; 1748/2616) had a positive overall view of the care that they received during birth, whilst 22 percent described negative experiences (578/2616) and 11 percent described mixed experiences (290/2616).

6.1 Quantitative overview

The chart below shows the extent to which the respondents agreed or disagreed with a range of statements relating to their birth experience. As illustrated below, the majority of women felt supported during birth (78 percent; 2465/3152), and three quarters (75 percent; 2370/3141) of women agreed that they had enough pain relief. However, fewer women agreed that they knew what to expect from the birth (69 percent; 2179/3154) and that their wishes for the birth were listened to (68 percent; 2142/3151).

Figure 6.1: Proportion of women who agreed and disagreed with each statement relating to their birth experience

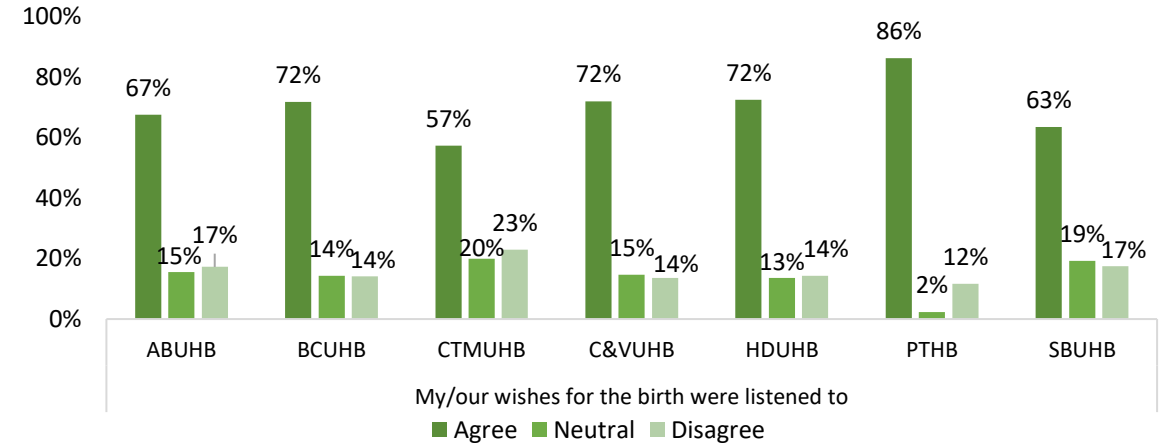


Base: All respondents (n=3308)

Responses varied across the Health Boards, and experiences tended to be more negative among respondents who had received care from Cwm Taf Morgannwg University Health Board and Swansea Bay University Health Board. For example, fewer women who received

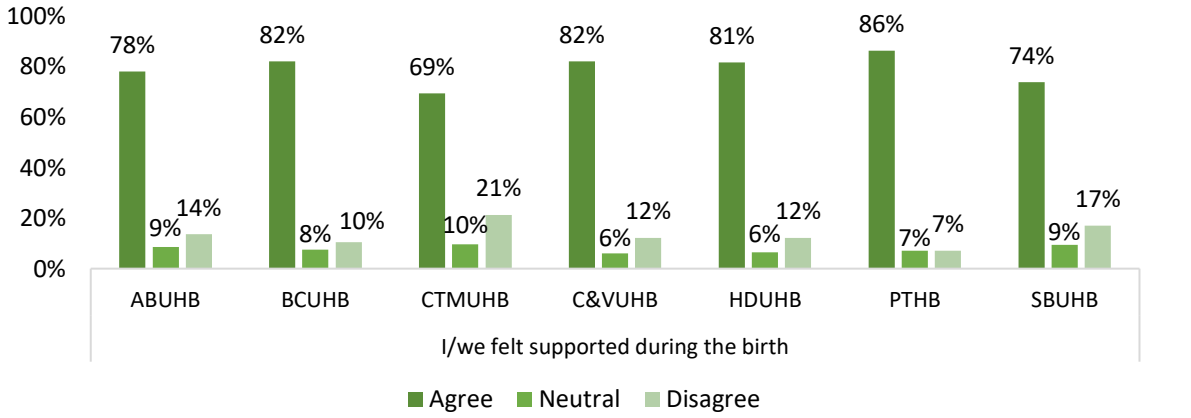
care from Cwm Taf Morgannwg University Health Board and Swansea Bay University Health Board felt supported during birth and felt that their birth wishes were listened to, as illustrated in the figures provided below. Only 57 percent (323/564) of the respondents who received care from Cwm Taf Morgannwg University Health Board indicated that they felt as though their birth wishes were listened to, in comparison to a 68 percent (2142/3151) across all respondents.

Figure 6.2: Proportion of respondents who agreed that their birth wishes were listened to (by Health Board)



Base: Total sample size for each Health Board is n=518 (ABUHB), n=754 (BCUHB), n=564 (CTMUHB), n=625 (C&VUHB), n=393 (HDUHB), n=43 (PTHB), and n=235 (SBUHB)

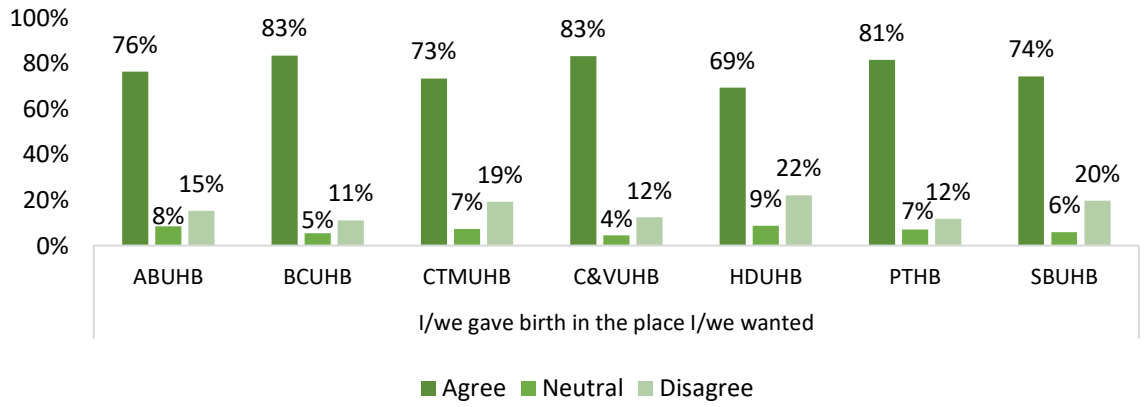
Figure 6.3: Proportion of respondents who felt supported during the birth (by Health Board)



Base: Total sample size for each Health Board is n=517 (ABUHB), n=754 (BCUHB), n=567 (CTMUHB), n=624 (C&VUHB), n=393 (HDUHB), n=43 (PTHB), and n=235 (SBUHB)

When it came to respondents being able to give birth in the place that they wanted, greater numbers of respondents who were cared for by Swansea Bay University Health Board, Hywel Dda University Health Board, and Cwm Taf Morgannwg University Health Board indicated that they were not able to give birth where they wanted. This is illustrated in the chart below.

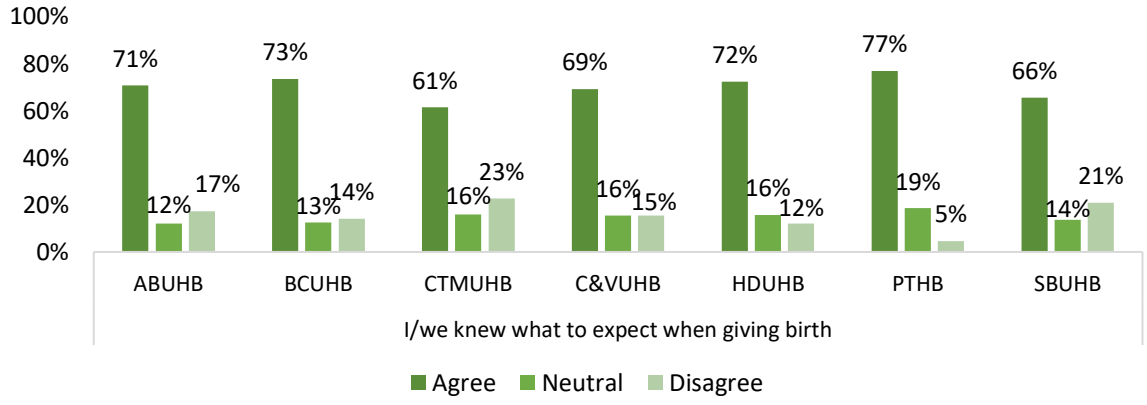
Figure 6.4: Proportion of respondents who gave birth in the place that they wanted (by Health Board)



Base: Total sample size for each Health Board is n=521 (ABUHB), n=757 (BCUHB), n=568 (CTMUHB), n=625 (C&VUHB), n=393 (HDUHB), n=43 (PTHB), and n=234 (SBUHB)

Fewer respondents who received care from Cwm Taf Morgannwg University Health Board and Swansea Bay University Health Board reflected that they felt as though they knew what to expect when giving birth. Sixty-one percent (347/565) of respondents from Cwm Taf Morgannwg University Health Board and 66 percent (154/235) of respondents from Swansea Bay University Health Board agreed that they knew what to expect, in comparison to an average of 69 percent (2179/3154) across all respondents. This is reflective of trends in responses with regard to the information and advice received during pregnancy (discussed in section 5), wherein fewer respondents who received care from Cwm Taf Morgannwg University Health Board and Swansea Bay University Health Board indicated that they received enough information and advice regarding what would happen during birth during their pregnancy care. For example, across all respondents, 67 percent (2204/3296) agreed that they had enough information and advice on what would happen during birth. This figure stood at 57 percent (341/599) among respondents from Cwm Taf Morgannwg University Health Board and 61 percent (151/247) among respondents from Swansea Bay University Health Board.

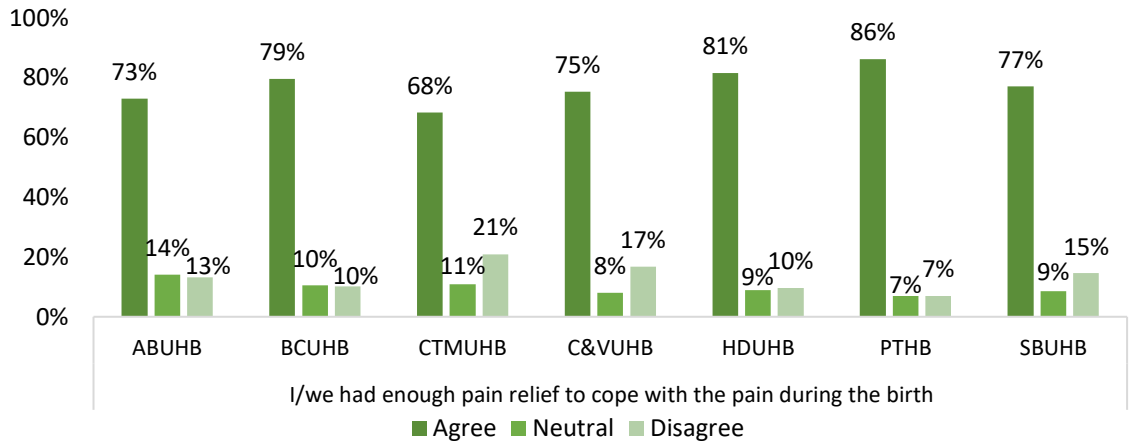
Figure 6.5: Proportion of respondents who knew what to expect when giving birth (by Health Board)



Base: Total sample size for each Health Board is n=519 (ABUHB), n=757 (BCUHB), n=565 (CTMUHB), n=625 (C&VUHB), n=393 (HDUHB), n=43 (PTHB), and n=235 (SBUHB)

Fewer respondents from Cwm Taf Morgannwg University Health Board also reflected that they received enough pain relief during birth, in comparison with respondents from the other Health Boards. Twenty-one percent of respondents who received care at Cwm Taf Morgannwg University Health Board indicated that they did not receive enough pain relief, in comparison to 14 percent of all respondents.

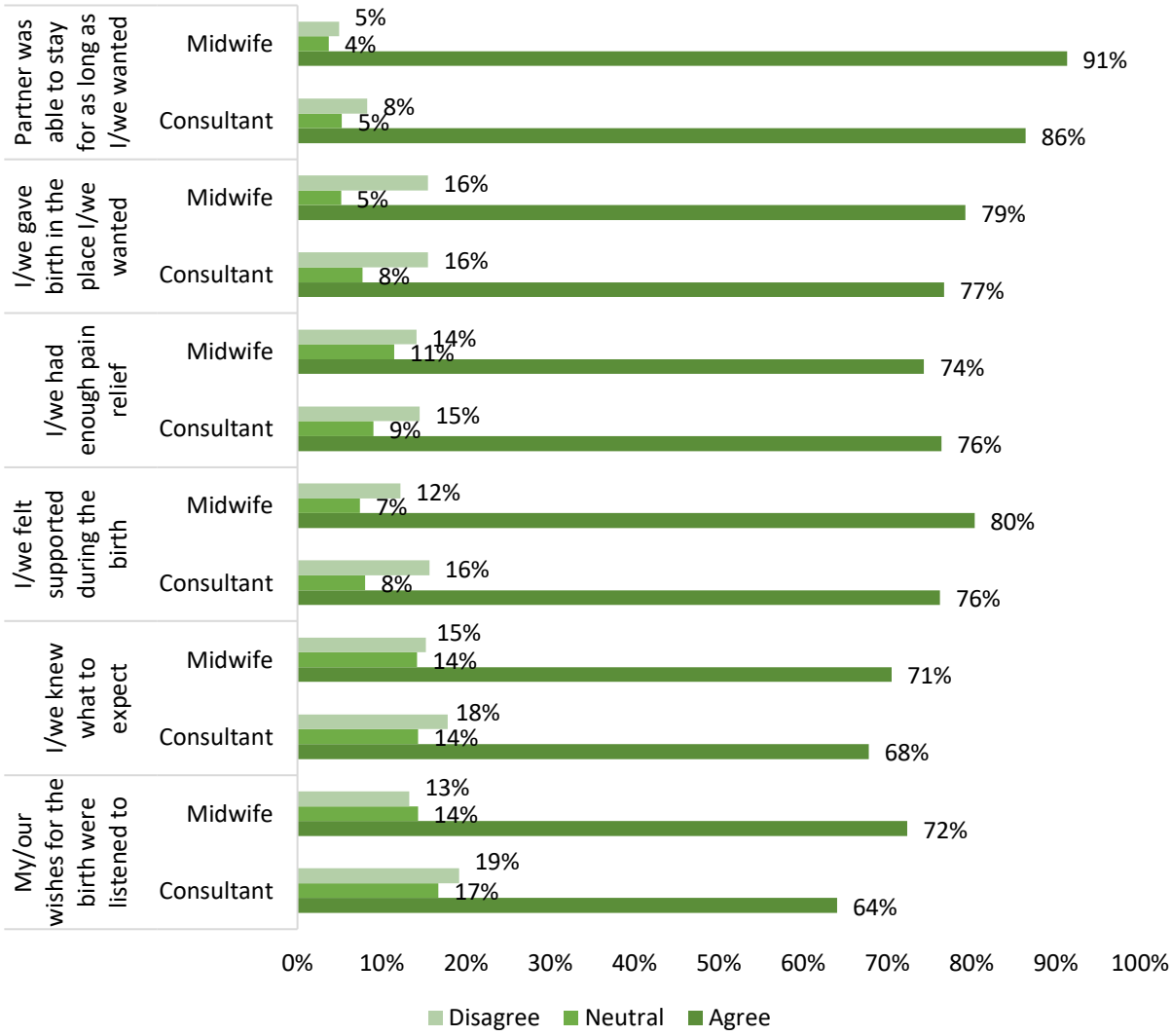
Figure 6.6: Proportion of respondents who felt that they had enough pain relief to cope with the pain during the birth (by Health Board)



Base: Total sample size for each Health Board is n=515 (ABUHB), n=753 (BCUHB), n=564 (CTMUHB), n=620 (C&VUHB), n=393 (HDUHB), n=43 (PTHB), and n=234 (SBUHB)

Women who received consultant-led care appeared to have less positive experiences of birth care than did women who received midwife-led care, with the exception of the area of pain relief. This difference was most marked when it came to birth wishes, with 64 percent of women who received consultant-led care recording that their wishes for the birth were listened to, in comparison to 72 percent of women who received midwife-led care. This difference may be anticipated to some extent, as those under consultant-led care are more likely to have risks associated with their pregnancy or health and, therefore, may not have as many birth choices available to them. However, it is notable that there is an increase in the proportion of respondents who disagreed with the statement among those under consultant-led care (19 percent, compared to 13 percent among those under midwife-led care), which may suggest that the decrease is not just a case of women not having choices available to them under consultant-led care, but rather that women who received consultant-led care were less likely to feel listened to. This may also be substantiated by higher proportions of women who received consultant-led care indicating that they did not feel supported during birth (16 percent, compared to 12 percent among those who received midwife-led care). This is illustrated in the chart below.

Figure 6.7: Proportion of respondents who agreed and disagreed with each statement relating to their birth experience (by care leader)



Base: All respondents to answer the question: consultant-led respondents (n=1603) and midwife-led respondents (n=1442)

Respondents who had given birth more recently were more likely to agree that they felt supported, knew what to expect, had enough pain relief, that their birth choices were listened to and that their partner could stay. This may be a result of self-selection bias and negative response recall bias, which might mean that responses from those who gave birth more than one year ago were more likely to have come from respondents who had more negative experiences. However, this may also be an indication that maternity services have improved.

Table 6.1: Proportion of respondents who agreed with each statement about their birth experience (by time since birth)

Time since Birth	Statement	I/we gave birth in the place we/I wanted	I/we felt supported during the birth	I/we knew what to expect	My/our wishes for the birth were listened to	I/we had enough pain relief	Partner was able to stay for as long as I/we wanted
Within the last 3 months	Agree	74%	83%	74%	73%	77%	91%
	Neutral	9%	8%	14%	15%	12%	5%
	Disagree	17%	9%	12%	12%	11%	4%
Within the last year	Agree	81%	81%	72%	70%	76%	89%
	Neutral	6%	8%	14%	15%	10%	4%
	Disagree	14%	12%	14%	14%	13%	7%
Within the last 3 years	Agree	76%	77%	66%	66%	74%	88%
	Neutral	6%	8%	15%	15%	10%	5%
	Disagree	18%	15%	20%	19%	16%	8%
More than 3 years ago	Agree	82%	70%	65%	61%	74%	88%
	Neutral	6%	8%	16%	20%	10%	4%
	Disagree	12%	22%	19%	19%	16%	8%

Base: All respondents within the last three months (n=632), within the last year (n=1050), within the last three years (n=1137) and more than three years ago (n=472)

Experiences varied across different age groups, particularly when it came to birth wishes and knowing what to expect during birth. For example, younger women (aged 29 or below) were less likely to report that they knew what to expect. This may partly be influenced by a greater proportion of first-time mothers falling within younger age categories. Additionally, respondents aged 29 or below and aged 40+ were less likely to report that their birth wishes were listened to. There are a number of factors that may influence this. For example, the qualitative responses suggested that second-time mothers felt more able to assert their birth wishes, which may explain the lower 'agree' figures among younger women who may be more likely to be first-time mothers. Among older women (40+), on the other hand, the lower 'agree' figures may be explained by the fact that women aged above 35 are regarded as being of an 'advanced maternal age' and experience greater risks with respect to pregnancy and birth, which may mean that fewer birth options are available to these women.

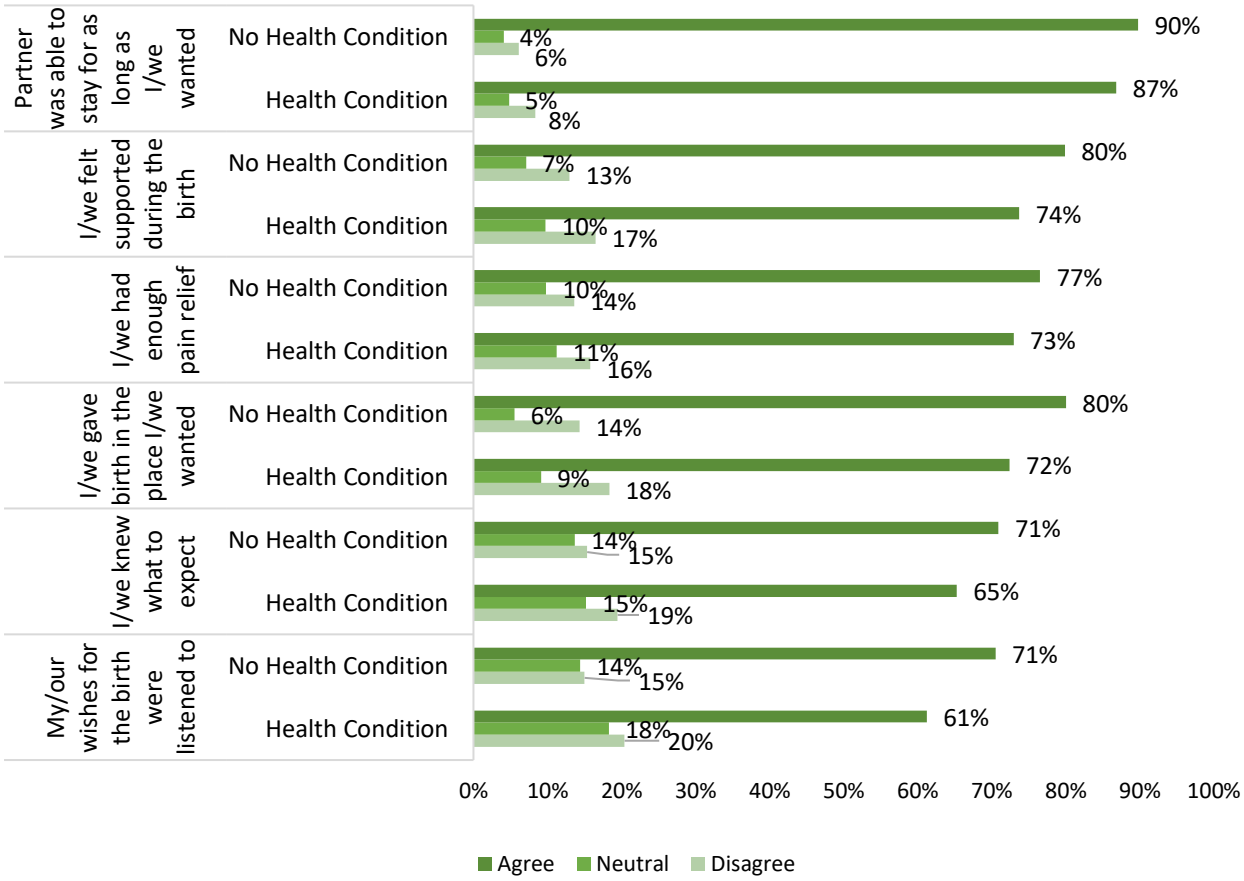
Table 6.2: Proportion of respondents who agreed with each statement about their birth experience (by age group)

Age Group	Statement	I/we gave birth in the place I/we wanted	I/we felt supported during the birth	I/we knew what to expect	My/our wishes for the birth were listened to	I/we had enough pain relief	Partner was able to stay for as long as I/we wanted
Below 20	Agree	75%	75%	55%	60%	70%	90%
	Neutral	15%	5%	20%	15%	15%	5%
	Disagree	10%	20%	25%	25%	15%	5%
20–29	Agree	76%	77%	65%	66%	75%	88%
	Neutral	8%	7%	16%	15%	10%	5%
	Disagree	16%	15%	18%	19%	15%	7%
30–39	Agree	79%	79%	71%	70%	76%	90%
	Neutral	6%	8%	13%	15%	10%	4%
	Disagree	15%	13%	16%	15%	14%	7%
40–49	Agree	76%	75%	72%	64%	75%	88%
	Neutral	5%	9%	12%	19%	10%	5%
	Disagree	18%	15%	16%	17%	15%	7%
50–59	Agree	86%	79%	71%	57%	92%	86%
	Neutral	7%	0%	14%	7%	8%	7%
	Disagree	7%	21%	14%	36%	0%	7%

Base: All respondents aged below 20 (n=20), all respondents aged 20–29 (n=843), all respondents aged 30–39 (n=1853), all respondents aged 40–49 (n=294), and all respondents aged 50–59 (n=16)

Experiences were more positive among individuals who recorded no health condition than among individuals who had a health condition, as illustrated in Figure 6.8. The most marked difference between the two groups was in the proportion who felt that their wishes for the birth were listened to, with just 61 percent of respondents with a health condition agreeing, in comparison to 71 percent of respondents with no health condition. This echoes patterns in respondents' experiences of antenatal care, wherein fewer respondents with a health condition reported that they were able to express opinions and concerns regarding their birth choices.

Figure 6.8: Proportion of respondents who agreed with each statement about their birth experience (by health condition)



Base: All respondents to answer the question: respondents with a health condition (n=770) and respondents with no health condition (n=2223)

6.2 Key themes

In addition to the quantitative questions explored above, women were asked to respond to a free-text, qualitative question that asked 'What are your overall views of the care provided during birth?'. This section explores the key themes that were discussed by the survey respondents in response to this question.

The most prevalent themes that were discussed by the respondents were: quality of care, care choices, staff attitudes and behaviour, and information and advice.

6.2.1 Quality of care

The quality of care was discussed in 28 percent of responses. Twenty-one percent of responses related to experiences of 'good care', wherein women indicated that they felt 'cared for', 'listened to' and 'supported', whilst seven percent related to negative experiences.

Where respondents had a positive care experience they frequently referenced 'excellent care' and 'amazing' staff. There were frequent overlaps between women experiencing good care and being treated by staff who were friendly or kind, which were captured separately under the theme of staff behaviour. Unsurprisingly, there were also frequent overlaps between women feeling listened to or supported and their birth wishes being listened to. This was also captured under the theme of birth wishes. The following quote is illustrative of this theme:

> *'We had a truly fantastic midwife who listened to my views. I had been advised to have an epidural as soon as I was induced, but this was not my wish. My midwife was fully supportive with this and ensured my birth went the way I wanted. The consultant was on hand to deliver twin 2 and he was brilliant through the whole delivery on twin 2 — guided him into place and talked to me about what was happening and kept me calm whilst the midwife delivered him. I felt supported in having a birth I wanted, thanks to my brilliant midwife.'* **(20–29, Consultant-led)**

Where women had more negative experiences under this theme, they often noted that staff 'didn't listen' or that they did not feel as though staff 'cared' about them or their experience and concerns. Some women noted that they felt like an 'inconvenience' to staff or that their views were 'ignored' or treated as 'irrelevant'.

This theme often overlapped with women noting that their health concerns had been ignored, with many describing how they felt that they were not listened to when they said that they were in pain or when they felt as though they were going into labour. This is illustrated in the following quotes:

> *'There was a refusal from midwives to believe that I was in active labour, as when I went into hospital I was not sufficiently dilated. They refused to give me any pain relief and I was left to labour in a little room for four hours. They would not re-examine me, and when they finally did, they realised I was 9.5cm and the baby was in the back-to-back position. I felt that — given this was my second labour, that my first had only been five hours from the first contraction, and that I had a good understanding of how labour felt — they would have given more credence to my opinion on whether I was entitled to any Entonox.'* **(30–39, Consultant-led)**

> *'During birth we did not feel that the midwife that was looking after us was that concerned or cared about our feelings and worries. We were not told what was going on during the birth at all. They rushed us into theatre without an explanation and left my birthing partner outside when I was at my most vulnerable and needed them. I felt that the situation could have been avoided. After the birth I felt there was no follow-up. I did not see my midwife again, which increased the feelings that they didn't care! The staff on the ward were amazing, but I felt alone and that if the midwife had followed up after birth I would have felt better. The whole experience is making me anxious about having another baby, and has definitely put me off giving birth at the hospital again.'* **(30–39, Consultant-led)**

Notably, women's experiences were often mixed under this theme, with some comments indicating that they felt cared for and supported by particular members of staff but not by others, indicating variability in staff practice. In particular, there were frequent examples of women expressing that they had not been listened to or supported through the pre-delivery stage of labour but indicating that they received excellent care from the delivery team. These comments often referred to instances in which women's concerns with regard to wanting to start pushing were dismissed by staff; however, once they had been checked and it had been clear that they were sufficiently dilated, they received good support through delivery.

Two per cent of respondents (76/3308) indicated that they received care that exceeded their expectations during the birth stage.

Poor care and concerns about safety

However, eight percent of responses were also flagged for concerns regarding poor care or patient safety (273/3308). To gain a greater understanding of the geographical spread of the perceptions of poor care and/or the concerns surrounding safety, this analysis was segmented by Health Board (see table below). Betsi Cadwaladr University Health Board, Cwm Taf Morgannwg University Health Board, and Swansea Bay University Health Board all had higher proportions of respondents citing poor care and/or concerns with regard to safety than the overall sample average.

Table 6.3: Perceptions of poor care and/or concerns about safety (by Health Board and care during birth)

Health Board	% Poor Care
Aneurin Bevan	8%
Betsi Cadwaladr	10%
Cwm Taf Morgannwg	11%
Cardiff & Vale	7%
Hywel Dda	7%
Powys	N/A
Swansea Bay	9%

Base: Total sample size for each Health Board is n=489 (ABUHB), n=724 (BCUHB), n=541 (CTMUHB), n=599 (C&VUHB), n=373 (HDUHB), n=40 (PTHB), and n=229 (SBUHB)

In some cases, poor care related to experiences in which women felt as though the birth process and operations within their particular site were given priority over their own care:

> *'Felt a bit like a production line. No tailored care and decisions were driven by logistics, e.g. sweeps early because baby was due on NYE, and there wouldn't be enough staff. But when things got a little difficult the carers came into their own. No slur on the staff; I feel they are left with too much to do.'* **(30–39, Consultant-led)**

Some of the responses under this theme gave rise to concerns regarding safety, with some women detailing instances in which health issues had been missed or women had been put at risk:

> *'Mixed. The first midwife left me lying on a bed with an epidural whilst being induced but hadn't fully ruptured my waters. I wasn't helped to the toilet or told I could access the toilet on an epidural. The second midwife,* [name]*, was more experienced and was excellent. She identified that the first midwife hadn't broken my waters before inducing me. Unfortunately, by this point it was too late and baby got stressed. I had to have an emergency C-section due to meconium. I found my birth to be overwhelmed medically and I still feel a bit traumatised.'* **(30–39, Midwife-led)**

> *'I was left unattended because my labour did not follow textbook minutes. Even though I complained several times, I was told to have a bath. After passing out I was found three hours later 8cm dilated.'* **(30–39, Consultant-led)**

6.2.2 Patient choice

Patient choice was discussed in nine percent of responses (298/3308). This also emerged as one of the weaker areas in relation to the quantitative responses to the survey, with only 68 percent of respondents indicating that their birth wishes had been listened to (2142/3308). Within the qualitative responses, this theme included instances in which women's choice had been taken into account or, alternatively, it had been ignored or women had not been given options.

Where women's choice had been taken into account, the respondents emphasised that their clinicians had been accommodating of their choice. This included their decisions regarding birth choices and procedures. Examples included where clinicians had engaged with women's birth plans and clearly laid out options for them, accounting for four percent of responses to the question on birth care (124/3308).

However, five percent of respondents described examples of care in which their choice was ignored, denied or dismissed (174/3308). In some cases, women described how their choice had been overruled on account of staff preference or issues related to staff pressures and the lack of availability. This is summarised in the following quote:

> *'I had made it quite clear that I wanted an active labour, but ended up in stirrups on my back. I was not in a position to argue. My husband did not feel able to question things or fight my corner. I think some of the things happened because it was easier for the staff (rather than based on my needs/preferences).'* **(30–39, Consultant-led)**

It should, however, be acknowledged that whilst this suggests that there were instances in which women's choices were ignored, this is not necessarily a full picture, as it excludes the medical details and circumstances of each case. It should therefore be highlighted that going against a woman's choice could in some cases have been a result of urgent and/or necessary medical intervention. This may, however, have not always been communicated effectively to the individual.

Whilst choice was most commonly discussed in responses to the question on birth care, it should be noted that this theme was also discussed by respondents referring to antenatal and postnatal care. However, slightly more respondents suggested that their choice was being ignored by staff during birth care.

6.2.3 Staff attitudes and behaviour

Staff attitudes and behaviour were discussed in seven percent of responses (247/3308). Four percent of responses (137/3308) described positive experiences of 'kind' and 'friendly' staff, whilst three percent of responses described negative experiences in which staff were described as being 'rude' or 'unkind' (110/3308).

There were some clear examples of good practice, and many responses included the names of staff members whom women wanted to commend for their care. The quotes below are illustrative of the positive comments under this theme:

> *'Excellent. Kept well informed throughout. Made sure to talk to me/ask me things … Very supportive, honest, enthusiastic and motivating when I was tiring. Had the birth I didn't know I wanted. A much better experience than my first and a much easier recovery/postpartum period. Everyone I, my partner and son had contact with were fantastic and an absolute credit to the hospital and NHS.'* **(30–39, Midwife-led)**

> *'The midwives that came to me when giving birth were amazing. They were friendly and extremely attentive. I felt very supportive and cared for throughout the birth and when baby arrived.'* **(30–39, Midwife-led)**

Responses coded as negative typically included staff being described as 'unempathetic', 'rude' or 'dismissive'. In particular, these included comments in which women indicated that staff had 'poor bedside manner' and 'dictated' to women (rather than involving them in decisions with regard to their care). Among these responses, there were some clear examples of staff behaving in a way that was unprofessional, as illustrated by the following quote:

> *'Aside from the midwife and sister who delivered my baby, I found my experience at the hospital a really upsetting experience, where I had to fight for my birth preferences to be respected. I felt bullied by consultants who wanted me to be induced and used scaremongering tactics to try to make this happen, stating "there is a significant increase in the chance of stillbirth if you aren't induced now"… When leaving my bedside, he turned back and said: "You were far easier*

to convince than I thought you would be. I heard that you were difficult."' **(20–29, Midwife-led)**

On the whole, however, the majority of responses coded under this theme seemed to relate to issues or events with individual staff members, rather than to wider workforce issues.

6.2.4 Information and advice

Six percent of responses related to information and advice (180/3308). Three percent related to experiences in which respondents indicated that they had received good information (95/3308) and advice, and an equal proportion related to instances in which respondents indicated that they had received inadequate or poor-quality information (85/3308).

Responses grouped under this theme related to general information and advice. However, an additional theme was included that explored medical information and consent. This theme, whilst similar to the overarching theme of general information and advice, instead is related to instances in which women discussed information provided in relation to an immediate or ongoing medical procedure or discussed issues with respect to medical consent. This theme mostly emerged in responses to the question on women's experiences of care during birth; however, it was also explored to a lesser extent in responses relating to care during pregnancy and postnatal care (see Table 6.4 below). Five percent of respondents discussed medical information and consent in their response to the question on care received during birth (160/3308). Two percent of responses described instances in which this was provided, but a greater proportion described experiences in which this was lacking.

Table 6.4: Perceptions of medical information and consent

Stage of Care	Provided	%	Lacking	%
Antenatal	18	1%	48	1%
Birth	**71**	**2%**	**89**	**3%**
Postnatal	8	0%	38	1%

Base: All respondents (n=3308)

Positive responses here typically included where responses indicated that 'everything was explained in detail' or that they felt 'well informed' throughout medical procedures:

'I went for an elective C-section after a previous third-degree tear on my first pregnancy. The consultant listened to my wishes regarding this and provided me with all the information regarding risks and aftercare that I needed to make an informed choice. The actual process of the caesarean was calm, despite me almost haemorrhaging. All the staff — from midwife to surgeon, anaesthetist, HCA — were all supportive, informative, reassuring, friendly.' **(30–39, Consultant-led)**

Negative responses, therefore, included issues in which women felt that they were not informed about what was happening to them, as well as issues of patient consent, where

respondents indicated that medical procedures had taken place without consent being properly obtained. Illustrative examples are provided below:

> *'Didn't listen that I didn't want diamorphine. No one told me what they were doing to me. For example, I had a catheter put in with no warning. No one told me what they were about to do. It's like I was irrelevant to the birth. They just did as they chose and I had to go along. Nothing in my birth plan was adhered to.'* **(20–29, Consultant-led)**

> *'Wasn't believed when stated waters had broken at home. The doctor who examined me did not explain what he was going to do, so I was not prepared for how painful it was going to be. He also did not wait for the pain relief to kick in before attempting ventouse procedure. Horrendous pain on both occasions and had not gained consent before doing so.'* **(30–39, Midwife-led)**

6.2.5 Over-pressured services or staff

Four percent of respondents (134/3308) described services and staff as feeling over-pressured. Comments included where women described concerns surrounding understaffing or feeling that they had not been checked upon regularly. This issue appeared to be slightly more prevalent in responses from those who were treated by Aneurin Bevan University Health Board, Cwm Taf Morgannwg University Health Board, and Swansea Bay University Health Board, as illustrated in the table below.

Table 6.5: Perceptions of over-pressured services and staff (by Health Board and birth stage)

Health Board	Period of Care	% Over-pressured
Aneurin Bevan	Antenatal	7%
	Birth	5%
	Postnatal	7%
Betsi Cadwaladr	Antenatal	4%
	Birth	4%
	Postnatal	10%
Cwm Taf Morgannwg	Antenatal	7%
	Birth	5%
	Postnatal	6%
Cardiff & Vale	Antenatal	3%
	Birth	3%
	Postnatal	7%
Hywel Dda	Antenatal	5%
	Birth	3%
	Postnatal	7%
Powys	Antenatal	3%
	Birth	3%
	Postnatal	0%
Swansea Bay	Antenatal	6%
	Birth	6%

Postnatal	8%

Base: Total sample size for each Health Board is n=489 (ABUHB), n=724 (BCUHB), n=541 (CTMUHB), n=599 (C&VUHB), n=373 (HDUHB), n=40 (PTHB), and n=229 (SBUHB)

In some cases, there were examples of hospital pressures resulting in poor care, including women being left unsupported or having to forego pain relief, or being refused treatment due to staff availability. This is illustrated in the quote below:

> *'I was induced in a treatment room on my own. I was not given adequate pain relief and was refused an epidural because "the anaesthetist was busy with elective caesareans". My son's heart was not checked on the day he was born and I was placed on a day assessment unit with no midwife.'* **(30–39, Midwife-led)**

6.2.6 Partner could not stay

This theme groups together responses in which it was noted that partners had not been able to stay. This was discussed by respondents in response to the qualitative question on care during birth and care after birth; however, the responses have been grouped here. Across the sample and all birth stages, 162 respondents (five percent) stated that their partner had not been able to stay with them during their maternity care. This broadly aligns with quantitative findings which identify that seven percent stated that their birth partner was not able to stay for as long as they wanted during the birth. Whilst quantitative figures suggest that this is a high-satisfaction area of the birth experience, it should be noted that this figure may be limited by the way in which the question is phrased, as many of the qualitative responses related to partners not being able to stay after the birth.

In instances in which partners were not permitted to stay during birth care, some women elaborated that this was because they were presumed to be not very far along in the labour process.

Some responses were less detailed and more descriptive in nature, whereas others provided greater detail on the impact that the partner's absence had on them. In some cases, the application of policies with regard to visiting hours had resulted in partners missing the births of their children or being expected to leave promptly after the birth, which limited the time for partners to bond with their children.

Many comments also related to women feeling unsupported as a result of their partner not being able to stay with them. This issue seemed to be particularly pertinent among women who had experienced difficult birthing experiences that saw them experience either emotional challenges as a result of a difficult birth or physical difficulties which limited their ability to care for their baby. In many cases, this theme overlapped with concerns surrounding hospital understaffing, which left some women feeling unsupported in the absence of their partner. The quotes below illustrate this theme:

> *'The hospital was understaffed after the birth, and because of the time, it meant my husband had to leave, and as I was unable to move from the bed, I was dependent on the midwife to help me. She was very busy and trying her best to*

help everyone, but I did not know what to do regarding feeding, changing, etc.' **(30–39, Midwife-led)**

'Partners were not allowed in the ward at night. My legs were numb. I couldn't get my bag for nappies, baby clothes, my PJs. I wasn't told until we got to the door of the ward. One of the most vulnerable times in my life and I should never have been left alone with a baby. All four mothers in the ward were awake all night. All were massively struggling. Their partners should've been allowed to stay. Preposterous that depending on what time of day you have your baby is whether you are left alone to cope.' **(30–39, Midwife-led)**

'Partner was made to leave every night during the induction process. (We live an hour away.) He was allowed to stay till 11 p.m. I gave birth at 10:30. It was scary and isolating sending my husband (who was my biggest support) away. It also left him with very little chance of the initial bonding.' **(20–29, Consultant-led)**

Some comments also related to how policy relating to partner visiting hours appeared to be applied inconsistently:

'My only criticism of the postnatal ward was there appeared to be different rules for different people regarding how long dads could stay during the night. My husband made sure he left by the time we were given, but other dads stayed much longer into the night, some even snoring in the chair beside our cubicle when I was trying to sleep...which seems a little unfair (given my husband had to leave). Either dads should be able to stay all night or no dads should be able to stay unless in a private room.' **(30–39, Consultant-led)**

As illustrated in Table 6.6 below, slightly more responses in this instance can be attributed to Betsi Cadwaladr University Health Board and Cwm Taf Morgannwg University Health Board. As a result of small sample sizes, however, no identifiable trend which pinpoints greater partner separation within particular Health Boards can be identified.

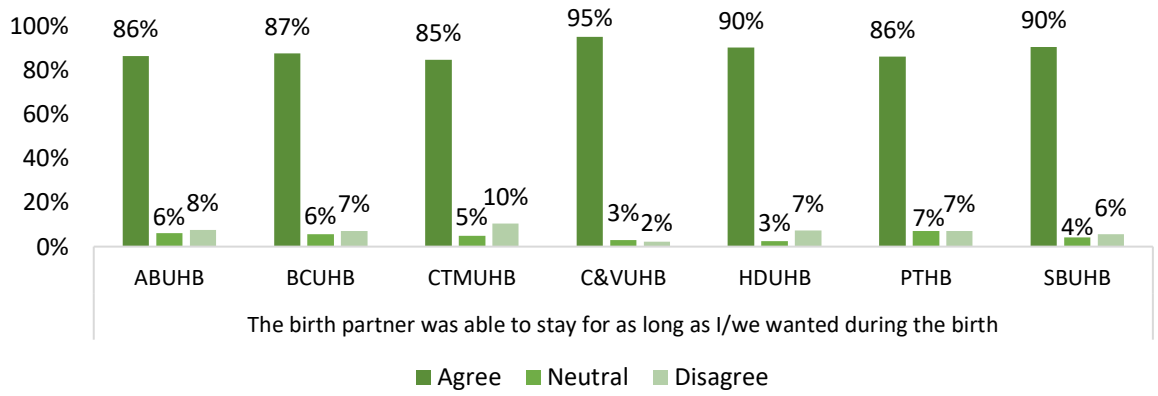
Table 6.6: Separation from partner (by Health Board)

Health Board	Birth Care	Postnatal Care
Aneurin Bevan	3%	3%
Betsi Cadwaladr	4%	3%
Cwm Taf Morgannwg	4%	3%
Cardiff & Vale	1%	1%
Hywel Dda	2%	3%
Powys	N/A	N/A
Swansea Bay	1%	1%

Base: Total sample size for each Health Board is n=489 (ABUHB), n=724 (BCUHB), n=541 (CTMUHB), n=599 (C&VUHB), n=373 (HDUHB), n=40 (PTHB), and n=229 (SBUHB). Please note that Powys has been excluded from this element of the analysis due to small sample sizes alongside responses that did not have an identifiable Health Board.

The findings above appear to be broadly consistent with the quantitative survey responses, as fewer respondents from Aneurin Bevan University Health Board, Betsi Cadwaladr University Health Board, and Cwm Taf Morgannwg University Health Board indicated that their partner had been able to stay as long as they wanted during the birth, in comparison to the survey average (89 percent). This is illustrated in Figure 6.9 below. However, this did appear to be one of the most positive aspects of the birth experience, with the vast majority of women indicating that their partner could stay during the birth. There is, however, variance between the Health Boards, which may be reflective of different applications of policy.

Figure 6.9: Proportion of respondents who agreed that their partner was able to stay as long as they wanted during the birth



Base: Total sample size for each Health Board is n=516 (ABUHB), n=753 (BCUHB), n=565 (CTMUHB), n=623 (C&VUHB), n=393 (HDUHB), n=43 (PTHB), and n=235 (SBUHB)

7 Care after Birth (Postnatal Care)

Section summary

- 46 percent of women had a positive overall experience of postnatal care, whilst 38 percent had a negative experience.
- 64 percent of women felt that they had enough information and advice regarding what was happening at the time.
- Women were less satisfied with the information and advice that they received as part of postnatal care than with the advice received during antenatal care.
- 23 percent of women reported that they did not have enough support in feeding their baby, and women frequently reported concerns with regard to breastfeeding advice and support within free-text responses.
- Seven percent of women described staff or services that they felt were over-pressured or stretched, which led to some women feeling unsupported or left alone after they had given birth.

This section explores experiences of care provided after birth (postnatal care).

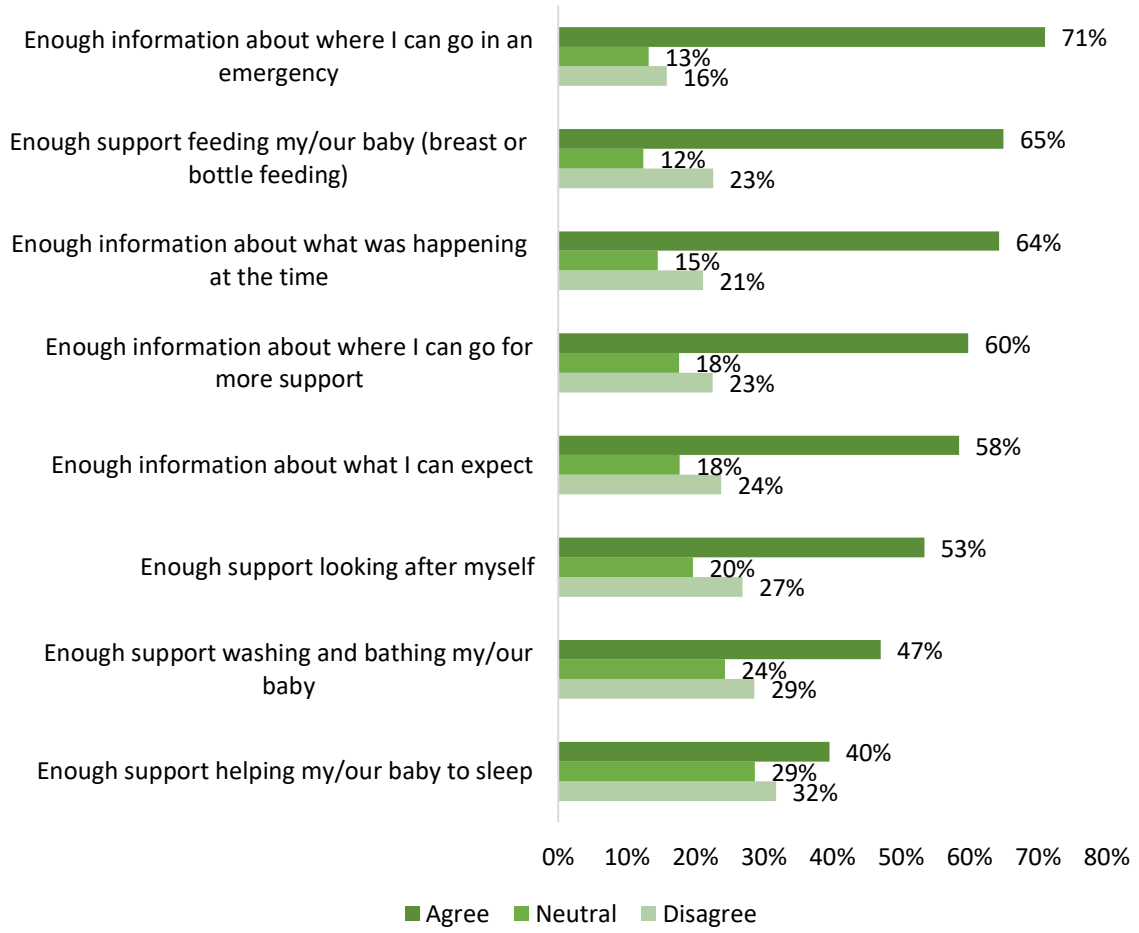
Experiences of postnatal care were more mixed than the experiences women described of antenatal care or care during birth. Forty-six percent of women described positive overall views of postnatal care, whilst 38 percent had a negative overall view and 16 percent had a mixed view.

7.1 Quantitative overview

Figure 7.1 below shows the extent to which the respondents agreed or disagreed with a range of statements relating to their postnatal care experience. The majority of respondents indicated that they were provided with sufficient information and support on where to go in an emergency (71 percent; 2156/3308), how to feed their baby (65 percent; 1978/3308), what was happening at the time (64 percent; 1956/3308), where they could go for more support (60 percent; 1817/3308), what they could expect (58 percent; 1777/3308), and looking after themselves (53 percent; 1622/3308).

Fewer respondents agreed that they received enough support to wash and bath their baby (47 percent; 1429) or help their baby to sleep (40 percent; 1199/3308). It is important to note that the areas of support perceived to be less satisfactory (support with bathing a baby and helping the baby to sleep) can be perceived to be additional services provided as postnatal support as opposed to crucial support, such as signposting in the case of an emergency.

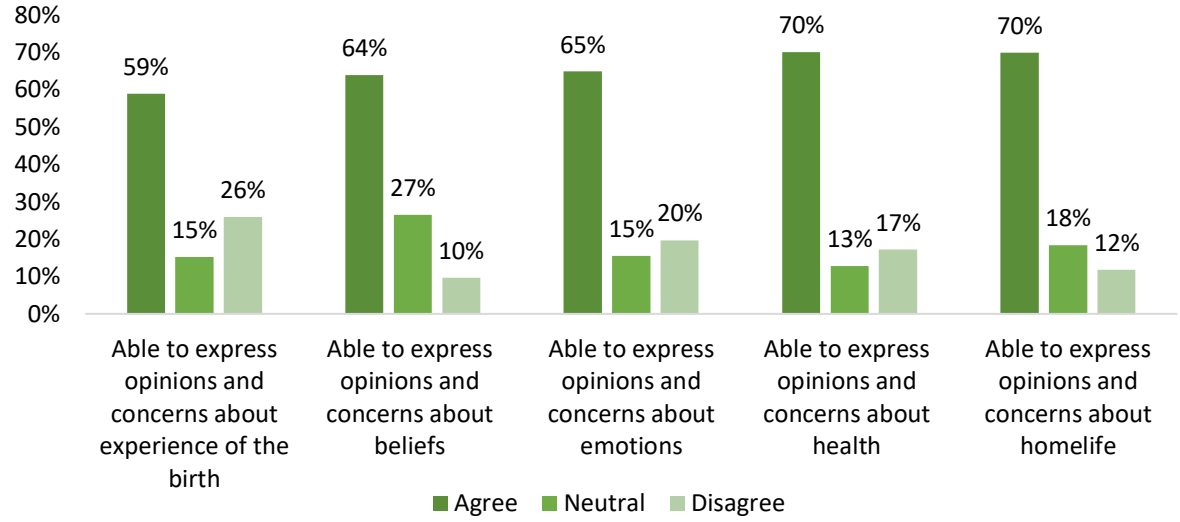
Figure 7.1: Support and advice provision statements (by postnatal care)



Base: All respondents (n=3308)

Over half of the sample agreed that they were able to express their opinions and concerns whilst receiving postnatal care. Similar to responses within antenatal care, women's ability to express opinions and concerns with regard to health and homelife appears to be particularly positive (70 percent; 2127/3308 and 70 percent; 2120/3308 respectively agreed). Much fewer respondents indicated, however, that they had been able to express opinions and concerns regarding their experience of birth at this stage. Responses to the free-text question on their care experience suggested that women perceived that this was the result of limited staff availability and generally lower quality of care at this birth stage. Whilst women generally were in agreement that they were able to share opinions and concerns, Figure 7.2 reiterates that postnatal care was perceived less positively by respondents than were antenatal and birth care.

Figure 7.2: Opportunity to express concern statements (by postnatal care)

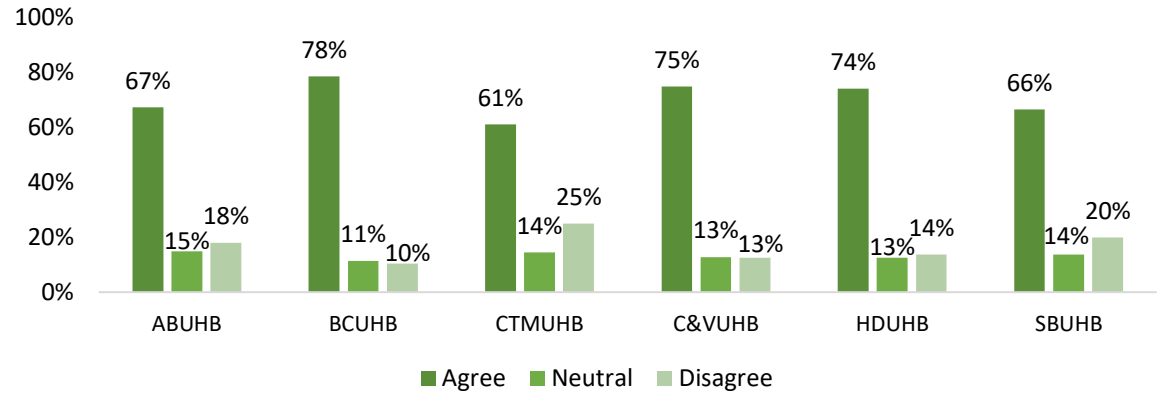


Base: All respondents (n=3308)

It is important to consider that respondents' individual context may have affected their maternity experience; therefore, quantitative findings have been segmented against a number of different circumstances, as outlined below.

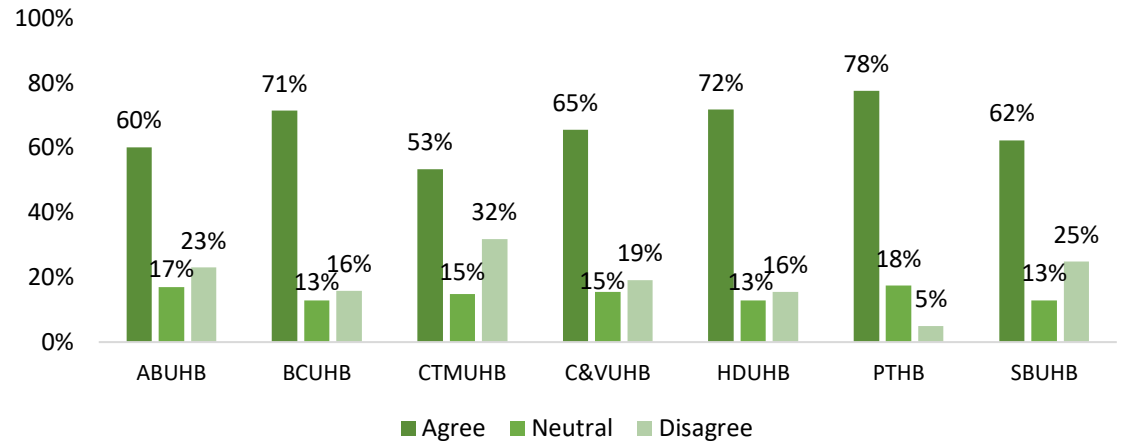
Across the Health Boards, trends in respect of satisfaction appear to vary, as illustrated by the figures provided below. The proportion of respondents who agreed that they were provided with enough information and support relating to each statement was above the average for respondents who received care from Betsi Cadwaladr University Health Board and Hywel Dda University Health Board.

Figure 7.3: Respondent agreement/disagreement that they knew where to go in case of emergency (by Health Board)



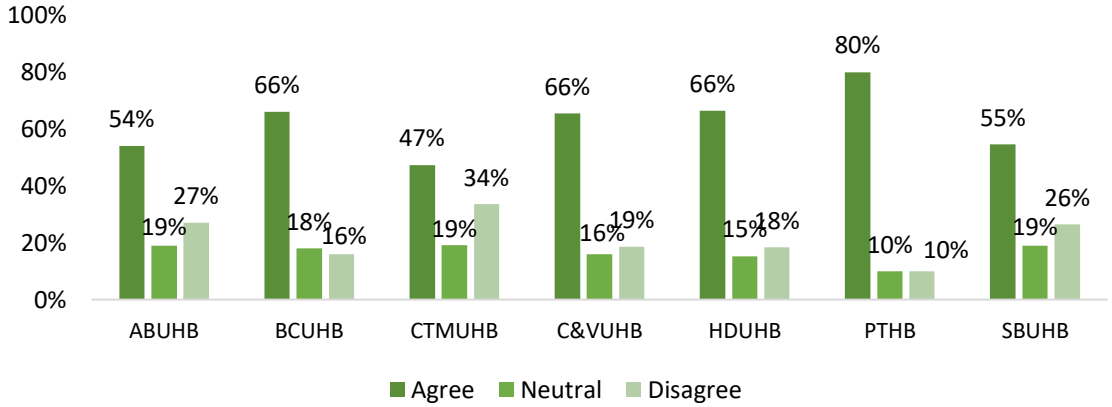
Base: Total sample size for each Health Board is n=491 (ABUHB), n=730 (BCUHB), n=550 (CTMUHB), n=597 (C&VUHB), n=378 (HDUHB), n=40 (PTHB), and n=231 (SBUHB)

Figure 7.4: Respondent agreement/disagreement that they knew what was happening at the time (by Health Board)



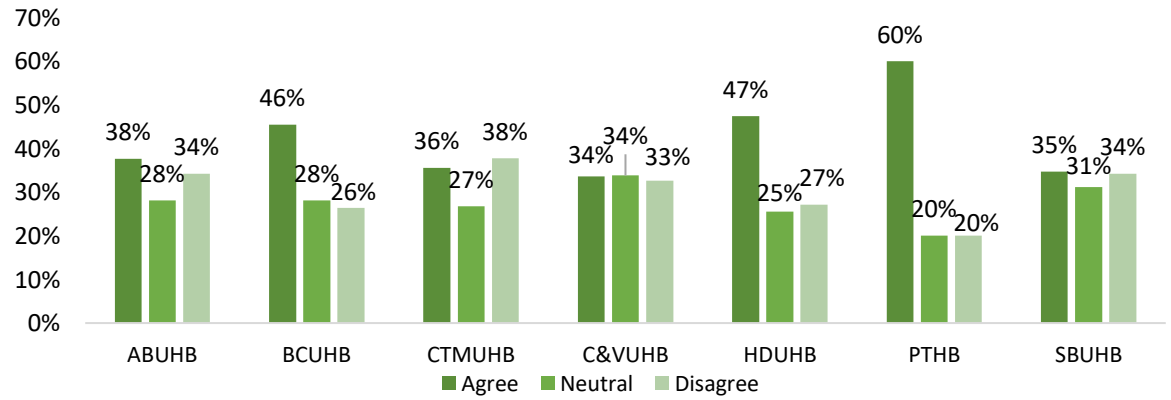
Base: Total sample size for each Health Board is n=493 (ABUHB), n=731 (BCUHB), n=552 (CTMUHB), n=598 (C&VUHB), n=377 (HDUHB), n=40 (PTHB), and n=230 (SBUHB)

Figure 7.5: Respondent agreement/disagreement that they had support washing and bathing their baby (by Health Board)



Base: Total sample size for each Health Board is n=491 (ABUHB), n=729 (BCUHB), n=552 (CTMUHB), n=600 (C&VUHB), n=377 (HDUHB), n=40 (PTHB), and n=230 (SBUHB)

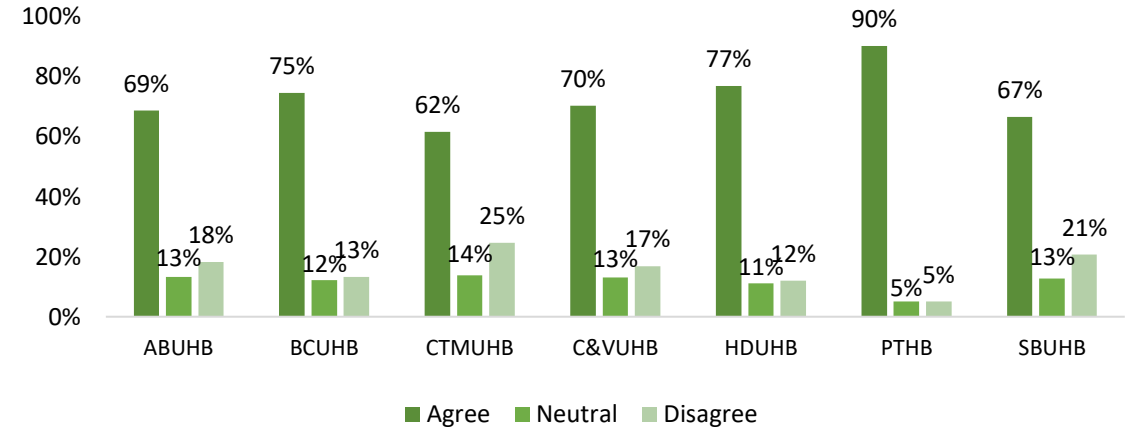
Figure 7.6: Respondent agreement/disagreement that they had support helping their baby to sleep (by Health Board)



Base: Total sample size for each Health Board is n=490 (ABUHB), n=728 (BCUHB), n=549 (CTMUHB), n=601 (C&VUHB), n=375 (HDUHB), n=40 (PTHB), and n=230 (SBUHB)

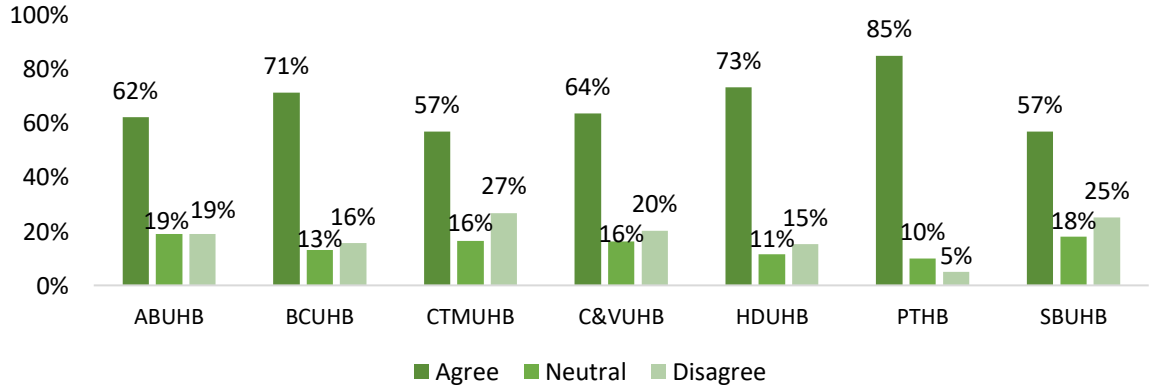
Similar trends across the Health Boards were evident in responses to quantitative statements regarding their own thoughts and feelings. Those who received care from Betsi Cadwaladr University Health Board or Hywel Dda University Health Board, as illustrated in the figures below, were slightly more positive than others in the sample with respect to the opportunities with which they were provided to express themselves.

Figure 7.7: Respondent agreement/disagreement that they were able to express opinions and concerns about their health (by Health Board)



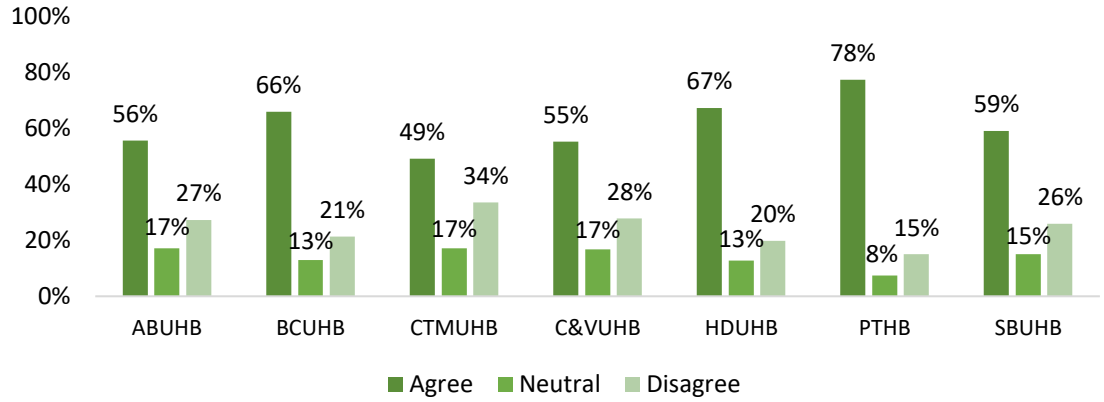
Base: Total sample size for each Health Board is n=483 (ABUHB), n=718 (BCUHB), n=536 (CTMUHB), n=589 (C&VUHB), n=367 (HDUHB), n=40 (PTHB), and n=227 (SBUHB)

Figure 7.8: Respondent agreement/disagreement that they were able to express opinions and concerns about their emotions (by Health Board)



Base: Total sample size for each Health Board is n=481 (ABUHB), n=717 (BCUHB), n=538 (CTMUHB), n=591 (C&VUHB), n=367 (HDUHB), n=40 (PTHB), and n=227 (SBUHB)

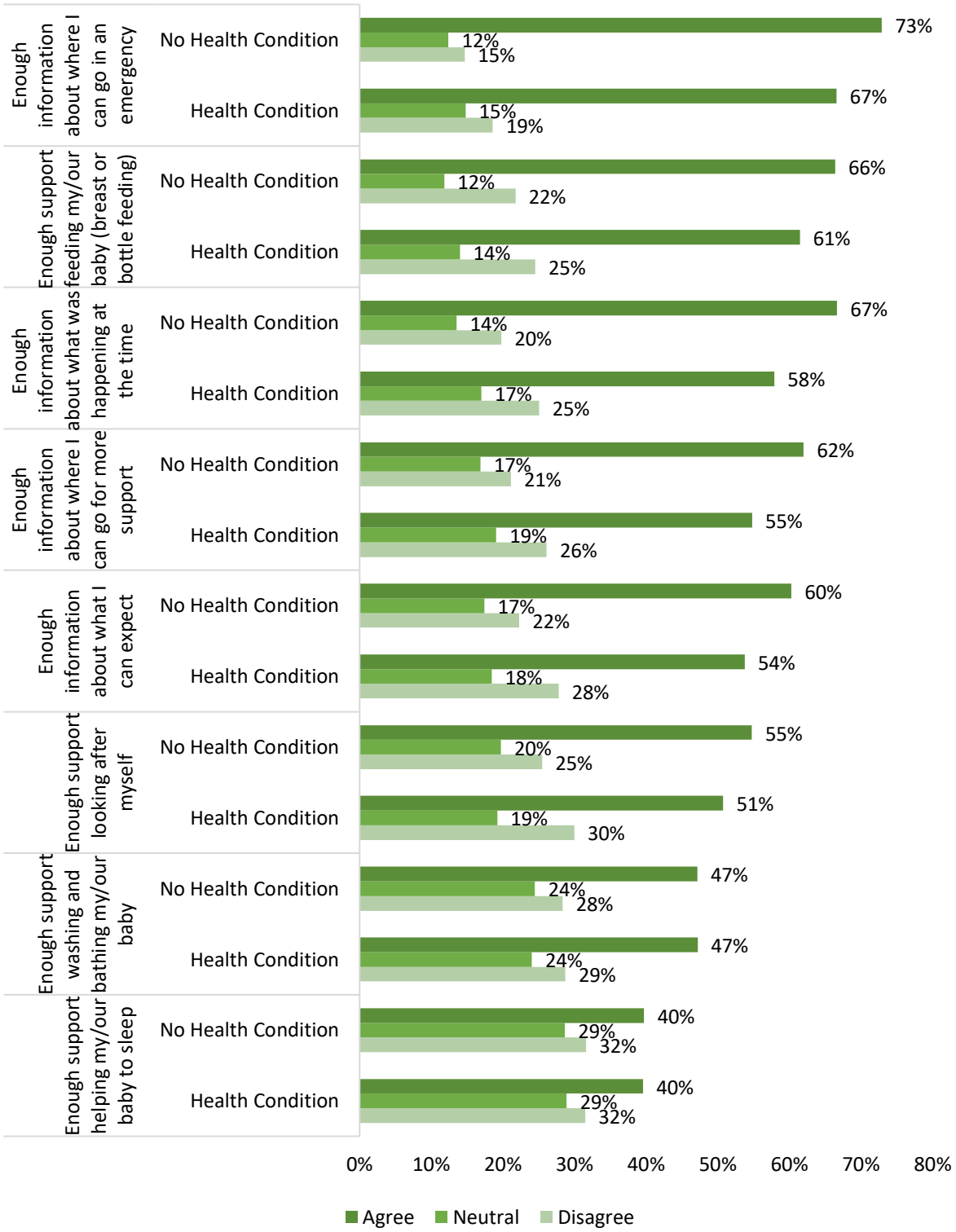
Figure 7.9: Respondent agreement/disagreement that they were able to express opinions and concerns about their experience of birth (by Health Board)



Base: Total sample size for each Health Board is n=480 (ABUHB), n=715 (BCUHB), n=536 (CTMUHB), n=589 (C&VUHB), n=367 (HDUHB), n=40 (PTHB), and n=227 (SBUHB)

Women with health conditions were slightly less satisfied with the support and information with which they were provided during their postnatal care than were women who did not report a health condition, as illustrated in Figure 7.10. The exceptions to this were the support that women received for bathing their baby and helping their baby to sleep, which presented similar levels of satisfaction for those with and without health conditions.

Figure 7.10: Support and advice provision statements (by health condition)

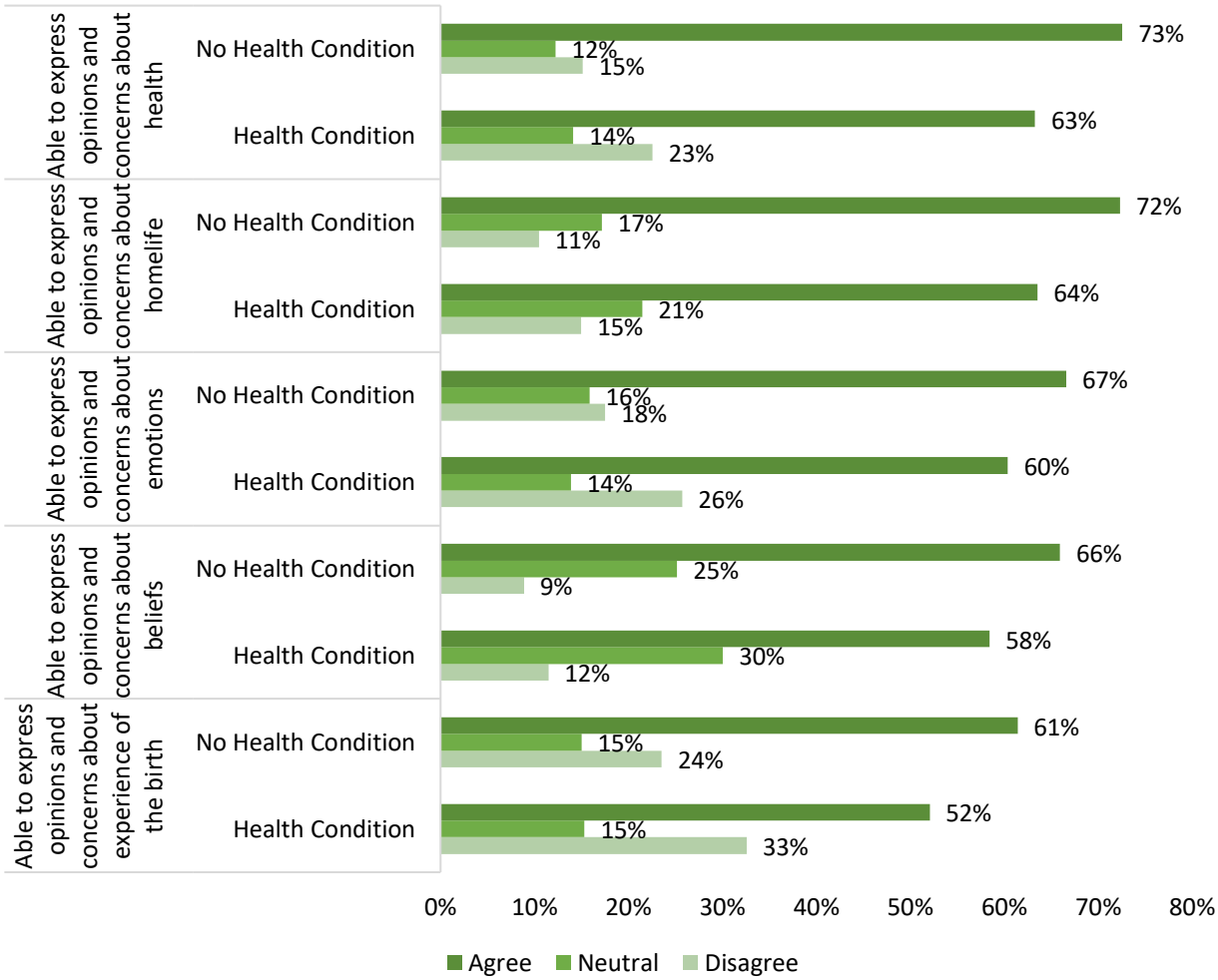


Base: All respondents to answer the question: respondents with a health condition (n=770) and respondents with no health condition (n=2223)

Similarly, Figure 7.11 below indicates that women with health conditions felt less able to express their opinions and concerns than did those without health conditions. In particular, one third of women with health concerns stated that they did not feel able to express their opinions and concerns regarding their experience of the birth (33 percent; 251/770) and

over one quarter did not feel able to express their emotions during their postnatal care (26 percent; 198/770).

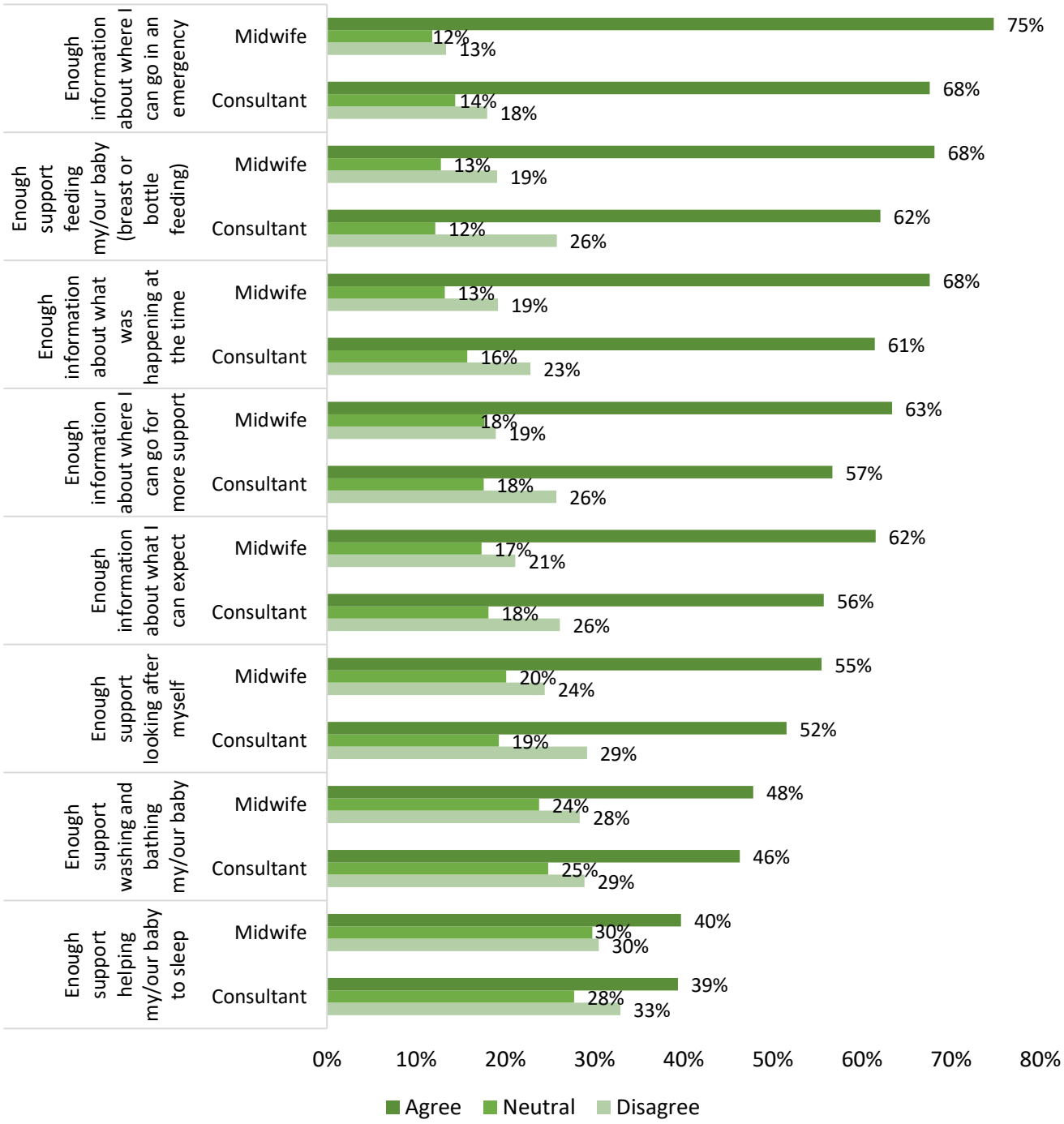
Figure 7.11: Opportunity to express concern statements (by health condition)



Base: All respondents to answer the question: respondents with a health condition (n=770) and respondents with no health condition (n=2219)

As illustrated in Figure 7.12 below, those receiving midwife-led care were relatively more positive about the support and information provided to them than were those who were receiving consultant-led care. This is consistent with trends that were identified in women's responses with regard to their experiences of antenatal care.

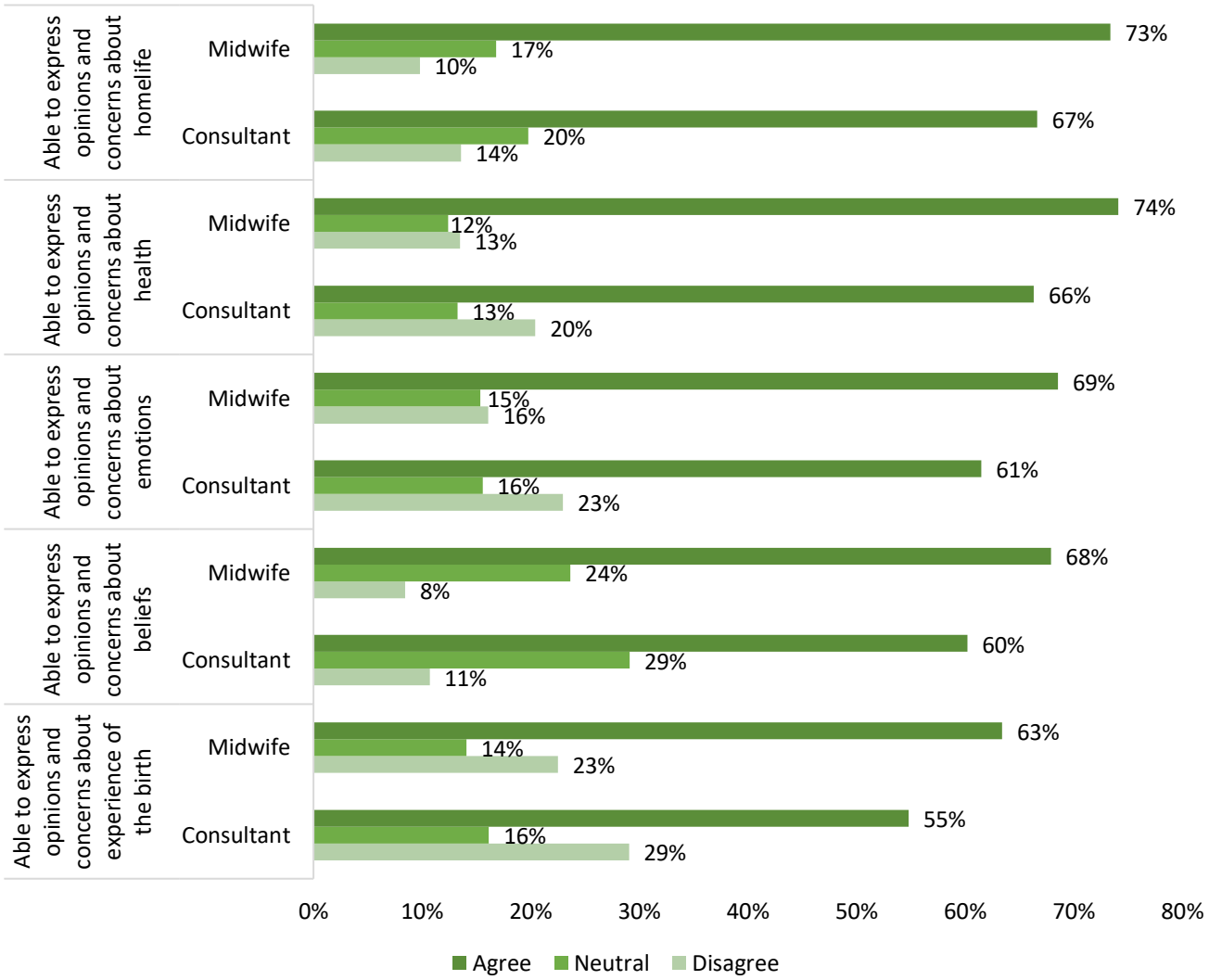
Figure 7.12: Support and advice provision statements (by midwife- or consultant-led care)



Base: All respondents to answer the question: consultant-led respondents (n=1603) and midwife-led respondents (n=1442)

Women who received midwife-led care were also more likely than women who received consultant-led care to report that they felt able to express opinions and concerns with regard to their homelife and health in particular.

Figure 7.13: Opportunity to express opinion and concern statements (by midwife- or consultant-led care)



Base: All respondents to answer the question: consultant-led respondents (n=1603) and midwife-led respondents (n=1442)

Table 7.1 below indicates that those who had received postnatal maternity care in the last three months were more positive about the support and information with which they were provided, except in the case of support with helping the woman's baby to sleep.

Table 7.1: Support and advice provision statements (by time since birth)

Statement	Enough support helping my/our baby to sleep	Enough support washing and bathing my/our baby	Enough support looking after myself	Enough information about what I can expect	Enough information about where I can go for more support	Enough support feeding my/our baby (breast or bottle feeding)	Enough information about what was happening at the time	Enough information about where I can go in an emergency
Within the last 3 months								
Agree	41%	44%	63%	67%	73%	75%	75%	79%
Neutral	33%	28%	18%	17%	13%	11%	13%	11%
Disagree	26%	28%	19%	16%	13%	14%	13%	10%
Within the last year								
Agree	38%	42%	55%	60%	63%	67%	66%	72%
Neutral	30%	26%	19%	18%	18%	12%	15%	13%
Disagree	32%	32%	25%	22%	19%	21%	19%	14%
Within the last 3 years								
Agree	39%	50%	50%	55%	54%	62%	61%	69%
Neutral	27%	23%	20%	18%	19%	13%	14%	14%
Disagree	34%	27%	30%	27%	27%	25%	26%	18%
More than 3 years ago								
Agree	43%	57%	47%	52%	50%	57%	55%	63%
Neutral	27%	18%	22%	19%	20%	13%	18%	15%
Disagree	31%	25%	31%	28%	31%	30%	27%	21%

Base: All respondents: within the last three months (n=632), within the last year (n=1050), within the last three years (n=1137), and more than three years ago (n=472)

Satisfaction with the opportunities provided within postnatal care for women to express their opinions and concerns also indicates that satisfaction with postnatal care declines over time after the birth, as can be seen in Table 7.2 below. It is interesting to note, however, that regardless of how long ago a woman received maternity care, opportunities to express their opinions and concerns with regard to homelife

and health are consistently the most positively perceived, whilst fewer women indicated that they felt able to express their concerns surrounding the experience of their birth.

Table 7.2: Opportunity to express opinion and concern statements (by time since birth)

	Able to express opinions and concerns about experience of the birth	Able to express opinions and concerns about beliefs	Able to express opinions and concerns about emotions	Able to express opinions and concerns about health	Able to express opinions and concerns about homelife
Within the last 3 months					
Agree	71%	75%	77%	81%	81%
Neutral	14%	19%	12%	10%	11%
Disagree	15%	6%	11%	9%	8%
Within the last year					
Agree	63%	67%	68%	73%	73%
Neutral	14%	26%	15%	12%	18%
Disagree	23%	8%	17%	14%	9%
Within the last 3 years					
Agree	54%	61%	60%	66%	66%
Neutral	15%	28%	16%	14%	20%
Disagree	31%	11%	23%	21%	14%
More than 3 years ago					
Agree	47%	52%	53%	60%	58%
Neutral	19%	34%	19%	15%	24%
Disagree	34%	14%	28%	25%	18%

Base: All respondents: within the last three months (n=632), within the last year (n=1050), within the last three years (n=1137), and more than three years ago (n=472)

7.2 Key themes

In addition to the quantitative questions explored above, the survey respondents were asked to respond to a free-text, qualitative question that asked 'What are your overall views of the care provided after the birth?'. The following sections explore the key themes that were discussed by the survey respondents in response to this question.

The most prevalent themes that were discussed by respondents were: information and advice, quality of care, breastfeeding advice and support, hospital infrastructure, and staff attitudes and behaviour.

7.2.1 Information and advice

Within the sample, 21 percent of responses (686/3308) discussed information and advice within their qualitative feedback. Responses under the theme of information and advice were divided into those who indicated that they had received good information and advice (seven percent; 219/3308) and those who indicated that they had not received information or they had received information and advice that were poor-quality (14 percent; 467/3308). As outlined in Table 7.3 below, this theme was most commonly discussed by women in relation to their postnatal care experience.

Table 7.3: Respondents' perception of information and advice

Stage of Care	Provided	%	Lacking	%
Antenatal	119	4%	226	7%
Birth	95	3%	85	3%
Postnatal	**219**	**7%**	**467**	**14%**

Base: All respondents (n=3308)

More positive experiences included where respondents noted that staff had been 'informative' or 'knowledgeable', in addition to comments that indicated that their questions had been answered or that they had been offered specific advice with regard to postnatal care, such as breastfeeding:

> *'I received a lot of support from the staff on the wards. They were able to help me with breastfeeding my baby and caring for her in the night. There was also the opportunity to speak to a lactation specialist, which was fantastic to see. I also received guidance on how to bath my baby, which was useful.'* **(20–29, Consultant-led)**

Negative comments typically alluded to where women had not received sufficient advice or information, or had received advice that was 'conflicting' or 'confusing'. These included where women indicated that they were not given specific information on care for themselves or their baby after birth. In some cases, women linked this to feeling as though they were 'left alone' after the birth of their baby, which was explained by some as a result of services and staff being over-pressured and/or because it was not their first child:

'[Staff] *are busy and overworked and work very long hours. They did their best, but I think my midwife was out of her depth and not that helpful. The consultant didn't even speak to me. I felt irrelevant to what was going on. She just did as she wished and no one explained afterwards what happened. I was just stitched up and left.'* **(20–29, Consultant-led)**

'Because it was my fourth child, each midwife I spoke to just said things along the lines of "You know what you're doing by now — you must be an expert", which was what I had throughout my pregnancy also. It has made me feel embarrassed to ask for help or say that for the first time I am struggling due to having three other kids to care for as well as a new-born now. I'm struggling to breastfeed for the first time and looking at switching to formula. […] Each experience should be treated differently.' **(30–39, Midwife-led)**

Staff and advice consistency

Alongside the qualitative theme of overarching information and advice, responses were coded in order to indicate whether or not women had experienced consistent staff or continuity of care. However, the majority of responses coded under this theme related to where women had not experienced consistency and had received care from many different midwives. This is perhaps unsurprising, as patients generally expect to receive continuity of care and, as such, are perhaps more likely to detail where this has not been the case than where they have received consistency. This issue was raised by two percent of respondents in relation to postnatal care.

Table 7.4: Perceptions of staff consistency

Stage of Care	Consistent	%	Inconsistent	%
Antenatal	32	0%	240	7%
Birth	16	0%	40	1%
Postnatal	11	0%	79	2%

Base: All respondents (n=3308)

The quotes below illustrate the impact that a lack of staff continuity had on women's experience:

'I had to go over the experience of giving birth every time a different midwife came to the house, which is traumatic after a difficult birth and emotionally jarring.' **(30–39, Consultant-led)**

This theme often also emerged in relation to breastfeeding support, where mothers indicated that they had received conflicting advice from different staff members:

'I was trying to breastfeed and every midwife suggested and advised something different.' **(30–39, Midwife-led)**

7.2.2 Quality of care

Within the overall sample, 19 percent of responses (638/3308) discussed the quality of care received during their postnatal care experience. This theme was used to indicate where respondents described experiencing 'good care', or markers of good care, such as feeling 'cared for', 'supported' or 'listened to'. Furthermore, this theme identified experiences in which respondents indicated that they had had the opposite experience and felt 'unsupported', 'ignored' or 'not listened to'.

Trends across the sample indicated that approximately one fifth of respondents positively described the quality of care that they received during the antenatal and birth stages (see Table 7.5 below) in comparison to 11 percent during postnatal care. This reiterates that postnatal care is generally viewed less positively than antenatal care and care during birth.

Table 7.5: Perceptions of quality of care

Stage of Care	Supported	%	Not Supported	%
Antenatal	579	18%	174	5%
Birth	688	21%	223	7%
Postnatal	**370**	**11%**	**268**	**8%**

Base: All respondents (n=3308)

When addressed at the Health Board level, however, this appears more variable (Table 7.6). For example, postnatal care in Cwm Taf Morgannwg University Health Board appears to have a lower proportion of respondents describing the quality of care positively (eight percent; 45/541) than in Betsi Cadwaladr University Health Board, wherein women more frequently described how good quality of care was provided in comparison to the sample average (16 percent; 116/724).

Table 7.6: Perceptions of postnatal quality of care (by Health Board)

Health Board	Provided	Not Provided
Aneurin Bevan	11%	10%
Betsi Cadwaladr	16%	7%
Cwm Taf Morgannwg	8%	9%
Cardiff & Vale	11%	9%
Hywel Dda	13%	10%
Powys	23%	3%
Swansea Bay	10%	9%

Base: Total sample size for each Health Board is n=489 (ABUHB), n=724 (BCUHB), n=541 (CTMUHB), n=599 (C&VUHB), n=373 (HDUHB), n=40 (PTHB), and n=229 (SBUHB)

Where women had a positive postnatal care experience they frequently referred to 'excellent care' and 'amazing' staff, as illustrated by the quote below:

> *'After the birth the midwife and health visitor were so supportive, especially when I had a bereavement in the family, and provided extra support for me if I needed it. My mental and physical health felt like their priority, as well as my baby's, and I was grateful for all their time.'* **(20–29, Midwife-led)**

There were frequent overlaps between experiences of good care and being treated by staff who were friendly or kind, which were captured separately under the theme of staff behaviour. The following quote is illustrative of this theme:

> *'Excellent. I breastfed and was shown in labour ward what to do. I felt at ease and wasn't rushed over to the ward. When I was on the ward, another midwife observed me feed my baby at least three times to make sure I was okay before leaving to go home. All staff were very friendly and approachable.'* **(20–29, Consultant-led)**

Where women had more negative experiences under this theme, they often noted that staff 'didn't listen' or 'ignored' their views.

This theme often overlapped with responses indicating that health concerns had been ignored, with many describing how they felt as though they were not listened to when they said that they were in pain. This is illustrated in the following quote:

> *'Overall, I was not supported.* [I] *felt I was forgotten about often. I was very emotional and frightened on my first night. I called my mum and partner crying. Midwives knew and nobody came to help. I had a post-dural puncture that went unnoticed for two days, despite me telling them I had a headache.'* **(30–39, Consultant-led)**

Women's experiences were often mixed under this theme. For example, women frequently alluded to feeling supported by particular members of staff but not by others, suggesting variability in staff practice.

Poor care and safety concerns

Five per cent of respondents (162/3308) described instances of poor care within their postnatal experience. This theme draws together instances that women themselves have detailed as poor care, or issues that were interpreted as poor care by the research team (such as losing medical notes and the failure to act on a health concern).

To gain a greater understanding of the geographical spread of women's perceptions of poor care and/or concerns regarding safety, this analysis was segmented by Health Board (see Table 7.7 below). Whilst levels of poor care are fairly similar across the Health Boards, Betsi Cadwaladr University Health Board appears to have a lower proportion of respondents citing poor care and/or concerns regarding safety than do other Health Boards and the overall sample average (five percent; 162/3308).

Table 7.7: Perceptions of poor care and/or concerns about safety (by Health Board)

Health Board	Poor Care Identified
Aneurin Bevan	6%
Betsi Cadwaladr	4%
Cwm Taf Morgannwg	6%
Cardiff & Vale	5%
Hywel Dda	6%
Powys	N/A
Swansea Bay	7%

Base: Total sample size for each Health Board is n=489 (ABUHB), n=724 (BCUHB), n=541 (CTMUHB), n=599 (C&VUHB), n=373 (HDUHB), n=40 (PTHB), and n=229 (SBUHB)

Some of the responses under this theme gave rise to concerns surrounding some women's safety, with respondents detailing instances in which health issues had been missed or women and/or their babies had been put at risk:

> *'I believe I now have PTSD because of the way we were treated after the birth. I was left alone in a day assessment unit with no midwife, with a baby with a heart problem that had not been checked. I feared he may not make it till the morning. I was not allowed to use the bed in the special care baby unit and my ankles ballooned. I was forced to leave my new-born baby there whilst I went back to my bed to put my feet up and try to rest — something that I did not want to do. I was not informed of what the protocols were for babies with heart problems. I was let down all round.'* **(30–39, Midwife-led)**

Under the theme of poor care, respondents also frequently discussed feeling that they were 'left alone' and that there was 'no focus' on the mother. These two themes are discussed in greater detail below.

Left alone

Four percent of women (145/3308) respondents described feeling as though they had been 'left alone'. This theme included responses in which women reported that they had been 'left to it' or left to 'fend for themselves'. Illustrative quotes are provided below:

> *'We were moved to a postnatal ward for 48 hours post-birth due to my antidepressants. Multiple times I asked for help with breastfeeding and some of the midwives never came after saying they would. We were left to fend for ourselves. No one asked if I needed help in the shower. Had to nag for pain relief at times, especially after being promised it, and people never came with it. […] No one was interested in how we were coping or my feelings.'* **(20–29, Midwife-led)**

> *'I felt there was enough support on the labour ward but nothing at all on the next ward. Nobody talked to you about what happened; to have to go to theatre nor what happened. And nobody let you know how to look after yourself after the experience. You were just left to get on with it.'* **(30–39, Consultant-led)**

> *'Whilst in the hospital I feel we were just left and not given any help.'* **(20–29, Midwife-led)**

There were overlaps between this theme and the issues of partners not being able to stay (discussed in section 6.2.6) and over-pressured settings (also discussed in section 7.2.4), with some women indicating that they were 'left alone' in the absence of their partner being there to help support them overnight:

> *'I was ignored a lot and unless you were one of the mothers making a giant fuss, you received no help or support. Staffing levels were so low that I was often left alone crying with no pain relief or support after a C-section, looking after a new-born on my own. My partner was not allowed in as much as we would have liked and I desperately needed the help and emotional support.'* **(30–39, Consultant-led)**

This theme also included examples of women who were not giving birth for the first time and who were feeling that they were left to get on with the situation without support, as illustrated in the following quote:

> *'I'm a second-time mother and there seemed to be an assumption that I knew what to do and could just get on with it. I struggled.'* **(30–39, Consultant-led)**

No focus on the woman

This theme clustered together responses in which respondents described a lack of focus on the woman and her health after the birth of the child. This was addressed in three percent of responses (86/3306). These included responses in which women indicated that there was 'no consideration' given to their health or well-being, and that visits focused on the baby:

> *'*[I] *had to ask to have my stitches looked at often and felt like there was very little checking in on me, and all focus on baby, which was the most important thing, of course, but I felt I needed some reassurance about how awful I felt.'* **(20–29, Midwife-led)**

In many of these comments, women contrasted the attention that they had received with the attention paid by staff to the new-born, as illustrated in the following quote:

> *'No consideration was given for me (after the birth of my baby) or my husband. I was left in pain and bleeding excessively at hospital. I was given a student midwife that pulled my catheter out without supervision. Midwives that visited me at home weren't very caring towards me. However, can't fault the care that my baby was given.'* **(30–39, Consultant-led)**

In several cases, examples included women being left alone, as well as not being offered food whilst they were still in hospital care.

No postnatal depression support

This theme clustered together responses in which respondents had highlighted that they had received no support for postnatal depression, and was described by 44 respondents (one percent). This included instances in which women faced difficulty in accessing support, where their symptoms had gone unnoticed, and instances in which no one had asked about their mental health and well-being:

> *'I struggled with breastfeeding and postnatal depression. The services for mothers for postnatal depression is lacking. I was in real need and there was no postnatal mental health care.'* **(40–49, Consultant-led)**

Several respondents indicated that more needed to be done to identify women who were struggling and provide support where required. Several respondents had suffered from episodes of postnatal depression that had not been picked up during the immediate support offered, and felt that more long-term support was needed so as to identify women who were struggling.

Some responses indicated that women who had experienced traumatic birth experiences had not been offered any kind of emotional support to help them to come to terms with their experience, which they related to experiencing depression, anxiety or other mental health issues after the birth:

> *'I felt like I had a bit of trauma after my birth and no one was really bothered. Not offered support like people are now, and still feel like I struggle.'* **(30–39, Midwife-led)**

7.2.3 Breastfeeding advice and support

Breastfeeding support was one of the most prominent areas discussed by women in relation to their postnatal experience, discussed by 17 percent of respondents (564/3308).

The issues that emerged related most commonly to breastfeeding advice; however, there were also two other subthemes:

- Breastfeeding choice – particularly whether this was supported or not
- Concerns dismissed – covering issues where women raised concerns regarding difficulties in breastfeeding, such as tongue-tie or latching, and were ignored or dismissed.

Breastfeeding advice

Of the responses that related to breastfeeding advice, five percent were positive (175/3308) in comparison to 10 percent that were negative (331/3308). Those who had a positive experience often described good support and advice, as well as instances in which staff had helped them to identify and overcome issues with which they were struggling, such as tongue-tie and latching issues. There were several examples in which women named particular staff members who had delivered exceptional support which had enabled them to breastfeed successfully.

Where women's experiences were negative, these included issues such as no breastfeeding support being given or inconsistent/poor advice. This sometimes was described by respondents as a result of 'staff shortages', 'over-pressured services', or a lack of staff with appropriate knowledge. Many respondents also appeared to have very mixed experiences (depending on the different members of staff with whom they interacted:

> *'Breastfeeding support was awful and dependent on which midwife was available. Surely, all staff should be trained and secure in their knowledge of how to help with establishing feeding.'* **(30-39, Consultant-led)**

There also appeared to be a particular issue among second-time mothers receiving minimal support under an assumption that they 'know it all', which led to some women feeling unsupported:

> *'Second-time mothers received less attention. There was only a two-year gap between my children but I had forgotten everything. I received hardly any attention nor care after giving birth in hospital in terms of bathing the baby — I had to ask for this — and breastfeeding.'* **(30–39, Midwife-led)**

Whilst in qualitative responses, respondents more commonly indicated that they had a negative experience of breastfeeding support, almost two thirds of respondents within the quantitative findings agreed that they received sufficient support in feeding their baby (65 percent; 1978/3045). This could suggest that whilst the majority of women were content with their breastfeeding support, those who were dissatisfied felt that it was important to provide more detail explaining why they were not content with it. Table 7.8 below illustrates the slight difference in satisfaction levels across the Health Boards, with Hywel Dda and Betsi Cadwaladr University Health Boards appearing to have slightly higher satisfaction levels in comparison with the overall sample.

Table 7.8: Breastfeeding support and advice provision statements (by Health Board)

Statement	Health Board	Agree	Neutral	Disagree
Feeding my/our baby (breast or bottle feeding)	Aneurin Bevan	61%	13%	26%
	Betsi Cadwaladr	68%	13%	19%
	Cwm Taf Morgannwg	57%	12%	31%
	Cardiff & Vale	69%	12%	19%
	Hywel Dda	69%	14%	17%
	Powys	83%	8%	10%
	Swansea Bay	65%	10%	25%

Base: Total sample size for each Health Board is n=492 (ABUHB), n=734 (BCUHB), n=552 (CTMUHB), n=600 (C&VUHB), n=373 (HDUHB), n=40 (PTHB), and n=230 (SBUHB)

Breastfeeding choice

This subtheme related to whether respondents felt that their choice regarding breastfeeding was listened to and supported or judged or ignored. There were 68 comments relating to this theme, of which 60 (two percent) reflected negative experiences, whilst the remaining eight reflected positive experiences (less than 1 percent). Positive responses typically included references to women feeling 'supported' and 'listened to' or having had staff who gave them impartial information on the benefits of different approaches to enable them to make the right choice for their circumstances:

> *'I made the decision quite soon after delivery that I was going to switch from* [breastfeeding] *to bottle feeding. The support from my midwife was amazing. You hear about some who push for* [breastfeeding] *really hard, but she listened to my concerns and agreed if that's what I wanted, she would support. Fed is better.'* **(30–39, Midwife-led)**

Negative responses typically referenced women being 'pressured' into a particular method of feeding. Whilst more often this pressure seemed to be pressure to breastfeed, there were also examples of women feeling pressured to bottle-feed when this was not their preference, due to it being 'easier' or the hospital not being able to offer them the support that they required:

> *'I was given tonnes of support with breastfeeding, but the midwives were not allowed to give me information about combination and bottle feeding, which I found really difficult, as my baby was losing weight, and (psychologically) I found it hard to continue breastfeeding. I understand why breastfeeding is promoted — the UK has very low levels of breastfeeding, compared to other countries, and the Nestlé scandal from years ago — but it is potentially damaging to a new mum's mental health if she's made to feel (and her partner if they also attend all the appointments) that breastfeeding is the correct method of feeding and bottle feeding is somehow substandard.'* **(30–39, Midwife-led)**

Breastfeeding concerns were dismissed

Fewer comments described where women felt as though their concerns relating to breastfeeding had been dismissed or ignored by the midwives and health workers supporting them (one percent; 36/3308). In these cases, however, women raised concerns surrounding latching difficulties that were dismissed, leading to issues such as tongue-tie not being detected until sometime after they had raised the concern, often picked up by a different member of staff. For some women this resulted in them feeling unsupported:

> *'We struggled with breastfeeding. I knew that my son had a tongue-tie (as my previous children had, too) but was consistently told that he didn't. Feeding was incredibly painful but I am quite stubborn, so continued until I could seek help elsewhere. Breastfeeding training urgently needs updating at the* [name]*!'* **(30–39, Consultant-led)**

Hospital infrastructure

Hospital infrastructure was a prominent theme discussed in responses to postnatal care, discussed in 526 responses (15 percent) overall. Under this theme, respondents most commonly discussed issues surrounding over-pressured services and staff (seven percent; 233/3308); however, there were also four other subthemes:

- No contact/not checked on – women feeling as though they had limited contact with staff
- The discharge process – particularly whether this was a smooth or unclear process
- Privacy and dignity – covering issues such as facilities in which women lacked privacy, and issues surrounding hygiene in hospitals.

Over-pressured services and staff

A substantial proportion of responses in relation to postnatal care related to services and staff feeling over-pressured and under-resourced (see Table 7.9 below). This included concerns surrounding understaffing and women feeling that they had not been checked upon regularly. In some cases, women explicitly made connections between perceived pressures and the impact of austerity upon services.

Table 7.9: Women's perception of over-pressured services and staff

Stage of Care	Over-pressured	%
Antenatal	174	5%
Birth	134	4%
Postnatal	**233**	**7%**

Base: All respondents (n=3308)

Respondents often emphasised that clinicians were 'working extremely hard' or 'doing their best' despite 'stretched' services:

> *'They took my baby into special care while I slept and no one told me where she was till I asked. They are busy and overworked and work very long hours. They did their best but I think my midwife was out of her depth and not that helpful. The consultant didn't even speak to me. I felt irrelevant to what was going on. She just did as she wished and no one explained afterwards what happened.'* **(20–29, Consultant-led)**

In few cases, meanwhile, it was perceived by respondents that over-pressured services, resulting in understaffing, created a dangerous environment for women and their babies:

> *'Staff shortages meant there was nobody available to help me breastfeed my baby. We were in hospital for three days and at night there was only one midwife on duty, which is dangerous and meant that the care was very poor.'* **(30–39, Consultant-led)**

To gain a greater understanding of whether this perception of over-pressured services and staff resonated across Wales, analysis was segmented by Health Board (see Table 7.10 below). This demonstrates some variability. Notably, Betsi Cadwaladr University Health Board appears to have a higher proportion of respondents describing over-pressured services than does the overall sample.

Table 7.10: Patient perception of over-pressured services and staff (by Health Board)

Health Board	Over-pressured Services and Staff
Aneurin Bevan	7%
Betsi Cadwaladr	10%
Cwm Taf Morgannwg	6%
Cardiff & Vale	7%
Hywel Dda	7%
Powys	N/A
Swansea Bay	8%

Base: Total sample size for each Health Board is n=489 (ABUHB), n=724 (BCUHB), n=541 (CTMUHB), n=599 (C&VUHB), n=373 (HDUHB), n=40 (PTHB), and n=229 (SBUHB)

As highlighted in section 7.2.2 (Quality of care), this appeared to be a particular issue relating to postnatal care, where in some cases respondents referred to being left to 'fend for themselves' or 'left to it' after the birth. Some respondents connected this to attention being diverted to women who were still undergoing the birth and labour process rather than to women who were supporting new-borns.

No contact/not checked on

Across the sample, there were a small number of examples of respondents feeling as though they had limited contact with staff or were not checked upon. As illustrated in Table 7.11 below, this theme was most prominent during postnatal care.

Table 7.11: Patient perception of no contact and/or not being checked on

Stage of Care	No Contact	%
Antenatal	72	2%
Birth	72	2%
Postnatal	**139**	**4%**

Base: All respondents (n=3308)

Under this theme, respondents typically described feeling as though they had been 'left alone' after the birth of their baby, suggesting that they found it difficult to access staff:

> *'My initial midwife was very good, but after her shift ended I was placed in a room. (My baby was being transferred to* [hospital name]*.) Nobody came in for what felt like hours. They checked my obs. and blood loss then left. I felt that nobody wanted to talk to me. Nobody knew what was happening and I felt so alone! Nobody went through what was "expected" after birth.'* **(20–29, Midwife-led)**

In the community, this theme included examples in which women did not hear from their community midwives or health workers after the birth or had very minimal contact with them:

> *'Disappointed by my community midwife. Did hear/see her from about 28 weeks. After birth, didn't have contact at all.'* **(30–39, Midwife-led)**

> *'I did not feel very supported after birth. The midwives I've seen were great, but I did not see them very often and only seen a health visitor once.'* **(20–29, Midwife-led)**

Discharge process

Under this theme, responses were included in which respondents described either positive or negative experiences of the discharge process. Under this theme, however, only 10 responses were positive (less than 1 percent). Of those that were positive in sentiment, they typically described 'smooth' discharge processes and not being 'rushed' to leave hospital support before they were ready.

Negative comments in relation to the discharge process were slightly more common (two percent; 74/3308). Negative comments regarding the discharge process explored issues such as:

- In the hospital setting:
  - Women being discharged before they were ready, including some who were discharged with ongoing health concerns, which resulted in prompt readmission. In some cases, this gave rise to concerns surrounding poor care or patient safety.

  - Women waiting for long periods of time for a staff member to be available to discharge them. In more extreme cases this included women waiting an additional day to be discharged.
  - Women not being provided with expected medications or equipment upon discharge. This included prescriptions that had not been administered, as well as complaints from women with regard to not being provided with pain relief upon discharge after a caesarean section and, instead, being advised to buy paracetamol on their way home.

- In the community setting:
  - Women not receiving their sign-off meetings, or support ending sooner than they had anticipated.

The quote below provides an example of a response in which discharge processes intersected with poor care:

> *'Terrible. Discharged less than 24 hours after caesarean, despite having heart complications and trying to breastfeed. Baby and I hadn't even had a wash. Back in A&E by ambulance within 24 hours…'* **(20–29, Consultant-led)**

Privacy and dignity

This was a relatively small theme, with 27 respondents describing a lack of privacy and/or dignity with regard to postnatal care (one percent).

The small number of comments relating to concerns surrounding privacy and dignity included complaints regarding facilities lacking privacy. For example, some women noted having to breastfeed in the open. What is more, there were comments relating to cleanliness in the hospitals, which included a minority of comments in which respondents noted that they were seen on 'dirty' or 'unclean' wards, as well as several examples of women being left in 'blood-soaked' sheets. The latter in particular raised concerns surrounding women's dignity. Examples of responses under this theme are provided below:

> *'The midwives afterwards were lovely but spread too thinly. I bled on my sheets, and the baby pooed on them the day I had him. Both myself and my mother asked if I could have clean sheets — even offered to do it ourselves. We were assured they would be changed. It was two days later they came to change them. Similar happened with the bathing. We asked for a few days, it was an hour before we left they came to bath him.'* **(30–39, Midwife-led)**

> *'There were not enough nurses and midwives present to properly care for women on the ward. Male partners were present overnight, which made me feel uncomfortable. Visitors present all day. I was forced to leave my curtains open, so had to attempt breastfeeding in front of staring males. Private conversations re sexual health and contraception were given when other patient visitors were present and could hear everything. Unable to access toilets, as being used by*

visitors (male and female). No regard for the privacy and dignity of female patients at all.' **(30–39, Midwife-led)**

7.2.4 Staff behaviour

Seven percent of respondents discussed staff behaviour when describing the care that they had received. This theme included respondents who suggested that staff were kind and/or empathetic or rude and/or dismissive.

Under this theme there were some clear examples of good practice, and many responses included the names of staff members whom respondents wanted to commend for their care. The quotes below are illustrative of the positive comments under this theme:

'Fantastic, friendly midwives both in the hospital and that visited the house afterward. Never felt like any question was too daft and they offered plenty of useful advice. They were clear when next visits would be and that I could visit the MLU at any point if I was concerned about feeding techniques.' **(30–39, Midwife-led)**

'I was transferred from theatre into the recovery area. I was very tearful, so hungry and thirsty, overwhelmed at the birth of my daughter. The recovery ward midwife was kind and helpful. I was brought some tea and toast, which was very welcome. I was helped to wash and freshen up. I was helped to get my daughter to latch on to breastfeed.' **(20–29, Midwife-led)**

'Absolutely second to none. My health visitor [name]*, the midwives and nurses in post-op, postnatal ward, etc. were all so kind, attentive, calm and knowledgeable. I felt very cared for.'* **(30–39, Consultant-led)**

However, there were also examples in which staff were described as being 'unempathetic', 'rude' or 'dismissive'. In particular, these included comments in which respondents indicated that staff had 'poor bedside manner' and 'dictated' to women (rather than involving them in decisions regarding their care or breastfeeding). Among these responses, there were some clear examples of staff behaving in a way that was unprofessional, as illustrated by the following quotes:

'No care provided. With drips in both hands, I could not lift or get to my baby. I felt like a nuisance to the ward nurses. Was scolded by staff for attempting to breastfeed with curtain open, as "it offends husbands and they have no wish to see it".' **(30–39, Midwife-led)**

On the whole, however, the majority of responses coded under this theme seemed to relate to issues or events with individual staff members, rather than to wider workforce issues.

8 Patient Experience across Demographic Groups

Section summary

- Women with health conditions and disabilities tended to have more negative experiences of maternity services than did women who did not possess a health condition or disability.
- This report is unable to comment on differences between ethnic groups due to the low proportion of survey responses from Black, Asian, or Minority Ethnic (BAME) individuals.
- The majority of women felt able to express opinions and concerns regarding their language preferences.

This section explores women's experiences related to demographic background.

8.1 Health conditions and disability

Within the National Maternity Survey, respondents were asked whether they had any health conditions or disabilities. Across all stages of maternity care, satisfaction levels were often lower among women who reported that they had a health condition or disability. During both antenatal care and postnatal care, women with health conditions were less likely to report that they had received enough information and advice.

Women who reported that they had a health condition also appear less likely to agree that they had opportunities to express their opinions and concerns, particularly with regard to their birth choices. It is important to highlight that whilst these findings reflect the perception and experience of respondents, they do not necessarily provide the context of this experience. Therefore, it must be considered that although women with health conditions were less likely to feel able to express their thoughts on birth choice, this could have been because their pregnancy and birth choices were more prescribed so as to ensure their safety. Within the sample, 73 percent of women with health conditions (575/784) also had their pregnancies led by a consultant rather than a midwife. This may suggest that women with health conditions felt less able to express their opinions and concerns with regard to birth wishes; however, this may partly relate to them having less freedom available to them as a result of their pregnancies being at a higher risk.

Qualitative responses also suggest that women with health conditions or a disability have less positive experiences of antenatal, birth and postnatal care than do women who report no health problems, as illustrated in Table 8.1 below. This difference is most marked in relation to antenatal care, wherein 50 percent of women with health problems/disabilities reported positive care experiences in comparison to 61 percent of women who did not have a health problem/disability.

Table 8.1: Overarching experience of care (by health condition)

Stage of Care	Demographic	Positive	Mixed	Negative
Antenatal	Health problems/disabilities	56%	19%	25%
	None	69%	16%	15%
Birth	Health problems/disabilities	68%	11%	21%
	None	64%	11%	25%
Postnatal	Health problems/disabilities	42%	18%	41%
	None	48%	15%	37%

Base: Total respondents with identified health problems and/or disabilities (n=784) and total respondents with no identified health problems and/or disabilities (n=2238)

To gain a greater understanding of whether those with identified health problems and/or disabilities may have had disproportionately negative experiences, responses were segmented under the theme of health concerns. It is interesting to note that:

- Three percent per cent (25/784) felt that their health concerns were acknowledged during pregnancy care, whilst 10 percent felt as though their concerns were dismissed (77/784).
- One percent (29/784) felt that their health concerns were acknowledged during birth care, whereas six percent felt as though their concerns were dismissed (49/784).
- One percent (23/784) felt that their health concerns were acknowledged during postnatal care, whereas seven percent felt as though their concerns were dismissed (58/784).

There were only a handful of respondents who discussed their disability within their responses to the survey. In all of these responses, concerns were raised with regard to support. These included women noting that their disabilities were not taken into account in their care, leading to their support needs being overlooked.

8.2 Ethnicity

This report is unable to comment on differences between ethnic groups due to the low proportion of survey responses from Black, Asian, or Minority Ethnic (BAME) individuals. Only two percent of survey responses came from BAME respondents (56/3308), whilst 89 percent of respondents were white.

None of the qualitative responses to the survey included any discussion of ethnicity.

8.3 Age

Experiences of antenatal care, birth care and postnatal care by age group are explored in each of the relevant chapters.

To gain a greater understanding of whether the age of respondents affected their maternity experience, the analysts also identified qualitative responses in which women made reference to their age when discussing their care experience. Across the sample, six

respondents discussed age; in the majority of cases, these responses were descriptive. In the following responses, however, women described feeling under-supported as older mothers:

> *'Excellent, although not enough consultations with midwives, which I had had with my previous pregnancies. This made me feel vulnerable, especially as I was an older mum at 40!'* **(40–49, Consultant-led)**

> *'On the ward after the birth we were pretty much ignored. Everyone else had support and we were left to it. I got the feeling, as I was an older mum, they assumed that this was not my first.'* **(30–39, Consultant-led)**

8.4 Welsh language

The survey did not contain questions on respondents' preferred language; therefore, it is unclear as to how many respondents sought to receive care in the English or Welsh language. Overall, however, only four percent of survey respondents (139/3279) felt as though they were not able to express opinions and concerns regarding their language choices during their experience of pregnancy.

The Welsh language was also mentioned by 17 respondents in responses to free-text questions. Some respondents praised the fact that they had been able to receive support through the medium of Welsh, whereas others noted that this was not available to them or that they would have to travel in order to access Welsh-speaking clinicians. One response noted that this gave rise to communication issues:

> *'The consultant was very good, willing to go over things and explain them again, as they were hard to understand and didn't speak Welsh.'* **(40–49, Consultant-led)**

> *'Good on the whole. No one available throughout the pregnancy nor during the birth who could speak Welsh. The only support I received in Welsh was from a breastfeeding volunteer at* [name of hospital]*.'* **(30–39, Midwife-led)**

In one case it appeared that a staff member was using the Welsh language as a way of talking about a respondent without them hearing:

> *'I felt that I never had the respect I deserved… My son was hungry and I asked if I would be any longer in the appointment. The midwife raised her voice and told me it would take as long as it takes, and continued to talk about me to her colleagues in Welsh — I am fluent in Welsh.'* **(30–39, Consultant-led)**

9 Key Trends & Conclusions

Considering the themes and their prevalence across the different stages of maternity services, it is clear that the majority had positive experiences of the maternity care across Wales, although one in five described experiencing poor care.

Respondents were largely positive across each of the survey's quantitative statements regarding information, support, and the ability to express own opinions and concerns within each maternity care stage. In particular, respondents most commonly suggested that they felt able to express their opinions and concerns surrounding their health and homelife (within antenatal and postnatal care), and that they were provided with sufficient information on what was going on at the time (within antenatal care and care during birth). Across the sample, over one fifth of respondents (22 percent; 715/3308) were positive about every stage of their care, whilst almost two-fifths were positive about both their antenatal and birth care (38 percent; 1272/3308).

A high prevalence of positive experience can be identified within the theme of quality of care, within which respondents described feeling 'cared for', 'supported' and/or 'listened to'. Where quality of care was apparent within women's experiences, this typically occurred alongside descriptions of being treated by staff who were friendly or kind and, for some respondents, the identification of birth and childcare wishes being listened to. The high quality of care highlighted here is further demonstrated in the 155 cases (five percent) in which care was suggested to 'exceed expectations'. This trend also resonates with the quantitative findings which found that the majority of respondents felt supported during birth. Women's experiences seem to have generally been more positive where they felt listened to, supported and informed.

However, it should be noted that 18 per cent of respondents (524/3308) also described experiences of poor care, or issues that may relate to poor safety, at some stage of maternity care. These experiences were most prevalent within responses relating to care during birth, with eight percent of responses (273/3308) relating to this theme. This figure stood at five percent for both antenatal (171/3308) and postnatal care (162/3308).

A considerable proportion (14 percent) of all respondents described services and staff as being over-pressured, including concerns surrounding understaffing or women feeling that they had not been checked upon regularly.

9.1 Antenatal care trends

The majority of women had positive experiences of antenatal care. For example, 66 percent of survey respondents provided positive accounts of care when describing their overall views on care. Within this aspect of care, responses commonly highlighted the positive quality of care that they received, describing staff as being supportive and caring (18 percent; 579/3308).

Quantitative findings indicate that the majority felt as though they were given enough information on what was happening during pregnancy (81 percent) and what would happen during birth (67 percent). This aligned with the qualitative data, wherein some also highlighted the good provision of information and advice (four percent; 119/3308). Within the qualitative responses, it was more common under this theme for respondents to suggest information and advice as an area for improvement (seven percent; 226/3308), as some described receiving limited or a lack of information with regard to their pregnancy and, in some cases, the next steps in their maternity experience.

A lack of information and advice was, in some cases, also linked to inconsistent staff within antenatal care. Overall, seven percent of responses (240/3308) highlighted that they had received care from a number of different midwives and/or consultants, which, for some, led to limited advice and minimal relationship development, resulting in women feeling uncomfortable towards expressing their concerns and fears.

9.2 Birth care trends

Overall, 66 percent of women described positive overall views on the care that they received during birth; however, 22 percent of women had negative experiences of this stage of care.

The majority of respondents stated that they felt supported during birth (78 percent), and three quarters of respondents agreed that they had enough pain relief. However, fewer respondents agreed that they knew what to expect from the birth (69 percent) and that their wishes for the birth were listened to (68 percent).

Within their qualitative responses, positive quality of care was recognised, with respondents describing themselves as being ‘well cared for’ and ‘supported’ through birth in 21 percent of responses. Whilst there are clearly a high proportion of women highlighting the positive aspect of the theme of quality of care, it is important to highlight that 7 percent of women described receiving poor quality of care. In these cases, women often described not being listened to by staff or that they did not feel as though staff ‘cared’ about them or their experience and concerns. Moreover, some noted that they felt like an ‘inconvenience’ to staff or that their views were ‘ignored’ or treated as ‘irrelevant’.

Almost one tenth of the sample described instances of poor care within the birth care section of the survey (eight percent; 273/3308). These included where respondents themselves described the care that they had received as being poor and where issues were interpreted as poor care by the research team on the basis of the detail provided. Examples included where respondents described feeling unsafe and where the birth process and operations within their particular site were perceived to be given priority over patient care.

9.3 Postnatal care trends

Postnatal care was generally perceived less positively by respondents, across quantitative and qualitative measures, than antenatal and birth care. In describing their overall views on the care received during postnatal care, 46 percent of women described positive

experiences, whilst 38 percent described negative experiences and 16 percent had mixed experiences. A more negative perception of postnatal care appears to be the result of a number of factors outlined below.

Women were less satisfied with the information and advice received as part of their postnatal care in comparison to the other birth stages. For example, 64 percent of respondents agreed that they had enough information on what was happening at the time during postnatal care in comparison to 80 percent during antenatal care. Women also perceived the support with which to assist them in bathing their baby and helping the baby to sleep as being less satisfactory than the support provided in other areas, namely breastfeeding and signposting in the case of an emergency. This potentially lower satisfaction rate is further illustrated in qualitative coding which demonstrates that, in comparison to antenatal care and birth care, there is a lower proportion of positive qualitative coding attributed to postnatal quality of care (11 percent; 370/3308, in comparison to 18 percent and 21 percent respectively). For many women, this appeared to be linked to services and staff being over-pressured (seven percent; 233/3308), with some suggesting that they felt like an 'inconvenience' to staff, or that their views were 'ignored' partly because staff were too busy and/or under strain.

From the descriptions that women gave of their care, the research team sought to identify whether they had received care in a hospital setting, within the community or in a combination of the two. However, it was not felt that there was enough detail to draw robust conclusions on the differences between care sites, as it was not always clear as to what site of care was being referred to. Where apparent, however, postnatal care provided within the community was typically described more positively than care provided solely within a hospital. In some cases, respondents described staff within the community as providing greater care as a result of being less pressured than hospital staff:

> *'Community team were amazing. Ward-based team were too busy to appear to care.'* **(30–39, Consultant-led)**

Breastfeeding support was one of the most prominent issues discussed in relation to postnatal care (17 percent; 564/3308). It is interesting to note that whilst almost two thirds of respondents (65 percent) in the quantitative element of the survey stated that they had sufficient breastfeeding support from midwives, the majority of qualitative responses which related to breastfeeding were negative (10 percent; 331/3308, in comparison to five percent which were positive responses; 175/3308). Where women's experiences were negative, these included issues such as no breastfeeding support being given or inconsistent/poor advice. Similar to previous trends, wherein limited support with breastfeeding was identified, this was sometimes described as a result of over-pressured services. However, it is important to highlight that there were several examples in which respondents named particular staff members who had delivered exceptional support which had enabled them to breastfeed successfully.

9.4 Closing considerations

On the whole, experiences were more positive than negative at all stages of maternity care. As illustrated by the results, however, there were still a notable proportion of respondents who described negative experiences and experiences of poor care, which may require further attention.

Whilst women's voices are elevated within these findings, it should be noted that experiences need to be interpreted with caution. The sample included within this research, whilst encompassing a wide range of scenarios and circumstances, may not necessarily be reflective of broader experiences of maternity services across Wales, as a result of the aforementioned limitations inherent in the data collection and analysis process. Furthermore, it should be considered that whilst analysts have been able to situate and contextualise experiences through the triangulation of quantitative and qualitative findings, there may be some circumstances, such as the widely publicised negative critiques of the former Abertawe Bro Morgannwg and Cwm Taf University Health Boards, for which analysis is unable to wholly account.

We are, however, confident in the findings within this report which are consistent with findings from other research into maternity services in Wales (Consultant Midwives Cymru, 2017) (Broderick, 2019). Moreover, through the triangulation of quantitative and qualitative findings, examples of good practice alongside wider sectoral considerations are outlined below.

Across the sample, respondents identified the following themes prominently within their qualitative responses:

- The quality and consistency of general information and advice, including a particular focus on postnatal advice, particularly with regard to breastfeeding (21 percent of respondents; 687/3308).
- Quality of care, particularly addressing the level of support that women received and whether they felt listened to and cared for (17 percent of respondents; 567/3308).
- Staff behaviour, including the proportion of respondents who received care from medical staff who were kind and empathetic (eight percent of respondents; 264/3308).

By cross-referencing these themes with the quantitative findings, it is apparent where respondents indicate they have had a positive experience, which is typically a result of a combination of the aforementioned themes. This suggests that best practice is provided through a number of integrated elements, namely ensuring that women feel listened to, supported and adequately informed.

Within the analysis, over-pressured services and staff were also a prominent theme across the birth stages, as described by 14 percent of respondents (465/3308). Whilst this is itself a concern, respondents linked this theme to other issues such as feeling as though they had not been checked upon regularly. Whilst in some cases, respondents drew connections between perceived pressures and the impact of austerity upon services, it is important to

consider how the sectoral pressures may impact the overarching experience of maternity services.

It was notable across all stages of maternity care that experiences were poorer among those who possessed a disability or health condition and those who received consultant-led care. There was a large overlap between these groups within the survey responses. Respondents from these groups were less likely to feed back that they felt informed, supported, and able to express opinions and concerns within their care experiences.

Finally, across all aspects of maternity care that were monitored in the quantitative questions, women's experiences were less favourable among respondents from Cwm Taf Morgannwg University Health Board. This was also reflected in trends in some qualitative responses, with those who had received care from Cwm Taf Morgannwg University Health Board, in relation to poor care, negative staff behaviour, and not feeling supported. The representation of Cwm Taf Morgannwg University Health Board is likely to be impacted to some extent by the profile of the survey respondents, as well as the context in which the survey was carried out, wherein there was widespread press coverage of the inspection work being delivered there. This is likely to have resulted in an increased level of self-selection bias and negative response bias within the responses relating to this Health Board. Indeed, there is some potential evidence of this, as this Health Board witnessed a greater number of responses from respondents who gave birth more than three years ago.

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Annexe 1: Coding Framework

The table below illustrates the coding framework developed through the coding refinement process outlined in Methodology. The framework was used to thematically analyse all qualitative responses in the survey. Each response to each individual question was coded using the framework below; however, additional question-specific themes were added where appropriate. These are indicated where a question number is inserted into the Descriptive Codes column below.

Table A1.1: Coding framework

Themes	Subtheme	Descriptive Codes	Type
Patient Welfare		Patient Welfare	Descriptive
Demographic		Health Concerns	Macro; acknowledged/not acknowledged
		Ethnicity	Descriptive
		Age	Descriptive
		Welsh Language	Descriptive
		Traumatic Experience	Descriptive
		Still Pregnant	Descriptive
Overarching Experience		Positive	Descriptive
		Negative	Descriptive
		Mixed	Descriptive
		Can't Discern	Descriptive
Patient Experience	Patient Choice and Concerns	Physical and Mental Health Concerns	Macro; acknowledged/not acknowledged
	Support	Quality of Care	Macro; positive/negative
	Support	Exceeded Expectations	Descriptive
	Care Experience	Poor Care/Concern about Safety	Descriptive
	Patient Choice and Concerns	Partner Could Not Stay	Descriptive
	Patient Choice and Concerns	Mother/Baby Separation	Descriptive
	Lack of Focus on Mother	No Focus on Mother (Q16)	Descriptive
Birth/Childcare Wishes	Patient Choice and Concerns	Patient Choice	Macro; positive/negative
Staff and Management	Communication	General Information and	Macro; positive/negative

Themes	Subtheme	Descriptive Codes	Type
		Advice	
	Communication	Medical Information and Consent	Macro; positive/negative
	Communication	Empathy and Kindness	Macro; positive/negative
	Consistency of Care	Staff Consistency	Macro; positive/negative
	Consistency of Care	Advice Consistency	Macro; positive/negative
Partner Experience	Care Experience	Experience	Macro; positive/negative
Care Offered	Communication	Scans (Q10)	Macro; provided/not provided
	Communication	No Follow-Ups (Q16)	Descriptive
	Communication	Discharge Process (Q16)	Macro; positive/negative
Hospital Infrastructure	Lack of Access	Waiting Times	Descriptive
	Lack of Access	No Contact/Not Checked On	Descriptive
	Lack of Access	Over-pressured Services and Staff	Descriptive
	Lack of Access	Privacy and Dignity	Descriptive
Breastfeeding Support	Communication	Breastfeeding Support and Advice	Macro; positive/negative
	Patient Choice and Concerns	Breastfeeding Choice Respected	Macro; positive/negative
	Patient Choice and Concerns	Dismissal of Breastfeeding Concerns	Descriptive
Poor Support	Communication	Patient Left Alone	Descriptive
	Emotional Support	No Postnatal Depression Support	Descriptive

Expanded definitions of each descriptive code are given below. Further details relating to each code, including prevalence and illustrative quotes, are provided in the next section.

Table A1.2: Descriptive code definitions

Descriptive Codes	Definitions and Notes
Patient Welfare Concerns	Responses that gave rise to patient welfare concerns; these were passed to HIW to determine whether safeguarding action was required
Health Concerns	Flags responses where respondents discussed how pre-existing health concerns intersected with their care experience
Ethnicity	Flags responses where respondents discussed how their ethnicity intersected with their care experience
Age	Flags responses where respondents discussed how their age intersected with their care experience
Welsh Language	Flags responses where respondents discussed access to the Welsh language
Traumatic Experience	Flags responses where respondents detailed that they had experienced trauma or traumatic birth experiences
Still Pregnant	Flags where respondents indicated that they had not yet given birth
Positive	Describes where the overarching sentiment expressed in the response was positive in nature
Negative	Describes where the overarching sentiment expressed in the response was negative in nature
Mixed	Describes where the overarching sentiment expressed in the response was mixed in nature
Can't Discern	Describes where it was not possible to discern whether the sentiment was positive, negative or mixed on the basis of the information provided
Physical and Mental Health Concerns	Explores where patients noted that their health concerns (including ongoing health issues, or current pain or health concerns) were acknowledged/accommodated or dismissed, disregarded or ignored
Quality of Care	Explores where patients indicated that they felt cared for, supported or listened to, or the alternative
Exceeded Expectations	Explores where patients described care that was 'exceptional' or that went 'above and beyond'
Poor Care/Concern about Safety	Explores where patients described care that

	was poor; in some cases, this gave rise to concerns surrounding unsafe practice
Partner Could Not Stay	Indicates where patients noted that their partner had not been able to stay as long as they had liked, including during and after the birth

Descriptive Codes	Definitions and Notes
Mother/Baby Separation	Indicates where the mother and baby had been separated, usually on account of the health of one or both
No Focus on Mother	Indicates where mothers described that their needs were not explored or accounted for in postnatal care
Patient Choice	Explores where patients indicated that their treatment/birth/childcare wishes were supported and respected; or ignored, dismissed or where options were not made available to them
General Information and Advice	Focuses on general advice and information rather than specific medication information on a procedure; this includes where patients have described good information and advice, or information and advice that were lacking or poor-quality
Medical Information and Consent	Explores where patients have discussed good medical information and consent, or the alternative
Empathy and Kindness	Explores where patients described staff as being empathetic and kind; or rude, unempathetic and dismissive
Staff Consistency	Explores where patients have discussed the consistency of staff or the continuity of care
Advice Consistency	Explores where patients have discussed consistent or inconsistent advice or guidance
Experience	Indicates where partner experiences have been described as either positive (such as where they were supported, well informed) or negative (unsupported, not informed, ignored)
Scans	Indicates where patients note that they have received sufficient scans or additional scans, or cases in which patients have not received the number of scans expected
No Follow-Ups	Indicates where patients note that they have not received follow-up appointments or checks
Discharge Process	Explores where patients describe positive discharge experiences (smooth or clear processes) or negative

	experiences (too soon, unclear, disjointed)
Waiting Times	Indicates where patients have discussed waiting times, including good experiences or experiences of long waits
No Contact/Not Checked On	Indicates where patients have described not being checked upon or not having contact with clinicians

Descriptive Codes	Definitions and Notes
Over-pressured Services and Staff	Indicates where patients described services or staff that were 'over-pressured', 'stretched' or 'understaffed'
Privacy and Dignity	Indicates where patients have described issues relating to a lack of privacy, and dignity issues, including poor hygiene
Breastfeeding Support and Advice	Indicates where patients have discussed experiences of breastfeeding support: positive or negative
Breastfeeding Choice Respected	Indicates where breastfeeding choice was respected and accommodated; or dismissed, judged or options were not given
Dismissal of Breastfeeding Concerns	Indicates where concerns such as tongue-tie or latching issues were ignored or disregarded
Patient Left Alone	Indicates where the patient describes feeling 'left alone', 'left to it' or left to 'fend for [themselves]'
No Postnatal Depression Support	Indicates where mothers were not supported with their mental health or postnatal depression

Annexe 2: Technical Methodology

The survey included a combination of quantitative and qualitative questions. The initial analysis of quantitative questions was conducted by HIW. Wavehill, an independent research organisation, were commissioned by HIW in January 2020 to undertake an analysis of qualitative responses to the survey. Subsequently, Wavehill were commissioned in March 2020 to triangulate the quantitative and qualitative findings and produce a report that drew together the qualitative findings and the quantitative responses to the survey. This section outlines the methodological approach taken to each stage of analysis.

Qualitative data analysis

The survey contained three qualitative questions, relating to different aspects of maternity care, as follows:

1. What are your overall views of the care provided during pregnancy? (Question 10 of the survey)
2. What were your overall views of the care provided during the birth? (Question 12)
3. What were your overall views of the care provided after the birth? (Question 16)

In order to analyse the qualitative responses, the data was first cleaned:

- To enable the research team to work consistently, all survey responses were translated into English prior to data analysis.
- Whilst the survey responses were intended to be anonymous, a high number of respondents shared information within free-text responses that could have compromised their own anonymity or the anonymity of individuals involved in their care. This included respondents providing details of the clinicians who had provided their care and disclosing the name of their new-born. During analysis, all names were removed in order to provide confidentiality and anonymity to all research participants.

The responses were then thematically analysed using a robust and detailed coding framework (provided in Annexe 1) developed by the research team after immersing themselves in the dataset. The process below outlines how the coding framework was developed:

1. An initial framework was developed by means of the researchers independently immersing themselves in a sample of the data and drawing out key themes. Thereafter, the research team convened in a collaborative workshop in order to identify areas of consensus in the themes that they had identified. This formed the basis of an initial framework composed of a long list of descriptive codes.

2. The researchers then used this initial framework to code a further sample of responses within the dataset. Thereafter, they undertook a refinement process in which they reconvened in order to identify any areas of duplication in the framework, or any themes that had not yet been identified, and adapted the framework accordingly. This process included grouping some themes and refining the framework to include descriptive codes, focused codes and macro codes. This resulted in a refined framework. As part of this process the researchers also crosschecked each other's analysis in order to provide inter-rater reliability[11] and minimise the risk of subjectivity in the analysis.

3. The process above (2) was then repeated using the refined framework, which resulted in the grouping of codes, as well as the elevation of key themes, to develop a final framework. The final framework draws together descriptive codes and focused and macro codes. This is presented in Annexe 1.

Using the final framework, the research team coded all qualitative responses to the survey. Thereafter, frequencies were calculated across each of the themes in order to identify the prevalence of each theme within the responses. These are presented alongside the quantitative responses relating to each stage of maternity care, alongside illustrative quotes.

This analysis was undertaken by researchers at Wavehill.

Quantitative data analysis

The quantitative element of the National Maternity Survey consisted of a number of statements in relation to information, support and the ability to express own opinions and concerns within each maternity care stage. Women then provided a scaled response (Strongly Agree, Agree, Neutral, Disagree or Strongly Disagree) to each statement.

The initial quantitative analysis was undertaken by analysts at HIW. Frequencies were calculated for all quantitative responses. These were translated into percentages in order to understand the overall 'agree' and 'disagree' figures with respect to each question. Afterwards, these figures were further segmented by settings, Health Boards, care providers, and demographic groups in order to understand how women's experiences differed across these categories.

Data triangulation

In the final stage of the analysis, quantitative and qualitative data were reanalysed side by side in order to explore wider trends across the complete dataset. Within this process, analysts considered:

[11] Inter-rater reliability is the extent to which different analysts agree with the themes developed (Lange, 2011).

- The relationships between different constructs, that is, whether quantitative perceptions correlated with qualitative themes.
- Whether qualitative analysis themes and sentiments were cross-validated through quantitative findings.

These considerations have enabled analysts to improve the robustness of the findings and build narrative links between previously separate analyses of quantitative and qualitative data. To ensure that the final round of analysis was systematic in its treatment of the data, a variable matching table was developed (see Annexe 2) so as to identify potential areas of overlap and alignment between the quantitative and qualitative data.

Limitations relating to survey data

There are several limitations that relate to survey data that may impact on the findings of this research. For example, the dataset may be impacted by **self-selection bias**. Self-selection bias can result where individuals choose to participate in a survey because they have a particular interest in the topic. This may result in respondents with more extreme responses responding to the survey, which may limit the extent to which the dataset is representative of the general population accessing maternity services. A particular example in which this may be evident is in responses from women who received care from hospitals within Swansea Bay and Cwm Taf University Health Boards prior to April 2019, as indicated in section 1.1.

We have sought to account for this in the qualitative dataset by coding the overarching sentiment (positive, negative, mixed or unable to discern) of each question response. This enabled us to identify the relative prevalence of positive or negative experiences within the sample, which may give some indication of skew.

Linked to this issue, there is a risk of **negative response recall bias**, according to which respondents may more readily recall experiences that are negative in nature. In the present study, this appeared to be identifiable in that there was a tendency among respondents to provide much greater detail in responses where the experience itself was negative in nature. By contrast, the dataset included large numbers of undetailed qualitative and positive responses in which respondents had given one-word answers such as ‘excellent’ or ‘amazing’. Where this occurs, this limits the ability of the data to speak to areas of good practice, and has resulted in more detailed analysis of negative themes, as respondents tended to provide more detailed commentary for these issues. This should not, however, eclipse the evidence of good care, as women’s experiences were more positive than negative on the whole.

Together, the presence of a range of biases within the dataset, including self-selection, other sampling errors, and negative recall biases, limits the conclusions that can be drawn. It is possible, for example, that biases could influence the emergence of certain sentiments or perspectives, resulting in an overestimation or underestimation of their true prevalence.

Therefore, this analysis should be considered to give an indication of the range of issues and experiences expressed by mothers and their partners, rather than a definitive statement of the quality and consistency of support offered across maternity services in Wales.

9.4.1 Limitations with the qualitative research process

The following limitations relate to the qualitative research approach more generally. With all qualitative research there is a risk of subjectivity in analysing the data, whereby different researchers may group particular responses under different themes. We have attempted to mitigate this risk in the research process by adopting a collaborative approach to the development of the analysis framework and by crosschecking the responses in order to improve the reliability. This process ensured that we were able to generate a common understanding of the themes and minimise differences in interpretation. Nevertheless, it is likely that some differences in interpretation may remain within the dataset, which will limit the reliability of the prevalence figures. However, it should be noted that quantification in qualitative analysis is always an imprecise exercise due to issues surrounding subjectivity; therefore, prevalence figures should be considered with caution.

Additionally, prevalence figures for qualitative responses need to be treated with caution, as prevalence is determined by what respondents have chosen to share in their responses, which may not necessarily provide a holistic overview of their experiences. For example, as respondents were asked about the care that they received during pregnancy, the fact that seven percent of their responses referenced inconsistent staff does not mean that only seven percent of women experienced issues with regard to staffing consistency, as responses may have differed if the question had explicitly asked about this issue, rather than about their overall view on the care that they received.

Limitations relating to the dataset

In addition to the limitations outlined above, there are several limitations presented by the quality of the dataset.

Firstly, there was evidence that some respondents had misinterpreted the questions, leading to responses that were challenging to interpret. For example, when responding to Question 10 (‘What are your overall views of the care provided during pregnancy?’), it was clear that many respondents had understood ‘pregnancy’ to include all stages of the pregnancy and birth experience. As a result, responses to Question 10 frequently alluded to issues relating to the birth experience and postnatal care. This creates further challenges surrounding interpreting some of the less detailed responses, such as comments in which respondents responded with only one or two words, as it is difficult to discern whether they were discussing antenatal (pregnancy) experiences or their pregnancy and birth experiences. Furthermore, whilst guidance provided on the welcome screen for the survey outlined that respondents should refer to their latest birth experience when responding to the survey, many responses related to multiple birth experiences.

It should also be noted that the survey was launched following high-profile media stories relating to maternity care in some hospitals, which may have influenced the response patterns.

Additionally, whilst the dataset provides rich and detailed accounts of women's experiences of maternity services across Wales, when the data is segmented by Health Board, age, time since birth, and whether the pregnancy was consultant- or midwife-led, there are broad variances in sample sizes (discussed further in section 3). For example, there were 792 respondents who gave experiences of maternity care from Betsi Cadwaladr University Health Board in comparison to 408 from Hywel Dda University Health Board. Whilst in some cases the variance in sample size may be reflective of how many women are seen by a given Health Board, it should be considered that this could disproportionately highlight themes relevant only to a Health Board with a greater number of respondents. To overcome this limitation, where possible, themes have been segmented by Health Board to ensure that variance across the Health Boards is acknowledged and assessed. Table A2.1 below also shows that the number of responses from each Health Board broadly aligns with the total number of births within each Health Board.[12]

Table A2.1: Proportion of responses from each Health Board[13]

Health Board	Number of Births 2017	% of Total Births	Number of Responses	% of Number of Births
Aneurin Bevan	6211	21%	535	16%
Betsi Cadwaladr	6064	20%	792	24%
Cwm Taf Morgannwg	3258	11%	599	18%
Cardiff and Vale	5365	18%	657	20%
Hywel Dda	3326	11%	408	12%
Swansea Bay	2292	8%	249	8%
Powys	697	2%	43	1%
Wales	30,140		3283	

Understanding women's experiences

A woman's experience of the care that she received during childbirth is likely to be shaped by many factors including whether she received the level of intervention that she wanted to receive. However, patient wishes may at times conflict with patient safety or medical recommendations. This can lead to women having negative experiences that were shaped by medical need, as opposed to their wishes being willingly disregarded. Additionally, definitions of what is understood to be poor care or felt to be unsafe are likely to differ

[12] Please note that this is the most recent data available; however, as a result of boundary changes in 2019, this may not be wholly representative of current births by Health Board.

[13] The latest figures for the total number of births under each Health Board are from 2017 and can be accessed here: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/Community-Child-Health/livebirths-by-localhealthboardresidence-placebirth

between women and clinicians, based on their different experiences. Therefore, where this report uses terms like ‘poor care’ or ‘safety concerns’ these should be considered to be the perspectives of women, which may differ from clinical definitions.

Annexe 3: Variable Matching Table

Data to Combine	Demographics	Patient Experience	Patient Choice	Staff & Management	Partner Experience	Care Offered	Hospital Infrastructure	Breastfeeding Support	Poor Support	Variable Overlap
Antenatal										
I had enough information about what was happening at the time		X		X		X				• Care offered • I&A • Staff and advice consistency
I had enough information about what will happen during the birth				X		X				• Care offered • I&A • Staff and advice consistency
I had enough information about what will happen after the birth				X		X				• Care offered • I&A • Staff and advice consistency
I had enough information about where I could go in an emergency		X								• Quality of care • Care offered • I&A • Staff and advice consistency
Able to express opinions and concerns about		X		X						• Quality of care • Staff and advice consistency

Data to Combine	Demographics	Patient Experience	Patient Choice	Staff & Management	Partner Experience	Care Offered	Hospital Infrastructure	Breastfeeding Support	Poor Support	Variable Overlap
health										• Kindness and empathy of staff • Trauma
Able to express opinions and concerns about emotions		X		X						• Quality of care • Staff and advice consistency • Kindness and empathy of staff • Trauma
Able to express opinions and concerns about homelife		X								• Quality of care • Staff and advice consistency • Kindness and empathy of staff
Able to express opinions and concerns about birth choices			X							• Quality of care • Staff and advice consistency • Kindness and empathy of staff • Trauma
Able to express opinions and concerns about beliefs	X	X	X							• Quality of care • Staff and advice consistency • Kindness and empathy of staff • Trauma
Able to express opinions and concerns about my language choices	X		X							• Quality of care • Staff and advice consistency • Kindness and empathy of staff • Trauma
Birth										

Data to Combine	Demographics	Patient Experience	Patient Choice	Staff & Management	Partner Experience	Care Offered	Hospital Infrastructure	Breastfeeding Support	Poor Support	Variable Overlap
I/we gave birth in the place I/we wanted			X							• Quality of care • Patient choice
I/we felt supported during the birth		X								• Quality of care • I&A • Staff consistency • Kindness and empathy of staff • Trauma • Lack of resource
Partner was able to stay for as long as I/we wanted		X			X					• Partner not able to stay
My/our wishes for the birth were listened to			X							• Quality of care • I&A • Kindness and empathy of staff • Trauma • Lack of resource
I/we knew what to expect				X		X	X			• Quality of care • I&A • Kindness and empathy of staff • Trauma • Patient choice
I/we had enough pain		X					X			• Quality of care

Data to Combine	Demographics	Patient Experience	Patient Choice	Staff & Management	Partner Experience	Care Offered	Hospital Infrastructure	Breastfeeding Support	Poor Support	Variable Overlap
relief										• I&A • Kindness and empathy of staff • Trauma • Patient choice
Postnatal										
Enough support feeding my/our baby (breast or bottle feeding)								X		• Quality of care • I&A • Breastfeeding advice • Breastfeeding concerns dismissed • Breastfeeding choice
Enough support washing and bathing my/our baby		X		X					X	• Quality of care • I&A • Poor support • Lack of resource
Enough support helping my/our baby to sleep		X		X					X	• Quality of care • I&A • Poor support • Lack of resource
Enough support looking		X							X	• Quality of care

Data to Combine	Demographics	Patient Experience	Patient Choice	Staff & Management	Partner Experience	Care Offered	Hospital Infrastructure	Breastfeeding Support	Poor Support	Variable Overlap
after myself										• I&A • Poor support • Lack of resource • Consistency of staff • Trauma
Enough information about what was happening at the time				X					X	• Quality of care • I&A • Poor support • Lack of resource • Consistency of staff • Trauma
Enough information about what I can expect						X				• Quality of care • I&A • Poor support • Lack of resource • Consistency of staff
Enough information about where I can go in an emergency				X		X	X			• Quality of care • I&A • Poor support • Lack of resource • Consistency of staff • Trauma
Enough information				X		X				• Quality of care

Data to Combine	Demographics	Patient Experience	Patient Choice	Staff & Management	Partner Experience	Care Offered	Hospital Infrastructure	Breastfeeding Support	Poor Support	Variable Overlap
about where I can go for more support										• I&A • Poor support • Lack of resource • Consistency of staff
Able to express opinions and concerns about health		X								• Quality of care • I&A • Poor support • Lack of resource • Consistency of staff • Trauma
Able to express opinions and concerns about emotions		X								• Quality of care • I&A • Poor support • Lack of resource • Consistency of staff • Trauma
Able to express opinions and concerns about homelife		X								• Quality of care • I&A • Poor support • Lack of resource • Consistency of staff • Trauma
Able to express opinions	X	X								• Quality of care

Data to Combine	Demographics	Patient Experience	Patient Choice	Staff & Management	Partner Experience	Care Offered	Hospital Infrastructure	Breastfeeding Support	Poor Support	Variable Overlap
and concerns about beliefs										• I&A • Poor support • Lack of resource • Consistency of staff • Trauma
Able to express opinions and concerns about experience of the birth		X							X	• Quality of care • I&A • Poor support • Lack of resource • Consistency of staff • Trauma

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