



Maternity Care in NSW - Having Your Say 2013-14

A survey about women's views of their maternity care

Summary Report of Results

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EXECUTIVE SUMMARY

This report details the findings of a survey with women about their expectations and experiences of maternity care in public hospitals in New South Wales (NSW), Australia. The report provides background information about the survey project, and a summary of the responses from the women participating in the survey. The survey and this report have been structured around the three main maternity care periods: antenatal (pregnancy); birth; and postnatal (the first days and weeks after birth).

All women who gave birth between 1 May and 31 July 2013 at seven public maternity units in NSW were eligible to participate in the survey. These seven maternity units account for approximately 11% of births in public hospitals in NSW, and represent a mixture of urban and regional, and tertiary and smaller health services.

A total of 2048 women were mailed a survey. Survey packs were returned as undeliverable for 59 women, and 913 women returned a completed survey, representing a response rate of 46% (913/1989).

Key findings

Antenatal care

The majority of women were positive about the organisation of their antenatal care:

- 83% were accessing antenatal care by 19 weeks of pregnancy
- 74% identified a single carer as coordinating their antenatal care
- 77% said antenatal appointments were always or almost always well-organised

The majority of women were treated well by health carers:

- 92% said they were always or almost always treated with kindness and understanding
- 87% said they felt involved in decisions about their care always or almost always

The majority of women had most of their information needs met:

- 89% felt comfortable asking questions
- 85% were given the information they needed
- 90% had enough time to ask questions
- 91% received information in ways they could understand
- 79% reported receiving consistent information from care providers

However, the following results suggest room for improvement:

- 38% said their health information and test results were not always available when needed
- 33% did not receive enough information antenatally about pain control during birth
- Only 17% of the women who were overweight or obese received advice from carers about their weight
- Less than two-thirds of women (64%) rated their antenatal care overall as 'very good'

Women's personal written comments highlighted the importance of their interactions with staff, continuity of care, provision of information, feeling 'heard', and antenatal clinic wait times.

Birth care

Prior to birth, around 10-20% of women were 'very worried' about specific aspects of the birth process:

- pain and discomfort in labour
- receiving effective pain relief
- having a long labour
- having birth interventions (induction, caesarean, instrumental delivery)

Some women did not have the kind of birth experience they expected or hoped for:

- 84% hoped for a vaginal birth and 71% had one
- 8% hoped for a caesarean section and 28% had one
- 26% said their childbirth experience was not what they expected

The majority of women were positive about several aspects of birth care:

- 79% completely trusted the staff caring for them
- 89% said they were always or almost always treated with kindness and understanding
- 82% said they felt involved in decisions about their care always or almost always
- 86% had skin-to-skin contact shortly after birth
- 73% rated their birth care overall as 'very good'

The majority of women had their information needs met:

- 86% felt comfortable asking questions
- 82% were given the information they needed
- 88% received information in ways they could understand

However, the following results suggest room for improvement:

- 52% had previously met at least one of the staff who cared for them during birth
- 47% had one person mainly caring for them during birth

- 51-53% had their pain management needs completely met
- 40% rated their health and well-being immediately after birth as 'very good'

Women's personal written comments highlighted the importance of their interactions with staff, the quality of care, pain management support, communication about clinical management decisions, and wait times.

Postnatal care

Most women (62%) stayed in hospitals for 1-3 days following birth. Irrespective of the length of stay, around three-quarters (77%) thought their stay was sufficient.

The majority of women were positive about several aspects of their postnatal hospital care:

- 74% said that staff were always or almost always available to help them
- 81% said they were always or almost always treated with kindness and understanding
- 77% said they felt involved in decisions about their care always or almost always
- 75% said family and friends who visited them were welcomed by staff

The majority of women had most of their information needs met:

- 76% felt comfortable asking questions
- 72% were given the information they needed
- 81% received information in ways they could understand
- 80% received enough information about where to get help for themselves or their baby once they were home

Most women received home visits from both a midwife (92%) and a Child and Family Health nurse (93%) in the first weeks after discharge from hospital.

Women had mixed early infant feeding experiences:

- 95% planned to breastfeed their baby (including 9% in combination with formula milk)
- 94% actually breastfed in the first days following birth although those combining with formula milk had almost doubled (15%)
- Only 53% received consistent advice about infant feeding
- 59% received the practical help or active support and encouragement they wanted

In addition, the following results suggest room for improvement:

- 63% received consistent information from care providers
- 58% received enough information about what to expect with their recovery after birth
- Only 57% rated their postnatal care overall as 'very good'
- Only 57% described their health at 4-5 months after birth as 'very good'

Women's personal written comments highlighted the significant psychological impact of their interactions with midwifery, nursing and medical staff, their physical and emotional vulnerability, the additional recovery challenges for those who have had a caesarean section, and considerable questions/doubts around clinical management decisions. Women's comments also reinforced the value of home visits by health carers.

Comparing care across the three maternity periods

Women were most positive about care during birth, with 73% indicating it was 'very good' compared to 64% for antenatal care and 57% for postnatal care. However, slightly less than half of the women (44%) rated the care in all three maternity periods as very good, and 15% did not give this high rating to their care in any of the three periods.

When looking at specific aspects of care that were repeated in the survey for the three maternity periods (how women felt treated, how well their information needs were met), a consistent pattern emerged with more women reporting being satisfied with these aspects of care in the antenatal period than during birth, and more during birth than the postnatal period.

Similarly, coding of women's personal written comments about care in the three periods showed the same pattern. A higher percentage of women gave positive comments about their antenatal care than birth care, and a higher percentage gave such comments for birth care than postnatal care.

Conclusions and implications

While each of the three maternity periods (antenatal, birth, postnatal) is distinct in many ways, together they represent the maternity care journey for each woman. Delivering woman-centred, high-quality maternity care requires a health system that recognises, values and invests in meeting the individual needs of women. Achieving consistently high levels of care across outpatient, inpatient and home-visiting services requires sustained and coordinated effort. The present results suggest health carers are excelling in many areas and some, but not all women are having their care needs met. The results identify opportunities for improvements.

The NSW Bureau of Health Information introduced a new state-wide maternity survey for NSW in 2015 (http://www.bhi.nsw.gov.au/nsw_patient_survey_program/maternity_care_survey). Results from that survey are expected in the second half of 2016, providing another opportunity to explore women's perceptions of maternity care in NSW.

1. INTRODUCTION

Over the past decade or so, recommendations for improvements in maternity care have emphasised the importance of providing woman-centred care.(1-4) Feedback from women about existing maternity services can help to identify whether services are currently meeting women's needs and potential areas for improvement. In 2013-14, researchers at the Kolling Institute, University of Sydney, in consultation with the NSW Office of Kids and Families and the NSW Bureau of Health Information, designed and conducted the first dedicated maternity survey to capture women's expectations of, and experiences with, maternity care in New South Wales (NSW). This report provides a summary of the responses from the women participating in the survey.

1.1. Background

Surveys are commonly used in health research to assess patients' experiences and satisfaction with hospital care. Maternity patients are notably different from general hospital populations: they are comparatively young, healthy and usually attend hospital for a relatively short time. For most, the outcome of their stay is very positive: they leave with a healthy newborn. A number of large-scale maternity-specific surveys have been conducted to assess satisfaction with care in the US,(5-7) Canada,(6, 8) the UK,(9-11) and Australia.(12-19) The majority has been conducted by post, and response rates have varied from 30 to 71%. Most surveys show high overall satisfaction levels, although evidence has shown that women express higher satisfaction with care during birth than care provided antenatally or shortly after birth. Further details of other surveys are reported elsewhere.(20)

NSW is the largest state in Australia by population. General patient satisfaction surveys have been undertaken annually across NSW hospitals since 2007 (for details see http://www.bhi.nsw.gov.au/publications/nsw_patient_survey_reports). However, these surveys have included only limited numbers of maternity-specific questions. At the time of this project, no dedicated maternity care survey had been conducted in NSW.

1.2. Research questions

The two main research questions addressed in this report were:

- What are women's expectations and experiences of maternity care during pregnancy (antenatal period), during birth, and in the first postnatal weeks?
- How satisfied are women with the maternity care they receive during the antenatal period, birth, and in the first postnatal weeks?

2. SURVEY SAMPLE AND METHODS

2.1. Sample of women

All women who gave birth between 1 May and 31 July 2013 at seven public maternity units in two Local Health Districts in NSW were eligible to participate in the survey (estimated to be approximately 2,000 women). These seven maternity units account for approximately 11% of births in public hospitals in NSW, and represent a mixture of urban and regional, and tertiary and smaller health services. Women giving birth were identified from each maternity unit's clinical obstetric database. Women who had a stillbirth or early neonatal death were not excluded from the sample.

2.2. Survey methods

A survey instrument was developed for this study, drawing on questions used in previous maternity surveys,(9, 14, 17) and consultations with stakeholders. The survey included a combination of structured multiple-choice questions and Likert-scale items, as well as open-ended questions that would give women an opportunity to provide personal comments. The survey was structured around the three main maternity periods (antenatal, birth, and postnatal), and addressed topics such as: satisfaction with care; responsiveness and communication with health care providers; the extent to which women's expectations and desires were met; and their involvement in decision-making about their care. Women were asked to focus on the care provided by their hospital, usually starting with a booking-in appointment during pregnancy, through to the birth, their hospital stay after birth and home visits by a midwife and/or community nurse in the following 2 weeks.

The survey was pilot tested with 30 women who were aged 19-43 years and had recently given birth. The final version of the survey comprised 123 questions and took approximately 20-30 minutes to complete. In order to reduce the burden on women completing the survey and to improve the accuracy of some clinical items, we sought consent from each woman to link her survey responses with health information recorded in each maternity unit's clinical obstetric database. Due to budgetary constraints, all survey materials were available in English only.

A brief cover letter, information pamphlet and reply paid envelope were included in the survey package that was mailed to women. The pamphlet explained the purpose and nature of the survey, the benefits and risks to the woman of participating in the survey, the efforts to protect information and ensure confidentiality, and an explanation for the request for consent to link survey responses with existing health information. Although in other studies web-based surveys have sometimes been offered in conjunction with mailed versions, the response rate has been relatively low.(9, 17) Because no identifying information was being collected in the survey,

women were asked to tick a box to indicate informed consent. A reminder letter was sent approximately 2-3 weeks later to women who had not responded. More details about the methods have been published.⁽²¹⁾ The survey project was approved by the NSW Population & Health Services Research Ethics Committee (HREC/12/CIPHS/82).

2.3. Analysis of survey responses

In this report we present women's responses to the survey. In most cases, results are presented either as frequency counts and/or percentages in tables or graphs. In some cases, survey responses have been combined with data available in the women's hospital health records (for those women who gave consent to record linkage). Some brief commentary about the results is also provided.

The survey gave women several opportunities to provide open comments about their care experiences in the antenatal, birth and postnatal periods. Women's responses to these items ranged from just a few words to dozens of sentences. Two researchers independently reviewed and coded the responses to identify i) whether the comments were positive, negative, both positive and negative, or neutral; and ii) the major themes emerging from the comments. The results of these analyses and examples of women's comments are included in the following sections of this report.

3. RESPONSE RATE AND SAMPLE CHARACTERISTICS

A total of 2048 women gave birth between 1 May and 31 July 2013 at the seven maternity units participating in this survey. Surveys were returned as undeliverable for 59 women. A total of 913 women returned a completed survey, representing a response rate of 46% (913/1989).

3.1 Testing for response bias

Comparisons between the survey respondents (N=913) and the remaining women (N=1076) showed that women who completed the survey were more likely to be older ($p < 0.0001$), living in areas of high socio-economic advantage ($p < 0.0001$), and having their first baby (nulliparous, $p = 0.001$). They were also less likely to smoke during pregnancy ($p < 0.0001$), or have a baby admitted to neonatal intensive care or special care nursery ($p = 0.04$).

Among the 913 survey respondents, 886 (97%) consented to linkage of their survey and health data, and 27 (3%) did not. This level of consent is higher than that in other patient experience surveys conducted in NSW, which has ranged from 79%-86% (NSW Bureau of Health Information, personal communication). Due to the small number of non-consenters, comparisons between consenters and non-consenters did not show any statistically significant differences.

3.2 Sample characteristics

Demographic and maternal characteristics of the women who responded to the survey are shown in Table 1, together with comparison data for all women giving birth in NSW. The women responding to the survey were more likely to be older, born outside Australia and having their first baby (nulliparous), and less likely to have a birth by planned caesarean section.

We also explored, through the survey, the level of stress or anxiety that women had experienced in the 12 months prior to giving birth by presenting a list of 25 significant 'life events' (see Appendix 1). Research has shown that women experiencing 3 or more stressful life events or social issues are at increased risk of adverse outcomes such as giving birth to a low birth weight baby and experiencing postnatal anxiety or depression.(15)

In the current survey, 1 in 4 women had experienced 3 or more stressful events:

- 226 (25%) women experienced no stressful events
- 264 (29%) women experienced 1 stressful event
- 181 (20%) women experienced 2 stressful events
- 242 (26%) women experienced 3 or more stressful events (including 5 women who had 10 or more events)

The most common stressful event was moving to a new house/place to live (36%).

Table 1: Demographic and maternal characteristics of women who responded to the survey compared with all women giving birth in NSW.

Characteristics	Women in the survey N=886* (%)	All women in NSW ⁽²²⁾ N=95,537 (%)
Maternal age (years)		
≤24	64 (7.2)	14,944 (15.6)
25-29	205 (23.1)	25,801 (27.0)
30-34	354 (40.0)	32,411 (33.9)
≥35	263 (29.7)	22,363 (23.5)
Country of birth		
Australia	542 (61.2)	62,165 (65.1)
Other	344 (38.8)	33,372 (34.9)
Language spoken at home		
English	792 (89.4)	n/a
Other	90 (10.2)	n/a
Parity		
Nulliparous	449 (50.7)	42,257 (44.2)
Multiparous	437 (49.3)	53,260 (55.8)
Mode of birth		
Vaginal	516 (58.2)	54,632 (57.2)
Instrumental	123 (13.9)	10,849 (16.9)
Pre-labour caesarean	127 (14.3)	17,818 (18.7)
Intrapartum caesarean	120 (13.6)	12,236 (12.8)

* Excludes women who did not give consent for linkage (N=27).

4. WOMEN'S OVERALL RATINGS OF MATERNITY CARE

Women were asked to provide an overall rating of the care they received antenatally, during birth, and postnatally. Consistent with other maternity surveys, the women in this NSW survey were most positive about the care provided around the time of birth with 73% indicating it was 'very good' compared with 64% giving this rating for antenatal care and 57% for postnatal care (Figure 1).

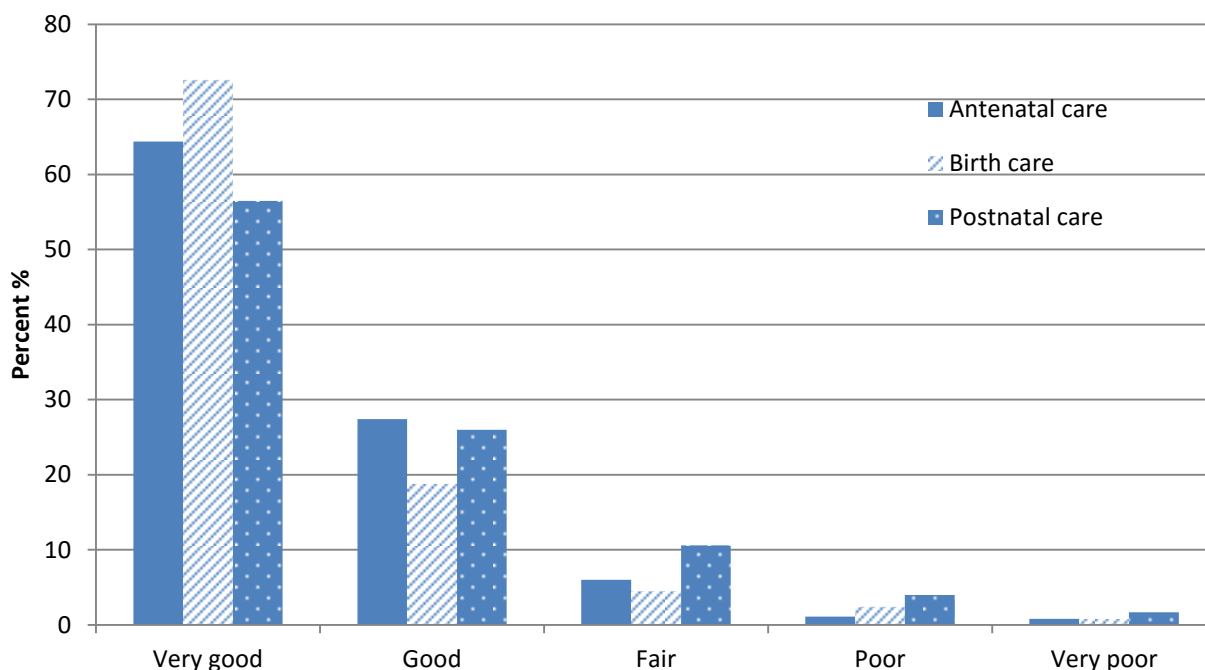


Figure 1: Women's overall ratings of care during pregnancy (antenatal care), birth and after birth (postnatal care).

Women were also asked whether they would recommend the hospital they attended for their care to their family and friends; nearly three-quarters (74%) said they definitely would.

Table 2: Women's views about recommending their hospital to family and friends.

Recommend hospital?	N	%
Definitely yes	677	74.2
Probably yes	158	17.3
Probably no	37	4.1
Definitely no	19	2.1
Don't know/Not applicable	22	2.4
Total	913	100

Women were given opportunities to provide personal written comments about their care experiences in the antenatal, birth and postnatal periods. Almost three-quarters of the women (72%, N=657) wrote comments about one or more of the three periods.

The comments were coded in two ways:

- i) the comments were classified into one of four groups:
 - positive e.g., *“the care provided was excellent. Everyone was very kind and helpful”*
 - negative e.g., *“I felt I did not get appropriate care, and demanded to be discharged after only 1 day”*
 - both positive and negative e.g., *“most of the staff were very helpful except for one person who was rude to me”*
 - neutral (statements of fact) e.g., *“when I arrived at the hospital I was already fully dilated”*
- ii) the comments were coded to identify major common themes.

Table 3 provides a summary of the classification of women’s comments. These results show that similar proportions of women provided positive and negative comments about their care experiences. Details about the main themes across the comments are included in the next sections about the three care periods.

Table 3: Classification of women’s written comments about their antenatal, birth and postnatal care experiences.

	All women (N)	Women who commented (%)	Positive comments (row %)	Negative comments (row %)	Both positive & negative (row %)	Neutral (row %)
Antenatal	913	436 (47.8)	46.6	34.9	10.8	7.7
Birth	913	395 (43.3)	42.5	36.7	7.1	13.7
Postnatal	913	453 (49.6)	38.4	40.4	17.9	3.3

5. WOMEN'S VIEWS ABOUT THEIR ANTENATAL CARE

This section summarises women's feedback about their antenatal care. The focus of antenatal care is to support each woman to have a healthy pregnancy and healthy baby. Women may also attend separate antenatal classes to prepare for birth and early parenting, conducted either through hospitals or by private providers.

5.1 Accessing antenatal care

Women in the survey were asked how many weeks pregnant they were when they had their first 'booking-in' appointment (usually at the hospital where they plan to give birth). Almost 30% of women had the appointment within the first 14 weeks of pregnancy, and the majority (83%) by 19 weeks (Table 4).

Table 4: Women's weeks of pregnancy at time of 'booking-in' appointment.

	N	%
<14 weeks	260	28.5
14-19 weeks	493	54.0
20-28 weeks	105	11.5
>28 weeks	42	4.6
Didn't attend booking-in appointment	6	0.7
Missing	7	0.8
Total	913	100

Depending on the type of maternity care a woman chooses, antenatal care in NSW can be provided by a midwife, an obstetrician and/or a general practitioner (GP). In public hospitals, antenatal care is predominantly provided by midwives. Obstetricians play a greater role in the care of higher risk public patients and private patients. Women who chose 'shared care' receive some of their antenatal care from their GP and some from hospital midwives and doctors. Depending on each woman's circumstances, all options are not always available.

Women in the survey were asked what type of health carer they would like to have had. The most common choices were midwife (62%) and obstetrician (19%) (Table 5). It should be noted, the survey sample comprised women giving birth at public hospitals where midwives provide the majority of antenatal care.

Table 5: Women’s preferred type of carer for antenatal care.

	N	%
Midwife (in public hospital)	521	57.1
Midwife (private)	52	5.7
Public hospital obstetrician	62	6.8
Private obstetrician	111	12.2
GP	56	6.1
Other	4	0.4
I had no preference	104	11.4
Missing	3	0.3
Total	913	100

Women may or may not see the same health care providers at each antenatal appointment. Women in the survey were asked whether a single health care provider coordinated their care. Nearly 60% of women nominated a midwife, 8% a GP, 7% an obstetrician, and 26% indicated no single carer coordinated their care (Table 6).

Table 6: Women’s responses about whether one person coordinated antenatal care and provided the majority of check-up appointments.

	N	%
Yes, my midwife	538	58.9
Yes, my obstetrician	56	6.1
Yes, my GP	71	7.8
Yes, another person	10	1.1
No one coordinated my care	233	25.5
Missing	5	0.5
Total	913	100

Travel time to and from appointments can be an indicator of ease of access to antenatal care. Just over half of the women (58%) travelled up to 30 minutes, and most of the remaining women (40%) between 30 and 60 minutes (Table 7).

Table 7: Women’s usual travel time (one way) for antenatal appointments.

	N	%
Up to 15 mins	191	20.9
16-30 minutes	336	36.8
31-60 minutes	368	40.3
Over 60 minutes	16	1.8
Missing	2	0.2
Total	913	100

5.2 Aspects of antenatal care

Women were asked a series of questions about their antenatal appointments. Two questions focused on whether appointments were well organised, and whether the woman’s health information and/or test results were available when needed. Women’s responses suggested some room for improvement: 77% of women said their appointments were always or almost always well organised; and 62% indicated that their health information was always or almost always available (Figure 2).

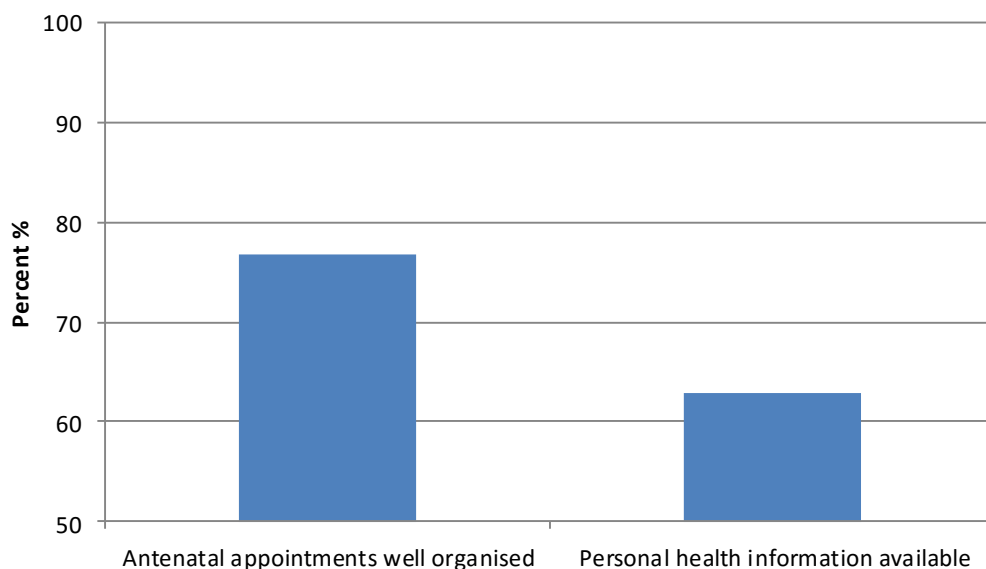


Figure 2: Women who responded ‘always/almost always’ that antenatal appointments were well organised, and health information/test results were available.

Women were asked whether they were treated with kindness and understanding and felt involved in decisions about their care. The vast majority of women indicated both occurred always or almost always (92% and 87% respectively, Figure 3).

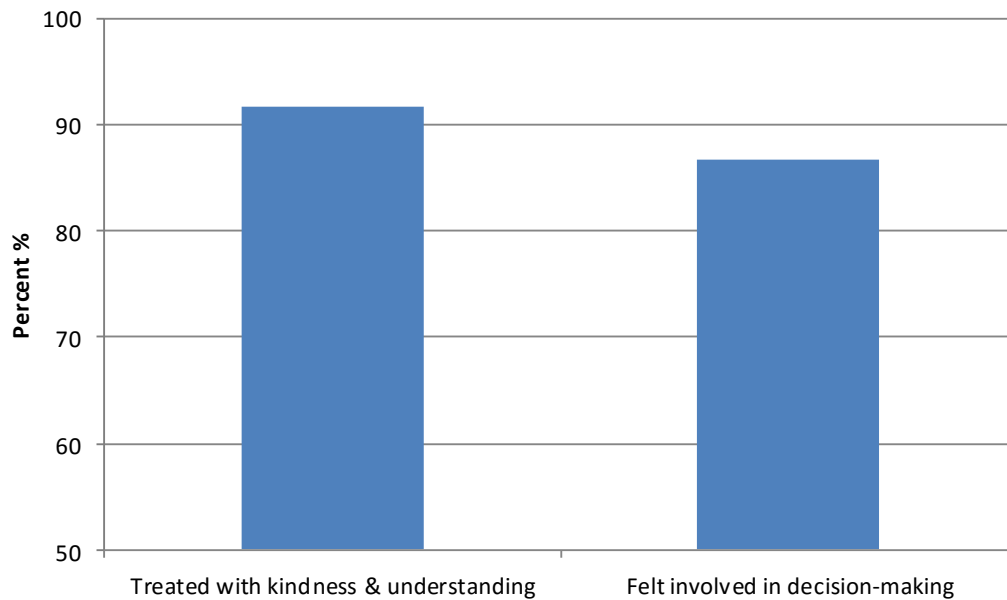


Figure 3: Women who responded ‘always/almost always’ to being treated with kindness and understanding, and feeling involved in decisions about their antenatal care.

Women were asked whether their information needs were met. Responses suggested most women felt comfortable asking questions (89%); were given the information they needed (85%); had enough time to ask questions (90%); and had information explained in ways they could understand (91%). A lower percentage of women (79%) reported receiving consistent information from health carers (Figure 4).

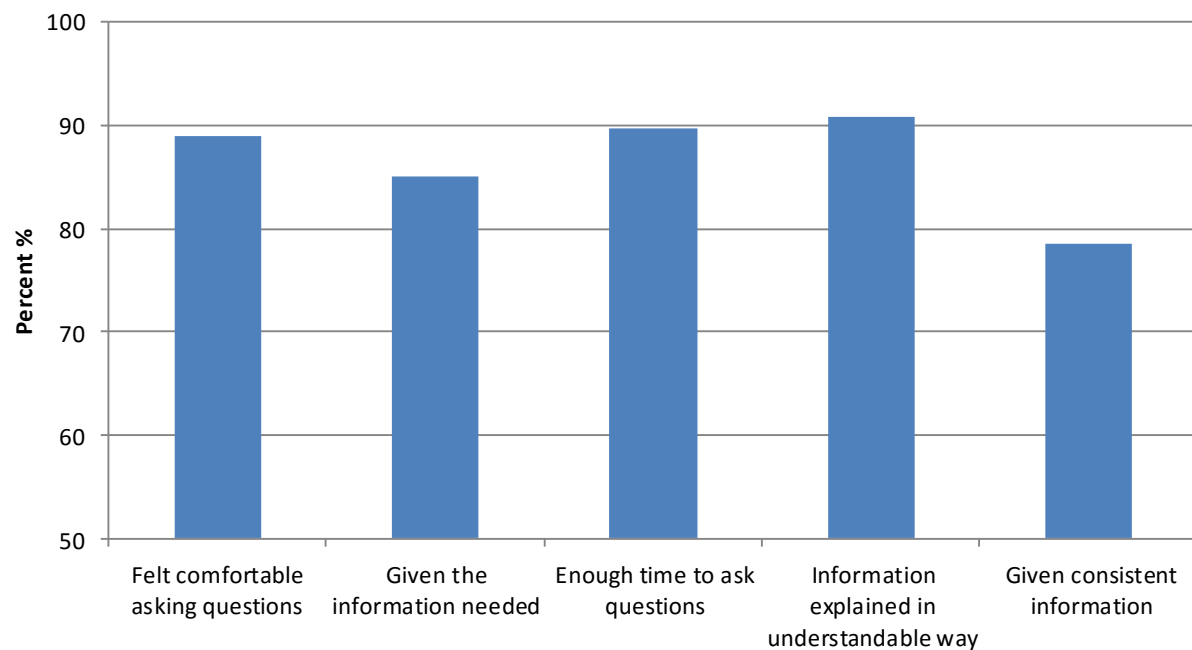


Figure 4: Women who responded ‘always/almost always’ to various questions about their information needs during the antenatal period.

Women were also asked whether health carers gave them enough information antenatally about pain control during labour. Only 67% said ‘yes’ (Table 8).

Table 8: Women’s responses about the provision of enough information about pain control options during labour.

	N	%
Yes	611	66.9
No	145	15.9
No, but I got information from other sources	141	15.4
Missing	16	1.7
Total	913	100

Women who are overweight or obese prior to pregnancy are at increased risk of excess weight gain and various complications during pregnancy including gestational diabetes and preeclampsia (high blood pressure and organ system damage). Antenatal carers are encouraged to educate and counsel women who are overweight or obese about these increased risks, and to support them to achieve healthy weight gain during pregnancy.(23)

Self-reported pre-pregnancy weight information was available for 876 of the 913 women in the survey. Of these, 33% (N=293) were overweight or obese prior to pregnancy. In the survey, only 17% of these women (N=50/293) said that health carers had expressed concerns about their weight. More troubling, only 5% of the women who were overweight received such feedback from carers (Table 9).

Table 9: Comparison of women’s pre-pregnancy weight (using BMI) and whether health carers expressed concerns about their weight.

	Health carer said weight is a concern	
	Yes (N=75)	No (N=801)
Underweight (BMI <18.5) N=30	13.3%	86.7%
Normal weight (BMI 18.5-24.99) N=553	3.8%	96.2%
Overweight (BMI 25.0-29.99) N=187	5.3%	94.7%
Obese (BMI ≥30.0) N=106	37.7%	62.3%
Total (N=876*)	8.6%	91.4%

* BMI data available through linkage for women who gave consent (N=886); missing data N=10 women.

5.3 Women’s open comments about antenatal care

Positive comments about antenatal care

Of the 913 women in the survey, 436 (48%) provided written comments about their antenatal care experiences. Of these, 47% (N=203) were positive. The most common themes were positive interactions with staff; continuity of care; and provision of information. Some example comments:

'Love, love, love the midwives ... So fantastic in every way'

'Although I saw a different midwife each appointment, they all made the effort to know about my pregnancy and were all excellent at building my trust in them'

'My midwives were very open & helpful. They were available all the time & made my partner feel just as involved'

'I really enjoyed visiting the midwives for my antenatal checkups, and I felt like no matter how small my problem they would treat it seriously'

'I loved having the trainee midwife throughout my pregnancy she was so caring and felt like we did it together'

'The midwifery group practice was excellent. My midwife was knowledgeable, empathetic and trustworthy'

'During my pregnancy I received excellent care, advice and information available 24/7 if required'

'The hospital provided a course about pregnancy, birth and breastfeeding which was very helpful'

'Fabulous care, attention, support, guidance and advice'

'A fantastic experience, would recommend to 100% of other women'

'This was my first pregnancy, I could not have wished for a better service ... Very professional and caring people'

'Although this was my second pregnancy I still had questions which were answered. I was provided lots of information & the midwives I saw were wonderful'

'This was my third pregnancy ... the midwives were wonderful. They were all very helpful and supportive. I couldn't expect better'

'I was extremely well looked after from the time it was discovered my baby was two weeks behind in growth ... I was told exactly why and cared for very well and thoroughly'

'I had a complicated pregnancy and received exemplary care and support'

'I felt supported and cared for throughout my pregnancy and was treated with respect and cared for as an individual. I felt I could call the midwife at any point ... My decisions were respected'

Negative comments about antenatal care

Just over one-third of open comments about antenatal care (N=152, 35%) were negative, of which the most common themes were: poor interactions with staff; lack of/inconsistent information; lack of continuity of care; woman feeling ignored; and long wait times. Some example comments:

'Some of the midwives need a refresher course in compassion & kindness. I think they forget how scary & confusing it can be for 1st time mums'

'I would have liked more care during the first trimester to discuss nausea, nutrition, pain and things to expect'

'I found the first 14 weeks of pregnancy quite confusing, dealing with a GP then transferring to antenatal (clinic). GPs are not well organised/prepared to give proper support and explanations about the entire pregnancy'

'I chose shared care because it was the option I could best afford, but I did not care for the disjointed prenatal care I received as a result'

'This was my second child, but I felt like the midwives were relying on me to remember what was/wasn't normal. They didn't ask many questions'

'I think I saw the same person only once and felt like I had to "start over" at each appointment. I was very glad this was my 3rd child, or I would have been very upset and confused by the "cattle call" nature of the public midwives clinic'

'There seems to be different opinions from every midwife which makes it rather scary as a first time mother. There certainly should be more consistent messaging'

'I found a lot of information from the internet rather than the midwives who are supposed to help and give you all the information. Information given to me by midwives was only standard brochures'

'I had 4 consultants & 2 registrars over 8-10 weeks pressuring me to have a Caesarean (all because my last birth was a shoulder dystocia). I refused 6 times and continued to have lectures about the risks involved ... Nothing medical was wrong with my baby and I had to argue to leave my baby to full term Every visit was stressful'

'I felt pushed to try for a VBAC, when I made it clear I wanted a caesarean from the start'

'Whilst trying to make my first appointment I found it really frustrating that it took 1 week for someone to call back. Then when they did and you missed the call, the return phone number they left was the same number, so you had to leave another message and then wait another week for that call to be returned'

'I had no complications during pregnancy, and believe the antenatal clinic should treat you accordingly. They were unorganised and on one occasion I waited over four hours, only to be told the doctor "hadn't turned up," which is not very professional. A midwife took my blood pressure, and sent me home'

Mixed comments about antenatal care

Approximately 10% of the open comments about antenatal care (N=47) were a mixture of both positive and negative feedback. Commonly, women reported that the care they received was generally good but a specific person or issue detracted from the experience. Some example comments:

'I found the antenatal care wonderful. Only problem was they wouldn't "see me" until 16 weeks & so there was about 10 weeks after I found out that I was pregnant that I had very little support and guidance. I felt very alone and worried ... I think this is probably when I needed antenatal support the most'

'Having one clinic clerk check patients in is totally inadequate ... Often waited up to 20 mins just to check in ... Lovely staff - but under resourced. Patients are asked to perform urine analysis on machines in a back room. This is disgusting. There is no benefit to the patient to learn this task'

'I found all the midwives wonderful but the maternity doctor I wasn't too happy with. She always gave me a hard time about my weight ... Shame on her for making me feel bad about myself'

'I am a new migrant. While I can communicate in English, it needs to be slow. The impression I get from the female doctors is they are impatient. The male doctors & midwives though were excellent'

Neutral comments about antenatal care

Nearly 8% of open comments about antenatal care (N=34) were coded as neutral and were generally statements of fact. Some example comments:

'I did a lot of research, reading & talking to other mothers myself'

'I was part of the midwifery program whereby a midwife was assigned to me and my pregnancy'

'On my initial scans the baby was measuring small and my belly was small so at most of my antenatal appointments I saw an obstetrician at the hospital. They also sent me for a number of additional scans. This was my second baby (so less concerns)'

5.4 Summary of women's views about antenatal care

Most women in the survey were accessing antenatal care by 19 weeks of pregnancy, and reported generally positive care experiences. Many women felt well-treated by health carers, felt involved in decisions about their care, had enough time to ask questions, and received the information they needed in an understandable way. At the same time, this was not the experience of all women, as reflected in some of the open comments provided by women.

Areas where antenatal care could be strengthened to better meet women's needs include: the organisation and scheduling of antenatal appointments; the timely availability of health information; better coordination of care; greater consistency in the information provided to women; more information about pain management options during birth; and increased support and advice for women who are overweight and women who are underweight.

6. WOMEN'S VIEWS ABOUT THEIR CARE DURING BIRTH

This section summarises women's responses about their birth experiences and birth care. Some questions in the survey were specific to the labour process. These questions were not answered by women who did not labour (i.e., who had a planned caesarean section, N=121, 13%). In addition, seven women in the survey had either a stillbirth or early infant death and so did not respond to some questions about the baby.

6.1 Expectations about giving birth

The feelings of joy commonly associated with giving birth to a new baby can also be accompanied by feelings of worry and anxiety. Such concerns can include 'fear of the unknown', negative 'horror stories' heard from others, fear for the health of the baby, fear of the anticipated pain, and losing control.(24) Such fears can result in women doubting themselves and their ability to give birth.(25)

In the survey, women were asked whether they felt worried during pregnancy about various aspects of labour and birth. Table 10 shows the proportion of women who were "very worried" and those who were "not at all worried" about different aspects of labour and birth (women could chose more than one).

The aspects that some women were very worried about were: pain and discomfort during labour; having a long labour; and having a caesarean section or instrumental birth. Conversely, some women were not at all worried about: getting to the hospital on time; pain and discomfort during labour; being induced; having an instrumental birth; or getting effective pain relief.

Table 10: Women who were “very worried” or “not at all worried” about different features of labour and birth.

Aspects of labour and birth*	Very worried %	Not at all worried %
Pain and discomfort in labour	18.2	34.3
Having a long labour	14.7	20.3
Needing a caesarean	14.2	27.6
Having a forceps or vacuum delivery	11.6	31.3
Having to be induced	10.6	32.2
Not knowing how long labour would take	10.3	20.3
Getting effective pain relief	8.7	30.1
Not knowing when I would go into labour	7.7	25.4
Getting to the hospital in time	6.4	38.2

* Aspects of labour and birth listed in descending order, from those that women were most worried about

Women were asked whether their childbirth experience matched their expectations. While 23% of women indicated that the actual birth was exactly as they expected, slightly more (26%) said it was not what they expected at all (Figure 5). From women’s open comments, the latter group included a small number of cases where the actual experience was surprisingly better than expected, but for the majority it was more negative than expected.

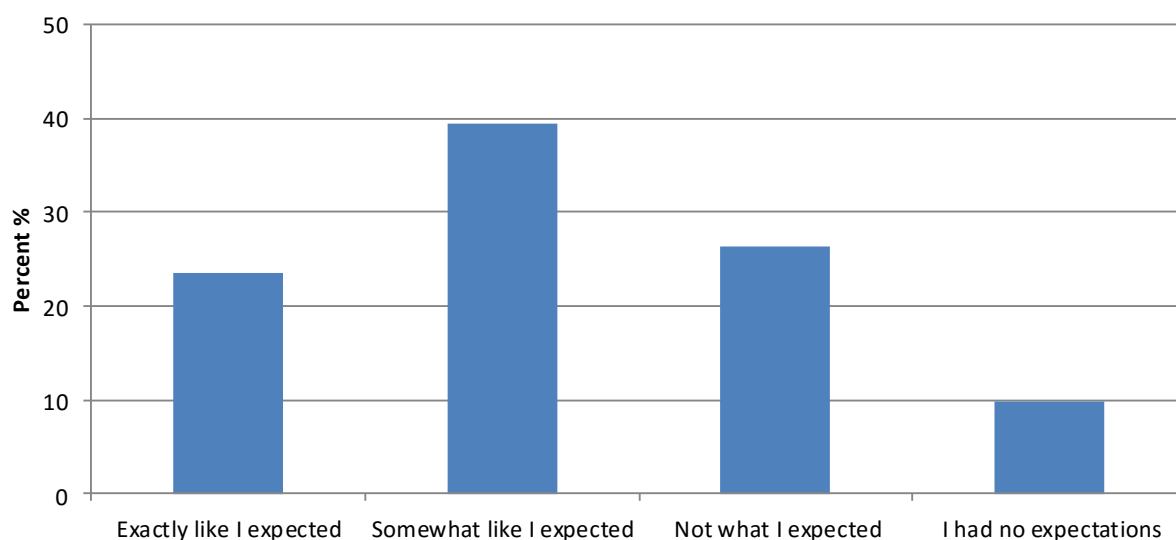


Figure 5: Women’s actual birth experience in comparison with their expectations of the birth experience.

Women were asked two further questions about their expectations: where they hoped to give birth, and the mode of birth they hoped for. The majority of women (93%) hoped to birth in hospital (Table 11), and in practice nearly all women did (97%) (Table 12). Although 47 women wanted to have their baby in a birth centre, only 17 did.

Table 11: Where women hoped to give birth.

Place of birth	N	%
In hospital	853	93.4
In a birth centre	47	5.1
At home	2	0.2
I didn't have any expectations	6	0.7
Missing	5	0.5
	913	100

Table 12: Where women actually gave birth.

Type of birth	N	%
In hospital	886	97.0
In a birth centre	17	1.9
At home	6	0.7
Other/Missing	4	0.4
	913	100

In terms of mode of birth, the majority of women (84%) hoped for a vaginal birth and 8% indicated a caesarean section (Table 13). In contrast, 71% had a vaginal birth and 28% gave birth by caesarean section (Table 14).

Table 13: The mode of birth women hoped to have.

Mode of birth	N	%
Vaginal	767	84.0
Caesarean	69	7.6
I didn't have any expectations	73	8.0
Missing	4	0.4
	913	100

Table 14: The mode of birth women actually had.

Type of birth	N	%
Vaginal	543	59.5
Assisted vaginal	109	11.9
Caesarean section after labour	137	15.0
Caesarean section prior to labour	121	13.3
Missing	3	0.3
	913	100

Women who had a caesarean section (N=259) were asked to give the reasons for the procedure (a list of common reasons was provided). Women could choose more than one response. The most common responses were:

- Labour had failed to progress (28.6%)
- My baby was distressed (28.6%)
- Because I had a caesarean before (24.7%)

Two of the 259 women who had a caesarean (0.8%) chose the reason “I wanted my baby to be born this way” as the only reason for the procedure, consistent with other research showing that few women prefer this mode of birth in the absence of other contributing factors.(26)

6.2 Aspects of labour and birth care

Research has shown that continuous supportive care during labour and birth provides a number of benefits for women, including slightly shorter labours, greater chances of a vaginal birth, less use of pain medications, and greater satisfaction with the birth experience.(27)

In the survey women were asked about various aspects of the care they received during birth (including labour where applicable). They were asked whether they had previously met any of the staff who cared for them during birth, whether one single person cared for them through most of the birth process, and whether they had confidence and trust in the staff caring for them.

Only half of the women (52%) said that they had previously met at least one of the staff who cared for them during birth, and a slightly lower proportion (47%) had one person mainly caring for them during the birth. However, the majority of women (79%) completely trusted the staff caring for them (Figure 6).

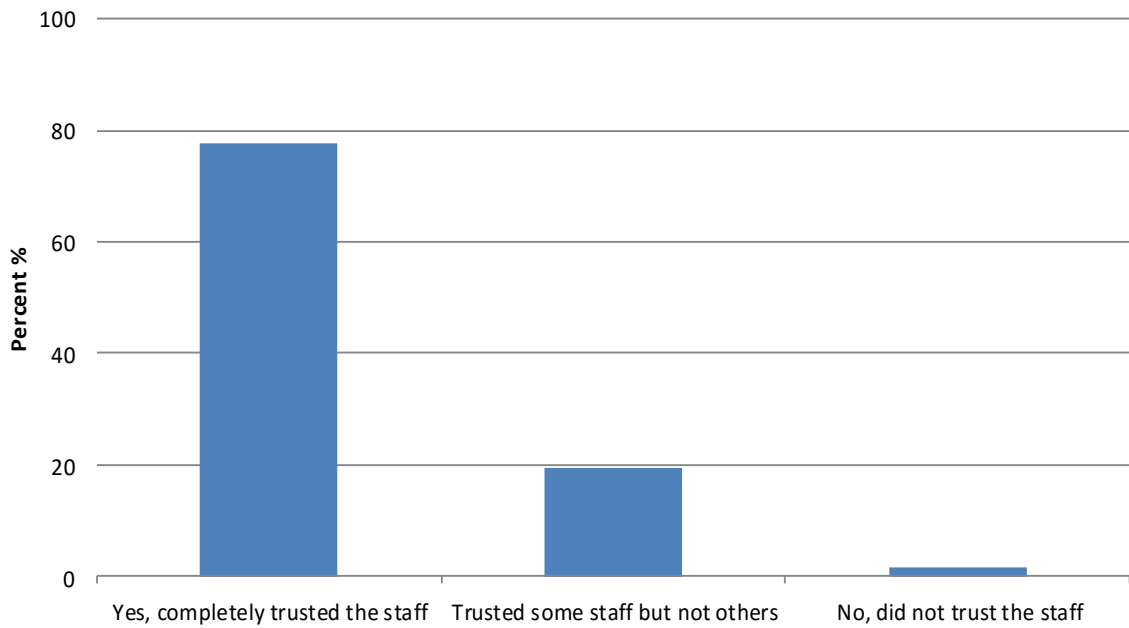


Figure 6: Women’s trust in the staff caring for them during birth.

Effective pain management is a significant consideration for many women during childbirth. Women were asked whether health carers discussed pain management options with them and whether they felt they were able to manage their pain as they wanted. Women’s responses indicated only about half of them had such discussions (53%) or managed their pain as they wanted (51%) (Figure 7).

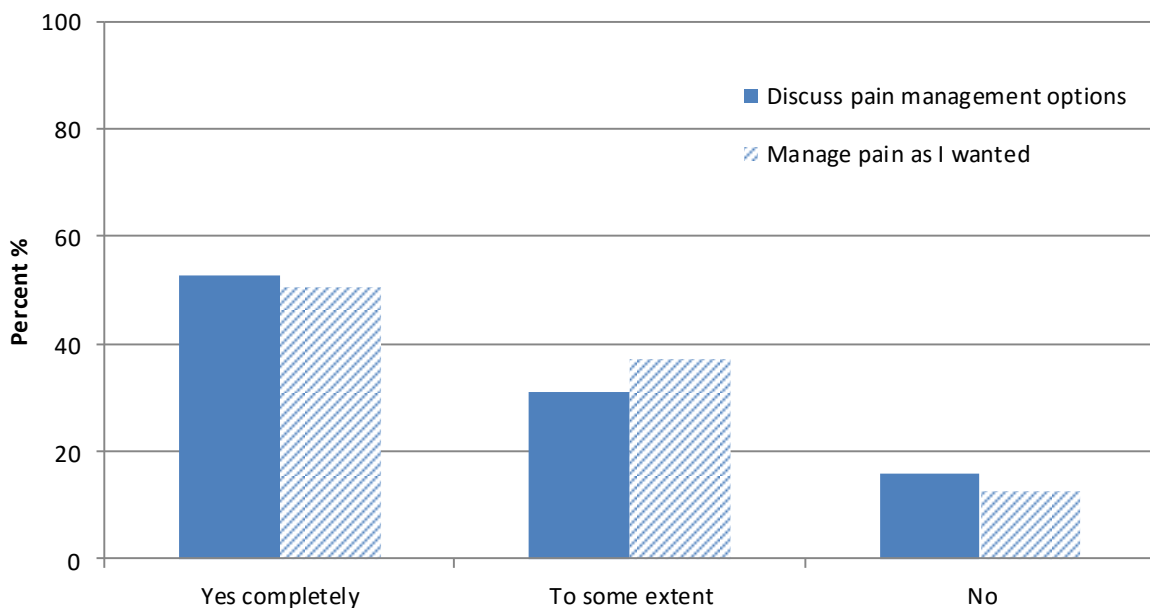


Figure 7: Women’s views about pain management: whether health carers discussed pain management options, and whether women managed their pain as they wanted.

Women were asked whether they were treated with kindness and understanding and felt involved in decisions about their birth care. The majority of women indicated both occurred always or almost always (89% and 82% respectively, Figure 8).

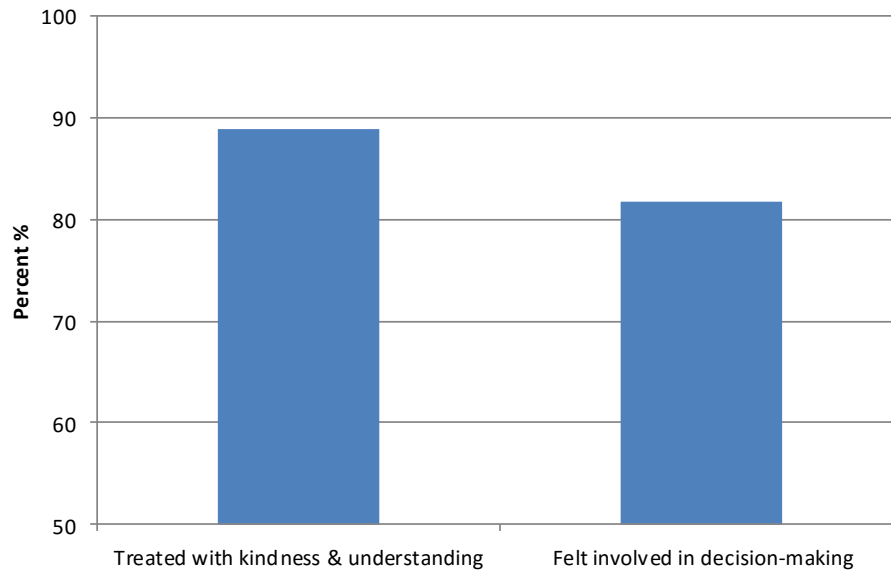


Figure 8: Women who responded 'always/almost always' to being treated with kindness and understanding, and feeling involved in decisions about their birth care.

Women were asked whether their information needs were met during birth. Survey responses suggested most women felt comfortable asking questions (86%); were given the information they needed (82%); and had information explained in ways they could understand (88%) (Figure 9).

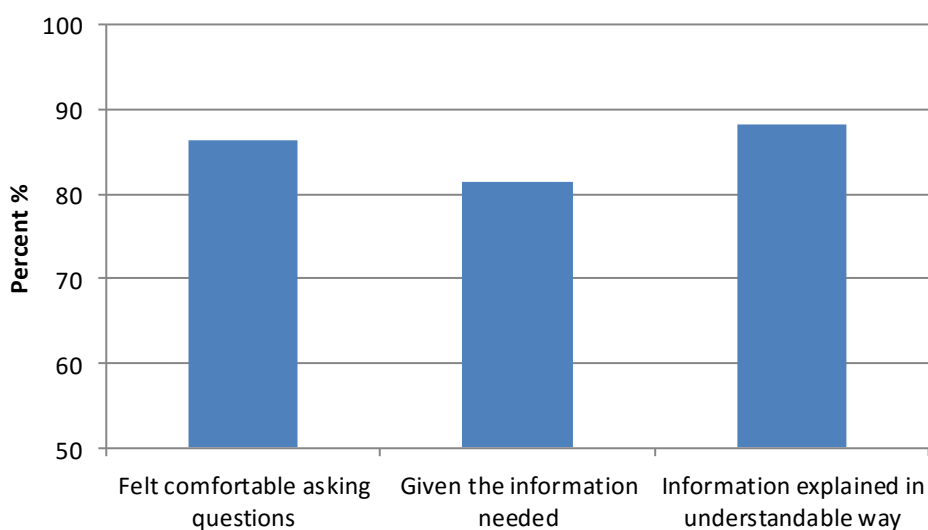


Figure 9: Women who responded 'always/almost always' to various questions about their information needs during birth.

The health and well-being of both the woman and her baby immediately after birth indicate, in part, how well the woman and baby have been supported through the birth process. Only 40% of women rated their own health as 'very good' after birth, possibly reflecting the significant physical and emotional demands of childbirth. From the available health data recorded by hospitals at the time of birth, 13% of the women were in established labour (second stage) for more than 2 hours; and among the women who gave birth vaginally, 37% had a second degree tear, 5% a third degree tear, and 19% an episiotomy (commonly associated with an assisted (instrumental) birth). In comparison to the women's ratings of their own health, two-thirds (67%) rated their baby's health as 'very good' (Figure 10).

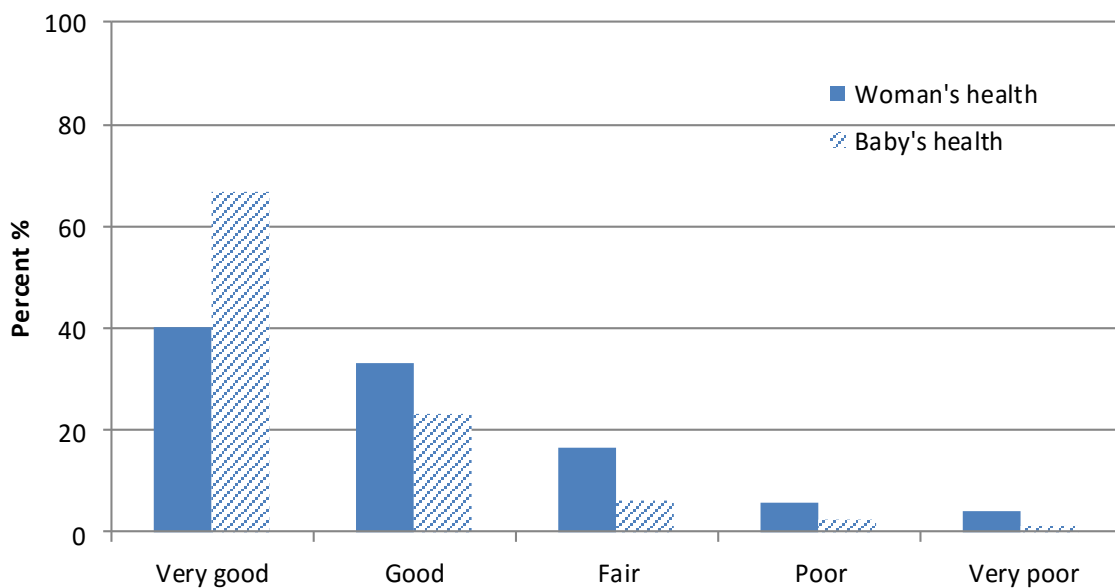


Figure 10: Women's ratings of their health and their baby's health immediately after birth.

Skin-to-skin contact between a woman and her baby immediately after birth has many benefits. Evidence shows that babies cry less, their temperature, heart rate and breathing are more stable, and their blood sugar is higher. Mothers are more likely to breastfeed, and breastfeed for longer, and establish positive attachment with their newborn.(28)

In the survey, 86% of women indicated that they had skin-to-skin contact shortly after birth (Table 15).

Table 15: Skin-to-skin contact shortly after birth.

	N	%
Yes	782	85.7
No, but this was not possible for medical reasons	91	10.0
No, I did not want it	3	0.3
No, for other reasons	30	3.3
Missing	7	0.7
	913	100

6.3 Women's open comments about birth care

Positive comments about birth care

Of the 913 women in the survey, 395 (43%) provided written comments about their birth care experiences. Of these, 43% (N=168) were positive. The most common themes were: positive interactions with staff; the care women received; and experiences that were personally meaningful. Some example comments:

'Absolutely loved my birth experience. Would do it all again tomorrow! I felt completely empowered'

'Having continuous care from the same midwife during pregnancy, labour & birth gave me confidence my birth plan would be followed'

'The midwives who assisted me during labour were fantastic. They answered all my questions & gave me a lot of support to help me cope'

'The whole hospital team worked really hard to help me have the best possible birth outcome for myself and my baby'

'I found the birth experience to exceed my expectations, it was wonderful & my carers did an amazing job'

'I had a water birth and it was the most beautiful and rewarding experience of my life. The midwives were fantastic - supportive and kind'

'Due to complicated delivery midwives, obstetrician & paediatrician worked well as a team'

'Even though my baby became 'stuck' ... my midwife encouraged me to continue trying different positions until he turned naturally. At no point did she make me feel anxious'

'I had an amazing midwife ... She was so kind & helped me through the entire process, even when I had to be rushed off for an emergency C-section she was there & so supportive to myself & my partner'

'My midwife was so supportive. This was my second baby and my first was a very unpleasant experience so was very grateful to have such a wonderful supportive lady to help me'

'C-section was great. I was home after 24 hours with no pain relief. So easy. All my choice'

'Being kept in the operating room with my husband & baby for "bonding" time was lovely'

'C-section ... was fantastic due to the fact they DID NOT separate me from my new baby - far less traumatic than my previous c-section'

Negative comments about birth care

Thirty-seven percent of open comments about birth care (N=145) were negative, of which the most common themes were: poor interactions with staff; inadequate pain management; women questioning clinical management decisions; and long wait times. Some example comments:

'I hated the care I received ... I was not allowed to make any decisions for myself and procedures were carried out without being fully explained'

'I was left totally not knowing what was happening with so much fear. It was an experience I am trying to forget, but am very traumatised by it still'

'My midwife was awful ... She was rude, impatient and mean. I felt like the birth was an inconvenience to her and she didn't want to be there. She was not encouraging or informative at all'

'My waters broke during an internal. The dr didn't even know. He was also extremely rough during internals'

'I wanted an epidural, however, was met with a lot of resistance by the midwives at time of birth. I did not receive an epidural and wish that I had. It was a very traumatic birth'

'The anaesthetist made me & my partner very uncomfortable since he took +50 minutes to insert epidural and then with emergency c-section overdosed me so I had no feeling for 4-5 hours post birth to hold baby etc.'

'I felt the drs were getting frustrated with me during the pushing stage and I feel they left me too long after knowing my baby was transverse. Then I didn't feel I was treated with kindness and understanding. I was very distressed and traumatised and felt they didn't care. They left the caesarean to the very last minute. I was not in a good way'

'I felt that I was pressured to have a vaginal birth for this pregnancy despite having caesarean for my first child. I was informed that the trend was too high for the c section. I ended up having a vaginal birth, suffered severe tearing, blood loss. It was not a very nice experience at all'

'I had wanted a natural birth but had a caesarean so was disappointed'

'I had 2nd-3rd degree tearing. The Dr who stitched me up was very rude, wouldn't listen to me that I was cold, kept telling me to relax, but I couldn't because I was so cold & as a result I wasn't stitched properly and the stitches came undone'

'After the caesarean, it took a long (2 hrs) time to meet my baby. I had to wait for the nurse to put information in the computer'

'As I had been under I was worried the baby & I wouldn't bond because there was no immediate skin to skin contact but I've since made up for it since being home'

Mixed comments about birth care

Around 7% of the open comments about birth care (N=28) were a mixture of both positive and negative feedback. Commonly, women reported that some aspects of care were good but other aspects were not. Some example comments:

'I had various/different people take care of me during my labour and was left unchecked for hours sometimes due to shift changes. I was happy with the midwife I had at the end'

'I felt my midwives were amazing (they went above and beyond). Unfortunately the obstetrician that delivered my baby was cold, uncaring, rude and quite rough'

'The midwives were excellent but I saw 3 different doctors, none of whom clearly explained why things were or weren't happening'

'I was provided with a fantastic midwife but also someone in training. I felt I should have been given the option whether or not to have the person in training as she had quite a bit to do with my birth and appeared relatively inexperienced'

Neutral comments about birth care

Nearly 14% of open comments about birth care (N=54) were coded as neutral and were generally statements of fact. Some example comments:

'I was given oxytocin to establish contractions as my waters had broken but contractions were irregular'

'Had a water birth. I thought that I would have had better pain relief from the water'

'I ended up given birth by caesarean because my baby didn't come'

'My baby was born with breathing difficulties'

6.4 Summary of women's views about birth care

Giving birth is an intense and salient experience for most women. Some will experience a birth that is consistent with their hopes and expectations and some will not. Every woman and birth is different. Many of the women in the survey had birth experiences that were not like they expected; occasionally better but more commonly worse. Nonetheless, most women felt well supported by, and trusted the health carers who attended them during birth. They were treated with kindness and understanding, felt involved in decisions about their care, and had their information needs met. This was not the case for approximately 10-20% of women.

A significant proportion of women did not appear to receive the pain management support they wanted, and over half of the women reported less than very good health and well-being immediately after birth. It is not possible to confirm whether these two items are linked, but both may warrant increased attention during the birth process. In addition, women's survey responses suggested the experience of skin-to-skin contact immediately after birth could be strengthened. Some of the open comments provided by the women point to several areas where clinical care could have been improved, including informing and counseling women, both before and shortly after birth, about what can and does happen in childbirth and the reasons why.

7. WOMEN'S VIEWS ABOUT THEIR POSTNATAL CARE EXPERIENCES

This section presents women's responses to survey questions about their postnatal care including both their stay in hospital and the care provided by hospital and community nurses in the first weeks at home. In public hospitals in NSW, women are cared for by midwives and/or nurses during the postnatal period. Their contact with doctors may be limited, and access to community and home-based postnatal services can vary.(29)

Depending on each woman's model of care and birth experience, her stay in hospital after birth can range from a few hours to several days. The proportion of women who have a caesarean section has increased over time and, as surgical patients, they tend to have slightly longer stays in hospital than women who have vaginal births. However, despite this trend, the overall average length of stay in hospital following birth in NSW has decreased.

Most women in the survey had a length of stay in hospital that was between 1 and 3 days (Table 16). Four percent of women stayed for 4 hours or less, and 5% for a week or more.

Women were asked how they felt about their length of stay in hospital. Over three-quarters (77%) thought that their stay was about the right length; 15% thought it was too short; and nearly 8% thought it was too long (Table 17).

Table 16: Length of stay in hospital after giving birth.

	N	%
<24 hours	113	12.4
24-48 hours	373	40.9
49-72 hours	189	20.7
>72 hours	236	25.8
Missing	2	0.2
	913	100

Table 17: Women's opinion about their length of stay in hospital.

	N	%
About right	707	77.4
Too long	69	7.6
Too short	135	14.8
Missing	2	0.2
	913	100

7.1 Aspects of postnatal care in hospital

Declining postnatal lengths of stay in hospital have raised pressures on clinical staff to complete a range of education, support, clinical observation and documentation functions in less time. Midwives describe working in such environments as “stressful, demanding, difficult, pressured and frustrating”.(30)

In the survey, women were asked whether staff were readily available to help them. Approximately three-quarters of the women (74%) indicated that this was always or almost always the case (Table 18).

Table 18: Availability of staff in postnatal ward.

	N	%
Always/almost always	672	73.6
Sometimes	211	23.1
Never or almost never	24	2.6
Missing	6	0.6
	913	100

Women were asked whether they were treated with kindness and understanding and felt involved in decisions about their postnatal care. The majority of women indicated both occurred always or almost always (81% and 77% respectively, Figure 11).

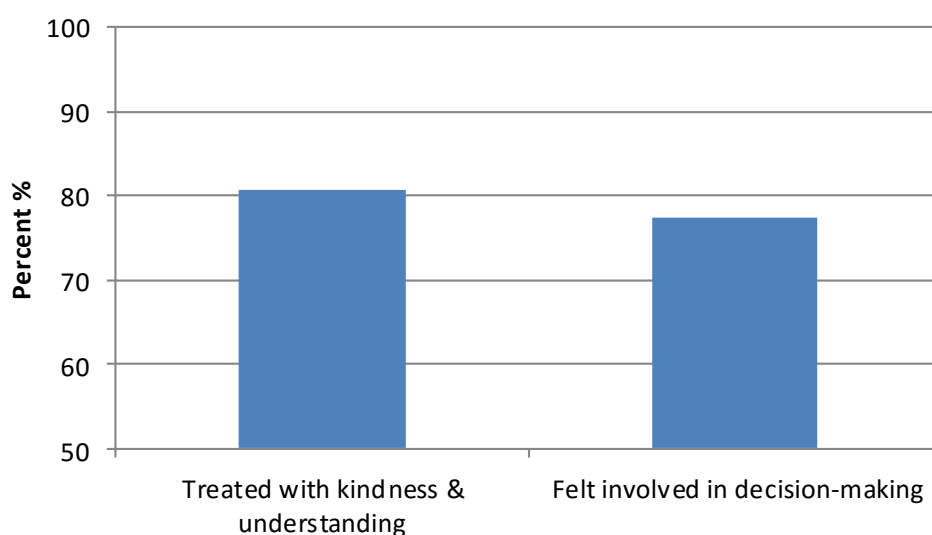


Figure 11: Women who responded ‘always/almost always’ to being treated with kindness and understanding, and feeling involved in decisions about their postnatal care.

Women were also asked whether family and friends who visited them felt welcomed by staff, and nearly 75% confirmed that they did. Around 7% of women did not have any visitors, predominantly due to a short length of stay in hospital (Table 19).

Table 19: Women’s visiting family and friends felt welcomed by staff.

	N	%
Yes, completely	672	73.6
To some extent	147	16.1
No	24	2.6
N/A, did not have any visitors	65	7.1
Missing	5	0.5
	913	100

Women were asked whether their information needs were met during the postnatal period. Survey responses suggested most women felt comfortable asking questions (76%); were given the information they needed (72%); information was explained in ways they could understand (81%); and information was consistent (63%) (Figure 12).

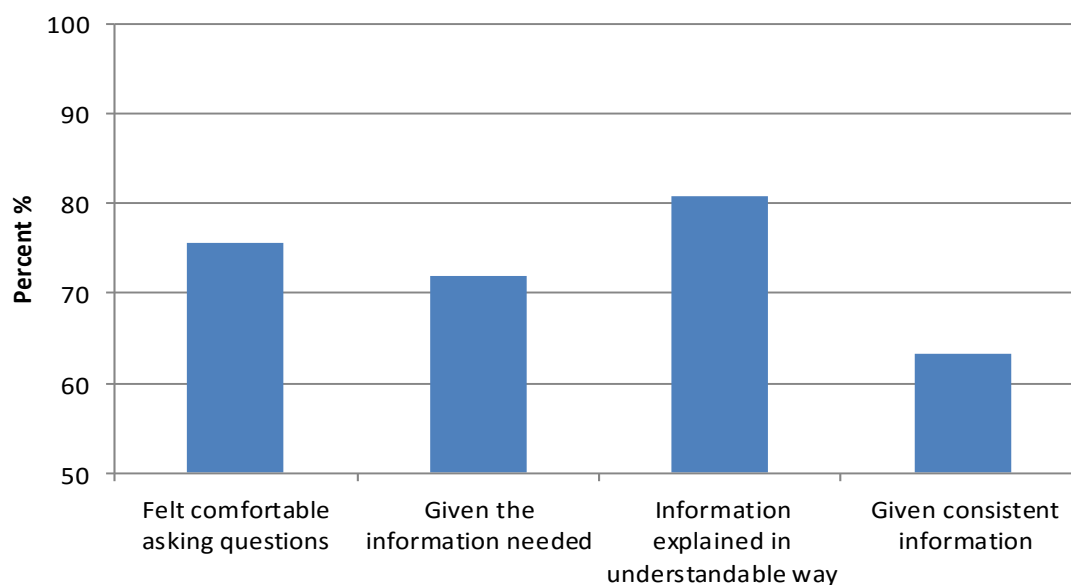


Figure 12: Women who responded ‘always/almost always’ to various questions about their information needs during the postnatal period.

Two additional information questions were asked that were specific to the postnatal period: whether women were given enough information about what to expect with their recovery; and whether they were given enough information about where to get help for themselves and their baby once they were at home.

The women’s responses indicated that these information needs were not fully met: only 58% of women received complete recovery information, although 80% received information about obtaining help once at home (Table 20).

Table 20: Women’s responses about receiving information about their own recovery, and where to get help when back at home.

	Information about woman’s recovery %	Information about where to get help when at home %
Yes, completely	57.5	80.3
To some extent	33.5	17.0
No	7.1	1.9
N/A, I did not need or want information	1.3	0
Missing	0.5	0.9
	100	100

7.2 Infant feeding support

Public health policy across Australia promotes breastfeeding as the preferred feeding option for newborn babies. Considerable evidence exists about the benefits of breastfeeding. It aids a woman’s physical recovery after birth and, in the longer term, appears protective against some cancers and osteoporosis.(31, 32) For infants, breast milk contains important antibodies which build a baby's immune system and help protect it from a range of illnesses and diseases. Longer term benefits in adulthood have also been associated with breastfeeding including lower rates of blood pressure, cholesterol, overweight, obesity and Type 2 diabetes.(33-35)

In comparison with other countries, Australian women report high rates of breastfeeding intention and initiation,(36) however early infant formula supplementation and breastfeeding cessation in the first months after giving birth is common.(37)

In the survey, women were asked about their infant feeding intentions prior to the arrival of the baby, and how they actually fed their baby in the first days following birth. The vast majority of women (95%) planned to breastfeed their baby including a small proportion in combination with formula milk (9%) (Table 21). Within the first days following birth, most women were

breastfeeding (94%), however the proportion also using formula milk had almost doubled (15%) (Table 22). Only a relatively small percentage of women planned to use formula milk only and did so in the first days after birth.

Table 21: Women’s intended option for infant feeding prior to the baby’s birth.

	N	%
Breast milk only	787	86.2
Formula milk only	16	1.8
Both breast and formula milk	79	8.7
I had no plans	29	3.2
Missing	2	0.2
	913	100

Table 22: Women’s actual infant feeding choice in the first days following birth.

	N	%
Breast milk only	726	79.5
Formula milk only	25	2.7
Both breast and formula milk	134	14.7
Other (e.g. tube fed)	14	1.5
Missing/not applicable	14	1.5
	913	100

Women were asked about their infant feeding experiences and to what extent they received: consistent advice; practical help; and active support and encouragement. This help can be provided by midwives, nurses and/or lactation consultants working in the postnatal ward, and midwives and community nurses who conduct home visits in the first weeks after the baby’s birth.

The women’s responses indicated that only 59% received the help they needed, and 12% (N=110) reporting little or no consistency in the advice they were given (Table 23).

Table 23: Women’s responses about help with infant feeding.

	Consistent advice %	Practical help %	Support & encouragement %
Yes, completely	53.1	59.4	59.4
To some extent	31.3	30.9	30.9
No	12.0	5.6	5.6
I did not need or want this	0.9	1.5	1.5
Missing/not applicable	2.6	2.6	2.6
	100	100	100

7.3 At home

NSW Health operates a Universal Health Home Visiting program for all women who give birth in public hospitals.(38) The program includes at least one home visit within the first two weeks of birth by a midwife and/or Child and Family (community) nurse. The service aims to support the woman in her transition from hospital to home, monitor the well-being of both the woman and her baby, support the woman in her early parenting including infant feeding and settling, and facilitate access to child and family services in the local community.

Women in the survey were asked whether they were visited at home by a midwife or Child and Family Health nurse. Over 90% of women received at least one home visit by both health carers in the first weeks following birth (Table 24). Many women provided positive comments about these home visits and how important they were (see examples below, Section 7.4).

Table 24: Women’s responses about home visits by a midwife or Child and Family Health nurse after birth.

	Home visit by midwife %	Home visit by Child & Family Health nurse %
Yes	92.1	92.6
No	7.1	6.0
Missing/not applicable	0.8	1.4
	100	100

Finally, women were asked to assess their health and the health of their baby when they completed the survey (approximately 4-5 months after birth). As can be seen in Figure 13, the women’s assessment of their own health was not as good as that of their baby, with only 57% of women describing their health as ‘very good’ compared with 83% for their baby. These results may reflect the longer term physical and emotional effects of childbirth as well as early mothering (e.g., disrupted sleep and fatigue).

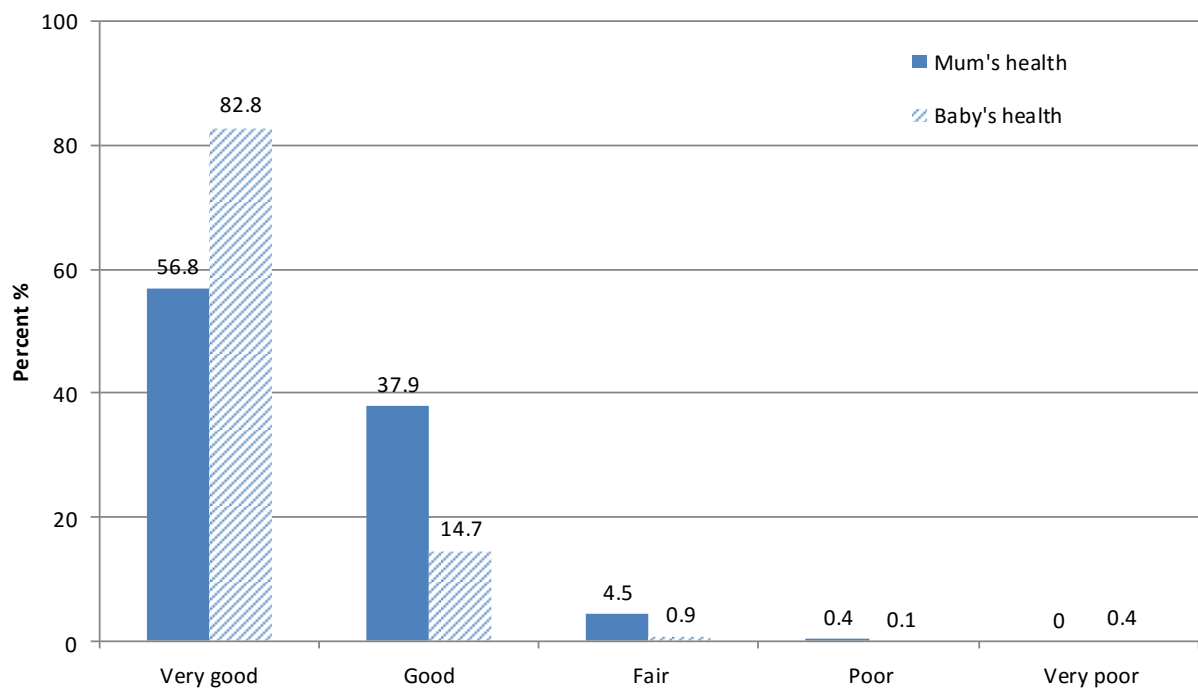


Figure 13: Women’s ratings of their own health and their baby’s health at the time of survey completion (4-5 months post birth).

7.4 Women’s open comments about postnatal care

Positive comments about postnatal care

Of the 913 women in the survey, 453 (50%) provided written comments about their postnatal care experiences. Of these, 38% (N=172) were positive. The most common theme by far was positive infant feeding experiences. Other themes included positive interactions with staff; special considerations that were shown to women during their hospital stay; and positive experiences with the home visiting service (midwives and Child and Family (community) nurse). Some example comments:

‘The midwives were very helpful with breastfeeding. A midwife was with me at each and every feed to help with latching’

'The advice and help from staff at the hospital has helped me successfully breastfeed my baby. And I still do now ... They gave me the confidence to do it'

'The care we received after the baby was born was exceptional. I was made to feel as though me and my baby were the only ones they had to care for'

'I was given amazing follow up care by the public obstetrician that delivered my baby which helped me recover physically & mentally'

'I had a lovely doctor give me 2 check-ups (in the hospital) on the tearing sustained during labour ... definitely helped me to avoid infection and recover comfortably'

'Excellent care. The obstetrician who delivered my baby constantly came to check on my progress and organised additional care (blood transfusion) that made a big difference to my recovery'

'I was actually surprised at the amount of support I received after birth. I focused so much on pregnancy & birth that I really didn't think about post birth so I was very overwhelmed. I felt safe having the support of midwives daily after birth'

'It was the best care that I've ever received or ever thought that I could have or a woman could ask for. Till now I am still receiving help and support by my local community nurse'

'Really needed the moral support and confirmation that I was doing well...midwives were great with this'

'Wonderful care, very organised. Helped greatly, especially being 1st time parents. Extremely knowledgeable nurses/midwives that visited our home'

'I had home visits and phone calls most days for the first fortnight and this was the best possible care for myself & my daughter; expert advice & support in the comfort of my own home'

'I was amazed at the level of post natal care provided in the public system. For first 2 weeks I was able to call my midwife at any time'

'I am so grateful for the home visits I received ... I would not have coped without their assistance and advice!'

'The community nurse who visited us at home was AMAZING! ... She was so kind, helpful and gave practical advice. She was such a professional and so lovely'

Negative comments about postnatal care

Forty percent of open comments about postnatal care (N=181) were negative. The predominant theme was negative infant feeding experiences including insufficient/inconsistent information and advice; pressure to breastfeed; lack of information about formula feeding; and negative emotional impacts on women (e.g., lacking confidence, feeling judged or feeling distressed) when breastfeeding was difficult/failed. Other themes included: poor interactions with staff; concerns about clinical management decisions and missed diagnoses; long wait times after requesting assistance; staff shortages; and poor care facilities. Some example comments:

'I needed help breastfeeding as I had never done this before and the nurse in the ward would not help. She said "you need to learn how to do this yourself, you can't rely on us nurses". This was very disappointing'

'Lactation consultants were all providing different info on how to breastfeed. It created confusion and stress for a first time mum like me. It was a shame my husband couldn't stay overnight - it would be a great help to have an extra pair of hands to look after the baby'

'One of the nurses pushed putting my baby onto formula - getting me to sign a consent form in the middle of the night the day after giving birth I felt disoriented and not fully in charge of my decision'

'It is a bit disappointing how guilty you are made to feel when you choose to bottle feed instead of breastfeeding. I think if you are well informed about your options and benefits of breastfeeding you should not be made to feel guilty about your decision and constantly reminded that you are "artificially feeding" your baby'

'You get very bombarded with information. It seems like it is all conflicting advice. I guess you are supposed to try different methods and see what works for you. But at the time it is too much to handle because with all your emotions and lack of sleep, there are too many opinions! This was the worst bit'

'Due to 3rd degree tear, epidural for completely immobilising lower half & catheter, I would have liked an electric bed as I couldn't sit up to get to baby. Pressed nurse call button and many times had no response. Was very distressed'

'Did not get any rest in shared ward - which is why I left, leaving early after C-section was difficult ... Nurses were far too stretched to help. Some outright angry and stressed'

'I did caesarean but I didn't have enough care after my baby (sic) birth. I rang the bell to call a midwife to help me but a lot of times nobody coming (sic)'

'I was wheeled into my room and no one came to see me until I returned my wheelchair and they asked where I came from. If I was a 1st time mother I would have been really scared about the lack of follow up information/care directly after birth'

'My curtain was always been pull (sic) out while I was breastfeeding. I felt so angry with the careless (sic) of the midwife and feeling very unrespected (sic). I need to do blood test every day ... the pathologist use (sic) water instead of alcoholic towel ... This happen for twice (sic) and I questioned him about it, then he changed alcoholic towel. It's very unprofessional'

'There was one midwife I felt was quite cruel ... at night after birth I could not get up as I had a caesar and she expressed milk from me while I cried ... yelled at me "I can't come in here every time your baby cries!"'

'I had to feed my baby in special care every 2-3 hours. I had a caesarean and asked to be taken in a wheel chair to special care. I was told the ward was too busy and no staff were available'

'Paediatrician was pretty useless ... No bed side manner. No communication'

'I had to wait 5 hours before the paediatrician was able to assess my baby and we could be discharged'

'For the home visit it would be great to have the same midwife and an idea of time. Time frame was 9-3 pm and it is really hard then to know when to go to sleep or take baby for a walk as you spend your time waiting for the midwife'

Mixed comments about postnatal care

Around 18% of the open comments about postnatal care (N=81) were a mixture of both positive and negative feedback. Commonly, women reported that some aspects of care were good but other aspects were not. Early infant feeding experiences was again an important theme in these comments, as well as mixed experiences with staff, mixed postnatal care (poor hospital care, good home visiting care), and communication (some areas good, some inadequate/inconsistent). Some example comments:

'Most great care however there was a lot of inconsistent advice about breastfeeding. I needed extra help with this and every midwife had a different way of breastfeeding techniques & advice. Got quite overwhelming & confusing'

'Huge variation in the level of care provided by midwives. Some very helpful and supportive and some reduced me to tears'

'Some staff were brilliant others lacked care, were inconsistent, unavailable to me much of the time. Day after my caesar I asked if I could have linen change (as I was lying in dirty sheets). I was shown where the linen was and told to change the bed myself. Other midwives were great though especially woman who cared for me on the night of the birth - when my boy was in NICU and I was beside myself with grief'

'Staying in the maternity ward was horrible. I left early due to rude staff, inconsistent advice and a lack of help. There were 2 or 3 nurses who were caring and helpful but they were overshadowed by rude and unhelpful staff'

'The food staff had recently stopped bringing/stocking water in the rooms & this meant I had to regularly go to the kitchen for water. It was ok for me but if someone had a caesarean it wouldn't be good. The midwives have enough to do without having to bring water'

'I thought the support was fantastic. It was a pity that the stay in hospital was not 2 days longer'

Neutral comments about postnatal care

Around 3% of open comments about postnatal care (N=15) were coded as neutral and were generally statements of fact. Some example comments:

'The hospital stay felt too long for me but it was about right for my baby'

'I had a high blood pressure and my baby had jaundice. So we stayed for a long time in the hospital'

'The first few days I (sic) afraid to change him, he look (sic) so fragile. I (sic) afraid to break something and after everything been (sic) good'

7.4 Summary of women's views about postnatal care

After birth, most women in public hospitals in NSW experience a relatively short inpatient stay in hospital followed by home support through visits and/or telephone calls from midwives and community nurses over the next few weeks. Beyond this period, it is assumed women will engage with general practitioners and local community health centres for ongoing health care.

Most of the women in the survey were in hospital for 1 to 3 days. Around three-quarters of the women reported having access to staff when they needed, experiencing kindness and understanding, feeling involved in decisions about their care, and having their information needs met. A significant proportion of women (~40%) expressed problems with inconsistent information and inadequate information about their own recovery following birth. The latter is

significant, given that so many of the women had less than 'very good health' several months later at the time of survey completion.

More than 90% of the women received home visits from both a midwife and a community nurse. From the women's open comments, these visits appear highly positive experiences and greatly valued by the women, although some possible improvements could be made around consistency of information and scheduling of visits.

Infant feeding support stood out as a significant issue in the postnatal period. Over 90% of the women in the survey wanted to, and initiated breastfeeding. Within the first few days after birth 15% of women were also using formula milk. From the open comments it is clear that many women do not get the infant feeding support they need, are confused by conflicting information, find breastfeeding much harder than they expected, and do not appear to get sufficient support or information about formula feeding.

The open comments from women highlighted a number of additional issues: the significant psychological impact of the interactions between midwifery, nursing and medical staff on the women; the physical and emotional vulnerability of the women; the additional recovery challenges for women having a caesarean section; and considerable questions/doubts around some clinical management decisions. A number of the open comments also indicated perceptions of staff shortages in the postnatal ward. This merits investigation – from a quality and safety perspective as well as for staff morale. It is very difficult to give women the time, attention and care they need if there are not enough staff to do so.

8. ACROSS THE MATERNITY CARE JOURNEY

In this final section, selected comparisons are made of the care provided to women over the three maternity periods – antenatal, birth and postnatal.

As previously shown in Figure 1 (page 6, Section 4), 64% of the surveyed women rated antenatal care as very good compared with 73% for birth care and 57% for postnatal care. Additional analyses comparing individual women’s ratings across the three periods show that 44% of the women assigned ‘very good’ ratings to all three maternity care periods while 15% did not use this rating for care in any of the three periods. This suggests considerable room for improvement.

In the survey, five items that focused on important aspects of care were repeated in the antenatal, birth and postnatal sections of the survey:

- treated with kindness and understanding
- feeling involved in decisions about my care
- feeling comfortable asking questions
- being given the information I need
- having information explained in ways I can understand

Other analyses (unpublished) suggest that these five aspects of care are significantly associated with women’s overall ratings of care.

Figure 14 compares women’s responses to these five items across the three maternity periods, showing the percentage of women who reported receiving these aspects of care ‘always or almost always’. Also shown, for comparison, are women’s overall care ratings for the three maternity periods. A consistent stepwise pattern emerges, with more women reporting that they received these five aspects of care in the antenatal period than during birth, and more during birth than in the postnatal period.

The coding of women’s open comments about their care during the three periods also revealed a stepwise pattern. As can be seen in Figure 15, a higher percentage of women gave positive comments about their antenatal care than birth care, and a higher percentage gave such comments for birth care than postnatal care. The opposite but again stepwise pattern is seen for the negative comments, with a lower percentage of negative comments about antenatal care compared with birth care, and a lower percentage for birth care compared with postnatal care.

It is interesting that the overall ratings of care do not follow this same stepwise pattern: birth care received the most positive ratings (Figure 14). This suggests other factors are also contributing to women’s relatively high ratings of care during birth, which could be the subject of further research in the future.

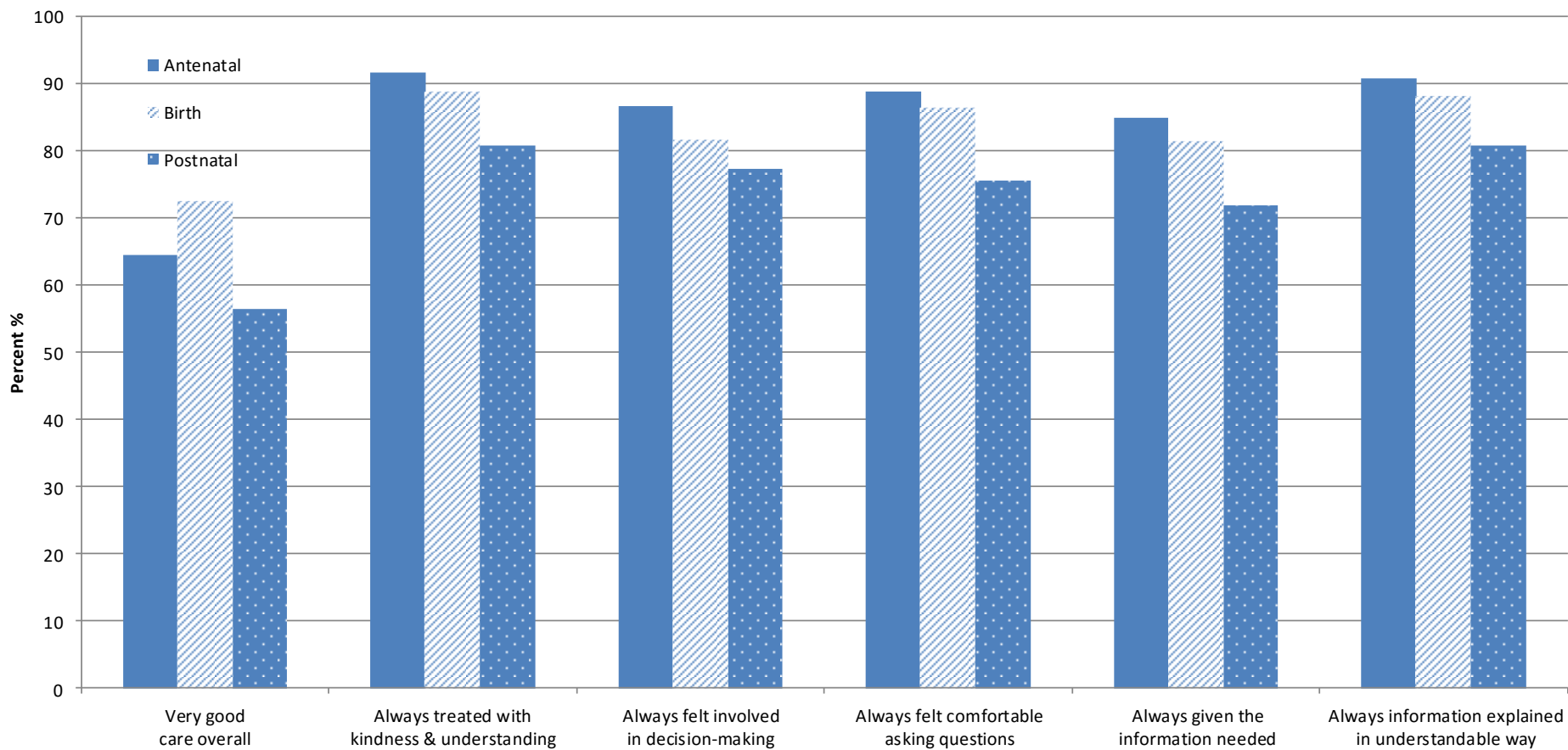


Figure 14: Comparison of women’s overall ratings of care and 5 aspects of care in the antenatal, birth and postnatal periods.

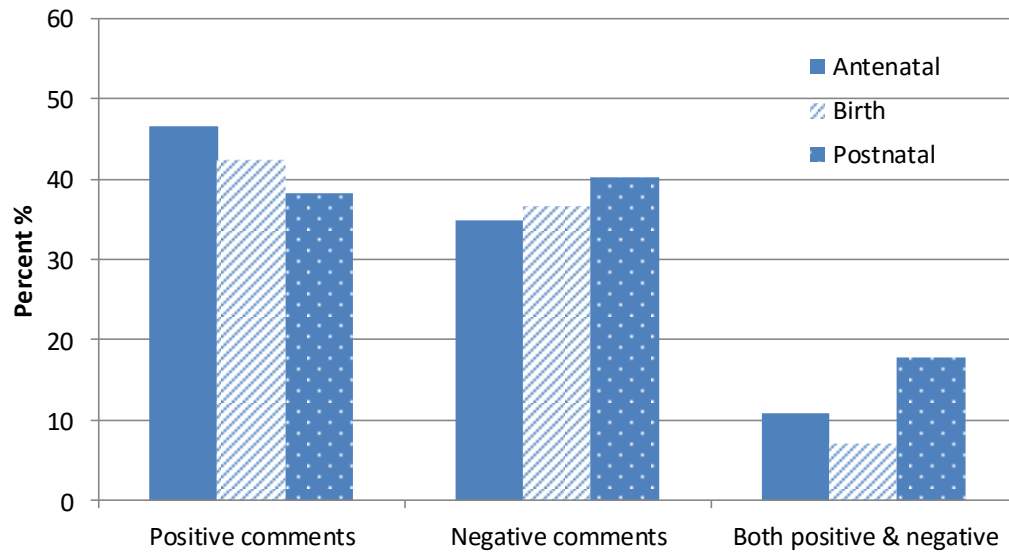


Figure 15: Comparison of women’s coded open comments for the antenatal, birth and postnatal periods.

9. CONCLUSIONS

This report provides, for the first time, detailed information about women's experiences of maternity care in public hospitals in NSW. Nearly 1000 women responded to the survey. Almost three-quarters of the women rated their birth care as very good; lower percentages rated their antenatal and postnatal care so highly. Importantly, slightly less than half of the women (44%) rated the care they received across the three maternity periods as very good, and 15% did not give this high rating to their care in any of the three periods.

More positive ratings for care during birth than antenatal and postnatal care is a consistent pattern across maternity satisfaction surveys.(12, 14-18) This finding suggests that maternity services are better at meeting the care needs of women during birth than in the antenatal and postnatal periods. The birth period is an intensive but relatively short time when midwifery and medical staff work with women towards the safe arrival of the baby. In contrast, the antenatal period typically extends over 6-7 months and is often characterised by considerable anxiety and high needs for information and reassurance. The capacity of health services to tailor and continue to meet women's needs over this longer time may be more difficult. The postnatal period often involves only a few days in hospital and home support over the next 2 weeks. This period aims to provide women with rest and recovery, but at the same time complete various clinical and documentation functions, and provide information and instruction about caring for themselves and their newborns. Combined with women's hormonal and other physical changes, these first days and weeks can be quite stressful and overwhelming for women.

When interpreting these findings, it should be borne in mind that the women who participated in the survey do not represent all birthing women in NSW; the sample did not include women attending private hospitals, women of Aboriginal background, and non-English speaking women (since the survey was available in English only). This may limit the generalisability of the results.

In this survey, women were asked to rate care using a five-point Likert scale, with the options 'very good', 'good', 'fair', 'poor', and 'very poor'. We compared the highest rating 'very good' with the other options. We did not combine the two highest ratings (very good and good) as is sometimes done,(7, 39) as research has shown that ratings less than the highest satisfaction rating reflect some level of dissatisfaction.(40, 41)

The survey explored many aspects of care – some common to all three maternity periods and many unique to each one. While each of the three maternity periods is distinct in many ways, together they represent the maternity care experience for each woman. Delivering woman-centred maternity care requires a health system that recognises, values and invests in meeting the individual needs of women. Achieving consistently high levels of care across outpatient, inpatient and home-visiting services requires sustained and coordinated effort. The present

results suggest some, but not all women are experiencing such care, and improvement opportunities exist.

In 2015, the NSW Bureau of Health Information introduced a new state-wide maternity survey for NSW (http://www.bhi.nsw.gov.au/nsw_patient_survey_program/maternity_care_survey). The statewide survey drew heavily on the experiences of the Having Your Say survey reported here.(42) Results from that wider survey are expected to be released in the second half of 2016. This will provide another opportunity to explore women's perceptions of their maternity care experiences.

REFERENCES

1. Women and Health Care Reform. Maternity Matters in Canada. Winnipeg, Canada: Canadian Women's Health Network; 2007.
2. Carter MC, Corry MP, Delbanco S, Foster TC-S, Friedland R, Gabel R, et al. 2020 Vision for a high-quality, high-value maternity care system. *Women Health Iss.* 2010; 20(1, Supplement): S7-S17.
3. NHS London Health Programmes. What Women and Their Families Need and Want from a Maternity Service: Overview of Existing Data. London: NHS, 2011.
4. Australian Health Ministers' Conference. National Maternity Services Plan 2010. Canberra: Commonwealth of Australia, 2011.
5. Declercq E, Sakala C, Corry MP, Applebaum S. Listening to Mothers II: Report of the Second National US Survey of Women's Childbearing Experiences New York: Childbirth Connection; 2006. Available from: http://www.childbirthconnection.org/pdfs/LTMII_report.pdf.
6. Declercq E, Chalmers B. Mothers' reports of their maternity experiences in the USA and Canada. *J Reprod Inf Psychol.* 2008; 26: 295-308.
7. Declercq E, Sakala C, Corry MP, Applebaum S, Herrlich A. Listening to MothersSM III: Pregnancy and Birth New York: Childbirth Connection; 2013. Available from: http://transform.childbirthconnection.org/wp-content/uploads/2013/06/LTM-III_Pregnancy-and-Birth.pdf.
8. Public Health Agency of Canada. What Mothers Say: the Maternity Experiences Survey of the Canadian Perinatal Surveillance System. Ottawa Public Health Agency of Canada; 2009. Available from: <http://www.phac-aspc.gc.ca/rhs-ssg/survey-enquete/mes-eem-eng.php>.
9. Redshaw M, Heikkila K. Delivered With Care: a National Survey of Women's Experiences of Maternity Care 2010. University of Oxford: National Perinatal Epidemiology Unit (NPEU) 2010.
10. Care Quality Commission. National Findings from the 2013 Survey of Women's Experiences of Maternity Care England, UK: Care Quality Commission, United Kingdom; 2013. Available from: http://www.cqc.org.uk/sites/default/files/documents/maternity_report_for_publication.pdf.
11. Cheyne H, Skår S, Paterson A, David S, Hodgkiss F. Having a Baby in Scotland 2013: Women's Experiences of Maternity Care National Report Volume 1: National Results 2013. Available from: <http://www.scotland.gov.uk/Resource/0044/00442833.pdf>.
12. South Australia Department of Health, Population Research and Outcome Studies Unit. Maternity Services in South Australian Public Hospitals: Patient Satisfaction Survey Report Adelaide, SA: Government of South Australia; 2007.
13. Brown S, Bruinsma F. Future directions for Victoria's public maternity services: is this "what women want"? *Aust Health Rev.* 2006; 30(1): 56-64.

14. Brown S, Darcy M-A, Bruinsma F. Having a baby in Victoria 1989–2000: continuity and change in the decade following the Victorian Ministerial Review of Birthing Services. *Aust NZ J Public Health*. 2002; 26(3): 242-50.
15. Yelland J, Sutherland G, Brown SJ. Postpartum anxiety, depression and social health: findings from a population-based survey of Australian women. *BMC Public Health*. 2010; 10(771): 1471-2458.
16. Prosser SJ, Miller YD, Armanasco A, Hennegan J, Porter J, Thompson R. Findings from the Having a Baby in Queensland Survey, 2012. Brisbane: Queensland Centre for Mothers & Babies, The University of Queensland 2013.
17. Miller YD, Thompson R, Porter J, Prosser SJ. Findings from the Having a Baby in Queensland Survey, 2010. Queensland: Queensland Centre for Mothers & Babies, The University of Queensland 2011.
18. Brown S, Lumley J. Changing childbirth: lessons from an Australian survey of 1336 women. *BJOG*. 1998; 105(2): 143-55.
19. Brown S, Lumley J. Satisfaction with care in labor and birth: a survey of 790 Australian women. *Birth*. 1994; 21(1): 4-13.
20. Todd AL, Roberts CL, Porter M, Morris JM, Nicholl MC. Woman-centred maternity care: what do women say? Protocol for a survey of women receiving maternity care in NSW Sydney eScholarship Repository: University of Sydney; 2014. Available from: <http://hdl.handle.net/2123/12108>.
21. Todd AL, Porter M, Williamson JL, Patterson JA, Roberts CL. Pre-notification letter type and response rate to a postal survey among women who have recently given birth. *BMC Med Res Methodol*. 2015; 15: 104.
22. Centre for Epidemiology and Evidence. New South Wales Mothers and Babies 2013 Sydney: NSW Ministry of Health, 2015.
23. Knight-Agarwal CR, Williams LT, Davis D, Davey R, Cochrane T, Zhang H, et al. Association of BMI and interpregnancy BMI change with birth outcomes in an Australian obstetric population: a retrospective cohort study. *BMJ Open*. 2016; 6(5): e010667.
24. Fisher C, Hauck Y, Fenwick J. How social context impacts on women's fears of childbirth: A Western Australian example. *Soc Sci Med*. 2006; 63(1): 64-75.
25. Nilsson C, Lundgren I. Women's lived experience of fear of childbirth. *Midwifery*. 2009; 25(2): e1-e9.
26. Mazzoni A, Althabe F, Liu NH, Bonotti AM, Gibbons L, Sanchez AJ, et al. Women's preference for caesarean section: a systematic review and meta-analysis of observational studies. *BJOG*. 2011; 118(4): 391-9.
27. Hodnett E.D., Gates S., Hofmeyr G., C. S. Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*. 2013(Issue 7):Art. No.: CD003766.

28. Moore ER, Anderson GC, Bergman N, Dowswell T. Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews*. 2012(5).
29. Coffey A, Fitzpatrick C. Postnatal care in Australia. *O&G Magazine*. 2011: 36-8.
30. Forster DA, McLachlan HL, Yelland J, Rayner J, Lumley J, Davey M-A. Staffing in postnatal units: is it adequate for the provision of quality care? Staff perspectives from a state-wide review of postnatal care in Victoria, Australia. *BMC Health Services Research*. 2006; 6: 83.
31. NHMRC. *Dietary Guidelines for Children and Adolescents in Australia Incorporating the Infant Feeding Guidelines for Health Workers*. Canberra: NHMRC, 2003.
32. Centre for Epidemiology and Evidence. *New South Wales Mothers and Babies 2012*. Sydney: NSW Ministry of Health, 2014.
33. Scott A, Binns C. *Infant Feeding Practices*. . New York: Springer; 2011.
34. Chung M, Raman G, Trikalinos T, J. L. Interventions in primary care to promote breastfeeding: an evidence review for the US Preventive Services Task Force. *Ann Intern Med*. 2008; 149: 565-82.
35. Ip S, Chung M, Raman G, Trikalinos T, Lau J. A Summary of the Agency for Healthcare Research and Quality's evidence report on breastfeeding in developed countries. *Breastfeed Med*. 2009; 4(Suppl 1): S17-S30.
36. Dahlen HG, Homer CSE. Infant feeding in the first 12 weeks following birth: A comparison of patterns seen in Asian and non-Asian women in Australia. *Women Birth*. 2010; 23(1): 22-8.
37. Thompson RE, Kildea SV, Barclay LM, Kruske S. An account of significant events influencing Australian breastfeeding practice over the last 40 years. *Women Birth*. 2011; 24(3): 97-104.
38. NSW Health. *Maternal & Child Health Primary Health Care Policy*. Sydney: Department of Health, NSW; 2010.
39. Redshaw M, Henderson A. *Safely Delivered: a National Survey of Women's Experience of Maternity Care 2014*. Oxford UK: National Perinatal Epidemiology Unit, University of Oxford, 2015.
40. Draper M, Cohen, P., Buchan, H. Seeking consumer views: what use are results of hospital patient satisfaction surveys? *Int J Qual Health Care*. 2001; 13(6): 463-8.
41. Collins K, O'Cathain A. The continuum of patient satisfaction—from satisfied to very satisfied. *Soc Sci Med*. 2003; 57(12): 2465-70.
42. Todd AL, Aitken CA, Boyd J, Porter M. Testing a health research instrument to develop a statewide survey on maternity care. *Public Health Research & Practice*. 2016; 26(1): e2611609.

43. Brown S, Yelland J, Sutherland G, Baghurst P, Robinson J. Stressful life events, social health issues and low birthweight in an Australian population-based birth cohort: challenges and opportunities in antenatal care. *BMC Public Health*. 2011; 11(1): 196.

APPENDIX 1

Significant life events, as listed in the Having Your Say Survey (adapted from Brown et al., 2011)(43)

I had a major illness or injury

A close family member or friend had a major illness or injury

I started a new close personal relationship

I got married or moved in with my partner

Separation or divorce

I moved to a new house/place to live

I became homeless/I didn't have a secure place to live

I was anxious or worried about things happening in my life

I lost my job when I wanted to continue working

My partner lost his/her job

My partner said s/he did not want me to be pregnant

I was humiliated or emotionally abused in other ways by my partner or ex-partner

I had a lot of bills I couldn't pay

I didn't have enough money to buy food

I had a miscarriage

I felt depressed

I had treatment for infertility

There was a serious conflict between members of my family

A close family member or friend died

I was kicked, hit, slapped or otherwise physically hurt by my partner or ex-partner

Someone else (other than my partner or ex-partner) pushed, grabbed, shoved, kicked or hit me

I/my partner had trouble with alcohol or illegal drugs

I/my partner had trouble with gambling

I was forced to take part in unwanted sex

I/my partner had legal troubles/was involved in a court case