

Maternity Survey

General	
1. In which month did you have your baby?	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December
2. Is this your first baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Where did you have your baby?	<input type="checkbox"/> Delivery Suite <input type="checkbox"/> Marsh Midwifery Led Unit <input type="checkbox"/> Home <input type="checkbox"/> Other
Antenatal	
4. Did you receive any antenatal care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did you get enough information from a midwife or doctor to help you decide where to have your baby?	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> I did not have any antenatal care <input type="checkbox"/> Don't know/remember
6. Do you feel you had a choice about whether to have a screening test for Down's syndrome?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I did not have any antenatal care <input type="checkbox"/> Don't know/remember
7. Were the reasons for having a screening test for Down's syndrome clearly explained to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I did not have any antenatal care <input type="checkbox"/> Don't know/remember
8. If you attended any antenatal classes provided by the NHS, did the classes cover the topics you wanted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I did not have any antenatal care <input type="checkbox"/> Did not attend
9. If you attended any antenatal classes provided by the NHS, were there enough classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I did not have any antenatal care <input type="checkbox"/> Did not attend
10. During your pregnancy did your midwife discuss infant feeding with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I did not have any antenatal care <input type="checkbox"/> Don't know/remember
11. Overall, thinking about your antenatal care were you spoken to in a way you could understand?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> I did not have any antenatal care <input type="checkbox"/> Don't know/remember
12. Overall, thinking about your antenatal care were you treated with respect and dignity?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> I did not have any antenatal care <input type="checkbox"/> Don't know/remember
13. Overall, thinking about your antenatal care were you treated with kindness and understanding?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> I did not have any antenatal care <input type="checkbox"/> Don't know/remember
14. Overall, thinking about your antenatal care were you given the information or explanations you needed?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> I did not have any antenatal care <input type="checkbox"/> Don't know/remember
15. Overall, thinking about your antenatal care were you involved enough in decisions about your care?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> I did not have any antenatal care <input type="checkbox"/> Don't know/remember
Labour and birth	
16. During your labour were you able to move around and choose the position that made you most comfortable?	<input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, some of the time <input type="checkbox"/> No, not at all
17. For your labour and birth in the hospital, how clean was the labour or delivery room you were in?	<input type="checkbox"/> Very clean <input type="checkbox"/> Fairly clean <input type="checkbox"/> Not very clean <input type="checkbox"/> Not at all clean <input type="checkbox"/> I did not use these
18. During your labour and birth, did you use any of the following to help relieve the pain?	<input type="checkbox"/> Natural methods (e.g. breathing, aromatherapy) <input type="checkbox"/> Water or birthing pool <input type="checkbox"/> TENS machine (with pads on your back) <input type="checkbox"/> Gas and air <input type="checkbox"/> Injection of pethidine <input type="checkbox"/> Epidural <input type="checkbox"/> I did not use any of these
19. During your labour and birth did you feel you got the pain relief you wanted?	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
20. Did you have confidence and trust in the staff caring for you during your labour and birth?	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember

Labour and birth (continued)
21. Were you (and your husband/partner/companion) left alone by midwives or doctors at a time when you were worried? <input type="checkbox"/> Yes, during labour <input type="checkbox"/> Yes, shortly after the birth <input type="checkbox"/> Yes, during labour and shortly after the birth <input type="checkbox"/> No, not at all
22. Overall, thinking about your care during labour & birth, were you spoken to in a way you could understand? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
23. Overall, thinking about your care during labour and birth, were you treated with kindness & understanding? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
24. Overall, thinking about your antenatal care were you treated with respect and dignity? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
25. Overall, thinking about your care during labour and birth, were you given the information or explanations you needed? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
26. Overall, thinking about your antenatal care were you involved enough in decisions about your care? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
Care in hospital after the birth
27. Do you feel that the length of your stay in hospital was: <input type="checkbox"/> Too long <input type="checkbox"/> Too short <input type="checkbox"/> About right <input type="checkbox"/> Not sure, don't know
28. Were you given enough information about your own recovery after the birth? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
29. For your postnatal stay in the hospital, how clean was the hospital room or ward you were in? <input type="checkbox"/> Very clean <input type="checkbox"/> Fairly clean <input type="checkbox"/> Not very clean <input type="checkbox"/> Not at all clean
30. For your postnatal stay in the hospital, how clean were the toilets and bathrooms? <input type="checkbox"/> Very clean <input type="checkbox"/> Fairly clean <input type="checkbox"/> Not very clean <input type="checkbox"/> Not at all clean
31. Did you feel that midwives and other carers gave you consistent advice about feeding your baby? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
32. Did you feel that midwives and other carers gave you practical help with feeding your baby (breast/bottle)? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
33. Did you feel that midwives and other carers gave you active support and encouragement with feeding your baby (breast or bottle)? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
34. Overall, thinking about the postnatal care you received in hospital, were you spoken to in a way you could understand? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
35. Overall, thinking about the postnatal care you received in hospital, were you treated with respect and dignity? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
36. Overall, thinking about the postnatal care you received in hospital, were you treated with kindness and understanding? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
37. Overall, thinking about the postnatal care you received in hospital, were you given the information or explanations you needed? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
38. Was your discharge home from the Maternity Unit well planned by staff? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> Don't know/remember
39. Would you recommend this hospital to your family and friends? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No

Please write in any additional comments overleaf. Please return your completed survey to: The Patient Relations Team, Freepost RLRJ-XCCE-CCZH Level 2 Main Entrance, Royal Berkshire Hospital, London Road, Reading RG1 5AN. **Thank you for completing this survey**