

## NSW Patient Survey: Maternity Care

<Barcode>  
<Title> <First Name> <Last Name>  
<Address Line 1>  
<SUBURB> <STATE> <POSTCODE>

Date

Dear <TITLE> <LAST NAME>,

### Your experience of maternity care is very important to us

I am writing to ask you to take part in the NSW Maternity Care Survey by telling us about your recent experience of having your baby at [HOSPITAL NAME] during [MONTH].

**Your experience at this hospital is important as it helps us understand the quality of care you received and allows health services to see where they need to improve.** The survey asks about women's experiences and satisfaction with care during pregnancy, birth and the period after the birth. Taking part in the survey is voluntary and while many women have a positive birth experience, unfortunately this is not always the case. We respect each woman's decision about whether to complete the survey or not.

**The survey is easiest to complete online.** Please visit the web address below and log in with the following username and password. It is possible to partially complete the survey online and then return to it later to complete the remainder.



**Web address:** [survey.ipsos.com.au/patientsurvey](http://survey.ipsos.com.au/patientsurvey)

**Username:** [INS\_UNAME]

**Password:** [INS\_PWORD]

If you prefer to complete the attached paper survey, please use the included reply-paid envelope to mail it back to us.

You have been randomly selected to participate and there are many safeguards in place to protect your identity. The staff who cared for you will not know if you have returned a completed survey and will not be able to see your responses to the survey. At no point will we report any information that identifies you or your baby as individuals.

The Bureau of Health Information (BHI) runs the survey along with Ipsos Social Research Institute, who is sending you this survey on BHI's behalf. BHI was established by the NSW Government to independently report on the performance of the public health system in NSW, including the healthcare experiences of patients. Results for the NSW Patient Survey are reported in *Healthcare Observer*, found on our website [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

**If you have any queries regarding the survey, please contact the toll-free Patient Survey Helpline on 1800 220 936** (Monday to Friday, 4pm–8pm). Thank you for taking part in the survey.

Yours sincerely

**Jean-Frédéric Lévesque**

Chief Executive

Bureau of Health Information

## How to complete the survey

This survey is about your recent experience of having a baby at the hospital named on the previous page.

For each question, please use a blue or black pen to mark the box  next to the answer you choose.

Please do not write your name or address on the survey.

Sometimes you will find the box you have marked has an instruction to go to another question. By following the instructions carefully you will be able to move past questions that do not apply to you.

If you would prefer not to answer individual questions, leave them blank but please complete the rest of the survey.

If you make a mistake or wish to change a response, simply fill in that box and mark the correct box like this:

If someone is helping you to complete this survey, please ensure the answers given are from your point of view, and not the opinion of the person helping you.

## Some questions and answers

### Why are you carrying out the survey?

The NSW Maternity Care Survey gathers information about your experience of health services.

The survey will help us to understand your experiences with maternity care services. It will assist us to identify ways to improve services, so that the health care system in NSW can better meet the needs of women using maternity services now and in the future.

### Why have I been sent a survey?

You have been sent this survey because you gave birth recently. While most women have a positive birth experience, unfortunately some do not. We appreciate that for some women this survey may be difficult to complete and we respect each woman's decision about whether or not to complete the survey.

We have taken all practical steps to ensure the survey is not sent to women whose baby was stillborn, or whose baby died after birth. We recognise that some women in these circumstances may not wish to complete a survey, however, all women who receive the survey are welcome to complete it.

If you need help or someone to talk to about the birth of your baby or any concerns, you may like to contact:

- Pregnancy, Birth and Baby Helpline on 1800 882 436
- Your General Practitioner

For those women and families who have experienced infant loss you may like to contact:

- SIDS and Kids NSW Bereavement Support Line on 1300 308 307
- Or search online for the NSW Health brochure called 'Pregnancy and Infant Loss - Parents'

### How do I get more information about the survey?

Please contact the toll-free Patient Survey Helpline on **1800 220 936** (Monday to Friday, 4pm–8pm, excluding public holidays).

### What happens to my survey responses?

Your survey responses will be de-identified and then processed with responses from other people who completed the survey to form a report. These reports will then be provided to NSW Health and local hospitals to help them to improve health services.

Your responses will be treated in the strictest confidence and no identifying information will be given to NSW Health, the hospital or health service you attended, your doctor or other health provider unless required by law. Your responses will not affect any future health services that may be provided to you.

### How is my privacy protected?

Your privacy is protected by legislation. Ipsos has been provided with your name and address by NSW Health for the purpose of sending you this survey only, and will keep your contact details confidential.

After all surveys are processed, identifying information will be destroyed and Ipsos will then no longer be able to identify the responses you provided. However, for the period that identifiable details remain, you will be able to contact Ipsos through the toll-free Patient Survey Helpline to ask to see your responses, or to request that some or all of your information be deleted.

You can get more information about privacy and confidentiality by calling the toll-free Patient Survey Helpline or at the following website:

**[www.bhi.nsw.gov.au/nsw\\_patient\\_survey\\_program/privacy](http://www.bhi.nsw.gov.au/nsw_patient_survey_program/privacy)**

### How do I make a formal complaint about my experience at the hospital?

Please contact the hospital directly.

Alternatively, you can get more information about your options at the following website:

**[www.health.nsw.gov.au/patientconcerns](http://www.health.nsw.gov.au/patientconcerns)**

# NSW Patient Survey: Maternity Care

## ANTENATAL CARE (BEFORE THE BIRTH)

**Q1** How many weeks pregnant were you when you had your first appointment for antenatal care?

- Less than 14 weeks pregnant
- 14-19 weeks pregnant
- 20-28 weeks pregnant
- More than 28 weeks pregnant
- I didn't receive antenatal care.. [Go to Q23](#)
- Don't know/can't remember

**Q2** Who provided most of your antenatal care?

- Public hospital midwife/midwives
- Public hospital obstetrician
- GP/family doctor ..... [Go to Q4](#)
- Private midwife/midwives ..... [Go to Q4](#)
- Private obstetrician ..... [Go to Q4](#)
- Other ..... [Go to Q4](#)

**Q3** Was this antenatal care provided by the hospital named on the cover of this booklet?

- Yes
- No

Now thinking about the place where you received most of your antenatal care...

**Q4** How long did you usually have to travel (one way) for antenatal care check-ups during your pregnancy?

- Under 30 minutes
- 30 to 59 minutes
- 1 hour to under 2 hours
- 2 hours to under 3 hours
- 3 hours or more
- Don't know/can't remember

**Q5** How long did you usually spend at your antenatal check-ups between the time you arrived and when you left?

- Under 30 minutes
- 30 to 59 minutes
- 1 hour to under 2 hours
- 2 hours to under 3 hours
- 3 hours or more
- Don't know/can't remember

**Q6** How much of this time did you usually spend waiting to be seen?

- Under 30 minutes
- 30 to 59 minutes
- 1 hour to under 2 hours
- 2 hours to under 3 hours
- 3 hours or more
- Don't know/can't remember

**Q7** How well organised was the antenatal care you received at your check-ups?

- Very well organised
- Fairly well organised
- Not well organised

**Q8** Did the health professionals providing your antenatal care explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

**Q9** Did you have confidence and trust in the health professionals providing your antenatal care?

- Yes, always
- Yes, sometimes
- No

**Q10** Were the health professionals providing your antenatal care polite and courteous?

- Yes, always
- Yes, sometimes
- No

**Q11** Was there any time when the health professionals needed access to your medical history and it was not available?

- Yes
- No
- Don't know/can't remember

**Q12** Were you provided with a personal antenatal card (e.g. a Yellow Card), where information about your antenatal check-ups was recorded?

- Yes
- No .....Go to Q14
- Don't know/can't remember .....Go to Q14

**Q13** Did the health professionals update your personal antenatal card at every check-up?

- Yes
- No
- Don't know/can't remember

**Q14** Did the health professionals give you advice about the risks of consuming alcohol while pregnant?

- Yes
- No
- Don't know/can't remember

**Q15** Did the health professionals give you advice about the risks of exposure to tobacco smoke while pregnant?

- Yes
- No
- Don't know/can't remember

**Q16** Were you told about programs you could join or take part in to stop smoking?

- Not applicable, I don't smoke
- Yes
- No
- Don't know/can't remember

**Q17** Did the health professionals discuss the importance of healthy weight gain with you?

- Yes
- No
- Don't know/can't remember

**Q18** Did the health professionals ask you how you were feeling emotionally during your pregnancy?

- Yes
- No
- Don't know/can't remember

**Q19** Did you have worries or fears about your pregnancy or the birth?

- Yes
- No .....Go to Q21

**Q20** Did the health professionals discuss your worries or fears with you?

- Yes, completely
- Yes, to some extent
- No

**Q21** Where did you get information about pain relief options for this birth?

Please  all the boxes that apply to you

- Antenatal check-ups
- Birthing classes
- Online (websites or apps)
- Other
- I did not need this information

**Q22** Overall, how would you rate the antenatal care you received during your pregnancy?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

## LABOUR AND BIRTH

**Q23** Did you give birth to a single baby or multiple babies (twins, triplets or more)?

- A single baby
- Twins or more (*now answer about the baby born first in this pregnancy*)

**Q24** How many weeks pregnant were you when your baby was born?

- Less than 32 weeks
- 32 – 36 weeks
- 37 - 40 weeks
- More than 40 weeks

**Q25** What type of birth did you have?

- Vaginal birth .....Go to Q27
- Assisted vaginal birth (with vacuum extraction or forceps) .....Go to Q27
- Caesarean section after going into labour (emergency)
- Caesarean section before going into labour (planned)

**Q26** Why was your baby born by caesarean section?

Please  all the boxes that apply

- My health was at risk
- My baby's health was at risk
- Labour had 'failed to progress'
- I wanted my baby born this way
- I'd had a caesarean previously
- Other reason
- Don't know/can't remember

**IF YOU HAD A PLANNED CAESAREAN, NOW GO TO Q30 AND ANSWER ABOUT THE BIRTH**

**Q27** Was your labour induced?

- Yes
- No

**Q28** During your labour, were you able to move around and choose the position that made you most comfortable?

- Yes, most of the time
- Yes, sometimes
- No
- Not applicable to my situation

**Q29** Were you offered the option of being in a bath during labour?

- Yes
- No
- Not applicable to my situation
- Don't know/can't remember

## Pain during labour and birth

**Q30** Did you have enough say about your pain relief during your labour and birth?

- Yes, definitely
- Yes, to some extent
- No

**Q31** Do you think the midwives or doctors did everything reasonable to help you manage your pain during your labour and birth?

- Yes, definitely
- Yes, to some extent
- No

## Your care during labour and birth

**Q32** Had you previously met any of the midwives or doctors who cared for you during your labour and birth?

- Yes
- No
- Don't know/can't remember

**Q33** Did the midwives or doctors who you did not already know, introduce themselves to you during your labour and birth?

- Yes, always
- Yes, sometimes
- No
- I already knew all the staff who cared for me
- Don't know/can't remember

**Q34** Were you able to get assistance from midwives or doctors when you needed it?

- Yes, always
- Yes, sometimes
- No
- I did not need assistance



**Q35** During your labour and birth, did the midwives or doctors explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

**Q36** Did midwives or doctors ever give you conflicting information during your labour and birth?

- Yes
- No

**Q37** Were you involved, as much as you wanted to be, in decisions during your labour and birth?

- Yes, definitely
- Yes, to some extent
- No
- I did not want or need to be involved

**Q38** During your labour and birth, was your birthing companion (e.g. your partner, the baby's father, doula or family member) involved as much as they wanted to be?

- Yes, definitely
- Yes, to some extent
- No
- Not applicable to my situation
- Don't know/can't remember

**Q39** Did you have confidence and trust in the midwives or doctors taking care of you during your labour and birth?

- Yes, always
- Yes, sometimes
- No

**Q40** Were the midwives or doctors kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

**Q41** Did you have worries or fears during your labour and birth?

- Yes
- No ..... [Go to Q43](#)

**Q42** Did a midwife or doctor discuss your worries or fears with you?

- Yes, completely
- Yes, to some extent
- No

**Q43** Did you feel you were treated with respect and dignity during your labour and birth?

- Yes, always
- Yes, sometimes
- No

**Q44** Were you given enough privacy in the birth room or theatre?

- Yes, always
- Yes, sometimes
- No

**Q45** Did you have skin to skin contact with your baby (that means that your baby was naked, and placed directly on your chest or tummy) shortly after the birth?

- Yes
- No, but this was not possible for medical reasons
- No, I did not want skin to skin contact with my baby
- No, for other reasons
- Not applicable to my situation

**Q46** Overall, how would you rate the care you received in the hospital during your labour and birth?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

## YOUR HOSPITAL STAY FOLLOWING THE BIRTH

**Q47** How would you describe your health immediately after the birth?

- Excellent
- Very good
- Good
- Fair
- Poor

**Q48** Shortly after the birth, did a health professional talk to you about how the birth had gone?

- Yes
- No
- Don't know/can't remember

**Q49** After the birth of your baby, did the health professionals explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

**Q50** After the birth, did the health professionals give you enough information about how to care for yourself (e.g. how to go to the toilet, how to sit and lie down)?

- Yes, completely
- Yes, to some extent
- No
- Not applicable to my situation

**Q51** After the birth, did the health professionals give you enough information about how to care for your baby (e.g. how to hold your baby, how to put a nappy on your baby)?

- Yes, completely
- Yes, to some extent
- No
- Not applicable to my situation

**Q52** After the birth of your baby, did you ever receive conflicting information from health professionals about how to care for yourself or your baby?

- Yes
- No

**Q53** Were you ever in any pain after the birth of your baby?

- Yes
- No ..... **Go to Q55**

**Q54** Do you think the health professionals did everything they could to help you manage your pain after the birth of your baby?

- Yes, definitely
- Yes, to some extent
- No

**Q55** After the birth of your baby, were you able to get assistance or advice from health professionals when you needed it?

- Yes, always
- Yes, sometimes
- No
- I did not need assistance or advice

**Q56** After the birth of your baby, were the health professionals taking care of you kind and caring?

- Yes, always
- Yes, sometimes
- No

**Q57** How clean were the wards or rooms you stayed in after the birth of your baby?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean

**Q58** How clean were the toilets and bathrooms you used after the birth of your baby?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean

**Q59** Did you see the health professionals wash their hands, or use hand gel to clean their hands, before touching you or your baby?

- Yes, always
- Yes, sometimes
- No, I did not see this
- Can't remember

**Q60** During your stay in hospital, were you ever bothered by any of the following?

Please  **all the boxes that apply to you**

- Noise from other people's babies
- Noise from patients
- Noise from hospital staff
- Noise from other people's visitors
- Lack of privacy
- Lack of security for your belongings
- Lighting
- None of the above

**Q61** Did you have any hospital food during this stay?

- Yes
- No ..... [Go to Q66](#)

**Q62** How would you rate the hospital food?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

**Q63** Did you have any special dietary needs (e.g. vegetarian, diabetic, food allergies, religious, cultural, or related to your treatment)?

- Yes
- No ..... [Go to Q65](#)

**Q64** Was the hospital food suitable for your dietary needs?

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

**Q65** Did the hospital provide access to food when you needed it?

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

## Feeding your baby

**Q66** Were your decisions about how you wanted to feed your baby respected by the health professionals?

- Yes, always
- Yes, sometimes
- No
- Not applicable to my situation

**Q67** Did you ever receive conflicting advice about feeding your baby from the health professionals?

- Yes
- No
- Not applicable to my situation

**Q68** Did you try to breastfeed your baby?

- Yes ..... [Go to Q69](#)
- No ..... [Go to Q71](#)
- Not applicable to my situation.... [Go to Q71](#)



Q69

How long did you breastfeed your baby for?

- Less than 2 weeks
- 2-4 weeks
- Between 1-3 months
- For longer than 3 months or still breastfeeding

Q70

Did midwives in the hospital work with you to show you a good position for breastfeeding your baby?

- Yes
- No
- Not applicable to my situation

### Discharge from hospital

Q71

Did you feel involved in decisions about your discharge from hospital?

- Yes, definitely
- Yes, to some extent
- No, I did not feel involved
- I did not want or need to be involved

Q72

Looking back, do you feel that the length of your stay in hospital was...?

- Too short
- About right
- Too long

Q73

Before leaving hospital, were you given enough information about caring for yourself and your baby at home?

- Yes, completely
- Yes, to some extent
- No
- I did not need this information

Q74

Did hospital staff tell you who to contact if you were worried about your health or your baby's health after you left hospital?

- Yes
- No
- Don't know/can't remember

Q75

Overall, how would you rate the care you received in the hospital after your baby was born?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

### Complications

Q76

During your hospital stay or soon afterwards, did you experience any of the following complications or problems?

Please  all the boxes that apply to you

- An infection
- Excessive bleeding/haemorrhage
- A negative reaction to medication
- Complications as a result of an operation or surgical procedure
- Complications as a result of tests, X-rays or scans
- A blood clot in the leg/DVT
- A fall
- Any other complication or problem
- None of these .....Go to Q78

Q77

Was the impact of this complication or problem....?

- Very serious
- Fairly serious
- Not very serious
- Not at all serious

## FOLLOW UP AT HOME

**Q78** In the first 2 weeks after arriving home, did you have a follow-up appointment with a midwife or nurse?

Please  all the boxes that apply to you

- Yes, with a midwife at home
- Yes, with a nurse at home
- Yes, with a midwife or nurse at a clinic
- No .....Go to Q82

**Q79** During a follow-up appointment, did a midwife or nurse ask you how you were feeling emotionally?

- Yes
- No
- Don't know/can't remember

**Q80** In general, did you feel that the midwife or nurse listened to you?

- Yes, always
- Yes, sometimes
- No

**Q81** In general, did you have enough time with the midwife or nurse to ask questions or discuss any concerns?

- Yes, definitely
- Yes, to some extent
- No

**Q82** At any point during your pregnancy or after the birth, were you shown or given information about safe sleeping for your baby?

Please  all the boxes that apply to you

- Yes, written information
- Yes, verbal information
- Yes, the midwives or doctors showed me how to put my baby to sleep
- No, I was not given this information
- Not applicable to my situation

## OVERALL EXPERIENCE

**Q83** If friends and family asked about your maternity experience at the hospital where you gave birth, how would you respond?

- I would speak highly of the hospital
- I would neither speak highly nor be critical
- I would be critical of the hospital

## ABOUT YOU

The following questions will help us to see how experiences vary between different groups of the population.

**Q84** What year were you born?

WRITE IN (YYYY)

**Q85** Apart from this recent birth, have you given birth before?

- Yes
- No

**Q86** What is the highest level of education you have completed?

- Still at secondary school
- Less than Year 12 or equivalent
- Completed Year 12 or equivalent
- Trade or technical certificate or diploma
- University degree
- Post graduate/higher degree

**Q87** In general, how would you rate your health?

- Excellent
- Very good
- Good
- Fair
- Poor

Q88

Which, if any, of the following long-standing conditions do you have (including age related conditions)?

Please  all the boxes that apply to you

- Deafness or severe hearing impairment
- Blindness or partially sighted
- A long-standing illness (e.g. cancer, HIV, diabetes, chronic heart disease)
- A long-standing physical condition
- A learning disability
- A mental health condition (e.g. depression)
- A neurological condition (e.g. Alzheimer's, Parkinson's)
- None of these

Q89

Which language do you mainly speak at home?

- English .....Go to Q92
- A language other than English



Please write in the language:

Q90

Did you need, or would you have liked, to use an interpreter at any stage while you were in hospital?

- Yes
- No .....Go to Q92

Q91

Was an interpreter provided when you needed one?

- Yes, always
- Yes, sometimes
- No

Q92

Are you of Aboriginal origin, Torres Strait Islander origin, or both?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- No

Q93

Who completed this survey?

- The baby's mother
- The baby's mother with help from someone else
- Someone else on behalf of the baby's mother

Q94

The Bureau of Health Information would like your permission to link your survey answers to other information from health records relating to you which are maintained by various NSW and Commonwealth agencies (including your hospitalisations, medical visits, ambulance transportation, medication or health registry information). Linking to your health care information for the two years before and after your visit will allow us to better understand how different aspects of the care provided by health facilities are related to the health and use of health services of their patients.

Your information will be treated in the strictest confidence. We will receive the linked information after your name and address have been removed. We will not report any results which may identify you as an individual and your responses will not be accessible to the people who looked after you.

Do you give permission for the Bureau of Health Information to link your answers from this survey to health records related to you?

- Yes
- No

Please go to the next page to complete the final questions



