



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

Date

Dear <TITLE> <LAST NAME>

Feedback about your maternity care experience is important

I am writing to ask you to provide feedback about your recent experience of having your baby at [HOSPITAL NAME] during [MONTH]. As we are constantly trying to improve care in the NSW health system, it's important to tell us about the care you received.

How do you provide feedback?

You can complete the feedback survey in two ways:

➔ **Online:** Visit survey.ipsos.com.au/patientsurvey and enter your username [INS_UNAME] and password [INS_PWORD] when prompted. The survey is easiest to complete online.

OR

✍ **Pen and paper:** Simply fill the survey in this pack. To ensure your anonymity, remove this covering letter before placing the completed questionnaire in the reply paid envelope.

Your information will be treated as confidential

Your identity will be protected. The hospital staff who cared for you will not know if you have returned a completed survey and will not be able to see your responses.

If you have any queries regarding the survey, please contact the toll-free Patient Survey Helpline on **1800 220 936** (Monday to Friday, 9am–8pm). For information about the survey, visit the Bureau of Health Information's website at bhi.nsw.gov.au

Thank you very much for your time helping to improve NSW Health services.

Yours sincerely

Dr Kim Sutherland

A/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.

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 survey gathers information about your experience of health services. By completing the survey, you are helping improve maternity care services in NSW.

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 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, 9am–8pm, excluding public holidays).

What happens to my survey responses?

Your survey responses will be de-identified and then processed with responses from other women who completed the survey. This data will then be provided to NSW Health and local hospitals to help them to improve health services. This information is also available online at bhi.nsw.gov.au.

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.

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

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



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 Q24
- ☐ Don't know/can't remember

Q2 Was your antenatal care provided using a Shared Care model, i.e. some care provided by a GP and some by a hospital?

- ☐ Yes
- ☐ No

Q3 Who provided most of your antenatal care?

- ☐ Public hospital midwife/midwives
- ☐ Public hospital obstetrician
- ☐ GP/family doctorGo to Q5
- ☐ Private midwife/midwivesGo to Q5
- ☐ Private obstetricianGo to Q5
- ☐ OtherGo to Q5

Q4 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...

Q5 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 or more
- ☐ Don't know/can't remember

Q6

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 or more
- ☐ Don't know/can't remember

Q7

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 or more
- ☐ Don't know/can't remember

Q8

Do you think the time you had to wait was...?

- ☐ About right
- ☐ Slightly too long
- ☐ Much too long
- ☐ Don't know/can't remember

Q9

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

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

Q10

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

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q11

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

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q12 Were the health professionals providing your antenatal care polite and courteous?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q13 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

Q14 Were you provided with a personal antenatal card (e.g. a Yellow Card), where information about your antenatal check-ups was recorded?

- ☐ Yes
- ☐ NoGo to Q16
- ☐ Don't know/can't rememberGo to Q16

Q15 Did the health professionals update your personal antenatal card at every check-up?

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

Q16 Did the health professionals give you advice about the risks of consuming alcohol while pregnant?

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

Q17 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

Q18 Did the health professionals discuss the importance of healthy weight gain with you?

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

Q19 Did the health professionals ask you how you were feeling emotionally during your pregnancy?

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

Q20 Did you have worries or fears about your pregnancy or the birth?

- ☐ Yes
- ☐ NoGo to Q22

Q21 Did the health professionals discuss your worries or fears with you?

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

Q22 Did you receive enough information about pain relief options prior to the birth?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I did not need information about pain relief options

Q23 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

Q24 Did you give birth to a single baby or multiple babies (twins, triplets or more)?

- ☐ A single baby
☐ Twins or more

Q25 How many weeks pregnant were you when your baby was born?

- ☐ Less than 32 weeks
☐ 32 – 36 weeks
☐ 37 – 41 weeks
☐ 42 or more weeks

Q26 How much did your baby weigh at birth? (If you gave birth to more than one baby, please answer for the lightest baby)

- ☐ Less than 2500g (Less than 5 pounds 8 ounces)
☐ 2500g or more (5 pounds 8 ounces or more)
☐ Don't know/can't remember

Q27 In the two weeks following the birth, did your baby spend any time being cared for in a neonatal intensive care unit (NICU) or similar unit?

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

Q28 What type of birth did you have?

- ☐ Vaginal birth
☐ Assisted vaginal birth (with vacuum extraction or forceps)
☐ Caesarean section after going into labour (emergency)
☐ Caesarean section before going into labour (planned).....Go to Q32

Q29 Was your labour induced?

- ☐ Yes
☐ No

Q30 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

Q31 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

Q32 Did you have enough say about your pain relief during your labour and birth?

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

Q33 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

Q34 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

Q35 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

Q36 Were you able to get assistance from midwives or doctors when you needed it?

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

Q37 During your labour and birth, did the midwives or doctors explain things in a way you could understand?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q38 Did midwives or doctors ever give you conflicting information during your labour and birth?

- ☐ Yes
- ☐ No

Q39 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

Q40 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

Q41 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

Q42 Were the midwives or doctors kind and caring towards you?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q43 Did you have worries or fears during your labour and birth?

- ☐ Yes
- ☐ No **Go to Q45**

Q44 Did a midwife or doctor discuss your worries or fears with you?

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

Q45 Did you feel you were treated with respect and dignity during your labour and birth?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q46 Were you given enough privacy in the birth room or theatre?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q47 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

Q48 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

Q49

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

Q50

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

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q51

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

Q52

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

Q53

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

Q54

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

- ☐ Yes
- ☐ No **Go to Q56**

Q55

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

Q56

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

Q57

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

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q58

Were the visiting times convenient for your friends and family?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I did not have any visitors

Q59

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

Q60

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

Q61

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

Q62

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

Q63

Did you have any hospital food during this stay?

- ☐ Yes
☐ No **Go to Q68**

Q64

How would you rate the hospital food?

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

Q65

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

- ☐ Yes
☐ No **Go to Q67**

Q66

Was the hospital food suitable for your dietary needs?

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

Q67

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

Q68

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

Q69

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

- ☐ Yes
☐ No
☐ Not applicable to my situation

Q70

Did you try to breastfeed your baby?

- ☐ Yes
☐ No **Go to Q73**
☐ Not applicable to my situation.... **Go to Q73**

Q71

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

Q72

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

Q73 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

Q74 Looking back, do you feel that the length of your stay in hospital was...?

- ☐ Too short
- ☐ About right
- ☐ Too long

Q75 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

Q76 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

Q77 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

Q78 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
- ☐ Perineal/vaginal tear
- ☐ Complications as a result of an operation or surgical procedure
- ☐ A negative reaction to medication
- ☐ A bed sore or pressure wound
- ☐ A blood clot in the leg/DVT
- ☐ Any other complication or problem
- ☐ None of theseGo to Q81

Q79 Was the impact of this complication or problem....?

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

Q80 In your opinion, were members of the hospital staff open with you about this complication or problem?

- ☐ Yes, completely
- ☐ Yes, to some extent
- ☐ No
- ☐ Not applicable, as it happened after I left

FOLLOW UP AT HOME

Q81 In the first two 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
☐ NoGo to Q85

Q82 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

Q83 In general, did you feel that the midwife or nurse listened to you?

- ☐ Yes, always
☐ Yes, sometimes
☐ No

Q84 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

Q85 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

Q86 Overall, how would you rate the care you received in the first two weeks after arriving home from the hospital?

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

OVERALL EXPERIENCE

Q87 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.

Q88 What year were you born?

WRITE IN (YYYY)

Q89 Apart from this recent birth, have you given birth before?

- ☐ Yes
☐ No

Q90 What is the highest level of education you have completed?

- ☐ Less than Year 12 or equivalent
☐ Completed Year 12 or equivalent
☐ Trade or technical certificate or diploma
☐ University degree
☐ Post graduate/higher degree

Q91 In general, how would you rate your health?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

Q92

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

Q93

Which language do you mainly speak at home?

- ☐ English **Go to Q96**
- ☐ A language other than English

Please write in the language:

Q94

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

- ☐ Yes
- ☐ No **Go to Q96**

Q95

Did the hospital provide an interpreter when you needed one?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ I did not need the hospital to provide a professional interpreter

Q96

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

Q97

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Q98

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

Q99

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



YOUR FINAL COMMENTS

Q100

What was the best part of the care you received from the hospital where you gave birth?

Q101

What part of your care provided by the hospital where you gave birth most needs improving?

THANK YOU FOR YOUR TIME.

Please remove the covering letter by tearing along the perforated line.
Return the survey in the reply paid envelope provided or send it in an envelope
addressed to our survey processing centre (no stamp needed):

NSW Patient Survey
Ipsos Social Research Institute
Reply Paid 84599
Hawthorn VIC 3122

Some of the questions asked in this survey are sourced from the NHS patient survey programme (courtesy of the NHS Care Quality Commission and the National Research Corporation (USA)), the 'Maternity Care in NSW – Having Your Say' survey (courtesy of the Kolling Institute of Medical Research) and from the Australian Patient Experience Indicator Development Working Group (PEIDWG) national set of core, common patient experience questions. Questions are used with the permission of each organisation.

Barcode