NCT Document Summary:
Delivered with care: a national survey of women’s experience of maternity care 2010

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This survey was carried out in 2010 and used similar methods to those employed in 1995 and 2006. A random sample of 10,000 women giving birth in England over a two week period were selected by the Office for National Statistics from birth registration records. Women whose babies had died and those less than 16 years of age were excluded. The usable response rate was 54%, with 5,333 women participating. A total of 14% of respondents came from Black and Minority Ethnic (BME) groups and 21% had been born outside the UK. Those who responded were more likely to be older, of higher socio economic status, and married.

An online version of the questionnaire was made available to all survey participants; only 8% of those responding used this method of return.

Summary of the main findings

There is an excellent executive summary providing key findings on:

- care in pregnancy,
- care during labour and birth,
- care during the postnatal period,
- fathers and partners,
- the overall experience of maternity care
- the experiences of different groups of women, and
- change over time.

The authors conclude that (emphasis added):

‘Most women were positive about most of their maternity care. Differences between phases of care, between regions and populations, between women with varying clinical needs and between women with different individual and other characteristics emphasise the need both to respond to the individual, and to provide a service which meets the needs of the whole population of child-bearing women and their families.’

There is a lot of detailed data in the report. This summary provides some key examples, selected because they are regarded as being of particular note, in terms of current government and/or NCT policy initiatives and concerns. Different readers will want to focus on different findings; do read the original, either the executive summary or the full report (see web link at the foot of this document).
Care in pregnancy

- Contact with a health professional about maternity care had taken place for almost all women (95%) by the end of the twelfth week of pregnancy.

- The booking appointment had taken place for nearly two-thirds of women by 10 weeks and almost all by 18 weeks’ gestation.

- More than half of the women responding (57%) reported seeing a midwife for all their antenatal checks and just under a third (30%) saw an obstetrician at least once.

- Three-quarters of women reported having screening for Down’s syndrome; however, a fifth of women indicated that they had not been screened as they had not wanted this.

- **Antenatal education** was more likely to be offered and taken up by first time mothers. Many women reported **insufficient classes** and coverage of the topics they preferred.

- When pregnant, a quarter of women were told about the NHS Choices website (25%) and half of these found it useful. **Non-NHS sites were used by 42% of women. NCT website used by 3.3% of pregnant women, third non-NHS website behind Babycentre (14.6%) Bounty (6.9%).**

Care during labour and birth

- **Many women (80%) were not aware of the four possible options for place of birth** (at home, in a free-standing midwifery unit, in an alongside midwifery unit or in a unit where the team included obstetricians). There are many more data about the extent of choice in the full report.

- There was regional variation in the choices that women reported were available to them.

- For labour and birth 60% of women had midwife-led care in hospital, 33% had consultant-led care and smaller proportions had care in a midwife-led unit or birth centre separate from hospital (3%) or a home birth (3%), most of which were planned.

- A small proportion of women reported being transferred in labour between locations for care (7%), half between co-located midwifery and obstetric units on the same site, and otherwise between hospitals, freestanding midwifery units and home.

- The reasons for caesarean birth were almost entirely clinical. **A total of 8% of women having a caesarean wished their baby to be born this way, but for only 1.2% of all women (less than 2%) was this the only reason given.**

- Relatively few labouring women had one midwife caring for them through labour (18%).

- **A quarter (24%) had four or more midwives providing care.** Women with shorter labours and those having unassisted vaginal births were more likely to have care provided by one or two midwives only.

- **A high proportion of women (81%) reported not having previously met any of the midwives caring for them during labour and birth.**

Care during the postnatal period

NCT document summaries present a précis of the content or main messages in documents published by government, research organisations, parliament, etc with relevance to maternity care, the transition to parenthood and life with a baby or toddler. The language is usually taken directly from the source document so it is not the view or policy of the NCT. Comment from the NCT is provided labelled clearly in a separate section or sections.
• Women’s views about their length of stay varied: for 70% their stay was ‘about right’, for some (12%) it was ‘too short’ and others (15%) it was ‘too long’.

• Almost all women (95%) had the name and contact details of a midwife they could contact after discharge home, 98% were visited by a midwife at home and a further 1% went to see the midwife rather than having a home visit.

• On average women saw a midwife 3.8 times (median 3), with no difference between first time and more experienced mothers.

• Most women (72%) thought that there were sufficient postnatal home visits.

• The timing of the last contact with midwifery services varied with parity: first time mothers were seen for longer (median 14 days) compared with mothers who had previously given birth (median 12 days).

• Just over half of respondents ‘always’ felt treated as an individual, for a further third this happened ‘sometimes’ and 11% of women felt this rarely or never happened, during their postnatal care.

• Most women ‘always’ had confidence in the staff caring for them at this time (69%), some only ‘sometimes’ (27%) and only 4% of women reported rarely or never having confidence in the staff. First time mothers were less likely to report always being treated as an individual and having confidence in the staff.

• During the first few days after birth 80% of women exclusively or partially breast-fed their babies; by the time the infants were three or more months old, the comparable figure was 32%.

• Many women reported receiving consistent advice (78%), practical help (78%) and active support and encouragement from midwives and other health professionals in relation to infant feeding (80%).

• Approximately 40% of women used parenting websites in the postnatal period. NCT website was visited by 0.8 women in the postnatal period, eight on the list of non-NHS sites (Babycentre were in first place (13.4% visiting), second place Bounty (7.2%), third Netmums (4.1), fourth Mumsnet (3.1), seventh Cow and Gate 1.4%.

Fathers and partners

• Many fathers and partners were involved in pregnancy and labour and birth as shown by the high proportions attending at least one antenatal check (61%), one or more ultrasounds (88%) and being present during labour and birth (89%).

• A third or more of fathers and partners directly sought out information about pregnancy (40%) and birth (38%).

• Midwifery and medical staff communicated well with more than 80% of fathers and partners during pregnancy and labour and birth.

• Many new fathers and partners are directly involved in infant care a great deal, changing nappies (65%), bathing the baby (65%) and playing with the baby (80%).

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A total of 71% of fathers and partners had been able to take paternity or parental leave which could be as much as eight weeks (median 20 days, 4 working weeks).

**Overall experience of maternity care**
- Some women felt they were definitely given choices about their maternity care (60%) and others to some extent (32%). Similar proportions felt they were definitely involved in making decisions about their own care (63%) and others to some extent (28%).
- When asked overarching questions about pregnancy, labour and birth and the postnatal period women were largely positive about their care. They were most satisfied about pregnancy care (88%), labour and birth care (87%) and slightly less satisfied with postnatal care (75%).

**The experiences of different groups of women**
- There were differences in the way, and timing with which, care was accessed by women from Black and Minority Ethnic (BME) groups, and also differences in the way that care was experienced: including reports of poorer staff communication and feelings about not being treated with respect.
- Similar findings occurred when the focus was on the experience of BME women born outside the UK.
- Single women, those who had left education at 16 years or earlier, women living in the most deprived areas and BME women were all less likely to have seen a health professional by 12 weeks about their pregnancy care or to be aware of all the options for where they could give birth.

**Change over time** (full findings from the executive summary reproduced here)

In comparison with the earlier survey in 2006, reported as ‘Recorded Delivery’, in 2010:
- The proportion of women seeing a health professional about their pregnancy care by 12 weeks gestation has increased (87% to 90%).
- More women are having ultrasound dating (86% to 90%) and anomaly scans (97% to 99%).
- The number of antenatal appointments has not decreased since 2006, with little difference between the numbers for first time mothers and those who had given birth before.
- The caesarean section rate has increased from 23% to 25%.
- Postnatal stays have reduced (median) from 3 to 1.4 days.
- Slightly more women are satisfied with care during pregnancy (86% to 88%), labour and birth (87% to 88%) and slightly fewer with postnatal care (80% to 76%).

**NCT comment**
This is a really important new survey of the experiences of maternity services users; containing a wealth of information on many aspects of maternity care. It is a strength that it includes questions about both women’s care and their views and about men’s involvement. As a large, nationally representative sample, it gives us a valuable snapshot of the state of maternity care in England.
The study demonstrates that there have been some important developments in maternity care, but there are notable gaps. For instance, significantly more women are starting their antenatal care early in pregnancy (95% see someone by 12 weeks, compared with 90% in 2006 and 82% in 1995). This follows guidance from various authorities (in particular CMACE, the Centre for Maternal and Child Enquires) that women who miss out on antenatal care have poorer pregnancy outcomes and babies with more health problems. But focusing attention on individual targets can be detrimental to the overall quality of care. It is notable that using a high level indication of overall satisfaction, which is likely to over-estimate positive regard, there has been a reduction in women’s satisfaction with their postnatal care - so that only three quarters are now satisfied (76%).

NCT’s own recent postnatal care report, *Left to your own devices*, found many women felt seriously let down by the care they received in hospital after the birth. Findings showed that 42% said there were too few midwives on postnatal wards. First-time mothers complained about seeing different midwives at each contact, feeling unsupported and receiving conflicting advice.

NCT postnatal support is not referred to by name, perhaps because of lack of branding. Baby Café was used by about 10% of women.

Instead of emphasising that three quarters of women were not left alone at a time when it worried them either in labour or afterwards (76%), as the NPEU have done, we would highlight that 1 in 4 were left unsupported at this critical time. We would also emphasise that supporting the most vulnerable parents is even more difficult for midwives when they are short staffed.

The results show that many women are not being offered a choice about where they have their baby and the antenatal preparation for birth and life with a new baby provided by the NHS is shown to be inadequate.

**Date for review: Nov 2013**

**Filepath: U:\Document Summaries\DS47 Delivered with care**

The NCT wants all parents to have an experience of pregnancy, birth and early parenthood that enriches their lives and gives them confidence in being a parent.

Donations to support our work are welcome.

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